Compliments and Complaints Report
Fourth Quarter: January - March 2014/15

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Board of Directors Meeting
30th April 2015

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

This report provides an overview for the board of compliments and complaints received by the trust between 1 January 2015 and 31 March 2015 (Q4 2014/15) and supports the information in the monthly performance report regarding complaints. This report will also be presented to the Clinical Quality Review Group (CQRG) where the trust discusses the quality of Moorfields services with our lead commissioners and at the patient experience committee to identify themes that can inform service change.

Part of the purpose of this quarterly report is to address one of the recommendations set out in the parliamentary report ‘A review of the NHS hospitals complaints system: putting patients back in the picture (2013)’ that suggests regular reporting of complaints issues to the trust board.

A comparison of year on year activity will be included in the Compliments and Complaints annual report 2014/15 in June.

Where patients have complimented the trust through Q4, the themes highlighted in previous reports remain to the fore. Adjectives such as friendly, kind, helpful, professional, happy, etc. are repeated time and again and there is a sense that patients feel as though they are treated as individuals. More and more patients are citing individuals in their comments and letters and during the fourth quarter, 441 of the FFT comments cited individuals and some of these will be included in the examples below.

However, though the number of formal complaints received during this period was lower than average, they continue to show that clinical issues dominate and as will be discussed below, these continue to be about clinical treatment, outcomes and lack of clarity around prognosis and expectations. All clinical complaints are reviewed by the medical director and though few are upheld in terms of negligence or wrong treatment, most seem to stem from a lack of understanding (or explanation) of treatment.

Other identifiable and recurrent themes among the formal complaints were that of poor staff attitude, communication difficulties and appointments relative to previous months except that there were no complaints about waiting times in clinic for this quarter.

2.0 Compliments

As previously, there were a great number of compliments received by the trust during the fourth quarter and though they came from a variety of sources, some themes, as noted above, were consistent throughout, such as approach and manner of staff, the individual acts of kindness shown, the efficiency of the service, and the result of treatment. Moorfields seemingly continues to deliver an effective, professional, empathetic and appreciated service across the trust and where this is not the case it seems to be the exception.

2.1 Friends and Family Test (FFT) comments

One of the expectations behind the introduction of the FFT was to give patients a voice and ask them to express an opinion they would not have previously expressed. It also gave patients the opportunity to thank the staff in writing where as previously they might have just given a verbal
appreciation, or sent a card or letter. During quarter four 28,000 patients (20% of patients seen) completed the FFT, of whom 97% responded extremely likely or likely as to whether they would recommend the trust against 1% who said they would not. Of those who said they would recommend the trust, 83% left a positive comment. As noted above, 441 individuals were named in the comments. These are passed on to the staff concerned by their management team. Typical examples of the positive comments made are:

“A very good service. Receptionist Jan was very pleasant and helpful. Angel and Mr. Hove were lovely and really explained everything. Excellent service.” A&E

“From the immaculate cleaning, the quality of the structure, to Dr Ogubowafe’s outstanding sympathy and experience (by the way Dr Khalili was fantastic too), there’s no reason a person wouldn’t return to this wonderful facility. Surely I will recommend it!” A&E

“Staff very friendly and welcoming, appear happy to be here and able to explain the process of A&E very clearly. Carlo was especially very good at explaining the process and estimating the expected waiting times, he is an asset to your service! Julianna-Duah was amazing, very reassuring and able to put me at ease” A&E

“Receptionist - Bharti and Palicio Ferante - exceptional service. Lila - nurse - excellent” NWP

“I have given this score as I think the clinic is run to a very high standard, everyone so helpful and friendly even though they were very busy, especially nurse Alison Sanders who looked after me as I was in a wheelchair so big thank you.” Mile End

“Was mainly with the nursing staff, all lovely, attentive and caring, spoke to Miss Wickham and Mr. Chandra, both have an exceptional way of putting one at ease and were happy to answer questions. Thank you all for your continued help.” Sedgwick Ward

“Because Mr. Rose made me well after 12 years of pain and fear. I feel like my life started again. Me and my family are so happy for the treatment, I feel safe and in very professional hands” Adnexal clinic 1

“The excellent staff, equipment, treatment and reputation of the hospital. Miss Okhravi is especially diligent and expert in her field and inspires great confidence and reassurance. This is all worth the very long wait!

