2013/2014 Annual Complaints, PALS and Compliments Report

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Presented by:
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Board of Directors Meeting
27 May 2014

Action for Board:
- For information ✓
- For consideration
- For decision
1.0 Introduction

The purpose of this report is to provide an overview for the board of complaints and patient advice and liaison service (PALS) activity and enquiries received by the trust between 1 April 2013 and 31 March 2014. The report will also outline how the service has developed in the last year and the anticipated improvements during 2014/15.

The department operates within a legislative framework set down by the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. A change to the NHS complaints procedure that was introduced to these regulations means that the trust is no longer obliged to respond to complaints within 25 working days. However, the trust continues to work towards this as an internal target, and during 2013/2014 approximately 62% of all responses were sent out within the target timescale. This deterioration in performance was due to both the complaints handling staff leaving the trust at the same time, and the training of their replacements. Also, some of the directorate teams were slow, especially during Q3, in submitting statements within the time limit. These issues have been addressed and for February and March 2014 the response increased to 90%.

For 2014/15 the complaints process at Moorfields will also adopt the recommendations outlined in the parliamentary report ‘A Review of the NHS Hospital Complaints System: Putting Patients Back in the Picture.’ The trust’s internal auditors, KPMG, also undertook a review of complaints handling toward the end of 2013 and made several recommendations that will be addressed throughout the year. All but one of the recommendations (staff training) were implemented by the end of 2013/14 and formal training sessions around complaints will begin in June 2014.

Patients or carers who use Moorfields’ services might sometimes find they need somebody to turn to who can help them with advice, information, listen to their concerns or pass on their compliments. Where resolution of a concern is not possible, the team will guide the patient or their representative through the formal complaints procedure in as independent a manner as possible.

During 2013/14 the team consisted of two full time PALS officers and a Complaints Manager, who provided a weekday walk-in service based at City Road, but covering the trusts satellite sites also, which includes liaison with host trust’s PALS and complaint services. Patients also accessed the service by telephone, email and letter. A new service, Care Connect, discussed fully in section 9.0, is currently being trialled by Moorfields, along with several other London trusts, which allows patients to now also text their issues and get an immediate response, the details of which are published online and can be accessed by the public.

The majority of the team’s work is to support patients and liaise between them and trust staff or to provide an advocacy role should they have an issue they wish need resolved. In 2014 a change to the procedure of handling complaints has meant the majority of patients who email or write to the trust are contacted by telephone in order to clarify the specific issues they would like addressed and identify the outcome they wish to see.

The overriding aims of the service is to resolve any issues the patient or carer’s satisfaction and to support the trust in identifying opportunities for service change as a result.
This is especially important as patient concerns shifts from the traditional private correspondence between the trust and the patient and in to the public sphere of social media or to other avenues such as clinical commissioning groups or Healthwatch.

2.0 Compliments
The PALS team received copies of 53 complimentary cards or letters from departments across the trust as well as a further 87 given directly to PALS. By far the largest number of compliments where those thanking patients for their professionalism. All positive comments received by the PALS are passed on to staff.

(Fig.1) Compliments by type 2013/14

Typical of the comments were:

- **A patient contracted PALS to compliment the doctor who cared for her in A&E - the patient is principal at a Cambridge college and has recently written an article on medical professionalism, and was pleased to see it flourishing at MEH.**

- **A husband and wife, who have both had cataracts removed at various MEH sites, write to thank all the staff from consultants to receptionists - they have been impressed by the courtesy, professionalism and skill from which they have benefitted.**

- **"To all the staff at Moorfields, Bedford: on behalf of my mother, may I extend her grateful thanks to you all on the wonderful service she was given on both her visits to your clinic. Your professional, caring and friendly manner was much appreciated. Thank you so much."

- **“I just had to write to tell you how impressed I am with the whole set-up here. I have just had a cataract replaced and the result is brilliant. All of the staff were polite, helpful and attentive.”**

- **“I regained perfect near and distance vision after my recent cataract op - the result is far better than he ever expected, and he no longer requires glasses for reading. It has changed my life, and I wish to thank all the staff concerned.”**
“...had a vitrectomy and wish to complement the two surgeons not only for their clinical excellence but also for treating me with great sweetness, making the ordeal tolerable”

Though many of the compliments are non-specific, the themes of caring, professional and organised staff and the clinical outcome of treatment, reflect patient feedback from other sources. When compliments are received they are shared with the individual and their management team. The compliments currently form part of the patient experience governance day presentations across the trust and will inform the complaints handling training and the ‘Moorfields Way’ programme. The Editorial committee will be approached to explore ways of disseminating this specific feedback more broadly across the trust.

