

Greater Glasgow NHS Board

Board Meeting

Tuesday, 18 March 2003

Board Paper No. 03/22

**HEAD OF BOARD ADMINISTRATION AND
TRUST CHIEF EXECUTIVES**

**QUARTERLY REPORTS ON COMPLAINTS :
OCTOBER - DECEMBER 2002**

Recommendation

The Board is asked to:-

- (a) note the quarterly report on NHS complaints in Greater Glasgow for the period 1 October to 31 December 2002 (Appendix A);
- (b) note the extract from the Information Service Division's (ISD) Annual Report entitled "NHSScotland Complaints Statistics - Year Ending 31 March 2002" (Appendix B);
- (c) approve the extension to the Terms of Office of 10 Lay Chairs, and 6 Conciliators (Appendix C);
- (d) approve the NHS Greater Glasgow Habitual and/or Vexatious Complaints Policy (Appendix D).
- (e) note the attached draft consultation document "Reforming the NHS Complaints Procedure" issued by the Scottish Executive (Appendix E).

1. Greater Glasgow NHS Board

One Local Resolution complaint was received in this quarter and related to the conduct and interview process of an interview panel set up to fill a post within the Board. The complaint was acknowledged within three working days of receipt but did not meet the target of a full response being sent within 20 working days. The complainant, however, was kept advised that the target would not be met and a response was sent 30 working days later.

There were no requests for an Independent Review this quarter.

2. Trust Performance

The information contained in the Complaints Report will ultimately form part of the Performance Assessment Framework (PAF) and will be reported under the PAF reporting arrangements once agreed. Until then, the Complaints Report will continue to be submitted to the NHS Board.

(a) October - December 2002

Shown below are the performances of each Trust against the national target of 70% of written Local Resolution Complaints to be completed within 20 working days of receipt:-

	<u>No. of Complaints</u>	<u>No. Completed Within 20 Working Days</u>	<u>As Shown as %</u>
North Trust	188	117	62%
South Trust	106	57	54%
Yorkhill Trust	40	17	42.5%
PCT Trust (excluding FHS)	13	4	31%

(b) Further Breakdown of Trust Performance

For ease of reference Trust performance against the national target has been summarised to show the last four quarters as indicated below:-

	<u>Current Quarter</u>	<u>01/07/02 30/09/02</u>	<u>01/04/02 - 30/06/02</u>	<u>01/01/02 - 31/03/02</u>
North Trust	62%	63%	62%	63%
South Trust	54%	63%	66%	62%
Yorkhill Trust	42.5%	62%	44%	62%
PCT Trust (excluding FHS)	31%	43%	75%	79%

3. Themes and Trends

Trust Chief Executives may wish to expand, at the meeting, on any themes or trends noticed with regard to complaints handling at their Trust. For the purposes of an NHS Greater Glasgow analysis, the following three areas attracted the most number of complaints:-

- Treatment
- Attitude and Behaviour
- Communications.

EMBARGOED UNTIL DATE OF MEETING

Action taken and lessons learned for patient care as a result of complaints completed this quarter are as follows:-

North Trust	Training in complaints handling ongoing in Trust to address issues of communication and attitude and behaviour.
South Trust	<ul style="list-style-type: none"> ➤ Following unnecessary cancellation of surgery, a formal checking procedure is to be devised between Ward and Theatre staff to ensure specific medication is ceased appropriately prior to surgical procedures, i.e. Warfarin. ➤ Concerns raised regarding Pain Management raised awareness and increased Anaesthetic Consultant sessions have been secured with the possibility of evening/weekend clinics being run to cope with demand. ➤ Procedure reviewed and amended for patients being transferred to SITU without personal effects following complaints about lost property.
Yorkhill Trust	Efforts continue to be made to reduce waiting times.
PCT Trust (excluding FHS)	<ul style="list-style-type: none"> ➤ As a result of a complaint about the type of film viewed by patients in a ward, the approach for censoring TV material has been reviewed and discussed with staff. ➤ The attitude and approach of a clinician has been reviewed in view of the client group accessing the service. ➤ As a result of a specific incident, staff responsibility for confidentiality has been reiterated through a Code of Conduct memo in the particular service area. ➤ Recommendations for reviewing procedures on documentation, the management of clinical risk and staff training in food handling and portion control have been made in relation to a complex complaint.

