

Board Meeting
Tuesday, 17 April 2007

Board Paper No. 07/20

**HEAD OF BOARD ADMINISTRATION,
CHIEF OPERATING OFFICER, ACUTE
LEAD DIRECTOR, CHCP (GLASGOW)**

**QUARTERLY REPORT ON COMPLAINTS :
1 OCTOBER – 31 DECEMBER 2006**

Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 October to 31 December 2006.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period October – December 2006. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman and identifies areas of service improvements and ongoing developments.

1. Local Resolution : 1 October – 31 December 2006

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 October – 31 December 2006. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	<u>Partnerships/ MHP/Board (NHSGG) (exc FHS)</u>	<u>Partnerships/ MHP (Clyde) (exc FHS)</u>	<u>Acute</u>
(a) Number of complaints received	30	13	332
(b) Number of complaints received and completed within 20 working days <i>[national target]</i>	18 (60%)	6 (46%)	120 (36%)
(c) Number of complaints completed	37	15	348
(d) Outcome of complaints completed:-			
➤ Upheld	10	2	84
➤ Upheld in part	8	2	95
➤ Not Upheld	15	7	151
➤ Conciliation	0	0	0
➤ Irresolvable	2	1	1
(e) Number of complaints withdrawn:-	2	3	17
(d) Number of complaints declared vexatious	0	0	0

2. Ombudsman : 1 October – 31 December 2006

Where a complainant remains dissatisfied with a Local Resolution response, they may write to the Ombudsman. Table 2 below reports statistics on the three junctures that we may become aware of the Ombudsman's involvement in a case.

Table 2

	<u>Partnerships/ MHS (NHSGG) (exc FHS)</u>	<u>Partnerships/ MHS (Clyde) (exc FHS)</u>	<u>Acute</u>	<u>FHS</u>
(a) Request for file/records/information received	1	0	9	0
(b) Notification received that an investigation is being conducted	1	0	7	0
(c) Investigations Report received.	0	0	5	1

In accordance with the Ombudsman's monthly reporting procedure, six reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; three of these cases were summarised in the October 2006 commentary, two in the November 2006 commentary and one in the December 2006 commentary.

The Ombudsman's office requires the NHS Board to write and confirm the steps taken to implement the actions/recommendations and any other action taken as a result of the Ombudsman's report. In each case it is also necessary to notify the Chief Executive, NHS Scotland, of the actions taken in connection with their possible attendance at the Scottish Parliament Health Committee who scrutinise each Ombudsman's report and seek assurances on the changes that have been brought to the NHS as a result of the Ombudsman's investigations. The six NHS Greater Glasgow and Clyde cases for this quarter are described as follows:-

October 2006

1. The complainant raised a number of issues about the care and treatment she received from her GP Practice, particularly the wording of a medical certificate and difficulty in getting a cholesterol check, and at being removed from the Practice list of patients.
[The Ombudsman upheld the complaint and recommended that the practice apologise to the complainant. The practice have agreed to this course of action].
2. The complainant's father suffered a profuse haemorrhaging after an endoscopy, He raised concerns about whether the procedure was conducted with a reasonable degree of care.
[The Ombudsman did not uphold the complaint and made no recommendations].
3. The complainant was concerned that, on several occasions in October 2004, a hospital failed to admit him as an in-patient or to give him appropriate medical treatment.
[The Ombudsman did not uphold the complaint and made no recommendations].

November 2006

1. The complainant raised a number of issues concerning the treatment her father received at the Western Infirmary prior to an operation.
[The Ombudsman partially upheld the complaint and recommended that the Board remind staff of the importance of recording appropriate information].
2. The complainant raised a number of concerns regarding the treatment and care her late father received at the Victoria Infirmary.
[The Ombudsman did not uphold the complaint and made no recommendations].

December 2006

The complainant considered that his father's death was hastened by his care and treatment by a GP practice.

[The Ombudsman did not uphold the complaint and made no recommendations].

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

The following information provides a breakdown of the issues attracting most complaints:-

Partnerships¹ / Mental Health Services (NHSGG)

Communication, attitude/behaviour and clinical treatment are the categories attracting most complaints this quarter. This is broadly consistent with previous quarters.

Annex 1 provides a comprehensive breakdown of the complaint categories for Glasgow Partnerships.