3.0 Complaints Summary

(Fig. 2) Complaints received year on year 2009/10 to 2013/14

<table>
<thead>
<tr>
<th>Year</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>399</td>
<td>271</td>
<td>267</td>
<td>291</td>
<td>247</td>
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</tbody>
</table>

3.1 Trend in number of complaints received 2013/14

(Fig. 3) Number of complaints received 2013/14: Actual (blue) 6 mth rolling average (red)

An average of 21 complaints a month were received by the trust during 2013/14. Analysis of the complaint details gives no indication as to why there was a notable peak in July from the type of complaints received, though there was a slight peak in trust activity of around 4000 for that month. The reduction in complaints from December coincided with all complainants being contacted by telephone on receipt of a written complaint and a discussion around how the complainant would like to see their issue resolved. This is a change, though instigated unilaterally at Moorfields, is in line with recommendations suggested by the review of the NHS Hospital Complaints System and thus far patients seem to appreciate having a person respond rather than only receiving a formal letter. All complainants are though, still offered the opportunity to have their concern treated as a formal complaint should they wish.

3.2 Complaints alleging discrimination

Nine complaints were received alleging discrimination by trust staff in this year. Factors perceived by patients to cause discrimination included religion, race, gender, age and religion. In all cases no evidence of discrimination was found upon investigation. Most were the result of
service failure and though two involved the attitude of staff, there was no discriminatory element identified.

3.3 Grading of complaints
Many concerns raised are about administrative, attitude or other issues which although taken seriously do not pose a significant threat to the patients’ wellbeing. Concerns raised about clinical issues might initially be graded as more serious but the final grading reflects the fact that no serious outcome in care or harm to the patient, or potential risk to others, was identified upon investigation.

Formal complaints are graded by assessing the seriousness of the complaint on a scale of 1 to 5 (negligible, minor, moderate, major and catastrophic) and multiplying this by the likelihood of the event recurring which is also graded on a scale of 1 to 5.

(Fig. 4) The risk rating scores for 2013/14 were:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Number</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>16</td>
<td>Low risk or no final grading yet</td>
</tr>
<tr>
<td>4-6</td>
<td>219</td>
<td>Moderate risk</td>
</tr>
<tr>
<td>8-12</td>
<td>12</td>
<td>High risk</td>
</tr>
<tr>
<td>15-25</td>
<td>0</td>
<td>Extreme risk</td>
</tr>
</tbody>
</table>

8 (Major but unlikely to re-occur)
One complaint: A patient suffered a needle stick injury from a needle discarded in a visitor lavatory.

9 (moderate issues which might possibly re-occur)
Nine complaints were given a risk rating of nine; these included the miss use of equipment, mistakes in appointment bookings, delayed diagnoses, cancellation of surgery or appointment due to absent reports and incorrect drops being administered.

10 (catastrophic but unlikely to re-occur)
One complaint was given a risk rating ten of where a patient suffered a reaction to an antibiotic which relatives felt contributed to a serious deterioration in the patient’s health several months later.

12 (Major which might possibly re-occur)
One complaint was given a risk rating of twelve where an administrative error caused an appointment to be delayed with a result of loss of vision.

Though five of the above were referred to the Serious Incident (SI) panel for review, none during the year were deemed to be an SI.

Though PALS and complaints staff undertake an initial risk assessment, responsibility for the final grading has been passed to the directorate teams as they are better placed to judge clinical
or organisational risk. Since February 2014, all PALS enquiries and complaints received have been reviewed weekly by the Complaints Manager and staff from the Risk and Safety department to establish whether any of the issues raised need to be treated as a serious incident (SI) and referred to the SI panel, or warrant an incident report created as a result of issues raised in the complaint.

4.0 Parliamentary and Health Service Ombudsman
At the conclusion of each complaint investigation the patients’ response includes information about the Parliamentary and Health Service Ombudsman (PHSO) should they not be satisfied with the trust’s response. During 2012/13 seven complaints were referred to the PHSO for possible further investigation. This compared to 9 complainants contacting them in the previous year.

The Ombudsman’s office declined to investigate three of these cases and a further two were investigated but not upheld in that Moorfields had already done everything possible to resolve matters, and no further action was necessary. In one case the Ombudsman also concluded their investigation this year into a complaint referred to them in July 2014. This concerned a patient who, though having been checked for theatre, was found to be wearing a necklace on arrival in theatre. This was removed by the theatre staff and subsequently lost. The Ombudsman found the trust to be at fault and as the necklace had sentimental as well as monetary value, the trust was asked to compensate the patient £250.00.

5.0 Complaints Review by Non-Executive Directors
The trust has recognised the importance of involving the Non-Executive Directors (NEDs) in the complaints process and in particular in reviewing outcomes and trends. Since January Sumita Sinha has been reviewing the complaints and discussing any issues or trends identified with the complaints manager. In summary she found that:

A. Most of the complaints were from the City Road site, followed by St George’s- this echoes our largest patient base at City Road. Most complaints also came from the Glaucoma clinic, which is also our largest clinical service on offer.
B. The complaints could be divided into three major areas- Clinical, Operational and Staff attitude.

