

Cover page	
Meeting	Trust Board
Paper No.	23
Paper Title	Complaints and PALS Quarterly Report – Q3
Date of meeting	4 April 2019
Date paper was written	25 January 2019
Responsible Director	Julia Clarke, Director of Corporate Governance
Author	Julia Palmer, Head of PALS & Complaints
Executive Summary	
<p>This report sets out details of the complaints and PALS activity during Quarter Three, 2018/19, as well as details of the Bereavement Services, Freedom of Information and Letters of Thanks.</p> <p>The numbers and subjects of complaints and PALS contacts remain similar to previous quarter. There are ongoing improvements noted in completion of action plans, and complaints responses being sent out with agreed timescales. There have been improvements in the timely completion of medical certificates of cause of death.</p>	
Previously considered by	Quality & Safety Committee

The Board is asked to:			
<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Link to strategic objective(s)	<i>Select the strategic objective which this paper supports</i>	
	<input checked="" type="checkbox"/>	PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
	<input checked="" type="checkbox"/>	SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
	<input type="checkbox"/>	HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
	<input type="checkbox"/>	LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions

	<input type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	RR 1186 If we do not develop real engagement with our community we will fail to support an improvement in health outcomes and deliver our service vision
Equality Impact Assessment	<input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<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
Financial assessment	N/A

Main Paper

Situation

Complaints and PALS Contacts continue to be managed in line with Trust policy, with reviews held at a variety of levels, including the weekly rapid review meetings, care group board meetings and specialty governance meetings. 177 complaints and 378 PALS contacts were received during quarter three, with the main subjects and locations remaining similar to previous quarters.

Data on protected characteristics is now being captured where available, and will be included in reports going forwards.

There are ongoing improvements to the processes for issuing bereaved families with the Medical Certificate of Cause of Death, and work has commenced in introducing the new Medical Examiner role and associated processes set out by the Department of Health to further improve this system.

Background

A full breakdown of complaints and PALS contacts is included in the report below.

Complaints relating to the Surgical Assessment Unit have decreased, after work was undertaken by the ward manager and matron following an increase in quarters one and two. There has been a slight increase in complaints relating to AMU at PRH, which has been addressed with the ward manager, and is linked to increased demand through ED.

Increases have also been noted in Maternity, Orthopaedics and Urology, although it should be noted that complaints relating to Maternity in Q1 & 2 were low, and the figures for Q3 are similar to those received in 17/18. Complaints relating to Orthopaedics and Urology are discussed at governance meetings, and the increase is linked to ongoing capacity issues.

PALS contacts relating to appointments have decreased slightly from previous quarter. Ophthalmology is the main specialty about which PALS contacts are received, although this improved in December, with most contacts being about appointments and timescales for treatment.

The majority of comments left on the NHS Choices website was mainly positive, with only four negative comments.

Work continues to ensure that learning and actions to implement learning are considered for all complaints, with 90% of complaints closed in Q3 having evidence that this was considered.

Assessment

Where increases are noted in particular areas, this is highlighted with the relevant managers and support given to identify reasons for increases and what can be done to address this. As outlined above and in the main report, there have been some increases noted in quarter three, which are being addressed. There have been no significant areas of concern identified in quarter three.

Learning from complaints and PALS continues to be shared across the Trust.

Recommendation

The Board is asked to note the report, and the ongoing work in using feedback from patients to improve services.

COMPLAINTS & PALS REPORT OCTOBER TO DECEMBER 2018

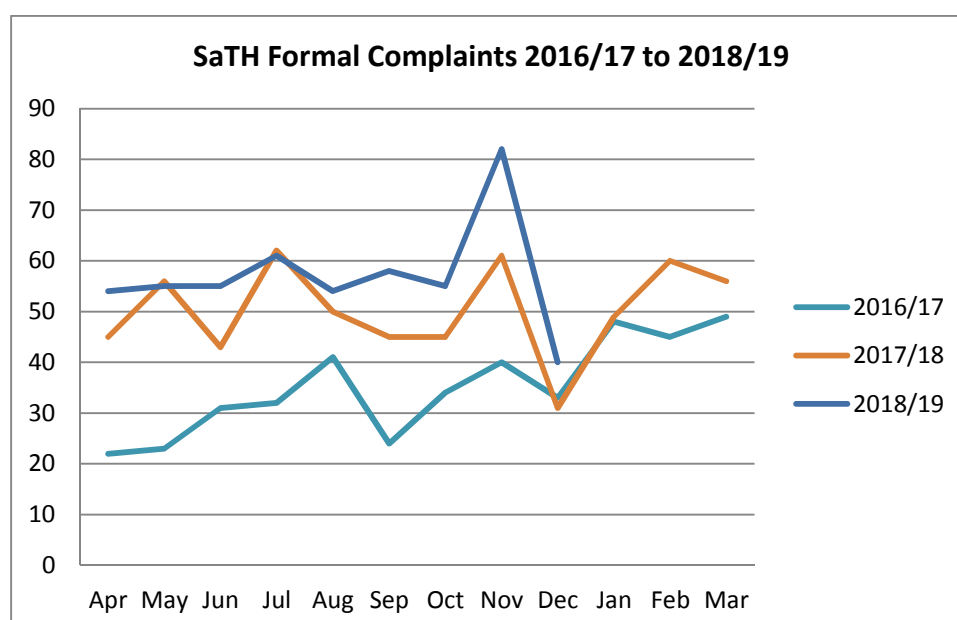
1. Introduction

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 three (October to December 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 three the Trust received a total of 177 formal complaints which equates to less than one in every 1000 patients complaining (0.75 complaints per 1000 patient; this is similar to previous quarters).

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



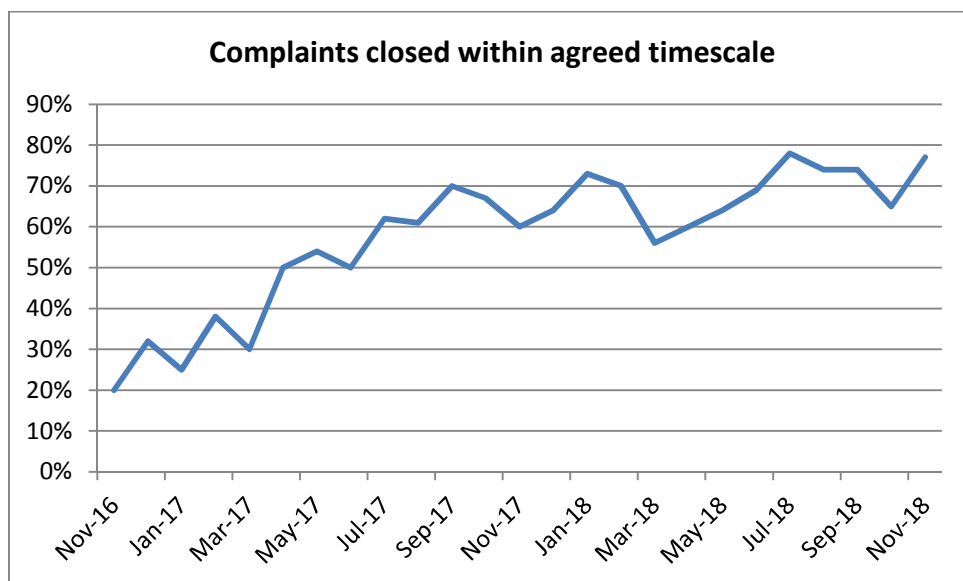
There was a significant increase in November 2018, which is thought to be due to the adverse publicity at that time as a result of the Trust being placed in special measures.

3. Performance

The Trust is required to acknowledge all responses within three working days. The Trust achieved 100% compliance with this requirement during quarter three, with 80% receiving an acknowledgement within two working days. 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.

The timescale for responding to each complaint can depend upon the nature of the issues raised and the level of investigation required, with most timescales ranging from 30 working days up to 60 working days. At the time of this report, 71% of complaints in quarter three 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 three, 90% 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. Work is ongoing with the Care Groups to improve responses rates.

Of the 166 complaints closed during quarter three, 23% (39) were not upheld, 54% (89) were partly upheld and 23% (38) 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. Nine complaints were reopened in quarter three, relating to complaints initially received in June, July, August, September and October 2019. Of these nine, it was acknowledged that the initial responses to two of these had not been sufficient to address the complaint. The number of complaints that are re-opened as a result of an inadequate initial response from the Trust remains very low.

