

# NHS Greater Glasgow and Clyde

Board Meeting  
Tuesday, 23 June 2009

Board Paper No. 09/34

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

## QUARTERLY REPORT ON COMPLAINTS : 1 JANUARY – 31 MARCH 2009

### Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 January – 31 March 2009.

### Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period January – March 2009. 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 January – 31 March 2009

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 January – 31 March 2009 and for comparison 1 October – 31 December 2008. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

**Table 1**

	<u>1 Jan – 31 March 09</u>		<u>1 Oct – 31 December 08</u>	
	<u>Partnerships/ MHP/Board (exc FHS)</u>	<u>Acute</u>	<u>Partnerships/ MHP/Board (exc FHS)</u>	<u>Acute</u>
(a) Number of complaints <b>received</b>	39	383	38	371
(b) Number of complaints received and completed within 20 working days <i>[national target]</i>	27 (69%)	302 (79%)	26 (68%)	270 (73%)
(c) Number of complaints <b>completed</b>	41	420	35	365
(d) Outcome of complaints completed:-				
➤ Upheld	10	89	7	95
➤ Upheld in part	16	145	14	97
➤ Not Upheld	13	115	13	150
➤ Conciliation	0	0	0	0
➤ Irresolvable	0	4	1	4
(e) Number of complaints withdrawn	2 <sup>3</sup>	25 <sup>1</sup>	0	23 <sup>2</sup>
(f) Number of complaints declared vexatious	0	0	0	0

	<u>Total</u>	<u>Irresolvable Complaints Expectations</u>	<u>No Consent Received</u>	<u>Other</u>	<u>Complainants no longer wished to proceed</u>
1	25	0	23	2	0
2	23	3	19	1	0
3	2	0	0	0	2

This gives an overall NHSGG&C complaints handling performance of 78% - above the national target of responding to 70% of complaints within 20 working days.

## 2. Ombudsman : 1 January – 31 March 2009

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

Table 2

	<u>Partnerships/ MHP/Board (NHSGGC)</u>	<u>Acute</u>	<u>FHS</u>
(a) Notification received that an investigation is being conducted	0	0	0
(b) Investigations Report received.	1	4	0

In accordance with the Ombudsman's monthly reporting procedure, five reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; one case was summarised in the January 2009 commentary, three cases were summarised in the February 2009 commentary and one in the March 2009 commentary.

The Ombudsman's office requires the NHS Board to write and confirm the steps taken to implement their 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.

In addition, each recommendation made by the Ombudsman is submitted to the Clinical Governance Committee with an Action Plan showing how each has been taken forward or how they will be taken forward. The Clinical Governance Committee has the responsibility, on behalf of the Board, to ensure that each recommendation is implemented in the interests of effective and safe care delivered to the population served. It also ensures that where lessons learned require to be disseminated across the organisation that this is carried out. The Ombudsman's office is also advised on the steps taken in implementing each recommendation.

The five NHS Greater Glasgow and Clyde cases for this quarter are described as follows:-

### January 2009

The complainant alleged that the prescription of Pramipexole medication was inappropriate in his care and treatment for Parkinson's disease. He also complained that there was a failure in the follow-up care provided for him in the early part of 2006.

*[The Ombudsman did not uphold one element of the complaint and partially upheld the other element. The Ombudsman recommended that the Board:-*

- *ensure that clear agreements, in writing if possible, are made between patients, clinicians and where appropriate, family members, about the plan of care and a patient's responsibility regarding the information expected from them during treatment; and*
- *remind clinical colleagues of the potential referral opportunities which may be available to augment aspects of patient care and to discuss these with colleagues and patients as appropriate.*

*The Board has accepted the recommendations and will act on them accordingly].*

February 2009

1. The complainant raised a number of concerns about the response received from the NHS Board following an enquiry by the Mental Welfare Commission for Scotland into the care and treatment which his late son received at Gartnavel General Hospital, Glasgow in 2001. Following the Mental Welfare Commission enquiry and local inquiries, a number of procedures had been improved but the Ombudsman found there were areas outstanding where the corrective measures taken were lacking.

