

Cover page	
Meeting	Trust Board
Paper Title	Complaints and PALS Quarterly Report – Q1
Date of meeting	3/10/2019
Date paper was written	18/07/2019
Responsible Director	Edwin Borman, Director of Clinical Effectiveness
Author	Julia Palmer, Head of PALS & Complaints
Executive Summary	
<p>This report sets out details of the complaints and PALS activity during Quarter One, 2019/20, as well as details of the Bereavement Services, Freedom of Information requests and Letters of Thanks.</p> <p>The numbers and subjects of complaints and PALS contacts remain similar to previous quarters, with some increases noted in specific areas, which have been appropriately escalated. Completion of action plans and complaints responses being sent out with agreed timescales are being maintained. The report also provides details of the introduction of the Medical Examiner Service.</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> <ul style="list-style-type: none"> <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. 178 complaints and 461 PALS contacts were received during quarter one, with the main subjects remaining similar to previous quarters.

On 01 April 2019 SaTH implemented a new Medical Examiner (ME) service on the RSH site. The Trust currently has seven Medical Examiners, with a Senior Medical Examiner Officer and a Medical Examiner Officer (MEO) supporting the processes and procedures which are to be followed. These include reviewing and scrutinising all deaths at RSH, death certification and learning from deaths. An ME is scheduled to cover each day to review all deaths that have occurred at RSH. In some cases referrals to the Coroner at the time of death are still being reported directly and appropriately managed while with the new ME service, other cases, following review by the ME deaths can be reported via this route where necessary. An ME, who is an independent Consultant level doctor, reviews the care and treatment of the deceased and has a discussion with the treating doctor to ascertain and agree a cause of death, or, where necessary, refer to the Coroner. The ME is then required to contact the next of kin to the deceased to discuss the care and offer an explanation of the cause of death. This is an opportunity for the next of kin to discuss any worries, seek clarity on anything they don't understand or raise concerns. If concerns are raised these are managed appropriately by the MEOs escalating the matter through the appropriate channels. Feedback obtained so far is that the service is well received by next of kin as it provides an opportunity to speak with a doctor, to have matters explained, and provides an additional layer of support at an incredibly difficult time.

Nationally the ME programme is in a non-statutory phase with the intention for this to become statutory from April 2020. We therefore continue with plans to roll this service out from PRH once recruitment for more Medical Examiners has taken place and accommodation has been identified from which to run a ME Service.

Background

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

Ward 27 remains an area of concern, and increases have been noted in relation to PRH AMU and Ward 15. These have been highlighted within the relevant care groups and will continue to be monitored for any trends.

There has been a slight increase noted in complaints relating to staff patient care.

Work continues to ensure that learning and actions to implement learning are considered for all complaints, with 86% of complaints closed in Q1 having evidence that this was considered. Training has been given to nursing and medical staff in investigating complaints, with further sessions planned, to help improve the quality of investigations and learning.

Assessment

Where increases are noted in particular areas, or in relation to specific individuals, this is highlighted with the relevant managers and support is 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 four, which are being addressed. There have been no significant areas of concern identified in quarter four, but there are a number of areas that continue to be monitored.

Learning from complaints and PALS continues to be reviewed and 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 APRIL TO JUNE 2019

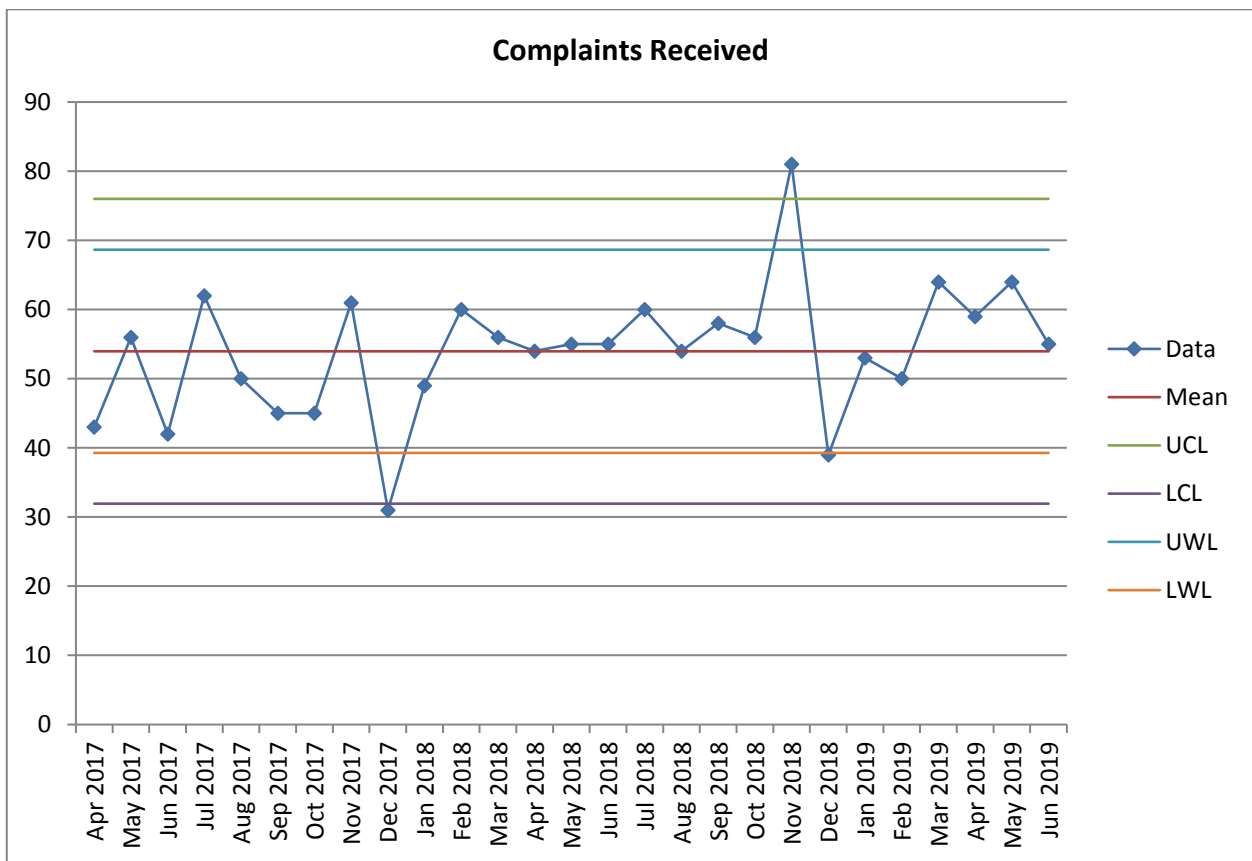
1. Introduction

The purpose of this report is to provide the Trust Board with an overview of the formal complaints and PALS concerns received by the Trust during quarter one (April to June 2019). The report outlines the Trust's performance and includes the trends and themes arising from complaints and PALS contacts. The paper also includes an update on Freedom of Information (FOI) requests.

2. Formal complaints received

In quarter four the Trust received a total of 178 formal complaints which equates to less than one in every 1000 patients complaining (0.72 complaints per 1000 patient; this is similar to previous quarters).

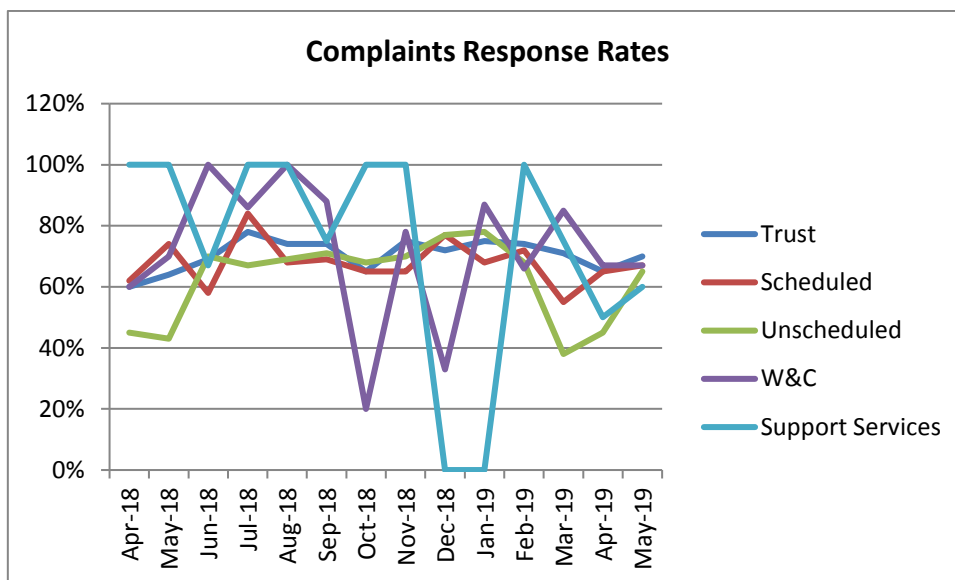
The graph below shows the number of formal complaints received by month from April 2017 to date. The breach of the upper control limit in November 2018 is thought to be as a result of negative publicity during a two week period, when the Trust was placed into special measures.