4. Formal complaints by specialty

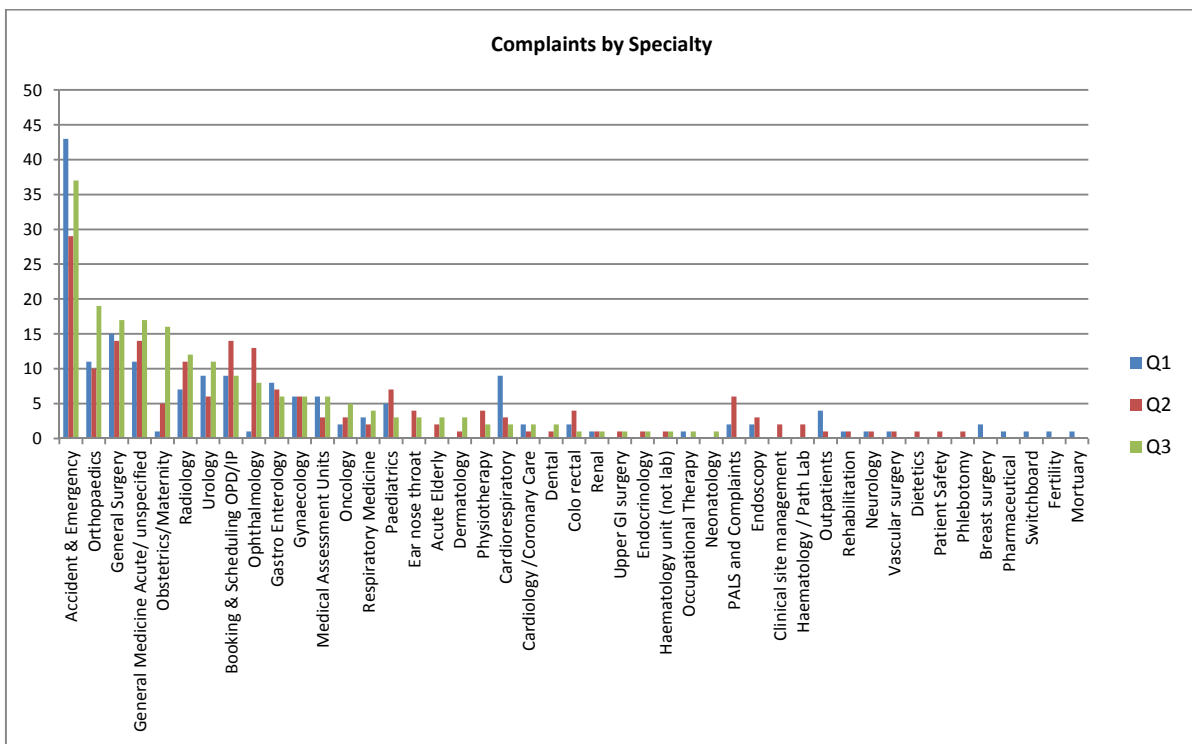
The top specialties receiving complaints during the quarter were:

Specialty	Q1	% against activity	Q2	% against activity	Q3	% against activity
Accident & Emergency	43	0.13%	29	0.08%	37	0.11%
Orthopaedics	11	0.08%	10	0.07%	19	0.15%
General Surgery	15	0.72%	14	0.61%	17	0.77%
General Medicine Acute/ unspecified	11	0.17%	14	0.21%	17	0.24%
Maternity	1	0.01%	5	0.02%	16	0.09%
Radiology	7	0.01%	11	0.01%	12	0.01%
Urology	9	0.14%	6	0.1%	11	0.15%
Booking & Scheduling OPD/IP	9	N/A	14	N/A	9	N/A

Ophthalmology	1	0.01%	13	0.11%	8	0.06%
Gastro Enterology	8	0.1%	7	0.09%	6	0.07%
Paediatrics	5	0.13%	7	0.2%	3	0.07%
Gynaecology	6	0.09%	6	0.09%	6	0.09%

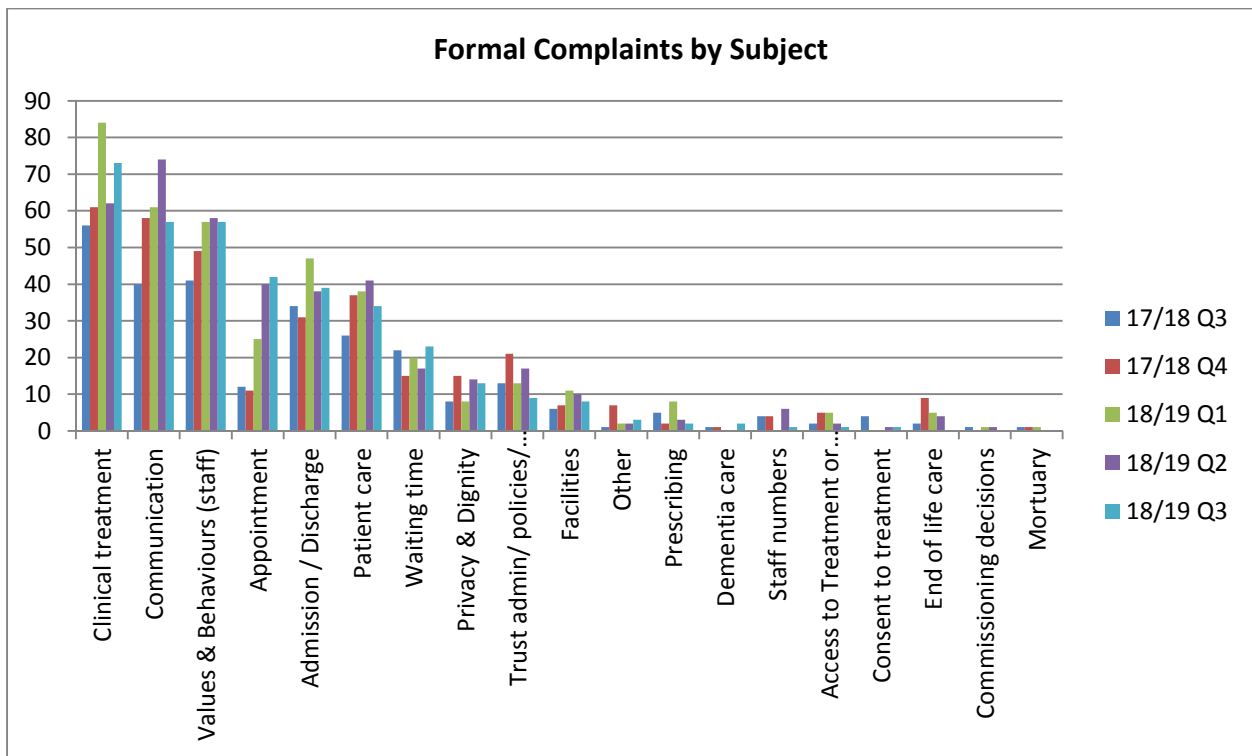
There has been an increase in complaints relating to maternity, however figures in quarter three of similar to those in 2017/18. There has also been an increase in complaints related to Orthopaedics; these mainly relate to delays in diagnosis and concerns in treatment, and have been shared with the specialty for discussion at their governance meeting. The increase in complaints relating to Urology relates mainly to ongoing capacity issues in the service.

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



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 three.