- Clinical- this constituted the largest part and the most serious of the complaints and included poor information, adverse reactions to medication and procedures, wrong treatment, accidents and infections, and lack of post-operative care.
- Operational- this includes the second largest complaint area. It includes delays at clinics, theatres and at making appointments and referrals, wrong letters/notes being sent, missing patient notes and cancelled appointments or operations.
- Staff attitude- These include poor behaviour from clinical and other staff including interruptions, rudeness and lack of privacy.
5.1 Observations

- It appears that there is a transparent and clear mechanism for patients to voice their concerns and that Moorfields takes their complaints seriously. They are dealt with in a professional and timely manner. The complaints have also served to improve patient experience.

- The RTT revisions at Moorfields will have a positive impact on the treatment waiting times and as these have been newly introduced, they will need time to take effect.

- Staff are being trained in customer service and again this will have a positive impact on their interaction with patients. The CEO has written openly in a staff newsletter about the impact serious incidents have on the operation of the hospital.

- Many areas are being improved physically- the city road site will have a patient information hub, the new A&E is in operation, St George’s and St Ann’s will have newly built/refurbished clinics which will improve patient experience.

6.0 Complaints analysis 2012/13

6.1 Demographics

Of the complainants where the information is recorded on PAS in full (215) 53% were women and 47% were men. Comparison by age groups shows a broad correspondence between those age groups attending the trust and those who complain, though there is notable that 40 to 80 year olds are proportionally more likely to complain. When compared against ethnicity it appears that those patients who refer to themselves as British are proportionally more likely to complain, whilst the opposite appears to be true for most of the minority groups. Ways of helping patients to overcome barriers to complaining will form part of the work plan for 2014/15 including the translating of the complaints leaflet and website content and further information will be gathered as part of a complaints handling survey due to run in Q2 which will ask patients about their experience of the complaints process.

(Fig. 8) Percentage comparison between the age mix of complainants (where the information is recorded on PAS) and that of the general Moorfields patient population

(Fig. 9) Percentage comparison between the ethnicity of complainants (where the information is recorded on PAS) and that of the general Moorfields patient population
6.2 Complaints by site

The number of complaints for each site reflects approximately the proportion of patient episodes in those areas, except for Moorfields North where the proportion would be expected to be slightly higher. This could be due possible to local resolution being more effective due to the nature of the satellite sites.

Number of complaints by directorate: The notable drop in complaints for Estates is due to the reduction in issues around hospital transport. The fall in complaints for the surgical services directorate was mainly around clinical issues and appointments.
6.3 Complaints received by service 2011/12 – 2013/14
A breakdown of complaints by clinical and non-clinical service is listed below with the percentage of patients seen in that service who went on to complain:

<table>
<thead>
<tr>
<th>Clinical service:</th>
<th>Number of complaints</th>
<th>% of patient interactions resulting in a complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012/13</td>
<td>2013/14</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>30</td>
<td>25</td>
</tr>
<tr>
<td>Adnexal</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Cataract</td>
<td>37</td>
<td>23</td>
</tr>
<tr>
<td>External Disease</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>38</td>
<td>24</td>
</tr>
<tr>
<td>Medical Retina</td>
<td>35</td>
<td>54</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Primary care</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Strabismus/Neuro</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Vitreo-Retinal</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>Anaesthetics</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Private patients</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Oncology</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>291</td>
<td>237</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-clinical service:</th>
<th>Number of complaints</th>
<th>% of patient interactions resulting in a complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012/13</td>
<td>2013/14</td>
</tr>
<tr>
<td>Transport</td>
<td>20</td>
<td>6</td>
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<tr>
<td>Language services</td>
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<td>0</td>
</tr>
<tr>
<td>Optometry</td>
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<td>6</td>
</tr>
<tr>
<td>Health Records</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Booking Centre</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Cashiers</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Switchboard</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>291</td>
<td>237</td>
</tr>
</tbody>
</table>

6.4 Complaints by type
Complaint activity was similar to the previous year with the highest number of complaints being around clinical concerns, which saw a decrease, as did appointment and transport issues and waiting times. There was a reduction in the number of waiting time issues and poor customer care:
6.4.1 Clinical complaints

Of the 84 clinical complainants, 28 felt that there were issues surrounding a wrong or delayed diagnosis and were mainly enquiring as to why this was. A further 25 felt that the outcome of their condition or treatment was not what they had expected or felt that the intervention had caused deterioration in vision. Other concerns were around nursing care, medication errors and delayed appointments causing harm. For the majority of cases a failure to communicate effectively or lack of understanding was the root cause. Some examples of this type of complaint are:

- **The patient had a procedure to remove oil from her eye (after retinal detachment). They subsequently lost vision in that eye, and feels either the decision or the surgery were at fault.**

  When looked into it was found that surgery was appropriate and full explanations had been given in regard to the risks prior to surgery.

- **A Patient came to A/E with corneal infection. Returned for treatment the next day and sent home with 5 day follow up. They returned two days later and were found to have endophthalmitis.**
Though patient did not present with initially with endophthalmitis, it was agreed that the indications suggested the patient should have been admitted or seen again the following day. Processes around emergency referrals to clinic and consultant review are being studied as a result.