“The whole team have been absolutely fantastic from the start to end - despite the long time at hospital. Nicola, Doreta, Marilyn made my father feel very relaxed and supported him all the way. Made his experience as comfortable as possible, despite him being anxious. A big thank you to the pre-assessment team, surgeon and theatre team. We need more staff like you always” Ealing Day Care

“I find all the staff in Moorfields Eye Day Care are friendly, including doctor and anaesthetic room staff, especially the helper Ami. She held my hand whilst the anaesthetist put the cannula in. I just need that touch” St George’s

“Emma in the Contact Lens department was an excellent communicator and optometrist. She explained the new lens to me in detail (she took the time to help me to understand it). Miss L Flicker’s prognosis was spot on.” Optometry/ External disease

2.2 Compliments received by or forwarded to PALS

The PALS department received 48 compliments during quarter four, the majority by letter, email, taken from the trust website and occasionally face to face. The compliments come in from across the trust though many are received locally and are not passed onto PALS. Most come from A&E, City
Road clinics or day care and Bedford along with other satellite sites. This quarter we also received a thank you for the optometry department and PALS. There are currently too few compliments received by PALS to use as a quantitative measure, but areas are encouraged to forward them when received. When the PALS team receives such comments they pass them on the teams or individuals being thanked. Many reflect the themes noted in other patient feedback:

“Patient would like to thank the consultant for carrying out the necessary surgery and implanting a lens to correct the astigmatism. Her vision now is unbelievably clear and bright! She was extremely nervous while waiting for the surgery but the nurses etc. were very kind and helped her to feel better. She would without a doubt recommend anyone with eye problems to be referred to Moorfields. The expertise and the nursing staff are amazing! Once again thank you!” Theatre City Road

A patient wrote “How amazing the A&E at MEH is and how fantastic it is to be able to walk in from the street to probably the best eye hospital in the world and be treated for free’. She was treated promptly by skilled staff.”

“I wanted to take the opportunity to thank everyone involved in my care during my recent surgery at Moorfields. The treatment and care I received was excellent. The hospital should be commended for the way in which it is managed and the principals it instils in every member of staff. It is impossible to single out any one member of staff, from reception, the pre-op assessment team, all of the staff on Sedgwick Ward, the hostel, anaesthetists, nurses and consultants.

Moorfields should be seen as an example of best practice to the NHS and one that all establishments should be modelled on. As with all NHS services, the hospital was busy, but this never detracted from the level of care that was given. I hope that the hospital will always be able to maintain this. Meanwhile, I send my very best, heartfelt, thanks to everyone at Moorfields. Well Done!” Adnexal Service

“I am writing to you to say a big thank you for looking after me so well during my recent stay and operation. You were very kind to me. I had very many dietary requests and you made sure that it all went ok. Nurses on both shifts were extremely nice to me even though I had to ask for their help through night. I just want to say how much I appreciate your help and kindness I know you all do a hard job. Your kindness brought tears to my eyes. A big thank you!” Observation Bay

“I didn’t have a chance to fill out a feedback form yesterday, so hope you don’t mind me emailing instead. I came into Moorfields A&E yesterday as I had a small piece of metal stuck in my eye. The service I received from both the female nurse who did the eye-sight check (who was brilliant at putting me at ease) and the male nurse who removed the piece of metal, was second to none - I was really impressed with both their friendly manner and their skill. Both are a credit to Moorfields and I’d be grateful if you’d pass on my feedback to their respective managers.” A&E

2.3 Compliments from Patient feedback websites

Compliments, as with complaints, are no longer private between the patient and the trust, but can be seen in the public domain on patient feedback sites such as NHS Choices, Patient Opinion and IWantGreatCare. Of the 11 comments left on these sites during quarter 4, nine comments were in praise of the good care received at Moorfields and promote the strengths of the trust to a wider audience:

“Last week I had to take my seven year old to the A&E department at Moorfields Eye Hospital. They were very busy, full waiting area. Clear explanation of waiting times and how patients are prioritised.
As the children’s A&E was closed my daughter was seen in the general A&E and was seen within two and a half hours. The doctor she saw was brilliant. They involved her in her care, was comforting and reassuring. They were able to assess and successfully treat her. The treatment was uncomfortable and potentially scary for my daughter …but the doctor was so kind and went at a pace she was able to tolerate. Today, 5 days later I received an unexpected but reassuring follow up phone call from a paediatric nurse to check she was ok (she is). I wanted to share because it struck me at the time how fortunate we were to be able to access and benefit from this specialist care. Fantastic care. I am very grateful. Thank you”

“A fantastic, well organised, efficient and excellent service on all fronts, from walk-in emergency diagnosis and treatment in the early hours of the morning, to later referral for chronic after-effects. Outpatient clinics were run efficiently with friendly, reassuring and expert doctors, nurses and other staff, with minimal waits and plenty of time for questions and explanations. Even follow up queries by telephone rapidly found the right department and people, and questions about treatment were answered quickly and with excellent knowledge. Efficient communication and record-keeping systems allowed everyone to help with information and reassurance quickly and effectively. I can’t recommend this service highly enough, especially where other hospitals might not have the specialist expertise and experience of Moorfields.”

“I was very impressed with the efficient way a large number of patients were treated by all the nurses and doctors. In spite of the pressure of work they took time to introduce themselves and make me feel at ease. The consultant I saw took time to satisfy herself there was no problem and explained the situation to me clearly. The department copes with a huge demand and is well-organised for its purpose, offering a high standard of care. I was very impressed”

In a more traditional medium, an article written by a patient’s relative appeared in the Docklands and East London Advertiser:

“With all the complaints about the NHS saturating the media recently, I have something positive to say. I am writing on behalf of my elderly mum Patricia Collins to thank the staff at the Moorfields Eye Unit, at Mile End Hospital….She was really nervous and looked for any excuse not to go. None of us thought she would go ahead with either operation….Throughout, the staff reassured my mum and she said that she even had a giggle on her visits. Familiar faces at the eye unit and the day surgery ward all made her feel special, even if it was just a smile of recognition and a ‘hello’ in passing. From the reception to the surgeon, everybody explained everything that was going on clearly and no question, no matter how trivial, was ignored. The operations have changed my mum’s life: the boost in her confidence and positive outlook is incredible. She would not have gone through with the surgery if it wasn’t for the team at the eye unit: she owes this change to them. Thank you all very much.”

2.4 Social Media

Patients also post compliments on Facebook and via twitter, though these are naturally short and pithy:

@Moorfields Hear hear! Wonderful staff!

I experienced superb #NHS care at the world class @Moorfields this morning. We are lucky to have this facility

@Moorfields been sitting waiting to see doctor two & half hours. Why book in for 11 o’clock appointment
The best and only the best! 25 years I have regularly visited and always been treated well and looked after. Thanks guys for all the support you always show.

The staff under the care of Mr Verity are kind and understanding. My thanks for your hard work and dedication.

Thank you to the staff at Moorfields Hospital on Mackellar ward yesterday for your expert care and treatment. I could not have had better treatment had I been a private patient.

3.0 Complaints Q4 2014/15:

An average of 11 complaints a month was received by the trust during Q4, noticeably down on the previous quarter with the total number of complaints received being 33, compared to 48 previously. There was though a similar fall in Q4 2013/14 and may be an annual variance with February particularly quiet.

The number of clinical complaints was 23, only slightly down on the previous quarter. This is similar to the number of clinical complaints received for previous quarters and suggests that issues where patients are at risk are being identified and treated as formal complaints. Other categories of complaint remained proportionately the same except that there were no complaints about waiting time. All complaints and PALS enquiries are reviewed on a weekly basis with the risk and safety management and safeguarding teams and circulated to the directorate management teams to ensure that concerns beyond the complaint are being handled appropriately by the trust.