3. Performance

The Trust is required to acknowledge all responses within three working days. The Trust achieved 100% compliance with this requirement during quarter one, with 72% 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, 70% of complaints in quarter one have been closed within the timescales agreed initially. Where the Trust is unable to respond within the response time initially agreed with the complainant, the complainant is kept fully informed of any delays. All overdue complaints are closely monitored to ensure that delays are kept to a minimum and senior management within the care group are advised on a monthly basis of the complaints where responses are overdue. The graph below shows response rates by Care Group.



Of those complaints that were not responded to within timescale during quarter one, all delays 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. Work is ongoing with the Care Groups to improve responses rates, as part of the CQC improvement work.

Of the 145 complaints closed during quarter one, 23% (34) were not upheld, 57% (82) were partly upheld and 20% (29) 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.

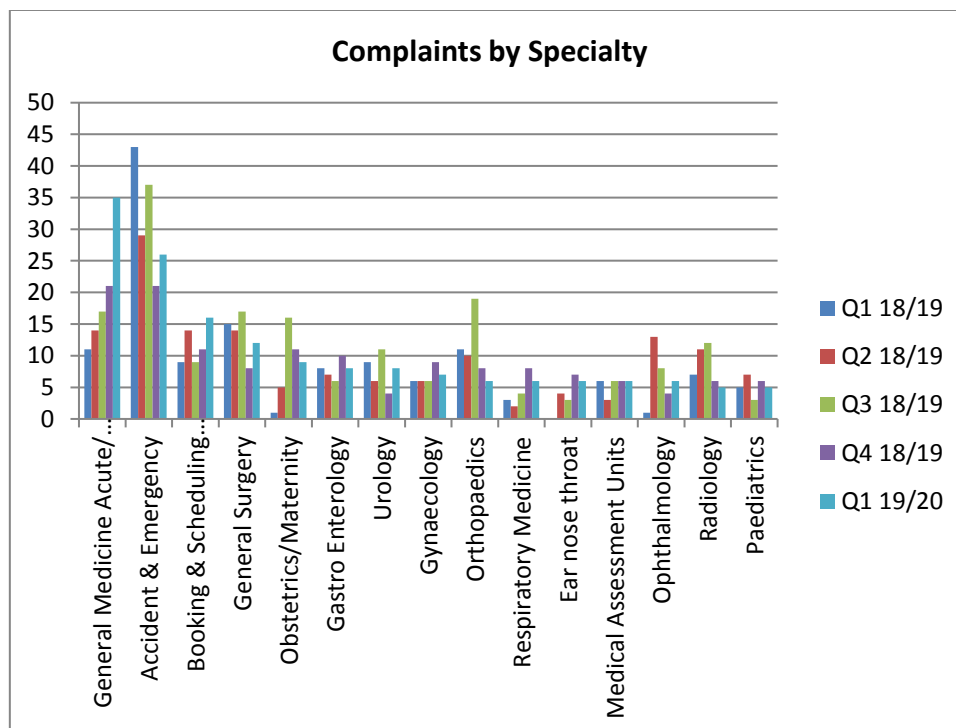
Complainants are advised to contact the Trust again if they are unhappy with the response to their complaint; the complaint will be reopened and a further investigation carried out. 12 complaints were reopened in quarter one, relating to complaints initially received in October, November and December 2018 and January, February, April and May 2019. Of these 12, it was acknowledged that the initial responses to one 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 speciality

The top specialties receiving complaints during the quarter were:

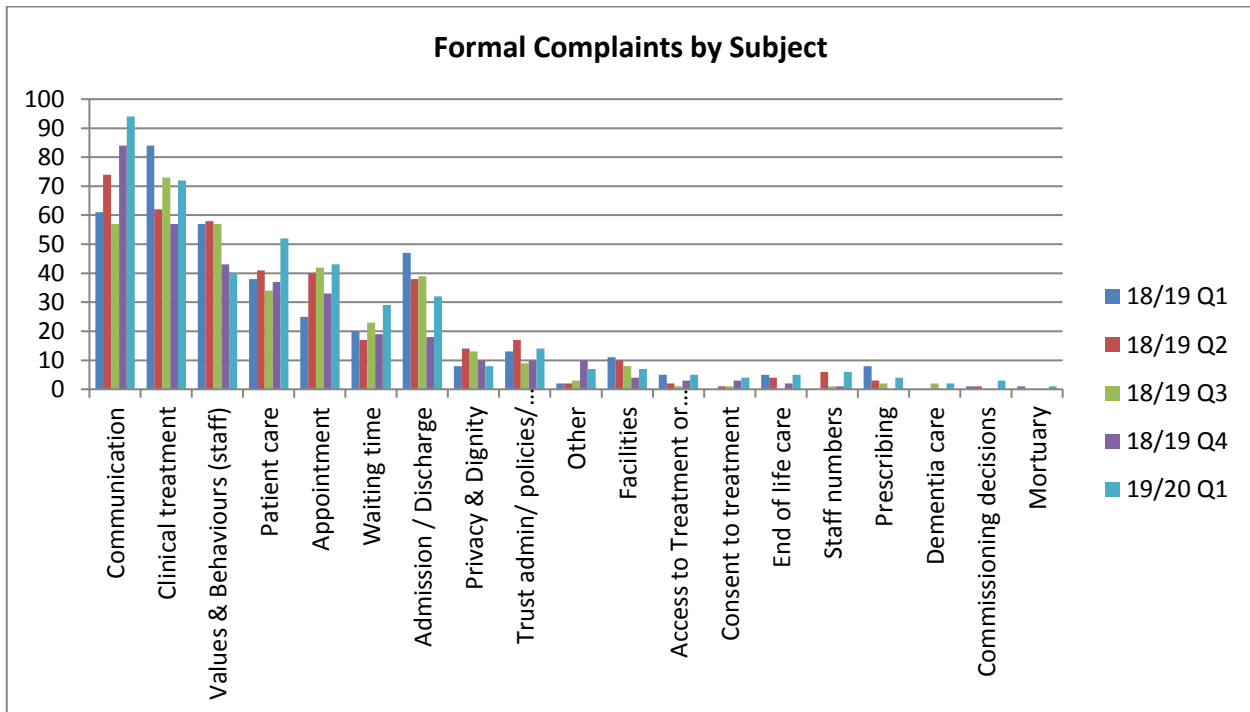
Specialty	Q2	% against activity	Q3	% against activity	Q4	% against activity	Q1	% against activity
General Medicine Acute/ unspecified	14	0.21%	17	0.24%	21	0.32%	35	0.33%
Accident & Emergency	29	0.08%	37	0.11%	21	0.06%	26	0.07%
Maternity	5	0.02%	16	0.09%	11	0.11%	9	0.05%
Booking & Scheduling OPD/IP	14	N/A	9	N/A	11	N/A	16	N/A
Gynaecology	6	0.09%	6	0.09%	10	0.12%	7	0.08%
Gastro Enterology	7	0.09%	6	0.07%	8	0.1%	8	0.1%
Respiratory	2	0.04%	4	0.09%	8	0.18%	6	0.11%
Orthopaedics	10	0.07%	19	0.15%	8	0.06%	6	0.04%
General Surgery	14	0.61%	17	0.77%	8	0.42%	12	0.55%
Ear, Nose & Throat	4	0.03%	3	0.05%	7	0.11%	6	0.09%
Paediatrics	7	0.2%	3	0.07%	6	0.14%	5	0.05%
Radiology	11	0.01%	12	0.01%	6	0.001%	5	0.01%
Urology	6	0.1%	11	0.15%	4	0.06%	8	0.13%
Ophthalmology	13	0.11%	8	0.06%	4	0.03%	6	0.05%

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



5. Key themes

Each complaint may be multi-faceted, particularly where the complaint relates to inpatient care that may 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.