- **The patient had cataract surgery in Jan and was advised by his optician to attend clinic urgently in July. He was not seen for 10 days, by which time his retina was detached.**

  The referring high street optician had not followed the emergency referral procedure resulting in the delay.

- **The patient states that "botched" laser, carried out by a fellow who did not know how to use the machine, has "irretrievably damaged" their eye.**

  It was accepted that the patient had undergone laser whilst it was set at the wrong setting. As a result the individual clinician underwent re-training, the laser training programme was revised and all laser operators made aware of the potential risks involved. Discussions are also being held with the laser manufacturers to improve safety.

- **The patient removed his contact lens in the corneal clinic and was given contact lens cleaning fluid instead of CL solution - he put the lens in his eye causing pain and "burning" the cornea.**

  It was agreed that this should not have happened and did so because of the same brand of cleaner and solution. As a result the cleaner was removed the contact lens clinic bays in order to avoid any confusion with the soaking solution.

Clinical complaints are reviewed by the Medical Director and Director of Nursing and Allied health Professions to ensure that any themes are identified; lessons are learned and where necessary practice is changed. At the root of several of the complaints is a suggestion of lack of clarification, understanding or communication of the patient’s clinical issues. Areas such as extending the staffing and hours of the Moorefield’s ‘Advice line’ as part of the communication review, the introduction of the Patient Information Hub at City Road and, perhaps most importantly, the current review of how patient consent is undertaken at the trust, will address some of the underlying causes.

### 6.4.2 Appointment issues

Issues around appointments have fallen noticeably compared to the previous year as well as through 2013/14 with 20 being recorded in Q2 and only 4 in Q4. Were issues where raised it was around cancelled appointments, appointments cancelled at short notice or the patient not being informed and inappropriate recording of DNA’s. The administrative staff review recently undertaken and the communication project is progressing well and will address the root cause of many of these problems. There will, it is anticipated, be a more effective way of managing calls to the trust from patients with appointment enquiries, with manned telephones for each service, specific single service telephone numbers for patients to call, more focus on the customer service aspects around appointment management and an improved automated switchboard.
A parent writes that they took a day off work at a cost of £100 to bring their child to clinic - on arrival they were told the appt had been cancelled. This was due to a shortage of doctors at the satellite clinic. Travel costs were reimbursed.

Patient complained that appointment was cancelled without them being informed. Long delays and confusion about appointment times. Difficulty in getting through on the telephone. Wants evidence that we are improving.

It was explained that temporary staff who perhaps lacked the experience and supervision when booking appointments have been replaced by newly appointed permanent staff. All staff are now required to complete refresher training to ensure they are fully conversant with every aspect of the patient administration system (PAS). A new and experienced clinic manager to this service has been appointed and is supported by an assistant general manager whose role is to monitor the appointment booking process on a weekly basis. A clinic coordinator who now oversees each clinic and ensures that no one leaves the clinic without a booked follow up appointment. A major project to improve the clinic pathway is currently underway to reduce waiting times and allows staff to clearly identify when medical staff will be absent so that the number of patients booked can be adjusted accordingly. These templates and clinic profiles are reviewed on a weekly basis to ensure our clinics are neither overbooked nor cancelled at short notice. A process is now in place to ensure that the appropriate telephones are staffed at all times. The trust also plans to introduce a telephone answering system that allows for the forwarding of any unanswered calls to a line which is manned.

A patient’s follow up appointment was booked for three months instead of three weeks having been mis-read by the booking clerk resulting in loss of vision.

A review is underway regarding how time periods in relation to appointments booking are recorded to prevent a re-occurrence.

6.4.3 Staff attitude/Customer Service

The majority of complaints about staff attitude were due to individual lapses on the part of staff and were responded to in the main by discussions around the individual’s behaviour. The ‘Moorfields Way’ project involving several interactive ‘in your shoes’ events’ bring patients and staff together is designed to align patient expectations and staff behaviours and strengthen both how staff are appraised in their approach to patients and the criteria under which new staff are recruited. The patient was referred to MEH Bedford with cataracts, but the doctor seemed hassled and abrupt and said she should not have been referred, and discharged her.

The 11 year old patient had to attend main A&E at night. Her mother felt staff were bad tempered and asked if the child had driven to A&E. Inappropriate scenes were also shown on the TV (though the channel was changed when asked).

The patient felt that her examination was hurried and the doctor was dismissive of her concerns. When she commented on this she felt he was intimidating and sarcastic.
• The patient found the technician who carried out her initial eye test rude and disrespectful. She is reporting her concerns as she believes staff with bad attitudes can be retrained. In particular, spoke to her in detail about her attitude and her lack of courtesy in refusing to listen to you when you were trying to explain your testing preferences to her.

• The patient’s sister called to change the date of his post-op review appt. She states that the staff-member she spoke to rude and unhelpful, then hung up on her.

• Patient called last week to make an appointment. They came in for appointment to find that it had not been made. The reception staff then treated her very rudely. Now wishes to have care elsewhere.