Following a request from Greater Glasgow Health Council, the outcome of complaints completed at Local Resolution, in terms of number upheld, number upheld in part and number not upheld have been analysed as indicated below:-

	<u>October - December 2002</u>			
	<u>Complaints Completed</u>	<u>Upheld</u>	<u>Upheld in Part</u>	<u>Not Upheld</u>
North Trust	188	50 (26%)	54 (29%)	84 (45%)
South Trust	106	20 (19%)	33 (31%)	53 (50%)
Yorkhill Trust	40	12 (30%)	14 (35%)	14 (35%)
PCT Trust (excluding FHS)	13	2 (15%)	5 (39%)	6 (46%)

4. Conciliation

Within this quarter, one request was received for a conciliator. This request was made by the Primary Care Trust and has now been concluded. Unfortunately the Conciliator reported that whilst there was agreement on some aspects of the complaint, grounds for reconciliation between the two parties failed.

5. NHS Complaints Association Scotland

The Head of Board Administration, Mr J C Hamilton and Secretariat Manager, Ms S Gordon, are both members of the NHS Complaints Association Scotland. This continues to provide an opportunity for Complaints Officers in Scotland to discuss various topical issues in relation to complaints.

6. Report Distribution

The quarterly Complaints Report continues to be circulated to Conveners, Lay Chairmen and Members, Trust Complaints Officers, as well as Conciliators for their information.

North Glasgow University Hospitals NHS Trust

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	188
(b)	Number of complaints completed at Local Resolution within 20 working days	117
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	62%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	50
	Number upheld in part	54
	Number not upheld	84

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	6
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	1
	Number refused	3
	Number proceeding	1
	Decision Awaited	6
(c)	Number of requests for Independent Review <u>completed</u>	1
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	1

Ombudsman

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

Training in complaints handling ongoing in Trust to address issues of communication and attitude and behaviour.

Breakdown of the Three Issues Attracting Most Complaints this Quarter and the Reasons for this

1. Treatment
2. Communication
3. Waiting Times for Appointment

Trends of Complaints Noticed this Quarter

No specific trends identified.

Specific Service Improvements Made as a Result of Complaints Completed

- Medical Division at GRI in Ward 8 put in place a system to improve communications with families to ensure daily update on condition, treatment and investigations.
- Policy on Latex reinforced at Stobhill following complaint from a mother who could not remain with her son in A&E because of her latex allergy.
- Staff at Lightburn Hospital reminded of the need for adequate and concise information in nursing notes.

EMBARGOED UNTIL DATE OF MEETING

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

ISSUES RAISED

NUMBER

Staff

Attitude/behaviour

Medical/Dental

12

Nursing

16

PAMS

0

Ambulance (& paramedics)

0

Administration

0

Other

6

• Complaint handling

2

• Communication (written/oral)

43

• Shortage/availability

4

Waiting times for

• Date for admission/attendance

12

• Date for appointment

36

• Result of tests

1

Delays in/at

• Admission/transfer/discharge procedures

3

• Outpatient and other clinics

7

• A & E

1

Environment/domestic

• Aids & appliances, equipment, premises (including access)

6

• Catering

7

• Cleanliness/laundry

4

• Patient privacy/dignity

7

• Patient property/expenses

4

• Patient status/discrimination (e.g. race, gender, age)

3

• Personal records (including medical, complaints)

2

• Shortage of beds

0

Procedural issues

• Failure to follow agreed procedure

0

• Policy and commercial decisions (of trusts)

0

• NHS Board commissioning

0

• Mortuary/post mortem arrangements

0

• *Code of Openness* complaints

0

Treatment

• Clinical treatment (all aspects)

73

Medical/Dental

0

Nursing

0

Other Staff

0

• Consent

0

• **Transport Arrangements (including ambulances)**

2

• **Other** (where no definition applies)

9

South Glasgow University Hospitals NHS Trust

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	106
(b)	Number of complaints completed at Local Resolution within 20 working days	57
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	54%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	20
	Number upheld in part	33
	Number not upheld	53

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	0
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	0
	Number refused	2
	Number proceeding	0
	Decision Awaited	0
(c)	Number of requests for Independent Review <u>completed</u>	2
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

Ombudsman

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	1
(b)	Of these:	
	Number from Independent Review refusal	1
	Number gone through Independent Review	0

Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

- Following unnecessary cancellation of surgery, a formal checking procedure is to be devised between Ward and Theatre staff to ensure specific medication is ceased appropriately prior to surgical procedures, i.e. Warfarin.
- Concerns raised regarding Pain Management raised awareness and increased Anaesthetic Consultant sessions have been secured with the possibility of evening/weekend clinics being run to cope with demand.
- Procedure reviewed and amended for patients being transferred to SITU without personal effects following complaints about lost property.