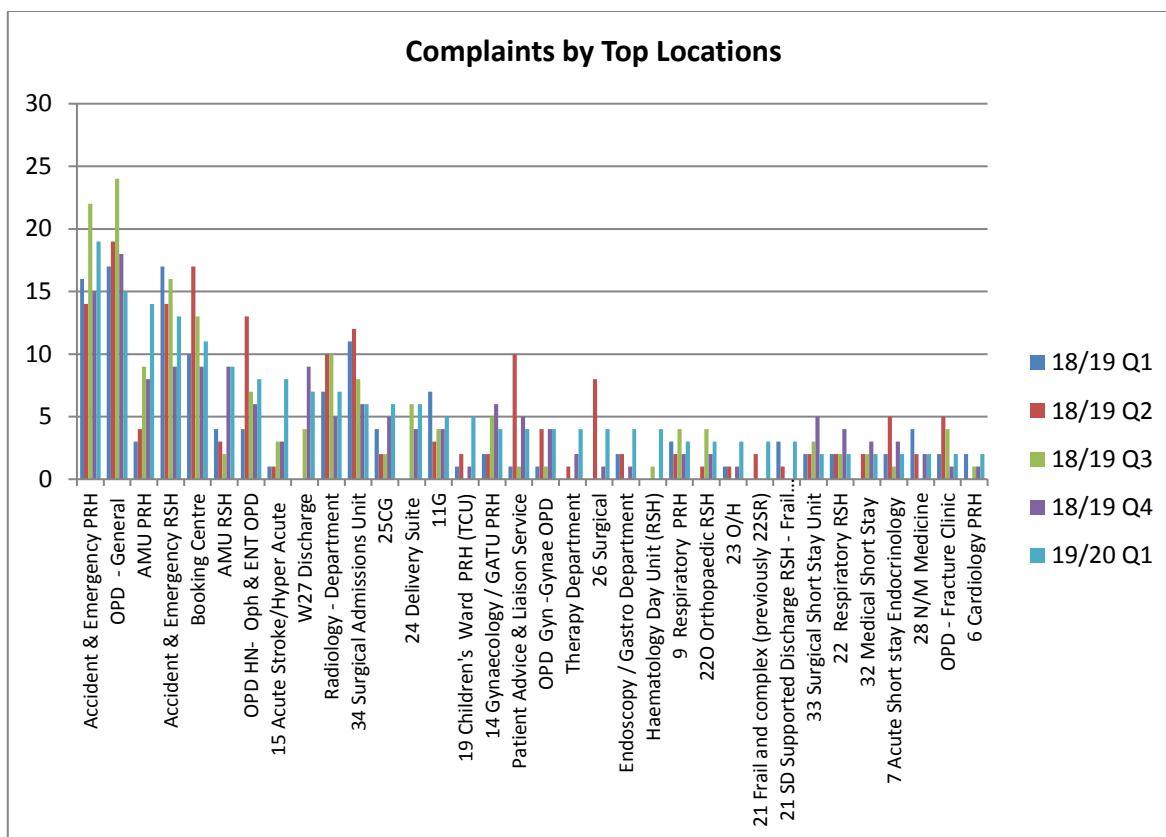
The main themes remain the same, with an increase in complaints relating to patient care that is above the lower control limit when plotted on an SPC chart; this will continue to be monitored for any further triggers. All other subjects remain within normal variation.

6. Formal complaints by location

Due to the high volume of patients seen and the nature of the specialty, some areas, such as the emergency departments, 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 for action to the Care Group Medical Director and Clinical Director.

The main locations remain similar to previous quarters, with most locations showing standard deviation. There are however some areas that are triggering on the SPC charts:

- Ward 27 continues to be an area of concern, and this has been raised with senior management.
- AMU at PRH has seen a recent increase. This has been raised with the management team for the area and will continue to be monitored.
- Ward 15 is also triggering on SPC charts, but a review has shown that these complaints relate to care over a period of several months (July 2018, October 2018, December 2018, February 2019, April 2019), rather than all relating to recent care, and it appears to be a coincidence that all complaints have been received in the same quarter. Nonetheless, this has been raised with the management team for the ward and will be reviewed.



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:

Improvements made and changes in processes

- Relative could not get through on ward phone for update
 - Telephone workload reviewed and additional ward clerk appointed
- Patient left with open wound whilst waiting for doctor review
 - Ensure wounds are temporarily covered
- Patient left waiting unnecessarily in clinic
 - Nursing team to ensure patients are clear on whether they can go home or need to return to clinic
- Concerns regarding advice and delays in responding to queries
 - Correspondence trays of staff who are on long term sick or extended leave for other purposes to be checked by their line manager, to ensure items requiring immediate action are not overlooked.
 - Develop a more robust process for cancellation/ re-booking of appointments when staff have to take leave at short notice
- Delay in transport due to confusion over transport requirements
 - Trust and Falck working together to review bookings process
- Interpreter not arranged
 - Staff to physically log in the PAS system that a request has been submitted and document confirmation of the interpreter. Email confirmations are saved in a specific

folder and the confirmation is printed and filled with the referral for notice on the day the patient arrives.

- Confusion over cancelled appointments
 - Ensure that, before logging a new referral, all staff check that this not already a referral recorded to the same speciality.
- Concerns in relation to nutrition
 - Non-renal patients to be weighed more regularly. Staff informed via team brief and communication board next to Nurses' station
 - Share with Team the issues in the complaint and discuss the information and communication that is shared with patients and their families.

Training

- Patient with dementia fell whilst unsupervised
 - Ongoing dementia training
 - Identify dementia champions for area
- Call made in error to patient's neighbour
 - All staff to ensure that they are in date with IG training
- Concerns regarding communication, discharge and catheter management
 - Staff to receive a comprehensive training update regarding correct completion and evaluation of fluid balance charts
 - Ward manager to review and update induction pack for agency staff, including completion of fluid balance charts
- Communication of cancellations
 - Team leaders have ensured that staff are using script for short notice cancellations
- Staff not aware of chemotherapy blue card
 - Staff to undergo training from the palliative care team
 - Ensure staff are trained in care of PICC line including Agency and Bank Nurses

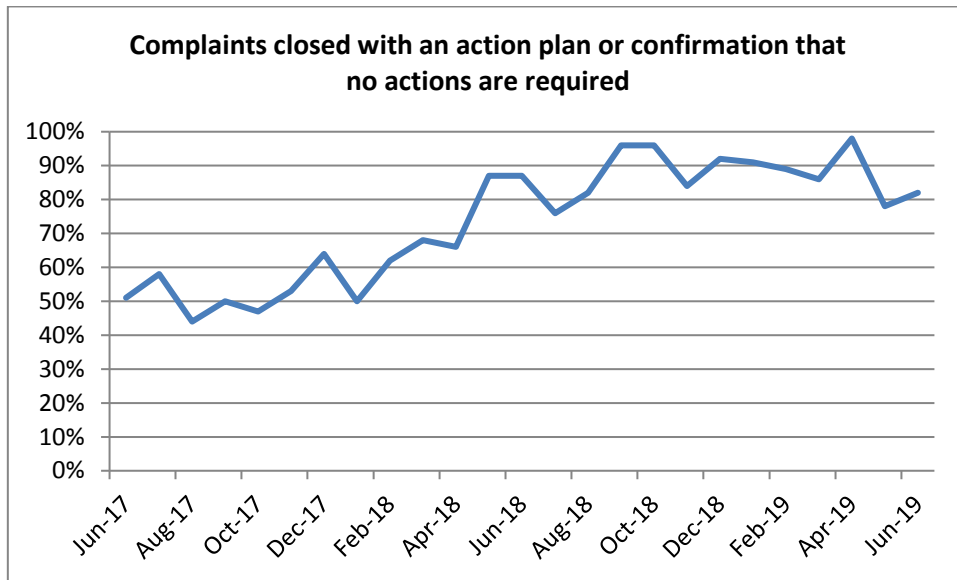
Sharing of learning and reflection

- Concerns re management of labour and communication
 - Case discussed at MDT and information relating to postnatal discharges discussed in safety huddles
- Patient left on her own in bay
 - Shared with staff for them to be aware of the importance of asking women if they would prefer to be on their own or with others
- Confusion over clinic locations
 - Remind staff of the importance of changing the reason for referral and checking this
- Patient unhappy with communication of bad news
 - Discussion with junior doctors about communication skills with patients and breaking bad news
- Issues relating to lack of communication, long waits and confusion over care
 - Nursing staff have been reminded to explain allocation of cubicle process to patients during assessment
 - Staff reminded to complete care bundle in details to support care carried out
 - Discussion with staff around how communication may be received
- Long waits and poor waiting conditions, lack of information and support
 - Re-iterate to all staff to check on new admissions at regular intervals after admission to check they are comfortable, or if they need anything. To ensure all patients are oriented to the ward and have their call bell in reach if they need anything.
 - To educate all staff about the availability of sandwiches and cup of soups for patients.
 - To educate any new or agency staff who come to the ward about the availability of food for patients and where they are located.
 - Concessionary Permit form to be amended to give details of opening times for car park kiosk

- AMU team currently working with ECIST, the consultants, ward manager and executives and looking into the relocation of ACU in to a more appropriate environment

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.