3.1 Complaints received Q2 2014/15

(Fig. 1) Complaints received by quarter 2013/14 and 2014/15

<table>
<thead>
<tr>
<th></th>
<th>Q1 2014/15</th>
<th>Q2 2014/15</th>
<th>Q3 2014/15</th>
<th>Q4 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients seen who went on to complain</td>
<td>0.02% (147,198 patients seen)</td>
<td>0.03% (150,171 patients seen)</td>
<td>0.03% (159,583, patients seen)</td>
<td>0.02% (163,959 patients seen)</td>
</tr>
<tr>
<td>Complaints per 10,000 patient contacts</td>
<td>2.7</td>
<td>3.4</td>
<td>3.3</td>
<td>2.0</td>
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(Fig. 2) Number of complaints received 2014/15: actual (blue) 6mth rolling trend (red)
3.2 Complaints by type

(Fig. 3) Complaints received by type Q1 2014/15 and Q2 2014/15

Clinical complaints. As with previous quarters, clinical complaints were, and continue to be, the most common cause of complaints. Eleven of these were what the patient felt were problems or errors regarding their clinical care and treatment. These included overheard conversations in theatre leading to misunderstandings, the feeling that surgery or other treatment was being withheld, that examinations or surgery preparation were not carried out thoroughly, that there was lack of communication between a patient and trust staff once discharged and two patients who had an allergy, reaction or abrasion following their medication or treatment. Five patients felt that a diagnosis had been incorrect in some way. Four had concerns regarding procedures, such as delays, same day surgery cancellations or the procedures for procuring graft material. There were also three patients who felt their clinical outcome was not as expected.

Obviously, all clinical complaints are individual to the person concerned and may rest on the level of understanding of the patient of their condition and treatment plan, which might not always be made specifically clear. The majority of written responses to such concerns tend to lay this out clearly and the relatively few referrals to the PHSO or re-opened complaints might suggest this was what was missing. There do not appear to be any trends relating to staff, area or service that link these complaints and all responses to patients who make a clinical complaint are reviewed by the Medical Director.

Other complaints. The number of complaints regarding customer care and staff attitude was, though down on the previous quarter, still the second highest category of complaint. These were in regard to what was perceived as unprofessional or offhand behaviour on the part of two doctors and two receptionists.

Appointment issues that were dealt with as complaints were the result of patients having their appointments re-scheduled at short notice and this not being communicated effectively. Other complaints were around the unnecessary cancellation of surgery, the accuracy of the letter to the patients GP, not being told the time the patient would have their surgery and two concerning appointments being sent for the wrong patient. Again there is no obvious causal link between these complaints.
Complaints breakdown by type (Directorate) and type (Ophthalmic Service) can be found in appendix 1.

3.3 High Risk complaints.

Of the complaints that were risk rated as ‘High’ (based on the risk matrix that measures the consequence of an event by its likelihood), all were clinical complaints and found to be valid in four cases, two for patients leaving the hospital with corneal abrasions secondary to (different types) of procedures. Two were due to a missed diagnosis (one involving St George’s A&E staff) that were subsequently treated and one due to a patient receiving infected graft material due to contaminated transport media from another NHS eye bank.

Two cases were referred to the Serious Incident panel. One concerned a patient who had a reaction to a trial medication administered at Moorfields and was later admitted to an ITU suffering from systemic medical problems. It was decided that there was no causal link with the drug they received. The other concerned infected graft media prior to transplantation. Neither was regarded as a Serious Incident.

All complaints and PALS enquires are now copied in to the Risk and Safety team and safeguarding leads for review and to ensure that incidents are reported and where necessary escalated effectively.

3.4 Re-opened cases

During quarter four there was only one complainant for whom their case was re-opened. This was a request for further information not previously mentioned.

3.5 Response time

Where the final response breached the 25 day limit, there was an improvement on the previous quarter. In three cases this was due to complications of the cases involved and the requirement to seek detailed information from three external providers, St George’s, Tooting and Queen Elizabeth, Hospital Woolwich and the Manchester Eye Bank.

(Fig 4) 25 day response rate Q4

<table>
<thead>
<tr>
<th>Complaints answered within 25 days Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 15</td>
</tr>
<tr>
<td>Feb 15</td>
</tr>
<tr>
<td>Mar 15</td>
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<tr>
<td>Q4 average</td>
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<td>Q3 average</td>
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3.6 Litigation

There were two claims from patients received during quarter 4; one was for a fall whilst on trust premises and the other was for alleged mistakes made during cataract surgery.
3.7 Ombudsman referrals

There were no referrals to the Parliamentary and Health Service Ombudsman for quarter 4. There are two cases currently with the ombudsman, one to determine if the correct clinical investigation was carried out and one regarding delayed appointments and the subsequent damage to their sight.