Breakdown of the Three Issues Attracting Most Complaints this Quarter and the Reasons for this

1. Waiting Times (40) – 37%
2. Clinical Treatment (35) – 32%
3. Attitude and Communication (25) – 23%

Trends of Complaints Noticed this Quarter

- There has been a further increase in the number of patients complaining about waiting times for surgical procedures.
- Various waiting time initiatives are being considered, notwithstanding the current project for dealing with the high demand for orthopaedic surgeries.

Specific Service Improvements Made as a Result of Complaints Completed

- Additional Consultant Anaesthetist sessions agreed to cope with additional demand and long waiting times.
- Additional Consultant Rheumatologist employed to work within pressured area
- Procedural review and amendment in both SITU and Theatres.

COMPLAINT CATEGORIES

ISSUES RAISED		NUMBER	ISSUES RAISED		NUMBER
Staff	Attitude/behaviour		Procedural issues		
	Medical/Dental	1	• Failure to follow agreed procedure		0
	Nursing	4	• Policy and commercial decisions (of trusts)		2
	PAMS	0	• NHS Board commissioning		0
	Ambulance (& paramedics)	0	• Mortuary/post mortem arrangements		0
	Administration	1	• <i>Code of Openness</i> complaints		0
	Other	1			
•	Complaint handling	0	Treatment		
•	Communication (written/oral)	17	• Clinical treatment (all aspects)		35
•	Shortage/availability	1	Medical/Dental		27
			Nursing		7
			Other Staff		1
Waiting times for			• Consent		0
•	Date for admission/attendance	25			
•	Date for appointment	15	• Transport Arrangements (including ambulances)		1
•	Result of tests	1			
Delays in/at			• Other (where no definition applies)		2
•	Admission/transfer/discharge procedures	3			
•	Outpatient and other clinics	4			
•	A & E	0			
Environment/domestic					
•	Aids & appliances, equipment, premises (including access)	6			
•	Catering	0			
•	Cleanliness/laundry	1			
•	Patient privacy/dignity	0			
•	Patient property/expenses	0			
•	Patient status/discrimination (e.g. race, gender, age)	0			
•	Personal records (including medical, complaints)	1			
•	Shortage of beds	2			

Yorkhill NHS Trust

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	40
(b)	Number of complaints completed at Local Resolution within 20 working days	17
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	42.5%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	12
	Number upheld in part	14
	Number not upheld	14

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	2
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	0
	Number refused	2
	Number proceeding	0
	Decision Awaited	0
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

Ombudsman

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

Efforts continue to be made to reduce waiting times.

Breakdown of the Three Issues Attracting Most Complaints this Quarter and the Reasons for this

1. Attitude and Behaviour of Staff
2. Clinical Treatment
3. Communication (written and oral)

Trends of Complaints Noticed this Quarter

Figures/data analysed. However, no specific trend identified.

Specific Service Improvements Made as a Result of Complaints Completed

Efforts continue to be made to reduce waiting times.

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

ISSUES RAISED

NUMBER

Staff

Attitude/behaviour

Medical/Dental

7

Nursing

9

PAMS

0

Ambulance (& paramedics)

0

Administration

0

Other

4

• Complaint handling

3

• Communication (written/oral)

18

• Shortage/availability

4

Waiting times for

• Date for admission/attendance

1

• Date for appointment

6

• Result of tests

1

Delays in/at

• Admission/transfer/discharge procedures

0

• Outpatient and other clinics

4

• A & E

0

Environment/domestic

• Aids & appliances, equipment, premises (including access)

9

• Catering

2

• Cleanliness/laundry

4

• Patient privacy/dignity

4

• Patient property/expenses

0

• Patient status/discrimination (e.g. race, gender, age)

1

• Personal records (including medical, complaints)

0

• Shortage of beds

0

Procedural issues

• Failure to follow agreed procedure

4

• Policy and commercial decisions (of trusts)

1

• NHS Board commissioning

0

• Mortuary/post mortem arrangements

0

• *Code of Openness* complaints

0

Treatment

• Clinical treatment (all aspects)

-

Medical/Dental

19

Nursing

5

Other Staff

2

• Consent

2

• **Transport Arrangements (including ambulances)**

0

• **Other** (where no definition applies)

11

Greater Glasgow Primary Care NHS Trust (Community & Mental Health)

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	13
(b)	Number of complaints completed at Local Resolution within 20 working days	4
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	31%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	2
	Number upheld in part	5
	Number not upheld	6

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	2
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	0
	Number refused	2
	Number proceeding	0
	Decision Awaited	0
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

Ombudsman

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

- As a result of a complaint about the type of film viewed by patients in a ward, the approach for censoring TV material has been reviewed and discussed with staff.
- The attitude and approach of a clinician has been reviewed in view of the client group accessing the service.
- As a result of a specific incident, staff responsibility for confidentiality has been reiterated through a Code of Conduct memo in the particular service area.
- Recommendations for reviewing procedures on documentation, the management of clinical risk and staff training in food handling and portion control have been made in relation to a complex complaint.