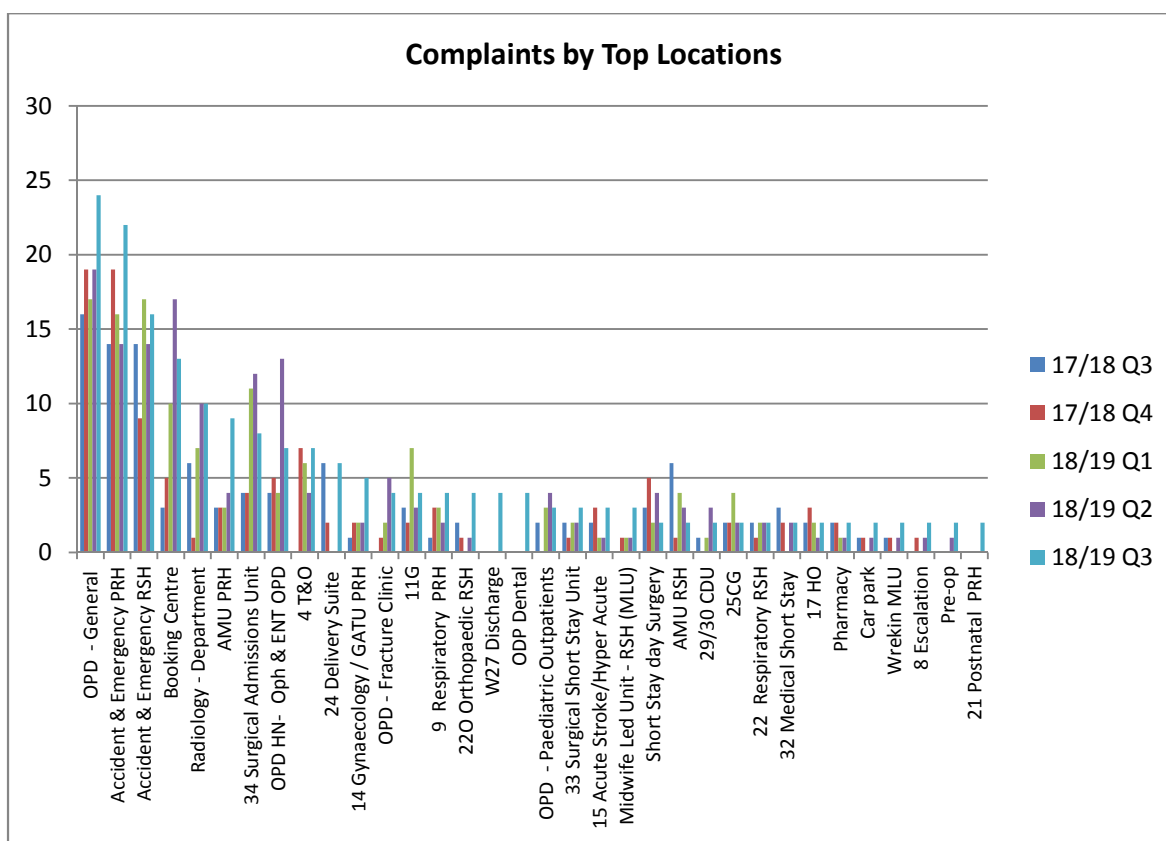


The main themes remain the same, with a slight increase again in complaints about appointments; this is in part due to a number of services experiencing problems with capacity. Complaints relating to staff attitude had been increasing, but this has now stabilised and started to reduce slightly.

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 main locations remain similar to previous quarters. There has been an increase in complaints about the Surgical Assessment Unit in quarters one and two, but a number of measures were put in place to address this, and the numbers have decreased in quarter three. An increase in complaints relating to AMU at PRH has been noted in quarter three, and this has been raised with the manager for the area; it is thought that this is as a result of the knock-on effect of capacity issues within ED, but this will continue to 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:

New / Changes in processes

- Poor communication, lost property, delay to organise fast track palliative care
 - Medical/nursing staff to communicate and confirm who is accompanying the patient
 - Staff to make property list for patients on admission and ensure patients belongings are not put in general skip
 - All trained ward nurses need an update on completion of fast track paperwork and priority to be given.
- Confusion over cancellation of appointments
 - SOP for cancellations being rewritten
 - Correct reason for cancellation to be used
 - Clear instructions to be sent to all booking staff
 - Secretaries to be reminded of the process when sending request to date or cancel patients at less than 2 weeks' notice
- Follow-up appointment problems
 - Ward and bookings team working to improve processes
- Concerns re discharge process, wound charts
 - Review of staff compliance against standards around access visits
 - Email to be sent to manager at CES, highlighting the need to ensure that the prescribing therapist checks contour cushions once delivered.
 - Ensure discharge checklist is completed - shared via team brief
 - Ensure wound chart completion - shared through team brief

- Poor communication & confusion around transfer, concerns about discharge
 - Ward now has a checklist that has been completed with all information regarding patients discharge.
- Lack of support when attending ED with miscarriage
 - Ensure A&E have EPAS contact cards for patients to contact EPAS if they have any concerns
- Patient left in corridor, not offered food, and not given pillow
 - To inform the corridor nurse to keep regular communication regarding the current situations.
 - Introduction of a safety checklist and a care bundle which addresses food and drink rounds.

Training

- Concerns re dementia management
 - To work with Dementia Team to enhance patient care
 - To discuss issues in next ward meetings/huddles
 - To focus on dementia in Trauma Study Day
- Concerns regards position of patient when administrating NG feed and following of feeding regime, pressure sore management
 - Ensure that all new staff complete the NG training
 - Ask dietician to print a separated sheet for each day or change of regime.
 - Inform NOK if appropriate of pressure sores/ sore areas on patient
 - Ensure all marks on body are documented on transfer of care summary when discharged
- Copy of GP letter sent to wrong patient
 - Ensure staff in date with IG training
 - Staff to use finger cones when sorting letters
- Attitude and lack of care from night staff, delay in providing medication, poor end of life care, cot sides not put back, family not offered drinks or refreshments, staff attitude, family not offered parking permits
 - All staff to complete end of life care training
 - All staff to undergo falls training
 - Staff reminded of the need to offer drinks/ food & vouchers – via the team huddle
 - 3 month Trial of nursing notes to be written in the medical notes to aid communication.
 - Parking permits to be attached to the Patient information booklets
- Concerns re the way blood was taken
 - Team meeting held to remind all staff of the risks of venepuncture and to that end being aware of patient's responses (in this case commenting on the pain) when gaining access to the veins, as well as reminder of the importance of maintaining standards and following protocols; showing empathy regardless of the time pressures with patients waiting is paramount

Communication

- Delay in treatment, conflicting information, problems with discharge
 - Reminder for clear communication between different specialties to avoid confusion.
 - To be shared at clinical governance meetings
- Poor communication with family, inappropriate comments made by staff
 - Staff to ensure they are aware of their patients attending scans and results / non-completion of scan
 - Staff to assess situations prior to communicating
- Poor documentation and communication with family
 - Ward manager working with team to improve documentation
 - DNAR form should be completed by person who speaks to family
- Poor communication with family, lack of sufficient hydration for patient, insufficient medical communication

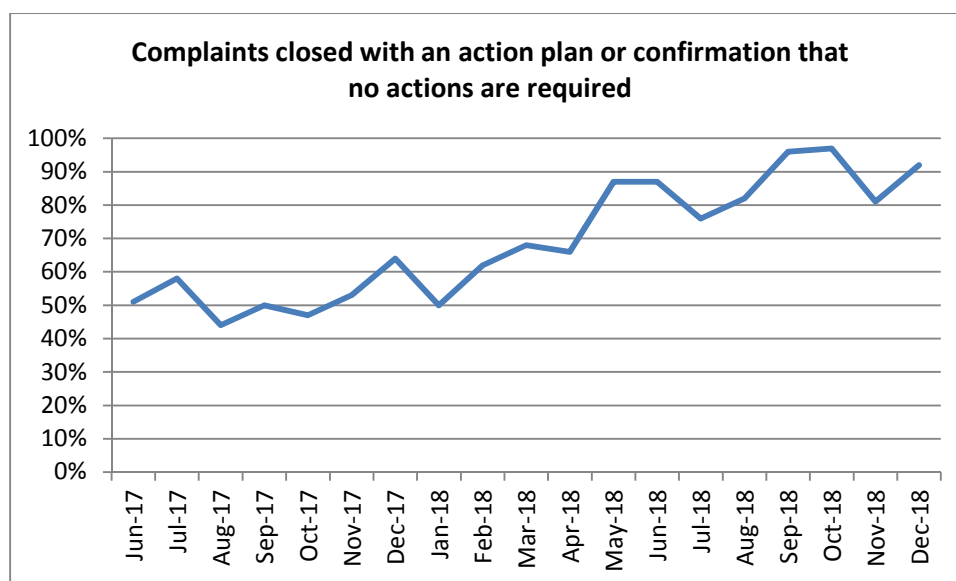
- to discuss in ward meetings with all staff the importance of keeping relatives and patients up to date. Nurse in charge of patients care to ask team on call to update family if at a weekend, dependent on workload.
- Discuss at ward meeting and spot checks of fluid balance charts.
- Staff to discuss with patients the information they would like displayed on the board on an individual basis.