Partnerships² / Mental Health Services (Clyde)

Clinical treatment, attitude/behaviour and others (no definition applies) are the categories attracting most complaints this quarter.

Annex 2 provides a comprehensive breakdown of the complaint categories for Clyde Partnerships/ Mental Health Services.

Acute

Clinical treatment, attitude/behaviour and communication (written and oral) are the categories attracting most complaints this quarter.

Annex 3 provides a comprehensive breakdown of the complaint categories for Acute.

4. Service Improvements

Noted below are some examples of service improvements made as a result of complaints completed this quarter:-

Partnerships³ / Mental Health Services (NHSGG)

- Additional resources for physiotherapy are being pursued in one area.
- In one area of children's services, parents are to be asked views on examination procedure and involved in decision to progress. In addition all staff are to be made fully up-to-date on good practice guidance and the rights of children with regards to compliance with treatment and restraint.
- A review is to be undertaken to look at ways of reducing waiting times for child speech therapy.
- As a result of complaint about availability of aids, a review has taken place re ordering of equipment.

¹ West Glasgow CHCP, East Glasgow CHCP, North Glasgow CHCP, South West Glasgow CHCP, South East Glasgow CHCP, East Dunbartonshire CHP, *East Renfrewshire CHCP, *West Dunbartonshire CHP

* Former Greater Glasgow area.

² Renfrew CHP, Inverclyde area.

³ West Glasgow CHCP, East Glasgow CHCP, North Glasgow CHCP, South West Glasgow CHCP, South East Glasgow CHCP, East Dunbartonshire CHP, *East Renfrewshire CHCP, *West Dunbartonshire CHP

* Former Greater Glasgow area.

- In one clinic area, improvements have been made to the numbering queuing system to ensure patients are seen strictly on a first come basis.
- A review and redesign of service to be undertaken to improve waiting times for community autism services.
- In one area, additional training will be arranged to improve staff knowledge and skills in managing the aftermath of a difficult clinical situation.
- As a result of change to opening times of the treatment room in a health centre, signs will be put up ensuring patients are advised of opening times for return visits. In addition, other health professionals have been advised of the new arrangements to ensure correct information is made available to patients when they refer to treatment room for services.

Partnerships ⁴/ Mental Health Services (Clyde)

Generally good communication and listening skills reiterated to all staff in respect of complaints/concerns raised.

Acute

- Medical staff within the Royal Hospital for Sick Children were reminded that, in some instances, it may be preferable to contact parents and/or GPs by telephone (rather than by letter).
- The Clinical Service Managers for the Royal Hospital for Sick Children are undertaking a review of the procedures that are put into place to provide cover in the absence of medical staff (still underway).
- An information leaflet on cystograms is being developed for the Queen Mother's Hospital.
- Need for good communication skills reiterated to nursing and medical staff in all sites as communication is an ongoing issue raised within complaints.
- As a result of a complaint about samples being left for collection in ward toilets, notices have been placed in ward toilets in the Royal Alexandra Hospital advising patients that when sample available, they should notify nursing staff immediately, to ensure that specimens are not left lying for long periods in toilets.
- Concerns raised re facilities for viewing bodies at mortuary at the Royal Alexandra Hospital. Action plan implemented as a result of complaint to improve facilities i.e. new signage with directions to Mortuary, dedicated parking space for relatives and viewing room has been redecorated.
- As a result of a complaint within the Royal Alexandra Hospital, weekly education sessions introduced and Registrars invited to attend, to improve the management of labour.
- Following complaint about poor communication with junior doctors, communication skills has been incorporated into Junior medical staff training in Women & Children's Directorate of the Royal Alexandra Hospital .
- Ward carpets in Johnstone Hospital replaced as a result of a complaint.

⁴ Renfrew CHP, Inverclyde area.

5. Ongoing Developments

Partnerships⁵ / Mental Health Services (NHSGG)

As reported last quarter, a report template remains under development within the Clinical Governance Support Unit to provide improved feedback of information held at Unit level to each of the Partnerships. This will assist each Partnership to monitor complaints and the implementation of service improvements or remedial actions through their own Clinical Governance arrangements. In addition, however, it is proposed to strengthen assurance arrangements in the Unit by seeking to establish a systematic system whereby the implementation of service improvements or action plans will be followed up with each Partnership at a planned point following conclusion of the complaint.