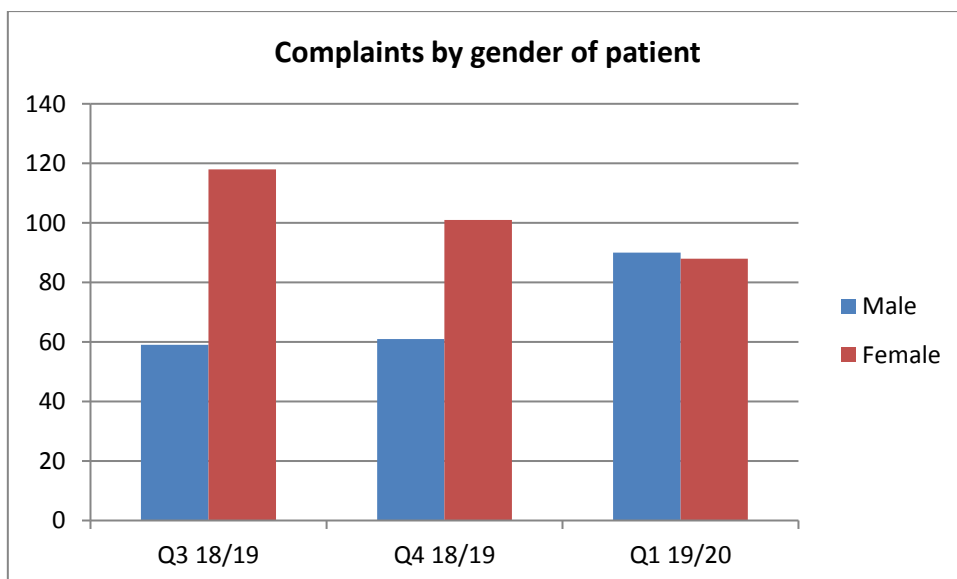
86% of complaints closed in quarter one had an action plan completed, or confirmation that no actions were required.

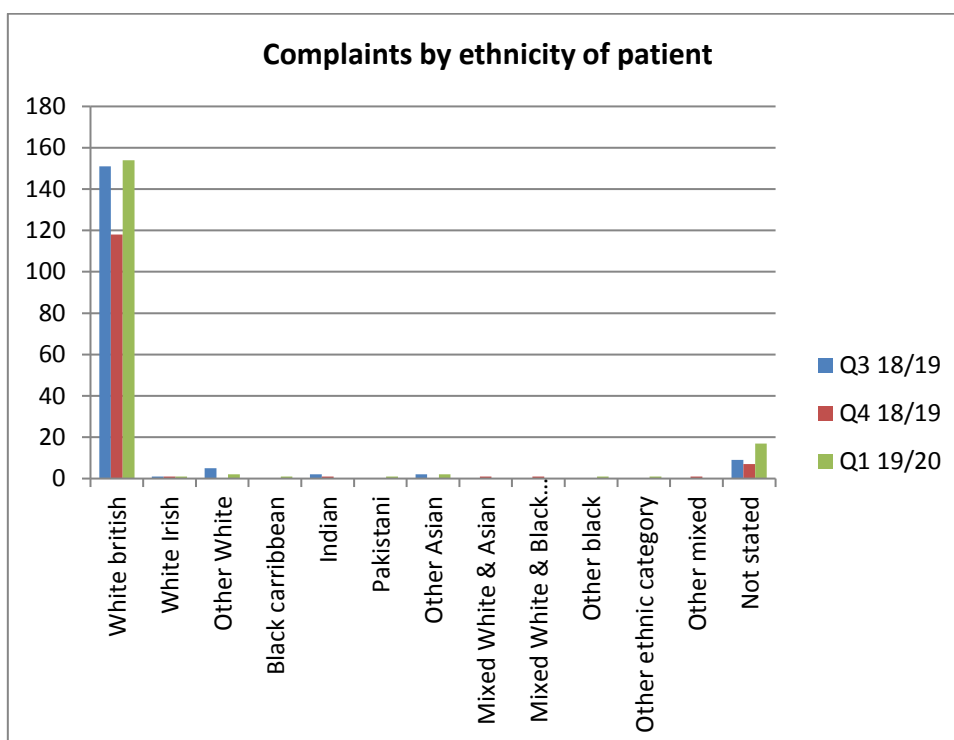
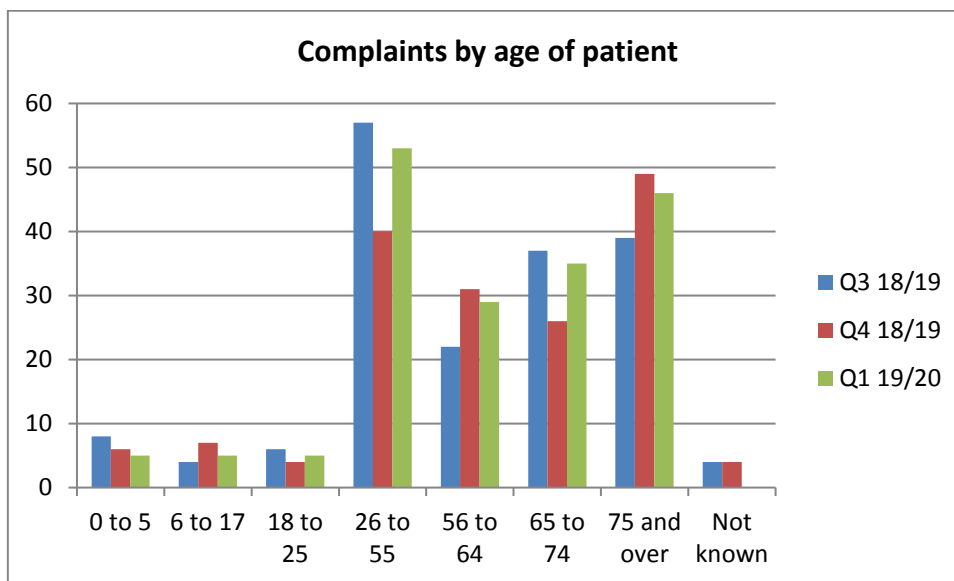


Learning from complaints is shared at the Clinical Governance Executive, the Nursing & Midwifery Forum, Care Group Boards and Specialty Department governance meetings.

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 patients' key characteristics, where this was available. The following graphs shows complaints in quarter one by gender, age and ethnicity; with the exception of gender, the figures reflect the wider demographic of our patients.





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 one, two new cases were accepted by the Ombudsman for investigation:

- Concerns regarding a possible delay in investigating and treating high cholesterol
- Concerns regarding a lack of diagnosis for the cause of abdominal pain

During quarter one the Ombudsman did not conclude any investigations.

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

10. Complaints Service Review

During quarter one, training continued to be provided to Nursing and Medical staff on the complaints process. In addition the team has continued to participate in the CQC improvement work, and have also been using ThinkOn methodology to look at thinking differently to improve processes. A number of thank you letters and emails have been received from complainants for the investigations and responses into their complaints.

53 complainants responded to the complaints survey in quarter one (a response rate of 18%). Key findings from the survey are:

- 56.9% of complainants received a phone call to acknowledge their complaint; this is lower than previous quarters and the complaints team will review how they can ensure more complainants have the opportunity to discuss their complaint on the phone
- 55% of complainants felt that the complaint response addressed all aspects of their complaint; this is similar to previous quarters, and further work is needed on this.
- 72% felt the response was clear and easy to understand
- 49% felt that their complaint was used as an opportunity to learn; this had increased last quarter and has dropped back to levels similar to previous quarters. The learning section of the complaints statement form is being redesigned to prompt better thinking and learning.
- 90% would be happy to raise a complaint in the future.

Comments from the survey include:

Having been directed to the complaints procedure I found communication polite, informative and timely. Thank you for your efforts. I have full confidence with the complaints procedure.

I found PALS extremely helpful. Hopefully what I went through and I raised issues, this will help others that have same problem.