Sharing of learning / reflection

- Patient not offered refreshments till morning
 - Staff to be reminded regarding the importance of comfort rounds and documentation of this.
- Incorrect cancellation code used
 - Share with team and ensure that the team are using the correct reasons on Sema for the cancelation / rebooking of appointments
- Possible missed diagnosis
 - Discuss at discrepancy meeting
- Concerns re discharge arrangements and communication
 - Feedback to staff involved
 - Ensure family are made aware of any falls in hospital
 - Ensure appropriate communication by junior doctors
 - Ensure transport is booked within time and reason for requested time of discharge
- Patient not given wristband, staff overheard discussing other patients
 - Reminder to staff re IG and when and where to discuss other patients
 - Reminder to staff to ensure that all patients have wristband
- Concerns re palliative care and discharge
 - Ward nursing staff to be reminded of rationale for transport bookings and to discuss this with patient and family

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.

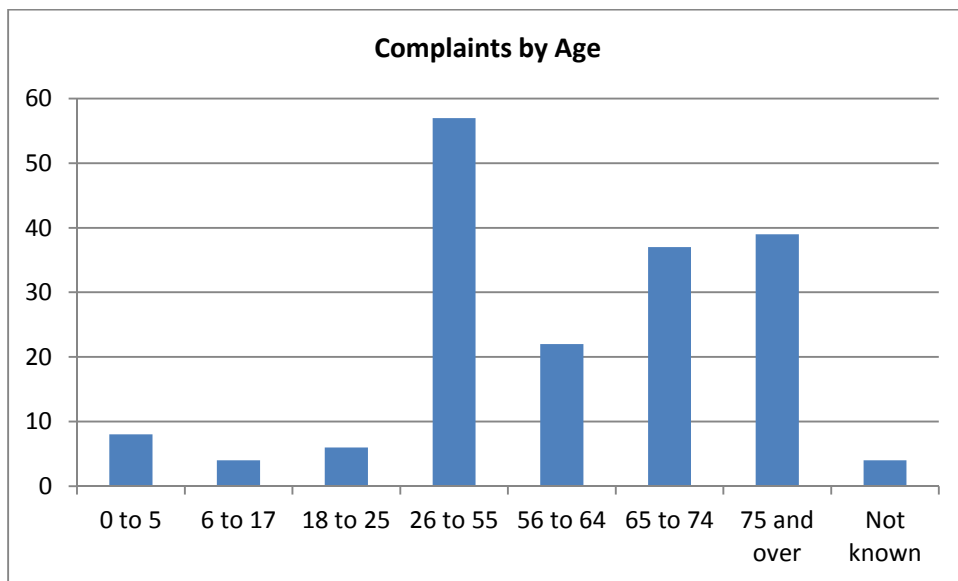
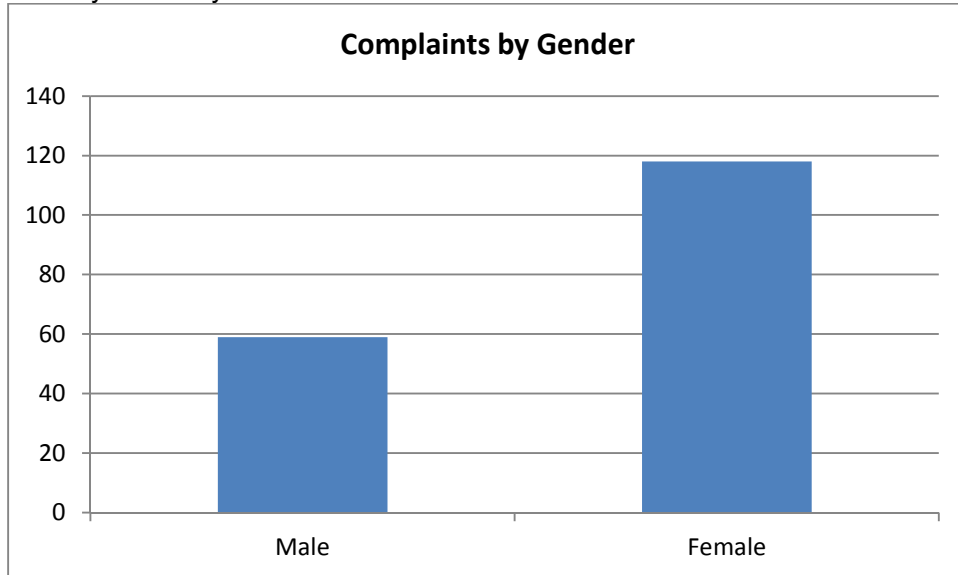
90% of complaints closed in quarter three had an action plan completed or confirmation that no actions were required, which shows an increase on previous quarters:

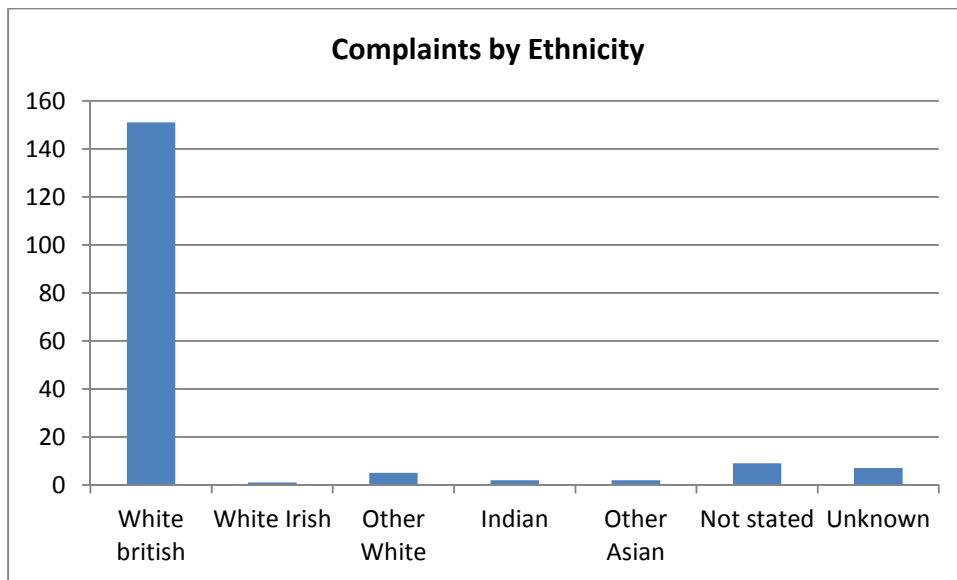


Learning from complaints is shared at the Clinical Governance Executive, the Nursing & Midwifery Forum, Care Group Boards and specialty and department governance meetings.

8. Equality & Diversity Review

Following participation in a recent stakeholder event organised by the Trust, it was agreed that complaints data would also be broken down by patient key characteristics, where this was available. The following graphs shows complaints in quarter three by gender, age and ethnicity; with the exception of gender, the figures reflect the wider demographic of our patients. Future reports will also include complaints by disability.





9. Parliamentary & Health Service Ombudsman (PHSO)

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

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

During quarter three the Trust was notified of one case referred to the Ombudsman:

- Patient's husband believes his wife's death could have been prevented

During quarter three the Ombudsman concluded one investigation, relating to a complaint about a possible misdiagnosis; this was not upheld. The Trust has not had a fully upheld PHSO review since April 2015.