Partnerships⁶ / Mental Health Services (Clyde)

From 1 April 2007, Board-wide management of MH/CHCP complaints will be implemented starting with transfer of complaint handling from Acute staff in the former Clyde area. Training issues will be taken forward with senior management.

Acute

- Datix has now been confirmed as the software to further develop the single IT system across NHS Greater Glasgow & Clyde. This will give significant improved data to claims, incidents and complaints. Roll out and implementation the first quarter of 07/08.
- Following Away Day for Acute Complaints staff, further developments ongoing for training at General Manager/Clinical Service Manager level as well as complaint staff.
- Ombudsman links: Deputy Ombudsman Carolyn Hirst attended the Away Day and further discussions ongoing to share learning and good practice, shadow days for complaints/Ombudsman staff to be agreed. Citizen Advice Bureaux also attended Away Day to begin to forge stronger links in working with Board complaints staff.
- Translation Training: All complaints staff attended training on accessing appropriate translators to assist with resolution of complaints where English is not the first language.
- More systematic method of capturing good practice as a result of complaints put in place across the Board area.
- Review of complaint handling process, including an audit of process issues has been undertaken and will be reported in April 07.

6. Complaints Completed Pro-Rata to Patient Activity Levels : 1 October – 31 December 2006

This gives an approximate indication of the number of complaints completed pro rata to the patient activity levels of the Acute Services Division. Out-patient, in-patient and day case and other treatment attendance statistics have been used in determining the activity levels. As the figures are a ratio of complaints to activity: the higher the figure the better the performance:-

1: 1700.

⁵ West Glasgow CHCP, East Glasgow CHCP, North Glasgow CHCP, South West Glasgow CHCP, South East Glasgow CHCP, East Dunbartonshire CHP, *East Renfrewshire CHCP, *West Dunbartonshire CHP

* Former Greater Glasgow area.

⁶ Renfrew CHP, Inverclyde area.

7. Conciliation

There were no requests for conciliation this quarter.

8. Independent Advice and Support

The Independent Advice Support Service (IASS) has now been introduced with the 14 Citizen's Advice Bureaus (CABs) across NHS GG&C gearing themselves up to promoting the full range of advice and support. This new service will be publicised more proactively as the staff of the CABs complete their induction and training sessions. Such publicity will include an article in the April edition of "Health News".

9. Community Health Partnerships Governance - Internal Audit Report

The Board's Internal Auditors have submitted a report to The Audit Committee into the governance arrangements in the Board's CH(C)Ps which included complaints.

The report identified two specific issues in relation to the handling of complaints within CH(C)Ps:-

- (i) The need to put in place an access and handling procedure for all complaints within CH(C)Ps and then to ensure each complaint is handled by the appropriate organisation for investigation and reply.
- (ii) The need to ensure that local registers of complaints are held within CH(C)Ps which show the receipt of outcome of the complaint and link to any resultant clinical governance activity/lessons learned as a result of a complaint.

Both recommendations have been actioned by the relevant CH(C)Ps Clinical Governance Support Unit.

10. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 October – 31 December 2006.

COMPLAINT CATEGORIES

<u>Code</u>	NUMBER	<u>Code</u>	NUMBER
ISSUES RAISED		STAFF GROUP	
Staff			
01	18	11	16
		21	0
➤	5	31	15
➤	7	41	6
➤	3	51	0
➤	0	61	0
➤	3	71	0
➤	0	81	0
		91	8
02	0	01	0
04	1	SERVICE AREA	
05	5	Hospital acute services	
06	15	11	0
07	2	12	0
		13	0
Waiting times for		14	0
11	0	15	0
12	4	Care of the Elderly	
13	0	21	0
		22	0
Delays in/at		23	0
21	0	24	0
22	1	Psychiatric/learning disabilities	
		31	11
Environmental/domestic		32	0
29	0	33	1
30	2	34	6
32	0	41	0
33	0	51	0
34	5	61	0
35	1	65	18
36	0		
37	0	72	0
38	0	73	1
39	0	74	0
40	0	Unscheduled Health Care (Out of Hours)	
		81	0
Procedural issues			
41	0		
42	0		
43	0		
44	0		
Treatment			
51	17		
➤	11		
➤	5		
➤	1		
52	0		
61	0		
71	4		