Breakdown of the Three Issues Attracting Most Complaints this Quarter and the Reasons for this

1. Attitude/Behaviour
2. Clinical Treatment
3. Communication.

Trends of Complaints Noticed this Quarter

No specific trends of complaints can be identified in this quarter and the total number of complaints for this quarter again is comparatively low.

Specific Service Improvements Made as a Result of Complaints Completed

As a result of a complaint about lack of activities and mental stimulation for patients, suitable gymnasium equipment and computer equipment have been purchased for use within the specific ward. In addition, an area of astro-turf for outdoor activities is planned for the garden area outside the ward.

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

ISSUES RAISED

NUMBER

Staff

Attitude/behaviour

Medical/Dental

4

Nursing

3

PAMS

1

Ambulance (& paramedics)

0

Administration

1

Other

0

• Complaint handling

0

• Communication (written/oral)

3

• Shortage/availability

1

Waiting times for

• Date for admission/attendance

1

• Date for appointment

1

• Result of tests

0

Delays in/at

• Admission/transfer/discharge procedures

0

• Outpatient and other clinics

0

• A & E

0

Environment/domestic

• Aids & appliances, equipment, premises (including access)

2

• Catering

1

• Cleanliness/laundry

0

• Patient privacy/dignity

0

• Patient property/expenses

1

• Patient status/discrimination (e.g. race, gender, age)

1

• Personal records (including medical, complaints)

0

• Shortage of beds

0

Procedural issues

• Failure to follow agreed procedure

0

• Policy and commercial decisions (of trusts)

1

• NHS Board commissioning

0

• Mortuary/post mortem arrangements

0

• *Code of Openness* complaints

0

Treatment

• Clinical treatment (all aspects)

4

Medical/Dental

3

Nursing

1

Other Staff

0

• Consent

0

• **Transport Arrangements (including ambulances)**

0

• **Other** (where no definition applies)

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Greater Glasgow Primary Care NHS Trust (Family Health Service Practitioners)

Family Health Service Practitioners (that is, doctors, dentists, pharmacists and opticians) are not required to report the number of complaints they receive at Local Resolution quarterly - they report their Local Resolution figures annually to Greater Glasgow Primary Care NHS Trust. Similarly, FHS Practitioners are not required to advise the Trust (or NHS Board) on any action taken or lessons learned as a result of Local Resolution complaints.

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	2
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	1
	Number refused	1
	Number proceeding	0
	Decision Awaited	0
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

Ombudsman

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

**NHS SCOTLAND COMPLAINTS STATISTICS -
YEAR ENDING 31 MARCH 2002**

Information about complaints is recorded by NHS Trusts, NHS Boards and other NHS organisations. The information published by Information and Statistics Division (ISD) is derived from returns submitted by these organisations to ISD Scotland and refers to written complaints received by hospital and community health services, NHS Boards and primary care services. The manner in which complaints are dealt with and the lessons learned can help improve the provision of health care for those in need.

The topics covered include:

- the number of complaints;
- the time taken to deal with complaints and their outcome;
- issues raised in complaints;
- requests made for Independent Review.

A summary of the main points contained in the national publication covering the period 1 April 2001 – 31 March 2002 is as follows:

1. Trust Complaints Across Scotland

- The total number of complaints dealt with by NHS Trusts in 2001/2002 was 7656 compared with 7389 in 2000/2001.
- Of these the number resulting in a request for Independent Review was 107, ie 1.4% of the total number of complaints.
- Of the 107 Independent Review requests, the Convener decided in 49 cases to refer the complaint back to Local Resolution, in 30 cases no further action was required and in 6 cases the decision was made to convene an Independent Review Panel. 22 requests were still under consideration at 31 March 2002.
- 59.6% of Trust complaints were dealt with within 20 working days (the national target), 39.7% were dealt with outwith 20 working days and in 0.7% of cases the response time was not known. It should be noted that public holidays are not taken into account when response times are calculated. In 2001/2002 the median time taken to deal with complaints was 19 working days compared with 18 days in 2000/2001 and 17 days in 1999/2000.
- 28.7% of all issues raised in Trust complaints were staffing issues; 26.3% related to treatment and 16.9% related to waiting times.
- 31.4% of Trust complaints were upheld compared to 32.1% in 2000/2001 and 32.9% in 1999/2000; a further 33.4% were upheld in part in 2001/2002.