*[The Ombudsman upheld all four aspects of the complaint and recommended that the Board:-*

- *give consideration to amending the risk assessment tool to include issues such as impulsivity or when the patient's state of mind is unknown; and*
- *offer the complainants a full apology for the failings in care which had been identified in this report. The Ombudsman drew the Board's attention to the Scottish Public Services Ombudsman guidance note on 'apology' (which sets out what was meant and what was required for a meaningful apology).*

*The Board has made and offered an apology and has accepted the recommendations and will act on them accordingly].*

2. The complainant complained about the care and treatment she received while attending Inverclyde Royal Hospital on 8 June 2006. She also complained that Greater Glasgow and Clyde NHS Board failed to satisfactorily respond to her in good time, following the concerns she raised about the care and treatment she received from the Hospital.

*[The Ombudsman upheld two elements of the complaint and partially upheld the other element and recommended that the Board:-*

- *apologise to the complainant for the way in which the decision to administer the local anaesthetic was communicated to her;*
- *remind staff of the correct procedures to be followed when obtaining consent prior to surgery taking place;*
- *apologise to the complainant for their unsatisfactory final response to her complaint; and*
- *apologise to the complainant for the delay in responding to her complaint.*

*The Board has accepted the recommendations and will act on them accordingly].*

3. The complainant complained that treatment received by his late wife was inadequate and that staff failed to diagnose that she was suffering from melanoma.

*[The Ombudsman partially upheld the complaint and recommended that the Board:-*

- *review our procedures, in line with the findings of this report, for the carrying out of biopsies on patients diagnosed with cancer and having a similar history to that of the complainant's late wife;*
- *consider the findings of this report in relation to removing complaints from the NHS Complaints Procedure and consider subsequently reinstating them if dealing with future complaints resulting from similar circumstances; and*
- *write to the complainant with an apology for the distress caused by the failings identified in this report.*

*The Board has accepted the recommendations and will act on them accordingly].*

March 2009

The complainant raised a number of concerns about the care and treatment provided to her mother in the Vale of Leven Hospital (Hospital 1) between late August and early September 2004. The complainant's mother was subsequently admitted to Gartnavel General Hospital (Hospital 2).

*[The Ombudsman upheld all five aspects of the complaint and recommended that the Board:-*

- *discuss this case urgently with the Consultant concerned and formally record this at their next annual appraisal;*
- *ensure the clinical team responsible for the complainant's mother's care in Hospital 1 consider and act on the lessons to be learned as a result of the failings identified in this report;*
- *remind staff of the need for accurate records to be kept;*
- *share with the Ombudsman a copy of the regular audit of communications which is presented to the NHS Board's Clinical Governance Committee; and*
- *apologise fully and formally to the complainant for the failings identified in this report.*

*The Board has accepted the recommendations and will act on them accordingly].*

#### **4. 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:-

##### Partnerships/ Mental Health Services

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

**Annex 1** provides a comprehensive breakdown of the complaint categories for Partnerships/Mental Health Services.

##### Acute

Clinical treatment, communication and attitude/behaviour continue to be the categories attracting most complaints this quarter.

Communication issues are mainly related to verbal communication between staff and patients and / or relatives and often come down to differences in interpretation of what was said and what was understood. These are often linked to complaints about staff attitude – in many cases the complaints about attitude is linked to a view of whether or not information was appropriately communicated, or received.

Complaints about waiting times have fallen as waiting times themselves have fallen.

**Annex 2** provides a comprehensive breakdown of the complaint categories for Acute.

#### **5. Service Improvements**

##### Partnerships/ Mental Health Services

- Change to Podiatry booking process is currently being reviewed and piloted.
- Lead Nurse developing a plan to ensure immediate improvement in some aspects of nursing staff record keeping. This will be formally monitored through clinical governance processes.