• The patient has ordered a lens on 1 May, but still has not received it as of 20 June. He has left four voicemails for the CL ordering dept., but received no reply.

Again, the administrative staff review, communications project and ‘Moorfields Way’ programme will support an improvement of behaviours in the small number of staff who fail to understand this aspect of their role. There is the possibility that calls could begin to be monitored for training purposes. The current re-validation for medical staff and proposed re-validation plans being formulated by the NMC in full for nurses, will also go some way to eliminating the offhand behaviours and attitudes that upset patients.

6.4.4 Communication
Issues around being able to contact the correct department in the trust by telephone predominated as well as issue around missing letters or reports.

• Was seen in clinic and prescribed medication for six weeks. Was only issued meds for four weeks (discovered this once home) and on enquiry was told she would need to pay a further prescription charge for the remaining two weeks. If told this at the time she would have gone to her GP and got one prescription only for six weeks for the one payment.

The patient was reimbursed. Moorfields’ pharmacy are in the process of revising their prescription forms to include more clarity around the fact that we can only prescribe four weeks supply of medication and that patients should be given an option of going to their GP should they prefer.

• Patient feels there was a delay in Moorfields asking for previous cataract surgery report from another hospital. This has delayed surgery and patient has not been kept informed.

Though a request was made, this was not pursued when there was no response. The process for tracking requests has now been changed to prevent a re-occurrence.

• Patient tried to contact the MR service to postpone an appointment and was unable to. Several attempts made but no one answers, it is engaged or there is no dialling tone. Switchboard did not help and had to leave a message with PALS.
The administration and communication review action plans will ensure that telephones are manned at all times and any calls returned. Specific numbers will be included on appointment card and a new Moorfields Patient Information booklet will include information about how to change an appointment including how to do this online.

6.4.5 Waiting times
The main issues are around waiting times in clinic and lack of information regarding delays.

- **The patient feels Communication is poor, apologies feel insincere and in pharmacy delays also arise and they were asked ‘Do you pay money’**.
  Staff have been instructed to ask asked whether or not the patient pays prescription charges. The Pharmacy Department are introducing a system of clinic-based pharmacists so that the prescriptions can be checked whilst in the clinic, and the dispensing instructions can then be passed back to the dispensary. The aim of this is that by the time the patient arrives at the dispensary, the prescription will be ready. The pharmacy also plans to introduce a Qmatic system whereby an audio and visual display allows patients to see where they are in the queue and how many prescriptions are ahead of theirs waiting to be processed. St George’s clinics are introducing patient pagers, allowing patients to leave the clinic if there are delays and can be called back when their appointment is due.

- **The patient’s appointment was at 2pm and his fields test was carried out at 2:40pm, but he finally had to leave at 5:45 without being seen - this shows disrespect to patients.**

- **The patient’s appointment was at 10:30 but she was not seen until 1:15pm. No explanation was given for the delay, and patients were not seen in order (notes shuffled).**
  Explanation that notes are sorted to see if any preliminary examinations are needed and improvements will be made by re-profiling the clinics, improving our communication with patients (especially regarding any delays), and by reviewing the existing resources in the clinics.

- **The patient was referred to the medical retina emergency clinic but referral was lost. On arrival they had a long wait because of this.**
  This was because referrals from accident and emergency were effected via loose referral sheets, which were collected manually and then booked by the vitreo retinal emergency clinic administrative team. As a result a more robust system that is not based on loose paper but uses a formal diary, which is checked daily by the MRE administrative team has been introduced to ensure that all referred patients are appropriately booked ahead of the planned appointment.

6.4.6 Transport
The work of the transport committee over the past year, including a review of all complaints and PALS enquires involving transport issues, has resulted in notable fall from 21 complaints to eight over the year. Most of the complaints that were recorded were to do with late pickups (there were no failures to turn up), with two of these resulting in cancelled clinic appointments.

- **The patient was told to be ready from 12pm for his 2:30pm appt. The car never arrived and his appt has been postponed until Aug - can MEH promise it will not happen again?**
Patient reassured that more drivers have been employed which should result in more effective service.

- **Transport arrived 1 hour after appointment sick in Electrophysiology time due to staff not reporting in. Appt had to be cancelled and re-booked.**
  
  Medical Services (Transport provider) have taken measures to ensure that all their drivers understand the correct procedure should they not be able to attend a booked patient journey. We have also asked that they recognise the nature and importance of EDD appointments (which can involve four hours of tests) and ensure that transport for patients attending this clinic works effectively.

6.4.7 Sundry complaints

These included the wrong glasses prescription, funding for lenses etc., lost medical records and the A&E environment not being suitable for children (Where they were re-located during refurbishment).