1.1 Trust Complaints in Glasgow

Trust	Local Resolution			Independent Review	
	No of Complaints Received	% Dealt within 20 Working Days	% Ackn. Within 3 Working Days	Requests for Panel	Panel Convened
North Glasgow	831	48.4	88.3	19	1
South Glasgow	335	49.9	91.9	13	0
Primary Care	107	68.2	93.5	1	0
Yorkhill	176	51.7	77.3	1	0
Totals	1449			34	1

2. NHS Board Complaints Across Scotland

- In 2001/2002 138 written complaints were received by non island NHS Boards (excluding the State Hospital and the Scottish Ambulance Service) compared with 56 in 2000/2001 and 58 in 1999/2000.
- Of these, five resulted in requests for an Independent Review.
- 74.6% of complaints received in 2001/2002 were dealt with within 20 working days compared with 78.6% in 2000/2001 and 77.6% in 1999/2000.
- Procedural issues were the most common subject areas raised in NHS Board complaints, accounting for 60.0% of all issues raised.
- 57.2% were upheld or upheld in part compared with 46.4% in 2000/2001 and 40.4% in 1999/2000.
- There were 53 complaints in 2001/2002 handled by Island Boards compared with 52 in 2000/2001 and 59 in 1999/2000. These Boards deal with NHS Board and Hospital and Community Health Services complaints made to directly managed units.
- 111 complaints were received by the State Hospital.
- 465 complaints were received by the Scottish Ambulance Service.

2.1 GGNHSB Complaints

	Local Resolution			Independent Review	
	No of Complaints Received	% Dealt within 20 Working Days	% Ackn. Within 3 Working Days	Requests for Panel	Panel Convened
2001/02	6	33.3	83.3	1	-
2000/01	2	0	100	-	-
1999/20	10	100	90	-	-
1998/99	44	93.2	88.6	-	-
1997/98	20	78.9	85.0	-	-
1996/97	33	61.3	93.9	-	-

3. Primary Care Practitioner Complaints Across Scotland

- A total of 2806 complaints were received by primary care services in 2001/2002 compared with 2677 in 2000/2001 and 2581 in 1999/2000.
- Most primary care practitioner complaints are dealt with at Local Resolution level. The number of primary care practitioner complaints resulting in a request for Independent Review was 62 compared with 104 in 2000/2001 and 78 in 1999/2000. The number of requests may increase from the figure shown as requests for Independent Review may follow many weeks after the original complaint.
- A decision to convene an Independent Review Panel was made in two cases; there was a further one complaint where a decision by the Convener was still to be made.

3.1 Glasgow Primary Care Practitioner Complaints

	Complaints Received			
	Total	Medical	Dental	Health Board Primary Care Administration
2001/02	528	450	78	-
2000/01	521	435	86	-
1999/00	477	411	66	-
1998/99	496	399	96	1
1997/98	484	412	72	-
1996/97	506	447	59	-

3.2 Glasgow Primary Care Complaints – Requests for Independent Review

	Decision of Convener				
	Total Requests	No Further Action	Refer Back to Local Resolution	Convene Panel	Decision Outstanding
2001/02	11	6	4	-	1
2000/01	4	4	-	-	-
1999/00	3	2	1	-	-
1998/99	19	8	5	1	5
1997/98	8	1	1	-	6
1996/97	18	5	7	3	3

EXTENSIONS TO TERMS OF OFFICE

NHS Boards are responsible for putting in place arrangements for recruiting, appointing and maintaining lists of Independent Lay Chairs, Lay Panel Members and Conciliators. Additionally, NHS Boards are required to facilitate the training of such key personnel in the NHS Complaints Procedure.

The allocation of Chairs/Lay Members/Conciliators is organised in a balanced and independent way so that no one person becomes regularly linked with a particular Trust.