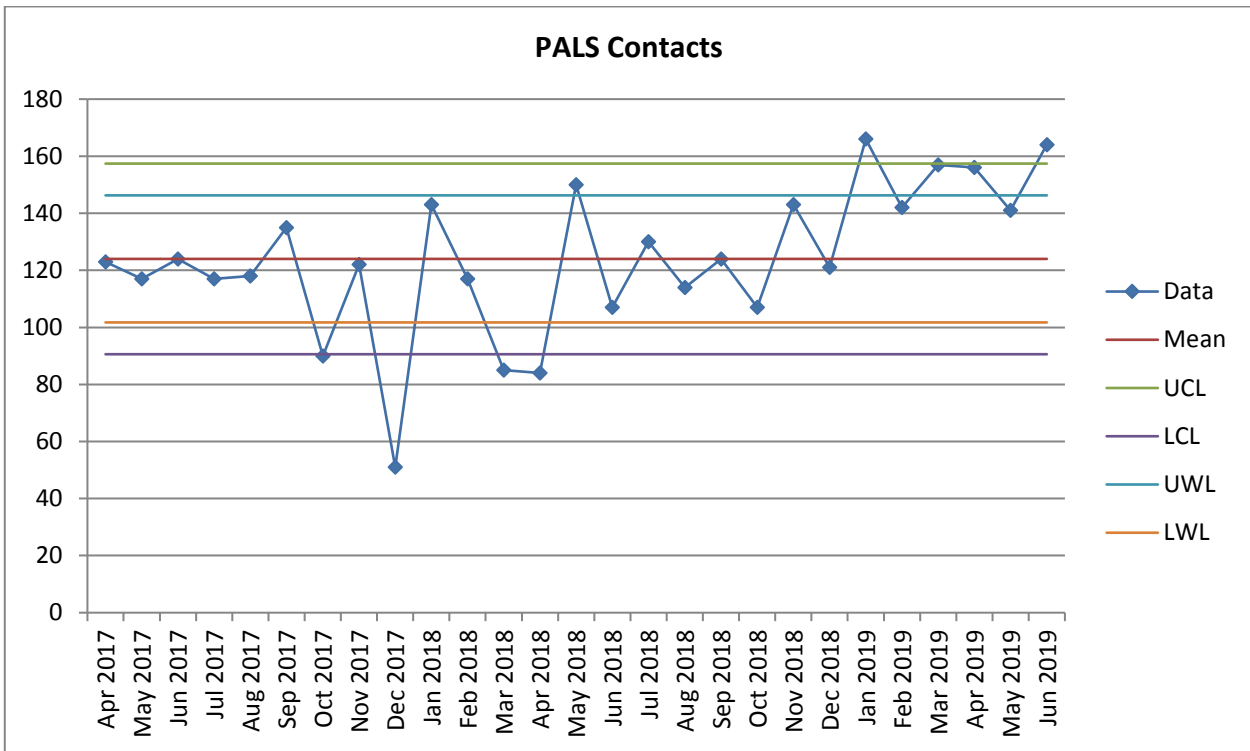
I felt it was taken seriously and feel positive that some changes in the procedure will be made for future patients (at A&E, Ophthalmic). It took more time than was promised, but I feel it was very well dealt with.

My reply came on the last day of time limit. My concerns were taken on board but not sure any action would really happen.

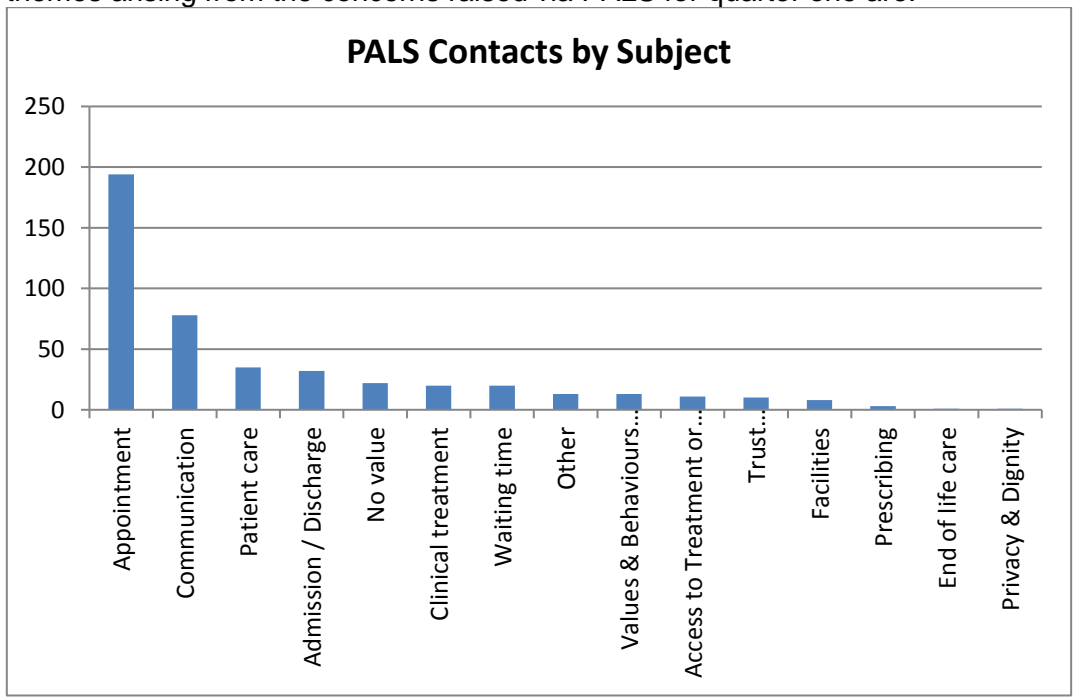
The response to my concerns was very clear, addressed each point in turn and was very frank about what had gone wrong. This was a huge improvement on the previous occasion c. 2 years ago when the reply was grossly incomplete.

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 one of 2019/20, the PALS team reported and investigated 463 PALS concerns. The graph below shows the PALS activity over the last two years; there has been an increase in usage of the PALS service recently, which is thought to be due to increased awareness of how the service can be used to help patients and families.

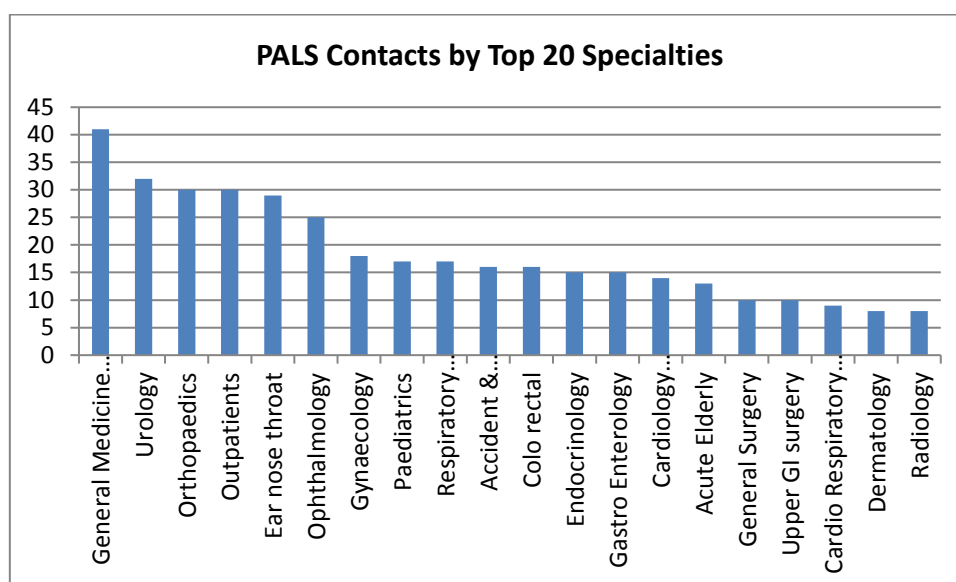


The main themes arising from the concerns raised via PALS for quarter one are:



In quarter one PALS received 194 concerns regarding issues with appointments which is an increase of 54 cases compared to what was received in quarter four of 2018/19, during which period there had also been an increase. 78 cases were regarding concerns with communication, which is an increase of 10 cases compared to quarter four. Concerns with Patient Care have risen in this reporting period, with 35 concerns being received.

The top 20 Specialties about which PALS have received concerns are shown in the graph below with General Medicine receiving the most concerns at 41; this is a reduction of 12 cases in comparison to what was received in quarter four. 32 concerns about Urology have been received this quarter, which is an increase of 8 cases in comparison to quarter four.



Examples of PALS cases received are included at appendix two.

12. Other Patient Feedback

NHS Choices remains a useful tool for service users to leave feedback about their experience, whether it is 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 that they are made 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 1, only 11 comments were published on the NHS Choices website for SaTH, which is a reduction in the number that we usually see. 3 of these were for RSH and 8 were for PRH. 9 of these comments shared a positive experience with 2 being about a negative experience.

A&E received 3 positive comments and 1 negative about the care they provided and Paediatrics received some mixed feedback.