7.0 KPMG internal audit of complaints handling

The trust’s internal auditors KPMG carried out an internal audit of complaints handling during the latter part of 2013. An overall grading of amber was given, requiring improvement in some areas. These improvements, at the suggestion of the complaints team, are required to meet the recommendations laid out in the parliamentary report, ‘A review of the hospital complaints system: Putting patients back in the picture’. The improvements are:

- Developing and implementing training for staff handling patient complaints aimed at those who investigate and respond to complaints. The training will be built around the patient’s perspective of the complaints process.
- Establishing a mechanism whereby service changes made in relation to complaints are logged centrally and are able to be reported on and best practice shared. This includes demonstrating to patients the changes we are making.
- Incorporation of complaints data within the information assurance framework to ensure the quality of complaints data is as it should be.
- Make more robust the process by which high risk complaints are identified. A process to be created by which final responsibility for grading risk to be taken by the clinic and management teams rather than the, less appropriate, PALS and complaints team.
- Make more robust the recording and response to patients who have asked that their case be re-opened so that any further enquiries are dealt with more efficiently and to include this in reporting (this is now being done on the Ulysses data system).
- Change from a process driven complaints procedure to provide a more personal, qualitative response. This will involve calling the patient at the beginning of the process and contacting them after resolution to assess how they felt their complaint was handled.

The Complaints team response to these recommendations are included below in 7.0 Complaints Management 2013/14.
8.1 Complaints Management 2013/14

8.1 Parliamentary report into complaints handling.
In his report into the Mid-Staffordshire NHS trust, Robert Francis found that complaints were not listened to, warning signs were ignored and consequently no actions taken in response and suggested that the NHS complaints process was not fit for purpose and did not meet patient’s expectations. This in turn led to the commissioning of the parliamentary report ‘A Review of the NHS Hospital Complaints System: Putting Patients Back in the Picture’ (2013) which sets out a template for ensuring that complaints handling by NHS trusts is effective, encompassing, simple to use, transparent and results in improved care for patients. The CQC have begun to focus on the effectiveness and management of the complaints process in their inspections.

The review found that the primary themes around why patients complain were:

- Lack of information: patients felt uninformed about their care and treatment and were not sure where to go to find it and as a result they were more likely to question treatment or make a complaint.

- Lack of compassion and dignity – The review found that people felt they were not treated with the respect, sympathy or compassion they expected. This included being treated in an off-hand or impatient way and that where staff did not (or could not) make time to speak to patients in a friendly and concerned way, minor needs or concerns, that could have been resolved at the time, developed into bigger problems or formal complaints.

- Not clear who is in charge, there is no one to talk to or raise concerns with at the time they arise and so opportunities for true local resolution are missed.

The report also found that what patients want from their complaints service is simple and clear information about how to complain, that is tailored to the concerns they have raised, that their concern will be treated sensitively and without fear of prejudicial treatment and that they feel that someone is on their side during the process. They would also like to know that where appropriate, change has taken place to prevent a reoccurrence.

8.1.1 Moorfields response to the report.
During the latter part of 2013 there was a change of staff in the PALS and complaints department and this was seen as an opportunity to not only address the recommendations in the report but to change the focus of the service from the simple administration of patient complaint letters, to one that was more engaged, proactive and supportive of both patients and staff and one with the overarching aim of resolving any issue to the patient’s satisfaction.

8.1.2 Supporting patients to complain
The report found that people do not know how to complain, fear that they won’t be listened to or will be penalised if they do. To enable patients and their carers to overcome some of these barriers the complaints service will become more visible to patients. Currently, complaints are almost always seen in a negative context and the response tends to be one of defensiveness. If complaints and issues are positively encouraged in the clinical setting and a sympathetic and understanding approach taken, many of the issues that currently go on to become formal complaints will be resolved to the patient’s satisfaction at a local level.
Mackellar ward at City Road already has pictures of the ward sister and matron with an
encouragement to patients ‘not to take their worries home with them’ but to ask to speak to someone in charge. This is also on the patient ‘Day of surgery instructions’ leaflet and in the PALS and complaints section of the proposed ‘Welcome to Moorfields’ patient booklet. The PALS and complaints team will work with City Road and Satellite clinic managers to promote this message in their areas.

- The complaints team are developing a training module aimed at band 6 and 7 managers in the handling of complaints that will stress the importance of local resolution and how they can foster an environment in their areas that encourages patients to raise their issue so they can be resolved at the time and to develop effective ways of ensuring that these concerns are escalated appropriately whilst the patient is still present. The team are also re-introducing the PALS and complaints session as part of general induction to reinforce this message to new staff.

If a patient does have a concern that cannot be resolved at a local level it needs to be clear how they go about having it formally investigated and what happens.