3.8 Moorfields Private

In November 2014 a shared template was set up so that the NHS complaints team could have access to Moorfields Private Complaints in order to review the types of complaints they receive and how they are handled. There was no pattern found in the type of Moorfields Private Complaints.

There have been two recorded complaints for this quarter. One regarding the clinical outcome of surgery and the other was about a delay in receiving an appointment, the cost of treatment and the way investigations were conducted.

4.0 Response to complaints

Not all of the issues raised in complaints during Quarter 4 allow for specific service change but rather, a clarification of treatment and care given. This includes meeting with patients to better explain perceived misunderstandings.

Other, specific changes made as a direct response to complaints received in quarter 4 included:

- In response to a patient who complained about the length of time it took to be seen, A&E nursing and triage staff have been reminded to give patients with suspected retinal detachment, priority. Clinical staff will also be given guidance regarding what to do should a patient express a wish to be seen privately in such situations.
- Following a patient who was seen in the Moorfields’ research department, and was admitted to another hospital but felt isolated and not communicated with effectively by Moorfields trust staff, his complaint will be used as a case study in training to ensure that patients in similar situations are communicated with and better supported.
- A further complaint is being used as a case study to review the on-call processes for overnight emergencies, including the training of nurses in regard to assessment over the telephone of patients calling in. They also now record all telephone calls taken out of hours. This follows a case where a patient was not seen as quickly as he should have been and details of the enquiry were not recorded.
- A complainant was re-assured that an OpenEyes A&E module is being developed which should avoid the situation they faced when their record could not be located.
- As part of a wider review, the letters template to patients is being reviewed for accuracy, clarity and user friendliness.
- In response to a patient’s complaint, which included a concern that other patients conditions were being missed or not diagnosed, as he felt his was, a record review was conducted at the Croydon satellite which found that the return rate was in line, and slightly less than, the return rates at other sites across the trust. The patient’s concerns were raised at the following clinical governance meeting to heighten awareness.
• Work is being done to identify a single system to identify bookings for corneal graft material rather than the several ways of booking material currently being used. This was following a booking being inadvertently missed and surgery cancelled.

• When a patient complained about an abrasion received following a clinic injection procedure, staff have been instructed to ensure that any iodine used is thoroughly washed out of the eye at the end of the procedure.

• Theatre staff at St George’s have been reminded that patients are aware of what is being said can be heard by the patient and to remember to keep comforting the patient during the procedure. This follows a patient feeling disconcerted by various things being said during the operation.

• Several staff have been counselled as to their behaviour following complaints regarding their attitude towards patients.

5.0 PALS and Complaint team activity

• A questionnaire has been sent to all complainants who complained during January 2015. Questionnaire will be sent to all patients four weeks following the closure of their complaint. The first results should be available in the Q1 2015/16 report.

• Following discussions, the complaint memo sent to Directorate Management teams has been simplified to stress the importance of returning the risk score and any actions taken in response to complaints made. This will be followed up by an email asking for confirmation that the changes were made, the responsible person or a date and timeline by which this can be expected to be done. It will also ask for the impact any specific changes might make on patient care, though this might be more difficult to quantify.

• Currently, the trust is required to report complaint data centrally to the Health and Social Care Information Centre (HSCIC) in the guise of an annual KO41 return. This requests information regarding the number, type, and response times, profession etc. and until now has been submitted on an annual basis.

From April 2015 we will be required to submit this information on a quarterly basis and against a new set of categories and sub categories and a NHS wide set of subject and service areas. This allows for a more detailed national picture of what patients are complaining about, so that national trends or concerns might be identified, addressed and inform policy.

There is also a requirement to record every complaint made, as a separate entry. Currently Moorfields’ complaints, as with most other trusts, are recorded by complainant and counted as one complaint, even though there may be several elements that we respond to. From April, each element in a complaint letter (for example, the same patient might complain about a clinical issue and a transport issue), will be recorded separately, with a separate categorisation, risk rating, outcome, etc. Though this will be more time consuming for the complaints team, the investigation management teams will address the several elements as they currently do, as one complaint, and normal only one response will continue to be sent, as at present. This will mean that the number of complaints for the trust will increase, as often the complaints we receive contain more than one element. This will however, give a clearer picture of the issues facing the trust.
From Q1 2015/16 this report will include both complainant and complaint data so that historical comparisons can be made in the short term.