10. 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. 36 surveys were returned (a response rate of 22%) and the key findings are:

- 73% received a call within a week of sending their complaint which is an improvement on previous quarters
- 58% reported receiving their response in time they expected which is an improvement on previous quarters
- Of those who did not receive their response in the time they expected, only 31% were contacted to explain the delay. This fits with some process issues which were identified in the team prior to the survey data being received, and which have now been addressed, so this should improve in future surveys
- 68% found the response clear and easy to understand and 62% felt that the response covered all issues; whilst these scores are similar to previous quarters, it shows that work is still needed on ensuring responses address all the issues clearly
- 53% felt the complaint handled their complaint well which is an improvement and 77% would be happy to raise a complaint again in the future

Some of the comments on the survey include:

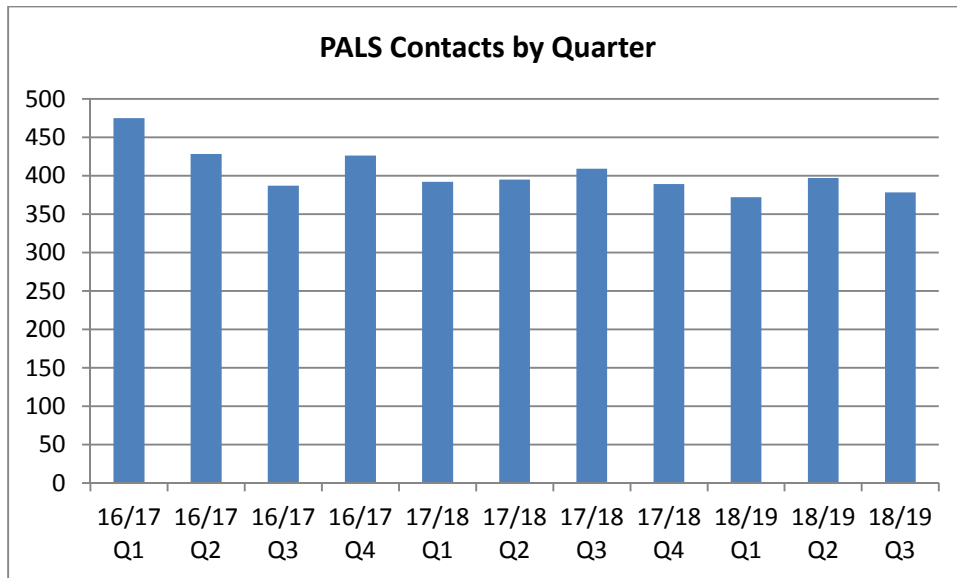
- I would like to say thank you for investigating our complaint and for your reply ... and thank you for the apology ... Thank you and we can close this chapter and put it to bed.
- Too early to tell. Still waiting for outcome of RCA. Failings in procedures acknowledged - so still waiting to find out how these will be addressed so such failing do not happen again
- The initial contact from X was by phone and she was very sympathetic and seemed to appreciate my concerns.
- The complaint has now been addressed and I am happy now that it has been brought to the attention of the complaints team and that I've had a satisfactory outcome
- I was so upset and disappointed to have to raise a complaint; it was really about 1 particular nurse. I really hope these individuals realised the impact of their behaviour. Since then I have been back to the hospital for treatment and received a lovely service which is what I had been previously used to. I think staff just need to be reminded that every day people need to be treated with dignity and respect.
- Information received explained the situation which hadn't been explained initially. If medical staff could explain things in a way patients and families could understand, anxiety and stress about the care of loved ones would be alleviated. This may then reduce the risks of further complaints. I thank the staff for all their support in this matter.

Other updates from the team include:

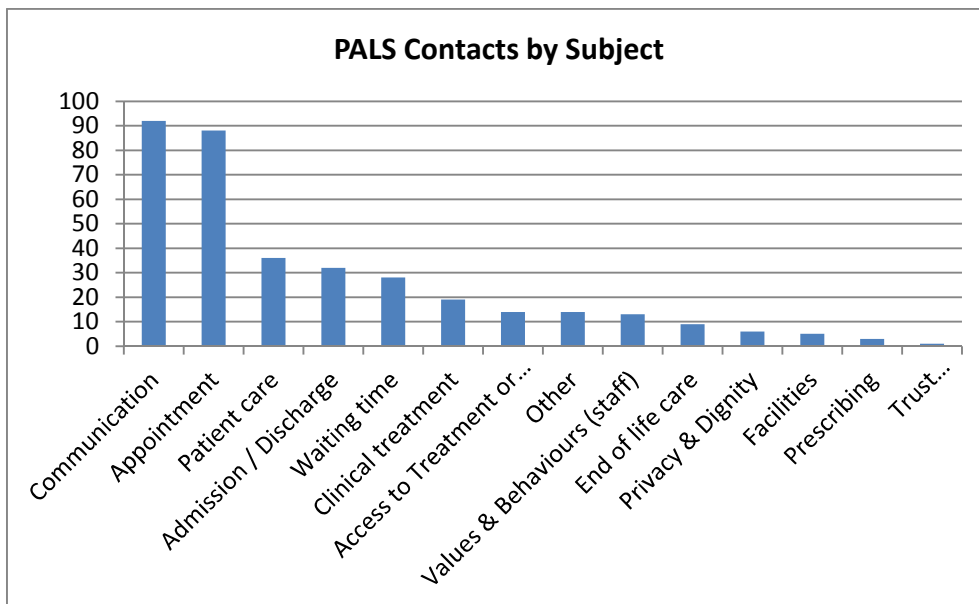
- Development of leaflet to be provided to patients with the Chief Executive's response detailing next steps / available options
- Involvement in Equality & Diversity Workshop and actions arising from this
- Use of Lean methodology to reduce timescale of first stage of receiving and triaging new complaints

11. 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 three of 2018 the PALS team reported and investigated 378 PALS concerns which is a reduction of 19 cases compared to what was received in Quarter 2. The graph below shows the PALS activity over the past two and half years.

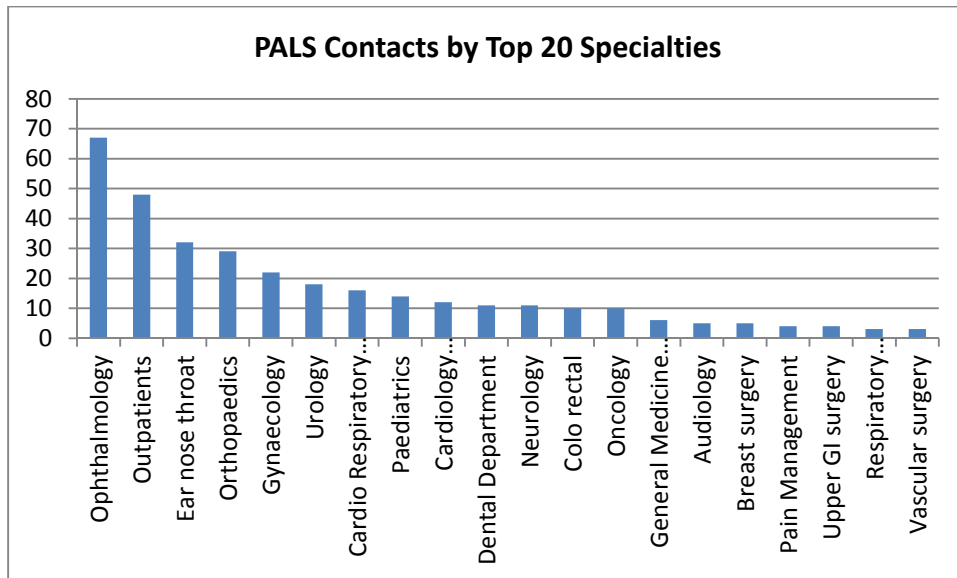


The main themes arising from the concerns raised via PALS for quarter three are:



In quarter 3 PALS received 92 concerns regarding issues with communication. This is an increase of 18 cases compared to what was received in quarter 2. Concerns around appointments continue to feature in the top 3 categories with quarter 3 receiving 88 concerns around appointments. This is however a significant reduction with quarter 3 reporting 33 less cases than quarter 2.

The top 20 specialties that PALS have received concerns about are shown in the graph below with Ophthalmology being the department we received the most concerns about. Concerns about Outpatients will be in relation to the way in which the consultation went and delays in being seen.



Examples of PALS cases received are included at appendix two.

12. Other 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 24 comments were published on the NHS Choices website. 14 of these were for RSH and 10 were for PRH. 19 of these comments shared a positive experience with only 4 being about a negative experience and 1 had had a mixed experience.

In contrast to Quarter 2 report, A&E received 8 positive comments about the care they provided. Ophthalmology received some negative feedback about patients being left to wait too long in the waiting for their appointment.