- The complaints and PALS team are currently working with the trusts’ designers to brand the service in a way that is recognisable and clear. Leaflets, posters, information screen and website content across the trust will explain clearly how to contact the team, what support they can offer, clarify exactly what happens at each stage of the complaint process and what the patient can expect. Most importantly perhaps, it will stress the openness and even-handedness that the team will demonstrate in supporting the patient through their complaint. This should be available to patients from July, although an online version is on the website. As of March 2014 all patients who complain by email or letter are contacted by telephone. This is done to develop a sense for the patient that there issue is being dealt with by a person rather than just a process, so that they have an established contact point, and so that they feel someone is on their side. For the trust, it allows us to identify clearly (which is not always the case in the letters), what are the specific concerns they would like to see addressed and what outcome they would wish to see. This assists the investigating manager to focus on what the patient wants and to ensure that the appropriate questions are answered. It also allows for issues to be dealt with there and then, to the patient’s satisfaction, without having to go through a full complaints process. It should be noted however, that all complaints that relate to clinical treatment, clinical outcomes and professional misconduct are treated as formal complaints.

- An annual complaints report will be published in July 2014 on the trust website broadly outlining the types of complaints received and how the trust responds to the issues raised. This will help overcome the widely held perception by NHS patients that they are reluctant to complain because nothing is done in response. A quarterly complaint report will also be submitted to the Clinical Quality Review Group for review.

8.1.3 Complaints management

How complaints are handled within Moorfields has also been addressed to bring clarity to the process and a learning outcome.

- Since March 2014 a new complaints memo (appendix 1) is being sent to managers with complaints letters. This identifies the specific patient issues and desired outcome as
outlined above, but also asks the management teams to grade the risk inherent in the complaint, identify if it needs to be recorded as an incident and to alert the complaints manager if it scores above a nine and is a potential serious Incident (SI). This shifts the responsibility for grading the risk from the complaint and PALS staff to the management team who can bring a more informed clinical and managerial approach to the decision. Also, on a weekly basis the complaints manager and risk and safety team review all complaints and PALS enquiries to assess any inherent risk.

Currently, if any service changes are made in relation to a complaint they are not collated or reported anywhere so that good practice is not shared across the trust and learning is lost.

- From March 2014 the second part of the complaints memo (appendix 1) asks management teams to identify any service change that has taken place. These can then be recorded separately in a central database by the complaints team and shared in a wider context as well as being published in summary on the trust website.

Currently the handling of complaints is measured by process only, i.e. number of days from receipt to acknowledgment etc. This takes no account of the patient’s perception of how they felt their complaint was handled.

- From July 2014, a questionnaire will be sent on a bi-monthly basis to all complainants asking how they feel their complaint was handled and what would have improved the service for them.

9.0 Patient Advice and Liaison Service (PALS)
PALS enquiries are a rich source of patient feedback in that should a patient need to resort to PALS to resolve an issue for them, the service has failed somewhere along the line. It is however also a repository for compliments and a source of advice for people trying to navigate the issues surrounding their care.

During the year 1,824 PALS contacts were made, a fall of 10% on the previous year, mainly due to the reduction in written and email enquiries. Contacts by site and service generally reflects patient activity in those areas, though City Road does have proportionately higher enquiries suggesting perhaps that the promotion of the PALS service at satellite sites needs to be increased. A programme of site visits has been established to promote the PALS service to local patients and staff as well as building stronger links with the local host trust’s PALS departments.

(Fig. 12) PALS enquiries 2009/10 - 2013/14

<table>
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<tr>
<th></th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
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<tbody>
<tr>
<td>in person</td>
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<td>1959</td>
<td>1861</td>
<td>2044</td>
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<tr>
<th>Method of enquiry</th>
<th>2012/13</th>
<th>2013/14</th>
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<tbody>
<tr>
<td>in person</td>
<td>499 (24%)</td>
<td>443 (24%)</td>
</tr>
<tr>
<td>by email / letter / comment card / care connect</td>
<td>777 (38%)</td>
<td>601 (33%)</td>
</tr>
<tr>
<td>by telephone</td>
<td>768 (38%)</td>
<td>780 (43%)</td>
</tr>
</tbody>
</table>

Type of enquiry:
<table>
<thead>
<tr>
<th>Type of Enquiry</th>
<th>2001/12</th>
<th>2012/13</th>
<th>2013/14</th>
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</thead>
<tbody>
<tr>
<td>were complements</td>
<td>102 (5%)</td>
<td>87 (5%)</td>
<td></td>
</tr>
<tr>
<td>were concerns or informal complaints</td>
<td>807 (39%)</td>
<td>948 (52%)</td>
<td></td>
</tr>
<tr>
<td>were seeking information or general enquiries</td>
<td>1135 (38%)</td>
<td>790 (43%)</td>
<td></td>
</tr>
</tbody>
</table>

9.1 PALS contacts by type (excluding compliments) 2001/12 - 2013/14

The majority of PALS contacts were around communication issues (including general enquiries, report requests and advice on who to contact etc.) 25% of which were recorded as having a problem contacting the department they wished to speak to on the telephone. This will hopefully be addressed in the coming year following the communication project that is underway. Issues around appointment booking were the second highest category of PALS contacts. Of these 16% were concerns about the cancellation of appointments and the rest were enquiries about appointments, requests to change or cancel appointments etc. Following the administrative staff review and communication initiatives across the trust it will be useful to note the level of this activity in twelve months time.