6.0 PALS enquiries

439 PALS enquiries in were received in quarter four. This compares with 447 for the previous quarter.

(Fig 5) PALS activity Q2, Q3 & Q4 2014/15

PALS enquiries are classified as one of three types: compliments, general enquiries for information or advice and concerns or informal complaints. The latter two are somewhat similar as most of the concerns and informal complaints are at root, requests for information or a resolution of an issue but the frustration caused to the patient by the problem is such that it presents as a concern or informal complaint. How these are recorded is left to the discretion of the PALS officer taking the call or enquiry.

The numbers of ‘information and enquiry’ requests has stayed relatively the same as the previous quarters, with the exception of the drop in cashiers enquiries which fell in Q2 following changes to the way these were handled and there was also a drop in enquiries classed as ‘Other’ (i.e. do not fit any of the set catagorisations), though as these tend to be rather singular in nature, no reason can be identified.

The majority of the issues raised as PALS concerns are resolved with 24hrs, though where a patient requires a written response, their concern an investigation or there is a question over their clinical care or treatment, these are normally treated as a formal complaint and the patient advised accordingly.

The detail of all PALS enquiries received are circulated on a weekly basis to the directorate management teams for review and discussion at their performance meetings. Those enquires that suggest an incident report needs to be completed are highlighted and sent to the risk team for assessment who will then contact the appropriate team.

7.1 PALS Information and enquiries

As noted above, activity was down slightly on the previous quarter due to fewer ‘other’ enquiries. The types of enquiries remain the same with appointment enquiries focusing on patients wishing
to change, alter the location, cancel their appointments or asking how they can get an appointment at Moorfields.

(Fig 6) PALS Information and enquiries Q2, Q3 and Q4 2014/15 by number and percentage

<table>
<thead>
<tr>
<th>Quarter 2</th>
<th>Administration</th>
<th>Appointment issues</th>
<th>Cancelled admission or appointment</th>
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<tbody>
<tr>
<td></td>
<td>2</td>
<td>43</td>
<td>2</td>
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<td></td>
<td>15</td>
<td>49</td>
<td>5</td>
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<td></td>
<td>36</td>
<td>39</td>
<td>4</td>
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There is no such thing as a PALS typical enquiry but the majority remain about appointment issues and communication. Some typical examples are:

**Administration**
- Mother due to attend a local eye unit/hospital. Asking transfer of notes to them
- The patient would like copies of his blood test results

**Appointments**
- The patient is very pleased with his care but would like his appointment to be brought forward
- Asking change of appt. due to bus strike
- The mother of the patient asked how she could arrange for her son to be seen at MEH and about the referral protocol
- To avoid two visits she has received a letter informing her that she will be operated on the day of her next appt
- Q: What surgery is she having, as she is not aware?
- Pt cannot find his appointment letters and asked for confirmation
- Quality Alert from Lambeth CCG regarding the ability of GP’s to book patients to specific consultants via choose and book

**Cancellations**
- Appt. cancelled - asking reimbursement. Patient had already bought the tickets in advance for a cheaper deal

**Clinical enquiries**
- Enquiring if referral has been made to the Neuro-Vascular specialist?
- The patient came to PALS because he is having problems with his eye but he speaks very little English
- Patient not clear what surgery she is having to be able to make an informed decision
- The patient needs some advice before flying back to the UK as she is suffering with problems with her eyes
Communication

- Enquirer had a bleed followed by various surgeries, resulting in the loss of vision in his right eye. His left eye has a 6/6 vision and is doing pretty well. He is wondering if Stem Cell therapy can help restore his vision of the right eye.
- Wife is a patient. Would like the email address for the consultant?
- Q: How to get a copy of photographs?
- Ombudsman requesting information re; funding from PCT for treatment of this patient.
- Husband has a biopsy today - will he be able to go to work, afterwards?