Letters of thanks

In addition to the feedback give via NHS Choices, 36 letters of thanks and appreciation were received by the Chief Executive, as well as positive feedback being received through the SaTH website and on our main social media channels, during quarter three; this is a decrease on previous quarters, and may reflect the increased use of social media to provide feedback instead of writing in. 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:

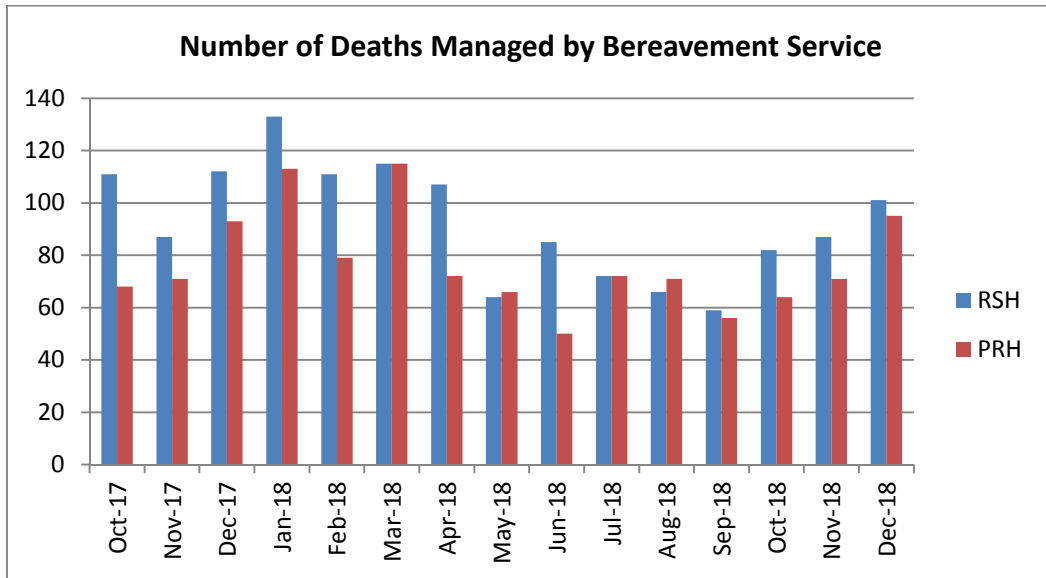
Month	Unspecified	Unscheduled Care	Scheduled Care	Women and Children's	Support Services	Corporate Departments	Total
Oct	0	6	1	2	0	0	9
Nov	1	10	2	2	0	0	15

Dec	3	6	2	1	0	0	12
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Examples of letters received are included at appendix four.

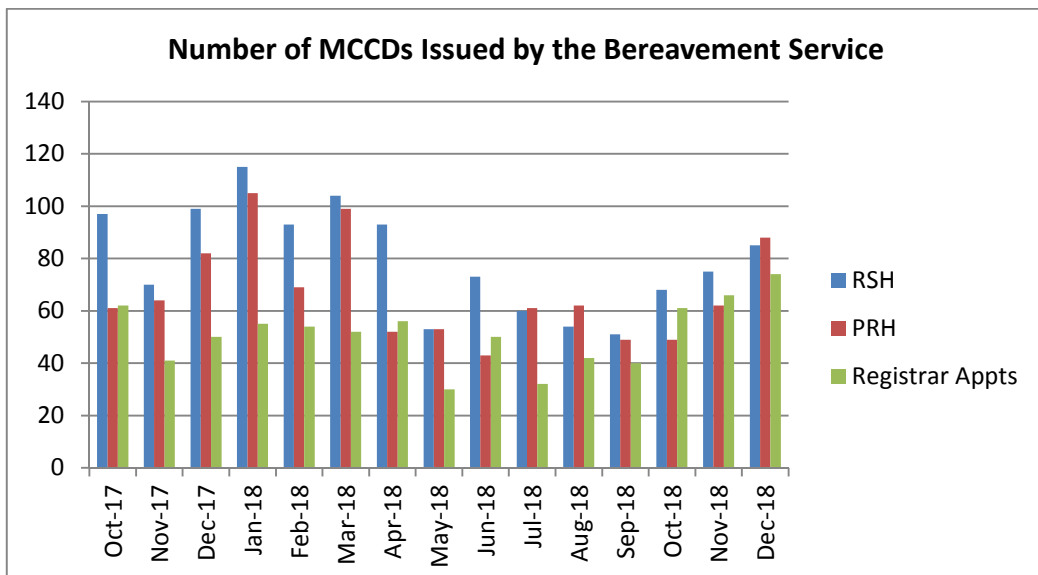
13. Bereavement

During quarter three, there were 500 deaths across both sites, which is an increase of 104 from quarter two.



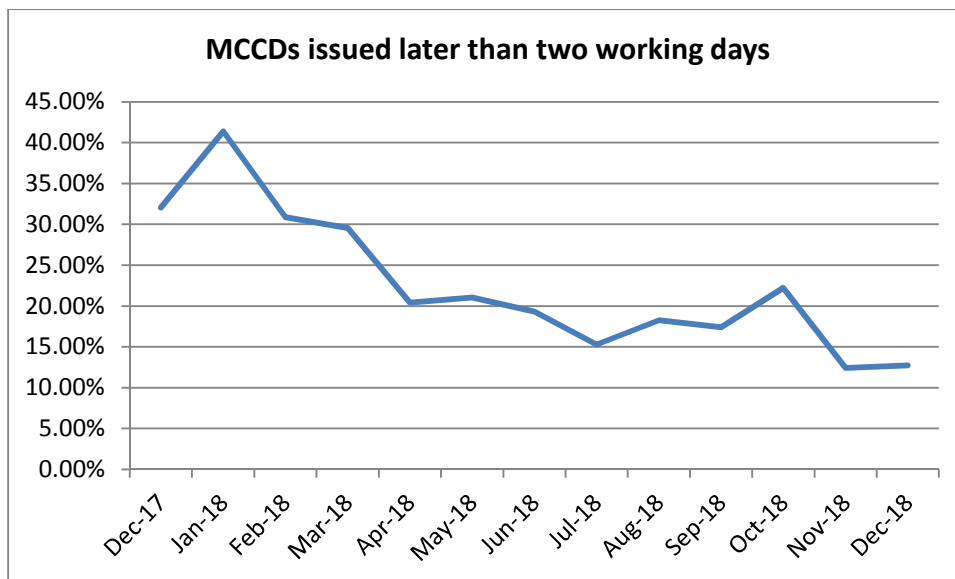
Of the 500 deaths, the Bereavement Team issued 427 Medical Certificates of Cause of Death. 81 of these deaths were reported to the Coroner.

The Bereavement Team have arranged 201 appointments in quarter three for bereaved families to register the death of their loved one at the Royal Shrewsbury Hospital.



The extension of the Registrar Service from 3 days to 5 day cover has been well utilised in quarter three and continues to be a source of great comfort to our bereaved relatives that we can accommodate their registration appointment at the Royal Shrewsbury Hospital.

Compliance with issuing MCCDs within 2 working days is detailed below and has improved from quarter 2. Work continues with trying to ensure senior and junior medical staff is aware of the importance for completing MCCDs in a timely manner and we are supported in this by the lead consultants for end of life care.



14. PALS & Bereavement Services Review

The Bereavement Service has gone paper free. This has come with the roll out of the email migration as they now notify GP's of their patient's death by email. This has meant that they no longer print GP notification forms from SEMA, they save these onto the shared drive and hyperlink the document to the bereavement spread sheet and email the notification securely to the GP once a cause of death has been confirmed. This improved system has created a more secure and efficient system within the bereavement service and is working well.

The introduction of the Medical Examiner system has begun to move forward with the PALS and Bereavement Manager working alongside a Consultant Pathologist to develop a proposal for the Trust to implement this service. It is currently a non-statutory requirement for implementation from April 2019 however the Bereavement service is working through the implementation requirements to ensure a smooth transition can occur. Attendance at National Conference's and site visits is currently underway to get a clear understanding of the process and the requirements for implementation.