Within Greater Glasgow NHS Board we have:

- 18 Independent Lay Chairs
- 4 Lay Panel Members
- 6 Conciliators

Independent Lay Chairs

Ten Independent Lay Chairs have a term of office which expires on 31 March 2003:-

- | | |
|---------------------|---------------------|
| ➤ Yvonne Alexis | ➤ David C Lavery |
| ➤ Alisdair M Cairns | ➤ Charles Mochan |
| ➤ Paul Darroch | ➤ Alistair M Nicol |
| ➤ Ellen Farmer | ➤ Lawrence Reynolds |
| ➤ Ian Fyffe | ➤ Lesley Stoddart |

The Board is asked to approve an extension to these terms of office for two years, that is, until 31 March 2005, or at a date when the role ceases to be part of the procedure, whichever is earlier. The Secretariat Manager wrote to all ten Lay Chairmen to seek their agreement to reappointment and all have confirmed they are happy to continue in their role for a further two years. It is recognised that the consultation document launched on the Future Procedure for Complaints does not envisage a role for Lay Chairs and Panel Members in its options. A new procedure is likely to be introduced fairly shortly and therefore it is likely that the Lay Chairmen and Panel Members will not require to serve a further two years.

An Independent Lay Chair is a source of help in ensuring that the convening decision is based on an independent, unbiased review of the facts.

During the convening stage, the Lay Chair:

- Provides independent, unbiased advice to the Convener on the basis of the facts reviewed.
- Takes responsibility and control after the terms of reference are written.

During the Panel stage, the Lay Chair is responsible for:

- Working within the terms of reference.
- Agreeing how the Panel operates.
- Ensuring clinical assessors are present at all interviews involving clinical issues.
- Determining access to all files, personnel and interviewees.
- Ensuring confidentiality.
- Writing and circulating the Independent Review Panel Report.

Conciliators

Six Conciliators have a term of office which expires on 31 May 2002:-

- Shafqat Ali
- Alan Fraser
- Christine Hogg
- Fiona McKelvie
- Helen Millar
- Marie Quinn.

The Board is asked to approve an extension to these terms of office for 12 months (the maximum allowed in the Scottish Executive Directions) that is, until 31 May 2004. The Secretariat Manager wrote to all six Conciliators to seek their agreement to reappointment and all have confirmed they are happy to continue in their role for a further 12 month period.

Conciliation is a voluntary process that seeks to resolve difficulties which may help the resolution of a complaint. It is a process of examining and reviewing a complaint with outside assistance and is often useful in resolving difficulties arising from a breakdown of a relationship, but both parties must agree to the process being used. The aim of conciliation is to enable both parties to address the issues in a non-confrontational manner with the aim of reaching an agreement that both will accept. The function of the Conciliator is to assist the process, not to impose a solution and any resolution of the complaint must come from the parties concerned with the Conciliator seeking to clarify the issues and to help in exploring the options. Essentially, the Conciliator works to ensure that good communication takes place between the parties by encouraging the participants to explore the issues involved in the complaint in an open manner. The content of the process remains confidential with neither the Conciliator nor the participants providing information from the process to any other person.

Conciliation may also be a useful means of resolving complaints where the complainant has requested an Independent Review but the Convener believes further Local Resolution would be appropriate.

NHS GREATER GLASGOW HABITUAL AND/OR VEXATIOUS COMPLAINTS POLICY

Following a request from the North Trust, it was agreed that a short life working group be set up to establish a policy for dealing with the vexatious and habitual complaints – NHS Greater Glasgow wide.

The membership of this group was as follows:-

John Bannon	Non Executive Member of North Glasgow University Hospitals NHS Trust
Moira Ravey/Danny Crawford	Greater Glasgow Health Council
Shirley Gordon	Secretariat Manager, GGNHSB
John Hamilton	Head of Board Administration, GGNHSB
Ian Brisbane	Associate Convener, GGNHSB and Associate Convener, South Glasgow University Hospitals NHS Trust
Annette Oliver	Patient Affairs Manager, South Glasgow University Hospitals NHS Trust
Kate Colquhoun	Complaints Manager, Yorkhill NHS Trust
Pamela McCamley	Complaints Manager, Greater Glasgow Primary Care NHS Trust

The Working Group met on three occasions:-

- 8 August 2002
- 6 November 2002
- 14 January 2003.

Throughout this time, a consultation exercise was conducted on the draft Habitual and/or Vexatious Complaints Policy and this included:-

- Working Group Members
- All Complaints Officers – to share also with Conveners
- Greater Glasgow Health Council
- Trust Chief Executives and Chairs
- Scottish Public Services Ombudsman
- Central Legal Office.

Very positive feedback was received from the consultation and various suggested amendments were made.

It is now intended (following NHS Board approval) that this policy be widely distributed and used within NHS Greater Glasgow. The Scottish Executive Health Department have also requested that it be issued for information to the Working Group looking at the new Complaints Procedure.