Other

- The patient has dementia and her son wants to ensure that she will not have to wait for long if she attends MEH because she will not cope with it.
- The patient previously had a small piece of metal inserted in his eye and wants to know whether this precludes him from having an MRI scan.
- A gentleman, currently an in-patient at another trust, walked out this morning in a theatre gown came into PALS. Not wanting to return to other hospital.
- Patient admitted to Observation bay for several days - requires IPad charger.

7.2 PALS Concerns and informal complaints

The main change of note between quarter 3 and quarter 4 was the increase in administrative issues, usually a confusion around addresses, patients being classed as ‘did not attend’ (DNA) when they did not receive an appointment letter, missing letters etc., and the drop in concerns regarding the optometry department, possibly due to patients being able to better access the department by phone.

(Fig 6) PALS Concerns and informal complaints Q2, Q3 and Q4 2014/15 by number and percentage.

Examples of the types of concern received are:

Administration

- The mother of the patient was unable to claim back the fares because the address on the system had not been updated.
- The patient attends a double clinic appointment with her husband. Her husband was unable to attend his appointment and cancelled and he presumed that his wife’s appointment would automatically be cancelled as well. It was not and now the patient has been discharged.
- The patient attended for her appt because she had received a text message but there was no apt; the appt is not until March
- The patient's daughter has asked for the follow up appointment to be at City Road and not Potters Bar and is therefore very annoyed that this has not been done
- The patient attended today with the appointment letter but was told that she did not have an appointment today it has been changed
- The patient was very angry, he cannot read the correspondence as he is blind and is very angry that despite previously asking for a call he does not receive one
- The patient was unable to make her appointment and therefore changed it via the Booking Centre and was given another appointment and a letter. However when she arrived at the appt, the patient was told that because she had not attended her last appointment she had been discharged and they refused to see her, even though she had a letter with the appt on it

Appointment issues
- The patient was upset because MEH changed her appt and then told her that she could not change it because if she did she would be discharged
- Patient (unwell) unable to attend the Appt. due on Monday phoned to ask for change of appt. has been discharged back to GP
- The patient travelled here from Luton only to find that her appt had been changed and she was told that she could not be seen
- Asked for reschedule of an appt. but was discharged back to her GP - why?
- The patient was referred about 4 weeks ago but has not heard anything and is therefore worried
- The partner of the patient was very angry as his girlfriend had been reduced to tears. She had missed 2 appointments because she cannot read the letters
- The patient does not want to be seen by another consultant and has asked to be referred back to his usual consultant
- The daughter of the patient rang the Booking Centre to change her appointment and was advised that it would fall outside of the 13 weeks and therefore it was not possible and advised her to contact PALS?
- The son of the patient raised concerns about his mother's appointment which he felt needed to be brought forward
- The patient is desperate for a sooner appointment date and can never get through to anybody

Cancelled admission or appointment
- The patient was upset because he was advised that the laser m/c was broken and that he would have to return on another day. He had already been sent away previously because he was told that his appt had been cancelled
- The patient had great difficulty in arranging for his travel expenses to be refunded after we had cancelled his appointment
- Patient attended on Friday but not seen due to shortage of doctors, and too many patients. Asking for reimbursement of travelling expenses

Clinical Issues
- Other medications have been given for 4 weeks but the drops (Cosopt) have been given for two weeks only, why?
- Patient at his attendance in Sept. was informed that he was going to be referred for a repeat ultrasonography. Has not heard anything
- The patient is very anxious because the medication that she was taking, which was helping, has been stopped because of a lack of funding and the patient is very distressed
- The patient has had very good treatment, however she saw a doctor at her last appointment who was not very helpful and she was left feeling concerned
- The patient would like to be seen more regularly and is concerned about his treatment
- The patient was not happy with the doctor who she saw, she waited for over 2 hours and was seen for less than 2 minutes and he said he was discharging her, she is very unhappy
- Medication given with another patient's name and hospital number
- The patient was told that he has cotton wool spots and has now been discharged. He has looked this up and finds it is very serious and wants to know why he has been discharged?
- The patient was asked to return to MEH for a blood test because the doctor suffered from a needle stick injury

**Communication**
- Unable to get through by phone to the health records dept. Calls not answered. He has been trying for a year to get copy of his notes
- The patient registered for Gene Therapy Treatment and wants to know what is happening?
- Spent three hours trying to get through to cancel appointment with orthoptic department. Was held in a queue for three hours until someone answered. Not enough phone lines or staff to answer
- The patient has been unable to find out about his appointments and is worried about his eyes and has found it very difficult to get through to St Georges
- The patient tried to ring MEH several times but could not get through, he did not attend his appointment and has now been discharged which he feels is unfair
- Had some tests done by the research dept. but has not heard about these
- The patient was not happy with the consultation letter which he received, which he felt was rude because it referred to him as 'an 83 year old man'
- Patient is frustrated by the delays in getting through to Glaucoma; she waited for 57 minutes and then got cut off!