PARTNERSHIPS/CHP (CLYDE)
ANNEX 2

COMPLAINT CATEGORIES

<u>Code</u>	NUMBER	<u>Code</u>	NUMBER
ISSUES RAISED		STAFF GROUP	
Staff		11	Medical (inc surgical) 8
01	Attitude/behaviour 5	21	Dental (inc surgical) 0
	➤ Medical/Dental 2	31	Nursing, Midwifery, Health Visiting 4
	➤ Nursing 2	41	Professions allied to medicine 1
	➤ AHPs 1	51	Scientific/technical 0
	➤ Ambulance (* paramedics) 0	61	Ambulance (inc. paramedics) 0
	➤ Administration 0	71	Ancillary/works/trades 0
	➤ Other 0	81	NHS Board administrative staff/members (exc FHS administrative) 0
02	Complaint handling 0	91	Division/CHP/PCO administrative staff/ members 0
04	Shortage/availability 0	01	Other 0
05	Communication (written) 0	SERVICE AREA	
06	Communication (oral) 0	Hospital acute services	
07	Competence 0	11	Inpatient 0
Waiting times for		12	Day case 0
11	Date for admission/attendance 0	13	Outpatient 0
12	Date for appointment 0	14	Accident & emergency 0
13	Results of tests 0	15	Delivered in the community 0
Delays in/at		Care of the Elderly	
21	Admission/transfer/discharge procedures 0	21	Inpatient 0
22	Outpatient and other clinics 0	22	Day patient 0
Environmental/domestic		23	Outpatient 0
29	Premises (including access) 0	24	Community 0
30	Aids & appliances, equipment 0	Psychiatric/learning disabilities	
32	Catering 0	31	Inpatient 5
33	Cleanliness/laundry 0	32	Day patient 0
34	Patient privacy/dignity 0	33	Outpatient 4
35	Patient property/expenses 0	34	Community 2
36	Patient status/discrimination (eg race, gender, age) 0	41	Maternity 0
37	Personal records(including medical, complaints files) 0	51	Ambulance 0
38	Shortage of beds 0	61	Community hospitals 0
39	Mixed accommodation 0	65	Community services – not elsewhere specified 1
40	Hospital Acquired Infection (MRSA) 0	72	Purchasing 0
Procedural issues		73	Administration 0
41	Failure to follow agreed procedure 0	74	Unscheduled Health Care (Out of Hours) 0
42	Policy and commercial decisions (of NHS Board) 0	81	Other 1
43	NHS Board purchasing 0		
44	Mortuary/post mortem arrangements 0		
Treatment			
51	Clinical treatment (all aspects) 6		
	➤ Medical/Dental 4		
	➤ Nursing 2		
	➤ Other Staff 0		
52	Consent to treatment 0		
61	Transport arrangements (including ambulances) 0		
71	Other (where no definition applies) 2		

COMPLAINT CATEGORIES

<u>Code</u>	<u>NUMBER</u>	<u>Code</u>	<u>NUMBER</u>
ISSUES RAISED		STAFF GROUP	
Staff		11	197
01	44	21	0
➤	19	31	99
➤	17	41	11
➤	1	51	10
➤	0	61	2
➤	2	71	15
➤	5	81	6
02	0	91	43
04	0	01	37
05	11	SERVICE AREA	
06	24	Hospital acute services	
07	3	11	139
Waiting times for		12	27
11	18	13	102
12	15	14	34
13	6	15	0
Delays in/at		Care of the Elderly	
21	14	21	12
22	15	22	1
Environmental/domestic		23	0
29	14	24	0
30	14	Psychiatric/learning disabilities	
32	4	31	1
33	10	32	0
34	4	33	0
35	5	34	1
36	0	41	3
37	5	51	1
38	2	61	0
39	0	65	0
40	0	Community services – not elsewhere specified	
Procedural issues		72	4
41	3	73	5
42	6	74	0
43	0	Unscheduled Health Care (Out of Hours)	
44	0	81	2
Treatment			
51	98		
➤	78		
➤	15		
➤	5		
52	1		
61	7		
Transport arrangements (including ambulances)			
71	8		
Other (where no definition applies)			