(Fig. 12) PALS enquiries by type

Other PALS enquiries include:
- Cashiers enquiries consist mainly of requests for confirmation of entitlement.
- There has been a notable fall in transport enquiries, though the routine nature of many of these enquiries e.g. asking if transport is on its way, has it been booked etc. suggest that direct access to the transport team could be improved and this has been discussed at the transport committee.
- Optometry issues are mostly around contact lens and spectacles dispensing and the difficulty in getting through to the department by telephone which will be addressed as part of the telecoms review.
10.0 Care Connect
Care Connect is a new initiative hosted on the NHS Choices website, initially launched in parts of London and Northeast England that will enable patients to interact with the NHS in ‘real time’. This service, of which Moorfields is a trial site, works in partnership with the PALS service and provides a further avenue for patients to raise concerns, share their experience (including suggestions for improvement) or ask a question. This can then be accessed by the public to see what service users think of the trust and the speed with which they deal with issues.

Patients can either text, email access through Facebook and Twitter or email 24 hours a day. The calls go through a national clearing desk and are moderated for appropriateness. They then pass on the concern or question to the trust PALS who can respond once they receive an email alert. Patients will then expect to receive an acknowledgement from the trust and an agreement around the expected time the problem resolved or escalated.

When a patient sends in a concern or problem it appears on a live map on the Care Connect website with a brief description of the issue and its status recorded as:

- Open: the problem has been forwarded to the trust
- In-Progress: the trust has contacted the patient
- Closed: The issue has been resolved

Patients will be able to look up their local NHS provider on the map and see the number and type of issues that are being responded to in real time. They will also be able to click on a dashboard to see reviews left by other patients as well as a star rating or Friends and Family test results in a similar fashion to websites such as trip advisor. So far Moorfields has had eight patients post their concerns. Five regarding waiting times, two regarding an ongoing complaint at the trust and one regarding nurses having to do too much paperwork. Overall, in the Moorfields context, Care Connect appears to be underutilised. This might have been due to the ‘soft launch’ approach taken by NHS Choices in launching the service and activity is expected increase once there is more national publicity around the service. Though there are posters up across the trust, once it is included in the prospective Moorfields Patient Booklet this might again stimulate interest. Currently NHS Choices are reviewing progress so far and it is anticipated that a national launch will take place later this year. Currently all comments left on the site, as well as being responded to, are circulated to the directorate management teams.

11.0 Summary
With the resignation and retirement of two of the long serving complaints and PALS staff (from a team of three) there was a difficult transition period during Q3 as the new staff made themselves familiar with the way Moorfields functions and the way complaints are handled. The main aim of the department over the last part of the year and looking forward into 2014/15 is to turn the way complaints are handled at Moorfields from once that simply processes complaint letters and enquiries, to one that is more proactive in supporting patients and staff in resolving issues together. Unlike other public services, the majority of patients who complain do not want financial compensation, but primarily wish to see service improvements and recognition of errors. The anecdotal evidence from patients suggests that being telephoned at the start of the process allows them to better understand, and feel more involved in, the process they are engaged in and enables the trust to resolve issues - to the patient’s satisfaction - in a more
timely and effective manner. A formal study of how patients feel their complaints have been handled will begin in July.

As noted above, achievements of the year include the robust response to the ‘Review of the NHS Hospital Complaints System’ with the trust meeting most of the recommendation set out within it. One of the priorities for the coming year is to ensure these are embedded fully within Moorfields. Another priority will be to ensure that we can break down the barriers to patients complaining or raising concerns, whether this be through lack of awareness or understanding of the process or to overcome the reluctance in bothering as nothing will be done. We hope to publish the PALS and complaints leaflet in several languages and work with our colleagues in host trusts to promoter the service locally. The team have begun to record centrally what is being done in response to individual complaints. Promotion of this information on the website will, we hope, create the impression that Moorfields is an open and responsive organisation and encourage the belief that patients raising issues will result in change.

11.1 Achievements
- The complaints and PALS team have personalised the service more for patients who complain. Contacting them on receipt of a complaint gives them a voice, name and reference point they can refer to during the process and hopefully feel more supported
- Through discussion with the patient, the real points they would like to see addressed, and outcome they would like to see, are clearly identified, helping the patient to a satisfactory resolution and supporting the management teams in achieving this.
- Risks inherent with in a complaint are more clearly identified and actioned appropriately through closer working with the Risk and Safety team.
- An improved way of collating service changes made in response to complaints will enhance trust wide learning and give a positive and constructive aspect to the complaints process for patients when published as part of the complaints summary on the website.

11.2 Aims for 2014/15
- Establish training for mid-level management personnel in complaints handling both in the local and national contexts.
- Promote the PALS and complaints service more effectively across the trust by extending satellite site visits, and improving patient information around PALSD support and the complaints process.
- Survey patients as to their views on the handling of their complaint and identify how the service can be improved from the patients’ perspective. Do the same for PALS enquires on an ad hoc basis.
- Review in depth PALS and complaints feedback to identify themes and measures.

TPW/ACR/2013/14