- New delivery service for continence products being introduced which will improve service for clients.
- Problems with new computer system identified and changes made to appointment times.
- A mobile screening service will review arrangements for charging batteries and ensure the availability of spare as necessary, as a result of lift facilities at a mobile unit not working.

### Acute

- As result of complaint that a patient was unhappy that her written consent was not sought prior to use of local anaesthetic block, the Anaesthetic Departments across Greater Glasgow & Clyde are reviewing policies across the Division in relation to consent in respect of the use of local anaesthetic blocks.
- Following a complaint from a patient from the Western Isles (WI) who attended for an MRI scan in Glasgow, but where results were delayed in being sent to the local WI clinic, the Regional Services Directorate has undertaken a review of all Western Isles patients who have been for MRI scans to ensure that all test results have indeed been provided to the local WI clinic.
- Following a complaint from a patient about the lack of suitable dressings, a system of checks has been put in place to ensure that all Community Midwives have access to appropriate dressings.
- A Discharge Audit is being undertaken following complaints from patients within medical wards at the Victoria Infirmary and Southern General Hospitals.
- A patient expressed concern about her wait to go on to the Dose Adjustment For Normal Eating (DAFNE) treatment plan for diabetics. Further training funds have been secured through the Scottish Diabetes Group to enable 4 additional DAFNE Educators to be trained. This will mean that DAFNE will be delivered from 3 sites in Glasgow by the end of 2009.
- Following a complaint made about a patient who presented to A&E with an aneurysm, the Emergency Department Consultants and Radiology Consultants discussed existing protocols and information was updated for medical staff on the intranet and as part of induction processes.
- At Yorkhill Hospital, new transfer documentation was developed for patients being transferred between Day Surgery and Wards in order to improve handover information. In addition, signs are now in place to indicate when a cubicle / bed space has been cleared, and made ready for the next patient. Staff have also been reminded of their responsibility to clean cubicles after patient's have been discharged.

## **6. Ongoing Developments**

### Partnerships/ Mental Health Services

- Implementation of Datix - As indicated in the previous report to the Board, the Datix complaints module has been upgraded, enabling the Board to meet the requirements of the new Information Services Division (ISD) dataset. Clinical Governance Support Unit (CGSU) staff are working with Partnership staff to ensure familiarity with the new dataset and the resulting changes to the database. The Mental Health Partnership, 4 CHPs and 3 CH(C)Ps are using Datix locally for complaints management; 3 CH(C)Ps, however, continue to use local systems.
- ISD Statistics - As referred to above, ISD and the Scottish Government Health Department have introduced a new, more detailed, dataset. Boards had been asked to comply with the new dataset as from 1 January 2009, necessitating the upgrade to Datix referred to above. NHS GGC have complied with the timescale. ISD will publish annual statistics over the coming months, however, it is understood that data NHS GGC has supplied using the new dataset will be converted back to the old dataset to allow consistent reporting for the year 2008/2009.

- Equality Impact Assessment - The CGSU, supported by the Equality & Diversity Team, is currently undertaking an Equality Impact Assessment in relation to local complaints handling processes with a view to measuring how inequalities sensitive local practice is. This process is nearing conclusion and recommendations will be submitted shortly.
- Complaints Training - As noted in previous reports to the Board, training modules for staff are currently being developed. Development is at an advanced stage with some initial sessions having been undertaken, largely in the acute division. The Corporate Inequalities Team (CIT) are currently scoping some work around NHS complaints and consideration is being given to the complaints pathway – in particular, how we make sure that the service users who are most disadvantaged are able to access the complaints procedure where appropriate. As part of this, the CIT, Learning & Education and the CGSU are reviewing the training materials for the modules in an inequalities context to identify any areas where examples of inequality might be highlighted.