Examples of feedback posted on NHS Choices is included in appendix three.

Letters of thanks

In addition to the feedback give via NHS Choices, 22 letters of thanks and appreciation were received by the Chief Executive. In addition to this, positive feedback was received through the SaTH website and on our main social media channels, during quarter one; 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 to individual members of staff. Each letter received by the Chief Executive was acknowledged and a copy of the letter was 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
April	0	5	3	0	0	0	8
May	2	3	5	0	1	0	11
June	0	1	2	0	0	0	3

Examples of letters received are included at appendix four.

During this quarter, a pilot of recording thank you letters received on the wards was commenced during May and June. 58 thank you cards were received on the pilot wards during these months, with further cards being collected in July.

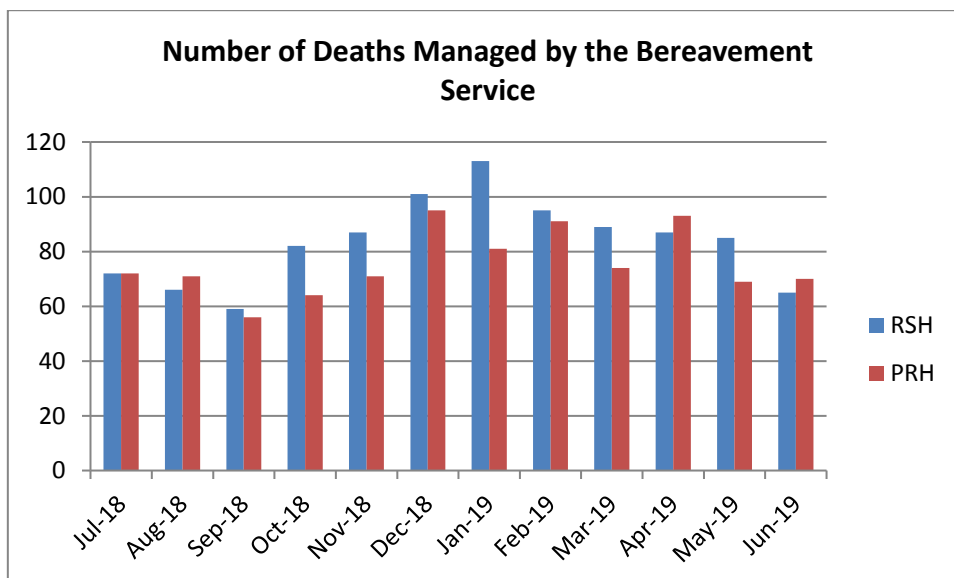
The main themes from the cards are:

- Staff working as a team
- Staff providing support to patients and relatives
- Care given to patients at the end of their life
- Staff taking care of small details

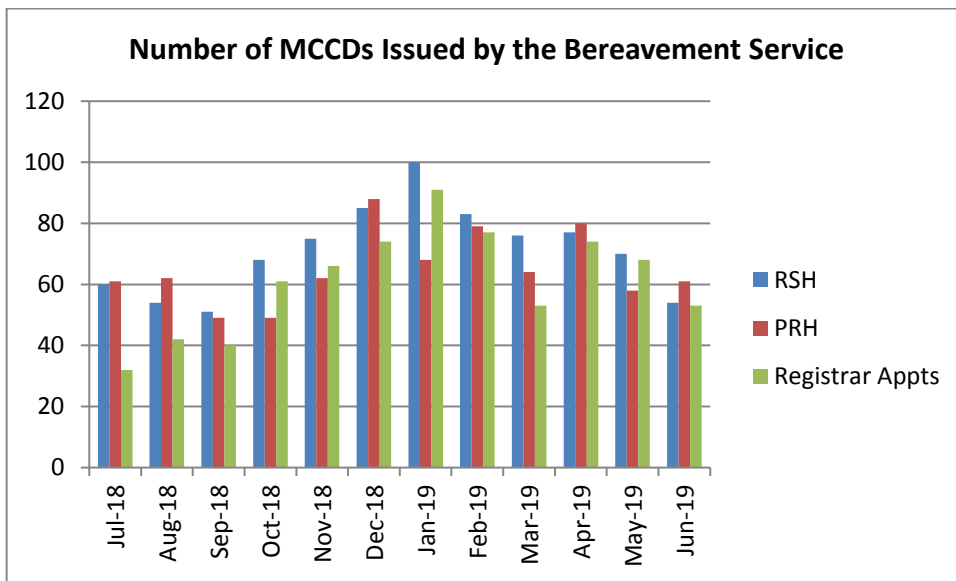
The data will be shared further with the Nursing & Midwifery Forum to see how the data can be used to share learning from the good work being done by ward staff.

13. Bereavement

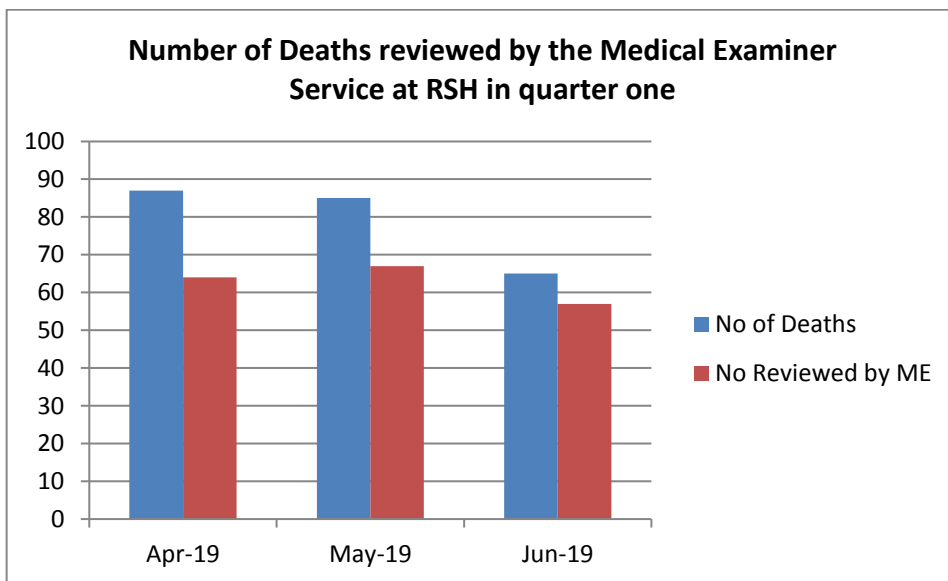
During quarter one, there were 469 deaths across both sites, which is a reduction of 74 deaths from quarter four.



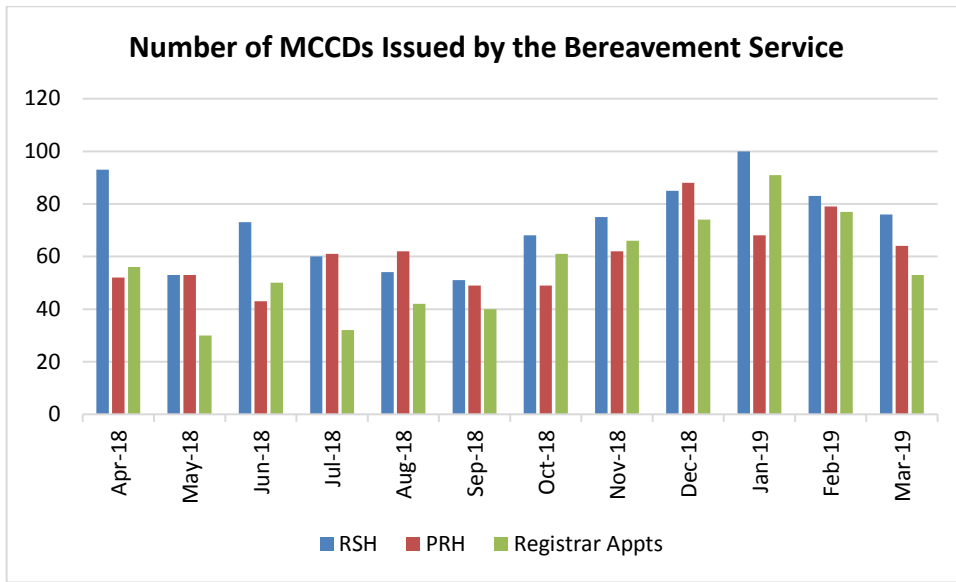
Of the 469 deaths, the Bereavement Team arranged appointments to issue 400 Medical Certificates of Cause of Death (MCCD).



Of the 237 deaths that occurred at RSH, the Medical Examiner Service managed and reviewed 188 cases. The remaining 49 deaths were direct Coroner referrals.