15. Freedom of Information (FOI)

The number of FOI requests received by the Trust was 159 in quarter three, which is similar to previous quarters. A further breakdown is below:

Month	Received	Answered within 20 days	NOT answered within 20 days	Unanswered	%compliant
January	70	56	10	4	80%
February	63	48	6	9	76%
March	60	42	1	5	70%
April	62	52	7	3	84%
May	54	44	5	4	81%
June	39	35	4	0	90%
July	78	59	19	2	76%

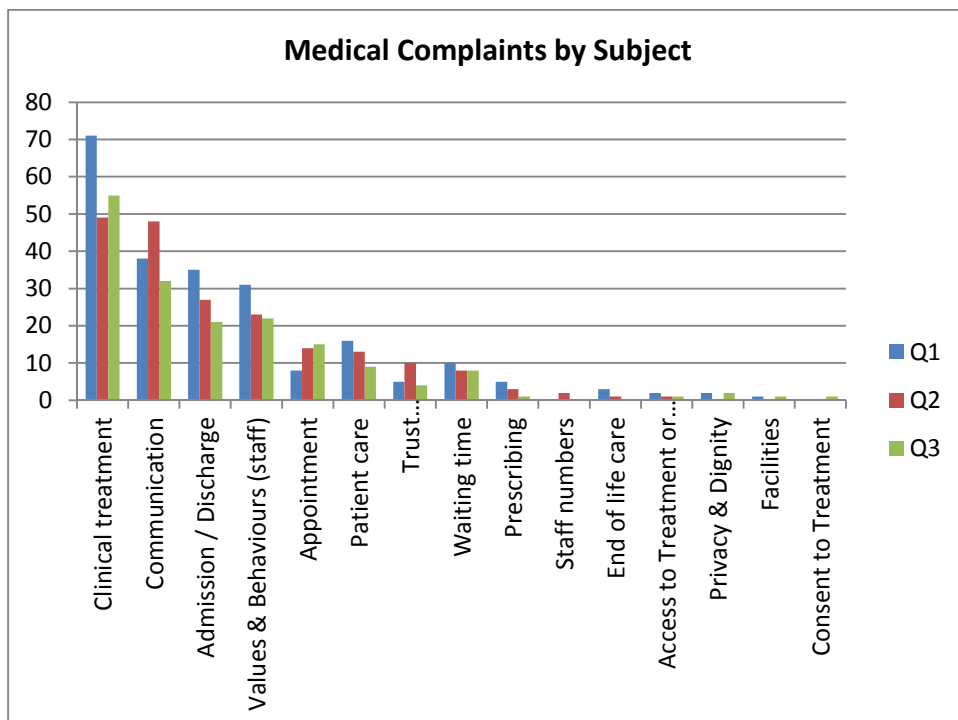
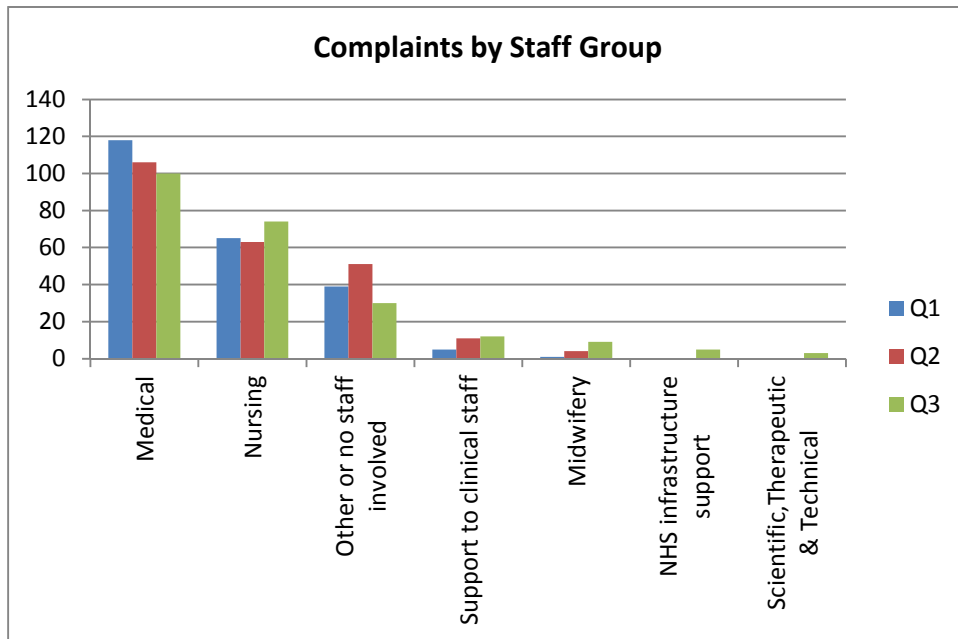
August	55	42	11	2	76%
September	42	30	7	5	71%
October	66	39	14	13	59%
November	61	41	12	8	67%
December	32	28	1	3	88%

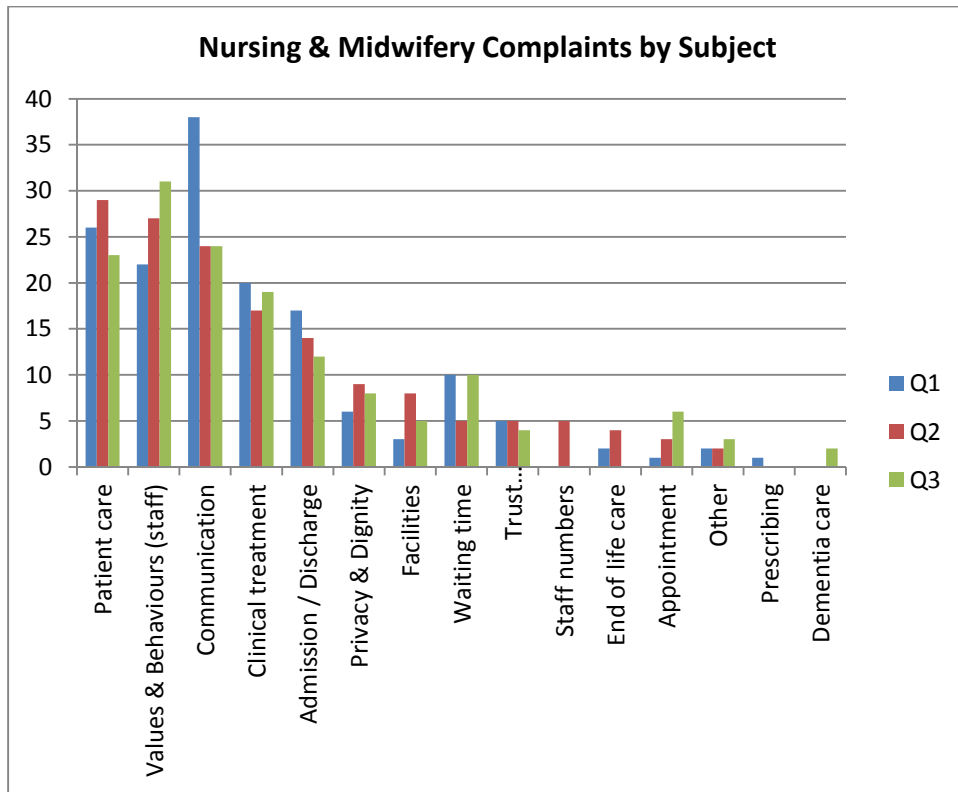
16. Recommendation

The Board is asked to consider the report

Complaints by Staff Groups

100 complaints received in quarter three raised concerns relating to medical staff, and 83 complaints related to nursing & midwifery staff. Further details are shown in the charts below:





Examples of PALS Cases

Patient has received a letter of appointment with conflicting information and would like clarification. Appointment Date and Hospital site confirmed by Bookings Team. Patient thankful for the clarification.

This lady has been told that a clinic no longer runs to treat her needs and has been left without an Neurologist. Confusion over appointment resolved and the patient now has an appointment and is very happy.

Patients wife rung in with a concern that her husband has been admitted but not seen by a consultant. The patient is now on ward 6 where he should be and he feels much better. Patient and wife reassured and fully supported.

The patients partner is concerned that the patient is on ward 14 and has not had a drain. The patient has had her drain and the ward manager has advised the patient if they need anything to just ask her. The patient's partner has asked all of his questions to the doctor and is satisfied.

Patient went for a urology OPD in Bridgnorth and it was cancelled due to contamination of water and patient not notified. Patient has now been provided with an appointment for the 27th December in PRH

The patient would like to know when his appointment will be. The doctor is aware the patient has lost his appliance and the doctor will be having a meeting to discuss his care.

The patients mom contacted PALS concerned that her GP practice had not received documents. PALS facilitated the GP surgery receiving the required information.

Called by the ward to see a patient who had just received a terminal diagnosis and required support. Full support provided to the patient by PALS over the period of her admission.

Patient's DIL is upset that despite the ward getting consent from the patient to liaise with them and having a password in place, they would not give information out on the phone about his care. They wanted to do this so that they could relay to the patient what is going on with his care because he has an understanding and language barrier. Fully supported DIL and arranged for password to be set up for use on SAU.