NHS GREATER GLASGOW

HABITUAL AND/OR VEXATIOUS COMPLAINTS POLICY

The vast majority of NHS complainants are responsible in how they act and behave, and act courteously and fairly. However, habitual and/or vexatious complainants are becoming an increasing problem for NHS staff. The difficulty in handling such complaints is causing undue stress for staff and placing a strain on time and resources. Our NHS complaints personnel are trained to respond, with patience and sympathy, to the needs of all complainants but there are times when there is nothing further which can reasonably be done to assist or to rectify a real or perceived problem.

This policy document, which has been incorporated into the Complaints Procedure in NHS Greater Glasgow, may be made available to members of the public to raise its awareness albeit that its primary use is for NHS Greater Glasgow complaints personnel. It should be recognised, however, that implementation of such a policy will only occur only in exceptional circumstances.

Background

In determining arrangements for handling such complaints, NHS Greater Glasgow complaints personnel are presented with two key considerations:

1. To ensure that the NHS Complaints Procedure has been correctly implemented so far as possible and that no material element of a complaint is overlooked or inadequately addressed and to appreciate that habitual or vexatious complaints can have aspects which contain substance. The need to ensure an equitable approach is crucial.
2. To be able to identify the stage at which a complaint has become habitual or vexatious.

Purpose of the Policy

Complaints about NHS Greater Glasgow are considered in accordance with the NHS Complaints Procedure. The aim of our habitual and/or vexatious complaints policy is to:

- Outline the criteria that will be used by NHS Greater Glasgow in defining a habitual and/or vexatious complaint.
- Set out how such a complaint will be handled.

This policy will be used as a last resort and after all reasonable measures have been taken to try to resolve complaints during the NHS Complaints Procedure, for example, through Local Resolution, Conciliation, or involvement of Greater Glasgow Health Council as appropriate. Judgement and discretion will be used in applying the criteria to identify potential habitual or vexatious complaints and in deciding action to be taken in specific cases. The policy will only be implemented following careful consideration by, and with the authorisation of the Chief Executive of the NHS Board/NHS Trust, as appropriate, or their deputies in their absence.

When the NHS Board/Trust is considering its implementation, this policy will be shared with all complainants to give them prior notification of its possible implementation, should the complainant's unreasonable actions/behaviour continue

Dealing with Habitual or Vexatious Complaints

Where complaints have been identified as habitual or vexatious in accordance with the criteria (see Annex 1 attached), the Chief Executive of the NHS Board/Trust will ultimately determine what action to take. He/she will implement such action and will notify complainants, in writing, of the reasons why their complaint has been classified as habitual or vexatious and the action that will be taken. For completeness, this notification may be copied to any others involved for example a Conciliator, Greater Glasgow Health Council, MSP. A record will be kept, for future reference, of the reasons why a complaint has been classified as habitual or vexatious.

The Chief Executive, in conjunction with the NHS Board/Trust Chairman, may decide to deal with such complaints in one or more of the following ways:

- Set out in a letter a code of commitment and responsibilities for the parties involved if NHS Greater Glasgow is to continue processing the complaint. If these terms are contravened, consideration will then be given to implementing other action as indicated below.
- Decline contact with the complainant, either in person, by telephone, by fax, by letter, by e-mail or any combination of these, provided that one form of contact is maintained. This may also mean that only one named Board/Trust officer will be nominated to maintain contact (and a named deputy in their absence). The complainant will be notified of this person.
- Notify the complainant, in writing that the Chief Executive has responded fully to the points raised and has tried to resolve the complaint but that there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant will also be notified that the correspondence is at an end and that further letters received on the same matter will be acknowledged advising the complainant that they are being treated as a persistent or vexatious complainant and as such the NHS Board/Trust do not intend to engage in further correspondence dealing with the complaint.
- Inform the complainant that in extreme circumstances the NHS Board/Trust reserves the right to seek advice on unreasonable or vexatious complaints from NHS Greater Glasgow's solicitors.
- Temporarily suspend all contact with the complainant, in connection with the issues relating to the complaint being considered habitual and/or vexatious, while seeking advice or guidance from the NHS Scottish Executive, or other relevant agencies, such as the Scottish Public Services Ombudsman.

Withdrawing Habitual or Vexatious Status

Once complaints have been determined as habitual or vexatious, we have a mechanism for withdrawing this status at a later date if, for example, a complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which the normal Complaints Procedure would appear appropriate. As was the case in originally identifying a complaint as habitual or vexatious, staff will use the same discretion in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the Chief Executive of the NHS Board or relevant Trust and subject to their approval, normal contact with the complainant will then be resumed. The complainant will be advised of this, in writing, by the Chief Executive/Complaints Officer.