**Staff Attitude**
- The daughter raised concerns about the nurse and his manner
- The father of the patient felt that the doctor was inappropriate as he asked the son what he could see and as he has 2 prosthetic eyes he found this unacceptable
- The patient was upset by what she felt was a judgmental conversation by one of the doctors
- The patient attended A&E but found the doctor rude and abrupt and the patient is very upset
- Waits in clinics or day care
- The patient has complained about the very poor attitude of the receptionist in the clinic
- The mother of the patient found that the member of staff was very rude and off hand to her when she called about her son
- The patient explained that she tried to change an appointment and found the member of staff difficult and unhelpful

**Waits / Other**
- The patient's wife came to PALS as at her husband's last appointments in August & Dec 14 there was no sign language interpreter present
- The patient is upset because after having been a patient at MEH for years and supporting us, he was told that he could not have his pressures taken in clinic without a referral
- Long delays in Clinic 4, patient has travelled here from Manchester and is anxious
- The patient was frustrated as she had to leave the clinic after a couple of hours to go to an interview and had not seen the doctor and now needs another appointment but is also unhappy as there is always a long wait
- The patient was not happy with the premises at Potters Bar hospital
### Complaints received by type / Directorate Q1-Q2- Q3 -Q4 2014/15

#### Moorfields

- **Moorfields North Q1**: 1 2 1
- **Moorfields North Q2**: 1 1 1
- **Moorfields North Q3**: 3 1 1
- **Moorfields North Q4**: 2
- **Moorfields South Q1**: 3 1 1 1
- **Moorfields South Q2**: 2 1 1 1
- **Moorfields South Q3**: 4 2 1
- **Moorfields South Q4**: 4 1 2

#### Outpatients and Diagnostics

- **Outpatients and Diagnostics Q1**: 8 3 5 1 2
- **Outpatients and Diagnostics Q2**: 15 2 5 5 2 1
- **Outpatients and Diagnostics Q3**: 12 1 7 2 3
- **Outpatients and Diagnostics Q4**: 11 4 1

#### Surgical Services

- **Surgical Services Q1**: 7 2 1 1
- **Surgical Services Q2**: 8 1 2 1
- **Surgical Services Q3**: 6 1 1
- **Surgical Services Q4**: 5 1

#### Other

- **Other Q1 (Transport)**: 1
- **Other Q2 (Transport)**: 2
- **Other Q3 (Research)**: 1
- **Other Q4 (Research & Other trust)**: 1 1

### Complaints received by type / Satellite Q2, Q3 & Q4 2014/15

#### Barking

- **Barking Q2**: 1 1
- **Barking Q3**: 1 1
- **Barking Q4**: 1 1

#### Ealing

- **Ealing Q2**: 1 1
- **Ealing Q3**: 1 1
- **Ealing Q4**: 1 1

#### St Ann’s

- **St Ann’s Q2**: 1
- **St Ann’s Q3**: 1
- **St Ann’s Q4**: 1

#### NWP

- **NWP Q2**: 1
- **NWP Q3**: 1
- **NWP Q4**: 1

#### St George’s

- **St George’s Q2**: 1 1 1
- **St George’s Q3**: 3 2 1 2
- **St George’s Q4**: 3 1 2

#### Croydon

- **Croydon Q2**: 1 1
- **Croydon Q3**: 1 1
- **Croydon Q4**: 1

#### Bedford

- **Bedford Q2**: 1
- **Bedford Q3**: 1
- **Bedford Q4**: 1
Complaints received by type / Service Q1-Q2-Q3 2014/15

- Clinical
- Appointment
- Communication
- Waiting times
- Staff attitude
- Other

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