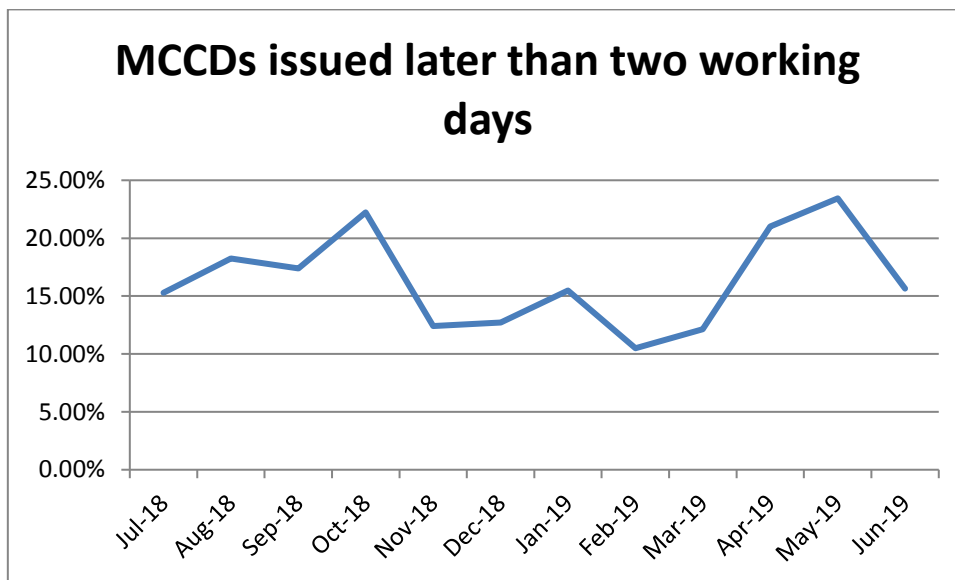


The Bereavement Team have arranged 195 appointments at the Royal Shrewsbury Hospital in quarter one for bereaved families to register the death of their loved one.



The Registrar Service continues to work well and remains 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 two working days is detailed below and shows an increase in the number being issued beyond two working days when compared to quarter four. Work continues with trying to ensure senior and junior medical staff are aware of the importance for completing MCCDs in a timely manner. The introduction of the Medical Examiner Service may well have contributed to the increase as this was a new system, with the department and medical staff getting used to a new way of working. In addition, four bank holidays also fell in during the first two months, which will also have contributed.



14. PALS & Bereavement Services Review

The Medical Examiner Service started on the 1st April 2019 at RSH. Seven Medical Examiners are in post and are supported by a Senior Medical Examiner Officer and Medical Examiner Officer. The first quarter has been successful with the Bereavement Team taking on the entire death certification process, including the completion of cremation papers. The key areas for further work remain the recruitment of more Medical Examiners to ensure a robust rota for ME cover is in place; this is particularly important for the winter period and for extending the programme for roll out at PRH.

15. Freedom of Information (FOI)

The number of FOI requests received by the Trust was 162 in quarter one, which is similar to previous quarters. A further breakdown is below:

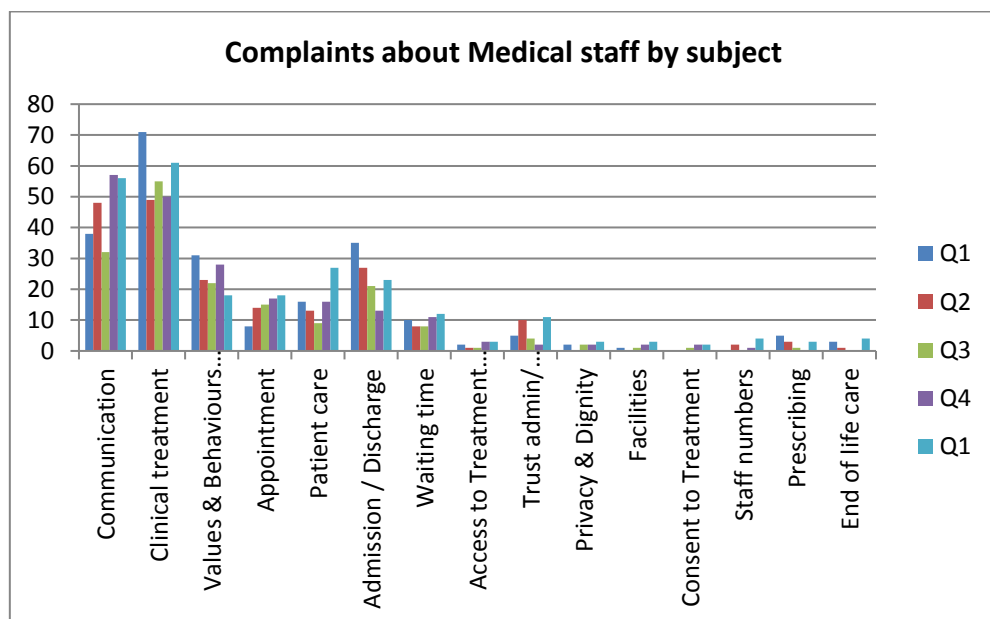
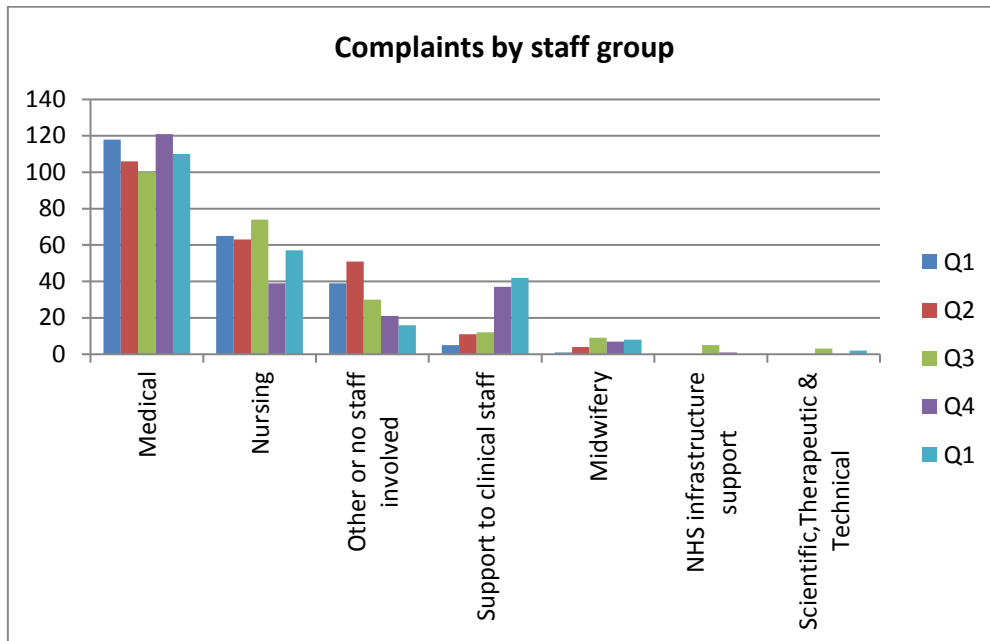
Month	Received	Answered within 20 days	NOT answered within 20 days	Unanswered	%compliant
January	70	56	10	4	80%
February	63	48	6	9	76%
March	60	42	1	5	70%
April	62	52	7	3	84%
May	54	44	5	4	81%
June	39	35	4	0	90%
July	78	59	19	2	76%
August	55	42	11	2	76%
September	42	30	7	5	71%
October	66	39	14	13	59%
November	61	41	12	8	67%
December	32	28	1	3	88%
January	65	47	15	3	72%
February	77	63	10	4	82%
March	45	35	6	4	78%
April	49	28	16	5	57%
May	50	16	25	9	32%
June	63	38	17	8	60%