### Acute

- The vacant post of Head of Administration has been filled and Mr Paul Cannon took up post on 5 May 2009. Early priorities in relation to complaints includes reviewing the significant changes which took place in July 2008 to create Directorate Teams and develop these further, establishing further key performance indicators, in-quarter, to monitor performance to sustain the significant improvements made to date, and training (see below) and staff development and support.
- The overall number of complaints received in 2008/2009 was 3% higher than the previous year. Performance in responding to complaints within 20 working days has improved significantly in the last two quarters of 2008/2009.
- Implementation of Datix within the Acute Division - The Datix complaints module has been upgraded, enabling the Board to meet the requirements of the new ISD dataset. The new dataset was applicable from 1 January 2009. The upgrade enables the electronic transfer of data direct to ISD, using the ISD SWIFT system. However this has not been without difficulties and staff are working closely with ISD to resolve the coding issues as they emerge.
- The Independent Advice and Support Service (IASS) is part of the Scottish Citizens Advice Bureau Service. It aims to support patients, their carers and relatives in their dealings with the NHS and in other matters affecting their health. Early meetings are being held with the newly appointed Head of Administration to maintain, and wherever possible identify how improvements can be made to the existing good working relationships that already exist.
- Complaints training Level 1, an e-learning based package for induction, is in place. Level 2/3, has been piloted and well received. This involved training complaints staff and ward and departmental managers to cascade this training to small groups of their own staff, and a classroom based session for first line managers. Full implementation of the piloted training is under discussion so that this programme can be rolled out across all Directorates during 2009/10.

## **7. Independent Advice and Support Service (IASS) : 1 January – 31 March 2009**

The undernoted table shows the number of health cases received across NHS Greater Glasgow and Clyde between 1 January – 31 March 2009. Thereafter, the statistics relate to those cases completed in the quarter so that outcomes can be reported. At the moment, due to the limitations of the software used by Citizens Advice Scotland, a breakdown of outcomes in the Partnerships/Acute cannot yet be provided. It is hoped this reporting will improve in the future.

The Independent Advice and Support Service (IASS) is part of the Scottish Citizens Advice Bureau Service. It aims to support patients, their carers and relatives in their dealings with the NHS and in other matters affecting their health. The Bureaux in the Greater Glasgow & Clyde Area, funded by NHS Greater Glasgow and Clyde, offer help and support to patients to raise concerns with their NHS service provider guiding them through the formal complaints procedure when required. The service also aims to assist patients with information or dealing with the consequences of ill-health or disability, for example accessing appropriate benefits.

The consortium of Citizen Advice Bureaux (CAB) for the Greater Glasgow & Clyde area are:

Bridgeton CAB, Castlemilk CAB, Drumchapel CAB, Dumbarton CAB, East Dunbartonshire CAB, Easterhouse CAB, East Renfrewshire CAB, Glasgow Central CAB, Greater Pollock CAB, Maryhill CAB, Parkhead CAB, Renfrewshire CAB, and Rutherglen & Cambuslang CAB.

The service was introduced in December 2006 and all caseworkers were in post by April 2007. There are three caseworkers for the GG&C area operating a peripatetic service.

The public can access the service in a number of ways:-

- Through a central telephone line where they can obtain information about the service, and if necessary an appointment can be made for them to be seen by an advice worker at their local bureau.
- Direct contact with their local CAB either by telephone, appointment or drop in.

CAB staff deliver information, advice and support with specialist caseworkers undertaking those cases where ongoing negotiations and in depth casework is required.