Monitoring Arrangements

Each Greater Glasgow NHS Trust and the Board will report quarterly to the NHS Board with statistical information on the number of complainants being categorised as habitual and/or vexatious.

NHS GREATER GLASGOW

DEFINITION OF A HABITUAL OR VEXATIOUS COMPLAINT

Complainants (and/or anyone acting on their behalf) may be deemed to be habitual or vexatious where previous or current contact with them shows that they meet two or more of the following criteria:

Where complainants:

1. Persist in pursuing a complaint where the NHS Complaints Procedure has been fully and properly implemented and exhausted.
2. Persistently change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. Care must be taken, however, not to disregard new issues which are significantly different from the original complaint as they need to be addressed as separate complaints.
3. Are repeatedly unwilling to accept documented evidence of treatment given as being factual, for example, drug records, nursing records or deny receipt of an adequate response in spite of correspondence specifically answering their questions or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
4. Repeatedly do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of NHS Board/Trust and, where appropriate, Greater Glasgow Health Council to help them specify their concerns, and/or where the concerns identified are not within the remit of the NHS Board or Trust to investigate.
5. Regularly focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. It is recognised that determining what is a trivial matter can be subjective and careful judgement will be used in applying this criteria.
6. Have threatened or used physical violence towards staff at any time - this will, in itself, cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be continued through written communication. All such incidences will be documented. **NHS Greater Glasgow has determined that any complainant who threatened or used actual physical violence towards staff will be regarded as a vexatious complainant and will receive such written confirmation from the Chief Executive. This will also inform the complainant of what action may be taken with regard to any further communications received. It will give the Ombudsman's address should the complainant wish to "appeal" the decision and the Chief Executive's letter will be copied to the Ombudsman, for information.**
7. Have, in the course of addressing a registered complaint, had an excessive number of contacts with the NHS Board/Trust - placing unreasonable demands on staff. For the purposes of determining an excessive number, a contact may be in person, by telephone, letter, e-mail or fax. Discretion will be used in determining the precise of number of excessive contacts applicable under this section, using judgement based on the specific circumstances of each individual case.
8. Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with the complaint. Staff recognise, however, that complainants may sometimes act out of character in times of stress, anxiety or distress and will make reasonable allowances for this. They will document all instances of harassment, abusive or verbally aggressive behaviour.
9. Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved.
10. Make unreasonable demands on the patient/complainant relationships and fail to accept that these may be unreasonable, for example, insist on responses to complaints or enquiries being provided more urgently than is reasonable or within the NHS Complaints Procedure or normal recognised practice.

REFORMING THE NHS COMPLAINTS PROCEDURE :
A DRAFT FOR CONSULTATION

The attached consultation document was issued by the Scottish Executive Health Department following development by an Advisory Group of representatives of NHS staff, the public and patients and was based on feedback from staff and patients on an independent evaluation of the current procedure.

The paper details proposals which aim to simplify the process, updating the procedure and the roles of NHS organisations. It proposes to increase independence of the process by either establishing a National Complaints Authority or involving the Ombudsman at an earlier stage. Other proposals to improve resolution at local level include:-

- a requirement for local services to implement protocols to ensure that the concerns and comments of patients are heard and dealt with quickly, sensitively and fairly;
- a requirement for NHS Boards to take active responsibility for all aspects of complaints handling in their area;
- a requirement for Local Health Councils to prepare an annual assessment of the effectiveness of the complaints handling in their NHS Board area.

Comments are invited by the Scottish Executive by 2 June 2003 and a list of questions (1 – 12) encourages feedback in particular areas.

The consultation document has been widely distributed, including:-

- the four Trust Chief Executives;
- the NHS Board Chief Executive and Directors;
- all Independent Review Panel Chairmen;
- all Independent Review Panel Members;
- all Lay Conciliators;
- all Hospital Complaints Managers;
- Mr D Crawford, Greater Glasgow Health Council;
- Mrs S Kuenssberg, GGNHSB Convener;
- Mr I Brisbane, GGNHSB Associate Convener.

If any NHS Board Member wishes to feed into this process, could they please provide their comments to either John Hamilton, Head of Board Administration, or, Shirley Gordon, Secretariat Manager, by Friday, 9 May 2003 in order that we can collate the responses and provide the Scottish Executive with a composite response from NHS Greater Glasgow.

A seminar, in mid-May for those interested in complaints, has been arranged for Thursday, 15 May 2003 (9 a.m. – 11 a.m.) in order that we can present the proposals in the consultation document and receive feedback which will allow us to give comment to the Scottish Executive Health Department.