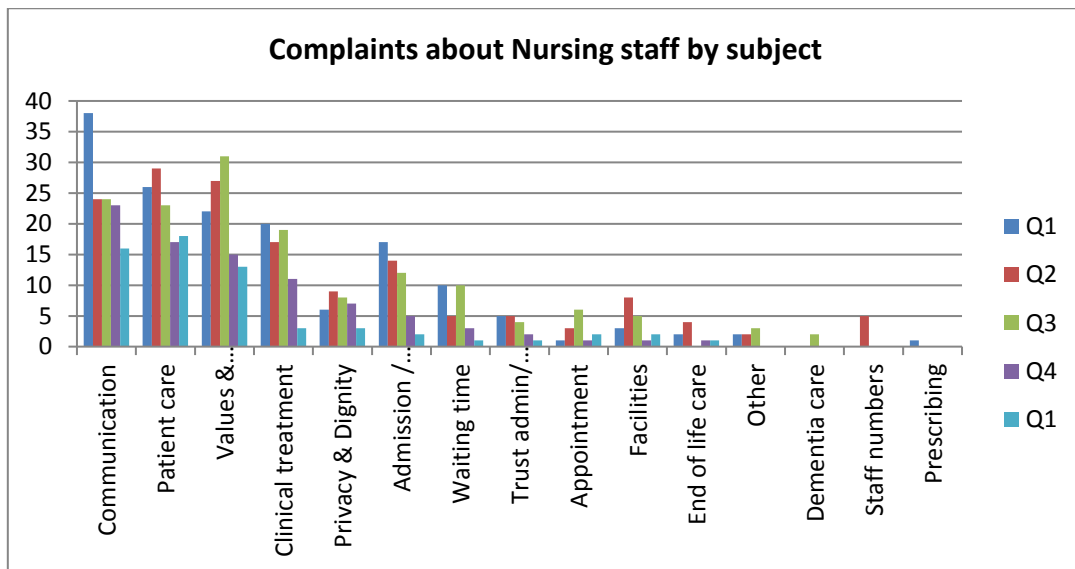
16. Recommendation

The Board is asked to consider the report

Complaints by Staff Groups

110 complaints received in quarter one raised concerns relating to Medical staff, and 57 complaints related to Nursing & Midwifery staff. Further details are shown in the charts below:





Examples of PALS Cases

Patient concerned about cancelled apt. He has spoken to the booking team, they are unable to give the reason why this has been cancelled. Patients care has been transferred back in the community - they are happy with this outcome

Patient is unhappy with attitude and care from an agency nurse. Information passed over to temporary staffing as requested by the patient.

A patients son has called in concerned that his mum is being discharged and he has questions about her ECG and support on her return home. Information has been given on the ECG and the support home.

A patient is concerned about the length of time he has to wait for pain management. Advice given about pain management appointments, the patient wishes to make a formal complaint.

Concerns about previous cancelled appointments and not being notified about yesterday appointment being cancelled. Department apologised to patient that they couldn't contact him and asked for further contact details. The clinics are full to capacity at the moment but are currently looking to setting up additional clinics in August to help with the issues.

Secretary at patients GP practice - is concerned that this patient has had his clinic cancelled last minute. I have advised them that we are currently awaiting results from a cardio echogram before we can go ahead with the pre-op.

Patient's father is not happy about the wait in A&E. Discussed with sister in charge- patient will be seen next by a consultant. Patient's father thinks it is disgusting that they waited so long and will put in a formal complaint.

Concerned about her wait for to see a consultant about her cataract surgery. Managed to get an appointment booked for next week

Daughter is unhappy that her mother was discharged on Friday and readmitted the following day. She is also incredibly frustrated that the ward do not answer their phone and so getting information about her mother is nearly impossible. Facilitated ward manager and relative meeting.

Patient's parents are not happy with the care she is receiving on ward 19- she is still in pain but the doctors are saying she is going to be discharged. Meeting held with Consultant and patient's mother to discuss concerns. Patient's mother advises she is happier after this.

Patient's daughter wants her mother to have an MRI scan, but feels the doctors aren't planning to do this. Consultant spoke to the patient's daughter- patient will have an MRI scan tomorrow.

Daughter is concerned about her mothers on going treatment to treat her possible cancer. She feels it has been delayed and we are not following NHS Guidelines. Full support, information and increased communication given to advise of scan results and process for next steps.

Patients daughter concerned that her father is in pain waiting to see a doctor and she would like him seen as soon as possible. Contacted Patient and discussed issues with next of kin. Discussed concerns with ward staff. Full explanation of care plan explained to Patient and family. Patient declining analgesia.

Examples of comments from NHS Choices

Some of the positive comments received were as follows:

A&E and Ward 22T&O

I am currently a patient on the above named ward having been admitted from A&E. The treatment from all staff has been exceptional under extremely tough conditions for the staff, yet work tirelessly whilst being grossly under staffed they should be commended for what they do in their line of duty. I am a nurse myself but am shocked by the staff shortage especially on the ward. The nurses never complain, nothing is too much trouble & the atmosphere in this team is amazing which spreads out to us patients giving us confidence in being looked after so well & cheering us up too. I would like to congratulate them all for providing a sterling service to the patients with empathy & a very caring manner. They deserve a medal.

Radiology

I had to have an MRI 11th May 2019 in the afternoon. I cannot thank the ladies on duty enough for their professionalism and understanding as I was so very scared being so claustrophobic I am off the scale!! I was supposed to have one about 8-9 years ago but I did a runner as the machine frightened me so very much. This time I spoke to my Doctor beforehand and he gave me Diazepam 5mg to take an hour before the scan, which I did. The ladies talked me through the procedure and apart from the ear plugs, which is compulsory, they gave me an eye mask and headphones to listen to the radio. Yes it is loud but if you concentrate on the radio and your breathing you will be fine. Thank you ladies for your help and support which contributed to me being able to have the scan. If I can do it so can you. I am the sort of person who can only go into a lift providing no-one else is in it and if someone else gets in it, I have to get out!!! PLUS the scanner is smaller than the previous one so all was good. Thank you, thank you, thank you.

Endoscopy

I received brilliant treatment from start to finish when attending the endoscopy department for a surveillance colonoscopy. I was treated so well. The staff were kind, caring and wonderful. The NHS at its very best.

Gynaecology

The staff in this unit work so hard to deliver excellent care and treatment, modern building and very clean and comfortable. I would like to thank the staff for the warm welcome and care during my treatment here.

Some of the negative comments received were as follows:

A&E

Yesterday my GP advised me to go to A&E after I have been suffering with a severe sinus infection for a number of days & increase in temperature all of which antibiotics had not been combatting. I also have an underlying autoimmune disease in which I have impaired sweating, so at increased risk of overheating even without a temp and an increase of neuropathic pain which can be excruciating when accompanied by a fever (which I had). I reported all of this to the a&e reception & was told I would be seen by the urgent care centre. I was extremely poorly, burning up, face head pain, body pain to the point I was shaking. I was grey/pale & my face puffy. After 4 hours of waiting and begging to be seen no one had taken my temperature or my observations. People with minor sprains etc were being seen before me yet they had arrived after me. It took my mum to request a triage nurse to take these obs. Temperature high, BP high. At this point I was then listened to and taken around the corner to see an A&E Dr. What I don't understand is why with all these symptoms I was presenting with & that my GP

had advised me to go to a&e did no one care to make this a priority over minor injuries? It seemed like I was being sidelined due to my underlying rare disease & my symptoms being ignored. I could've been (worst case scenario) septic. Eventually when I was receiving treatment, it took an hour and a half & the Dr requesting 3 times for a nurse to finally administer pain relief. There seems to be a lack of priority system & duty of care to patients unless they are admitted by ambulance or have a visible injury. I'm absolutely shocked and appalled by the treatment I received yesterday. This system needs to be reviewed before something extremely bad happens. I also think the staff need to be educated on what is a priority based on symptoms presented to them. Absolutely shocking experience I do not wish on anyone.

CAU

Having been one evening for my daughter the staff were all helpful and kind, given option of staying in to be monitored or to go home and see doctor next day, went with later option but told to have open access and come back straight away with any change. Next morning child appeared very abnormal and phoned back to come in as per advise, nurse on telephone could not have been more rude nor unhelpful and was very disrespectful down telephone, so much so that own gp was shocked by her manner. If anyone was a nervous parent they would feel completely unlikely to go to them if having difficulties as the nurse as CAU was judgemental and very unhelpful. Shame there are no other hospitals in area to go to as would not feel confident to call again.

Extracts from a selection of thank you letters

Thank you . . .

It is a worrying time coming into hospital for surgery but from the time of my admission to SAU, the staff were extremely reassuring and very kind. Mr Cheetham and his team were brilliant. Gordon, the anaesthetist, had a good sense of humour, and all the theatre staff were very caring.

The staff on Ward 25 couldn't have been kinder...in fact from admission to discharge, the care I received was exceptional.

**Thank you . . .**

I wanted to pass on my thanks to the AGE staff at RSH. I visited last night after falling on my ankle funny whilst playing netball, ending up with a very bad sprain and a pair of crutches!

From the time of arrival, and x-rays, to being discharged was within the hour. The service and professionalism of all the staff was fantastic.

**Thank you . . .**

I am writing to thank Mr Roach and all the staff at the PRH for making my hip surgery and after care a very good experience.

Please pass on my thanks, in particular, to Jes and Tina, members of the night staff on Ward 17 for their dedication.