Patient's mother is upset that despite following the instructions on our Trust Website re attending for Children's Phlebotomy, the phlebotomists didn't apply Emla Cream to her 3 year old's daughter's hand which made taking blood from her very painful. PALS arranged for Phlebotomy Manager to call the patient's mother to explain and apologise.

Learning outcome - Phlebotomy Manager is going to get wording on website changed to show Emla Cream is applied based on Phlebotomists clinical decision and for patients to arrive at 12pm and a Phlebotomist will make a decision on topical anaesthesia following appropriate clinical assessment.

Visitor to the hospital is upset that 4 years on from his wife having an accident on the steps by the faculty of health, they remain unchanged and nothing has been done to improve their safety. Job raised on MICAD to ask Estates to review the safety of the steps and address if needed.

Patient has expressed concern about advice she has been given by a Consultant which she believes to be incorrect after discussing this with a GP friend of hers. Concerns of Patient forwarded to Consultant. Consultant has written an explanation and apology to patient for any misunderstanding.

Examples of comments from NHS Choices

Some of the positive comments received were as follows:

"thankyou to all the staff all doing a great job merry christmas to all"

"The treatment I was given was exemplary . From collapsing in the doctors , the ambulance staff, the staff in resus those on A&E ,AMU , and ward 9 , I can't thank you all enough. I was really well looked after by all . Everyone did their utmost to bring about my recovery in a professional yet friendly manner. Thank you."

"Staff at Gynaecology ward was fantastic epas ward is great"

"Can only echo the other 5 star reviews, what a credit to the NHS. I attended the Unit for an Endoscopy and Colonoscopy on 3rd November and the first pleasant surprise was that despite the full waiting room I was called through at the appointed time. From then on throughout the various stages of initial assessment though to the procedure and eventual discharge I was treated at all stages by caring and friendly staff who put me completely at ease and made the whole process much less daunting than I had been fearing"

"I was admitted to the gynecology ward thursday 25th October after suffering a really bad miscarriage. When I first arrived in the middle of the night the night staff were very good and couldn't do enough. They next day I had to have an operation and I was included in every point. When I came round the day staff on Friday were brilliant! The member of staff caring for me and the care assistant working with her showed me the upmost respect and dignity. All the staff that I received care from on that ward were brilliant day and night! I want to thank them all from the bottom of my heart for looking after me at such a difficult time"

Some of the negative comments received were as follows:

My partner was slumped in bed, with an overflowing sick bowl, sick on his clothes and bedding. He was quite distressed and unable to ask for help. I have no idea how long he had been like that. I asked for another sick bowl and was given one by an auxiliary nurse. She and sister were aware that his bedding was soiled but did not change it. My partner had no pain relief for 6 hours. Why had he been left so long without paracetamol with a temp of 38-39! I decided to strip bed and as I thought staff might be busy. New bedding was provided but was not put in bed. Just before visiting time ended I decided to make the bed as my partner was having another temperature spike . At around 3.50pm another auxillary nurse abruptly told me that visiting times finished at 3.30pm. I advised her that I had been 'nursing' my partner & was worried about him. She proceeded to advise he should have asked for help! There was no empathy or patience from this woman which is what I would expect when a patient is in hospital and being cared for by nhs staff. My partner was distressed about the aggressiveness of this woman's behaviour and ushered me to go. We we're both upset about him being in hospital and also being scolded for spending a bit of extra time together. I left around 3.55 & asked the nurse if I could have a word with her. I walked into the corridor. She proceeded to shout "you can talk to me here", meaning the open ward. I did not want to have a discussion with her with an audience. She then shouted "you can talk to me in front of my colleague", again in the open ward. I beckoned them both to speak to me privately in the corridor. At no point did either of them offer to speak to me in a room. I advised her that she had spoken to me rudely. Immediately she retaliated, pointing her finger and loudly saying "I was not rude." I looked at the sister as I knew I wasn't going to get anywhere. The nurse proceeded to argue with me displaying a palm facing hand in my direction as if to push me away. She was clearly angry and I decided to leave the ward. As I was walking past the nursing station she shouted to a colleague who had asked what was going on, "she's being rude". The nurse march into bay D and shout at my partner "you're wife was out of order!" I will be making a formal complaint about these matters.

“Attended the Eye Clinic on 4 December 2018 with my elderly husband (85 years old) who has macular degeneration and has to attend regularly for eye injections. The appointment was for 11.00 and we arrived on time. The Clinic was not unusually busy, but after waiting for an hour, I decided to go to reception to find out how much longer we would have to wait. It transpired that my husband's notes had been put on the wrong pile. On its own, this was no huge problem, but was an irritant and should not have occurred. My husband finished his treatment at 1.00 pm. We returned to the blue waiting room - nearly everyone had been seen and the waiting room was all but empty. However, there was a rather timid and frail elderly lady there who had been sitting by me earlier. She asked me if she was in the correct waiting room as no-one had yet called her. I asked her what time her appointment was for - it was for 11.00 am. My concern is that this lady had been waiting for 2 hours - there appeared to be no shortage of staff and yet no-one had approached her to see if she was OK. She had been sitting patiently waiting to be called and it must have seemed to her that she was invisible. I feel that this indicated a huge lack of respect and care for a frail and vulnerable lady waiting on her own with no-one to speak for her. I ensured that she went to Reception to see when she would be seen. This clear lack of care does not seem the appropriate reaction of a hospital in special measures presumably anxiously to improve performance.”

“My wife had been internal bleeding all day we had seen a g.p. twice that day the second time after she had pass out & fitted. The doctor call an ambulance and arranged a bed, he said the ambulance would take no more than two hours this was at 6:10pm, we went home to pack a bag and wait for the ambulance. At 8:00pm the ambulance service called and said that they had no ambulance at all, I asked any after midnight they didn't know. I then took my wife my self she had lost some where between one &two pints of blood and didn't want her to die. When we got to a&e I asked for direction to the c.c.u. ward and was told it was full and there was no doctors, told to sit wait even after explaining the problem. We waited 10minutes and she had a blood test, waited 10 more minutes and was put on a trolley in a corridor after half an hour I explained to the nurse the problem again and said she needs access to a toilet. Eventual the got the message got through and put her in cubicle still no treatment till 11:30, When a nurse started an I.v drip, sore a doctor at 12:15am. Got put on ward at 3:00am”

Mixed comments received were as follows:

“Recently in PRH everything great except that when you have food allergies I.e. dairy/ vegetarian I do not eat meat, for some reason do not know what to give you! the food which is on there menu is very limiting, there's nothing with either Quorn or Soya in like a Shepard's pie which could have veg with it, there plenty which can be done with both these products including vegetable curries etc, when asked about Flora butter which is made with plants sterols told that they don't have and I cannot have it as dairy allergy!, When in previously lived on chips and jacket potatoes not good if T2 diabetic.. I think the catering department needs to wise up on what to feed people with allergies. was told food comes from Wolverhampton that's not local!! There was an elderly person who was also diabetic who needed low sodium diet which seemed to be same type of food on the sheet which patients did not choose for themselves it was read to them by catering person! Might even send a vegetarian / vegan cook book with recipes or allergy cooking book”

Extracts from a selection of thank you letters

Thank you . . .

I have recently had to spend a whole week in the PRH on Ward 11 where I had the best treatment from doctors, nurses, even down to the ancillary workers.

I can't explain how wonderfully I have been treated, the Queen couldn't have been treated any better.



Thank you . . .

Just a line to express my praise and thanks for my excellent care I received in A&E. Everyone was brilliant...

The department was extremely busy as usual—but the level of care from doctors and nurses was so encouraging. I am extremely comforted. I am 87-years-old and really appreciate the care given to me.



Thank you . . .

Amazing staff on duty on Sunday afternoon. It was incredibly busy but from the receptionist through triage, minor injuries and x ray, I was treated with respect and dignity with a lot of humour.

Thank you for getting me sorted out and back to my family much more quickly than I was expecting.



Thank you . . .

I was transferred to The Royal Shrewsbury on Monday evening after being very unwell. Within 1 hour of arriving I was in a CT scanner and bloods taken.

Straight away I was put on three different antibiotics and the next day operated on. I believe the surgeons saved my life. Not only were the surgeons and doctors fantastic but all the nurses and health care professionals.