	<u>1 January – 31 March 09</u>			<u>1 October - 31 December 08</u>		
	<u>Total</u>	<u>Partnerships/ MHP/Board (including FHS)</u>	<u>Acute</u>	<u>Total</u>	<u>Partnerships/ MHP/Board (including FHS)</u>	<u>Acute</u>
(a) Number of health cases <b>received</b>	91	44	47	71	36	35
Of these - number of case workers cases	50	-	-	29	-	-
(b) Number of health cases <b>completed</b>	54	-	-	34	-	-
(c) Outcome of health enquiries completed <i>[Note: one health case could comprise more than one health enquiry]:-</i>						
➤ Social policy form completed and enquiry raised anonymously	-	-	-	-	-	-
➤ No further contact from client	9	-	-	8	-	-
➤ Enquiry resolved	44	-	-	24	-	-
➤ Further action taken	6	-	-	8	-	-
➤ Enquiry not resolved – no further action taken	4	-	-	-	-	-
➤ Appeal/case upheld	-	-	-	-	-	-
➤ Appeal/case partially upheld	-	-	-	-	-	-
➤ Appeal lost	-	-	-	-	-	-

Of the 91 health cases received, staff issues, clinical treatment (all aspects) and staff communication attracted the most enquiries this quarter.

## **8. Performance Information**

As reported in the previous report, an increased focus and scrutiny on the Board's handling of complaints (to ensure improvement in performance) now takes place. The Performance Review Group considers quarterly the:-

- number of Complaints Investigated by the Ombudsman
- total number of issues investigated by the Ombudsman
- % of issues upheld by the Ombudsman
- % of issues not upheld by the Ombudsman
- % of issues partially upheld by the Ombudsman
- % of issues where there was no finding by the Ombudsman.

## **9. Conciliation**

There were no requests for conciliation this quarter.

## **10. Conclusion**

The NHS Board is asked to note the quarterly complaints report for the period 1 January – 31 March 2009.

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**PARTNERSHIPS**  
**ANNEX 1**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	<b>Staff</b>			<b>Staff Group</b>	
01	Attitude/behaviour	9	01	Consultants/Doctors	13
02	Complaint handling	1	02	Nurses	6
03	Shortage/availability	0	03	Allied Health Professionals	6
04	Communication (written)	2	04	Scientific/Technical	0
05	Communication (oral)	8	05	Ambulance	0
07	Competence	2	06	Ancillary Staff/Estates	5
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	4
11	Date of admission/attendance	1	08	GP	0
12	Date for appointment	4	09	Pharmacists	0
13	Test Results	0	10	Dental	0
	<b>Delays in/at</b>		11	Opticians	0
21	Admissions/transfers/discharge procedure	0	12	Other	4
22	Out-patient and other clinics	3		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	0
29	Premises	2		Hospital Acute Services	0
30	Aids/appliances/equipment	0		Care of the Elderly	0
32	Catering	0		Rehabilitation	0
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	20
34	Patient privacy/dignity	0		Maternity Services	0
35	Patient property/expenses	0		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	0		Community Health Services - not elsewhere specified	28
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	0
	<b>Procedural issues</b>			Unscheduled Health Care	0
41	Failure to follow agreed procedure	0		Family Health Services	0
42	Policy and commercial decisions of NHS Board	0		Other	0
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	0			
	<b>Treatment</b>				
51	Clinical treatment	15			
52	Consent to treatment	0			
61	<b>Transport</b>	0			
71	<b>Other</b>	1			

**ACUTE  
ANNEX 2**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
<b>ISSUES RAISED</b>			<b>STAFF GROUP</b>		
	<b>Staff</b>			<b>Staff Group</b>	
01	Attitude/behaviour	86	01	Consultants/Doctors	228
02	Complaint handling	0	02	Nurses	177
03	Shortage/availability	4	03	Allied Health Professionals	14
04	Communication (written)	19	04	Scientific/Technical	0
05	Communication (oral)	100	05	Ambulance	5
07	Competence	6	06	Ancillary Staff/Estates	29
			07	NHS Board/hospital admin staff/members (exc FHS administrative)	41
	<b>Waiting times for</b>		08	GP	5
11	Date of admission/attendance	7	09	Pharmacists	
12	Date for appointment	25	10	Dental	11
13	Test Results	5	11	Opticians	3
			12	Other	
	<b>Delays in/at</b>			<b>Service Area</b>	
21	Admissions/transfers/discharge procedure	11		Accident and Emergency	32
22	Out-patient and other clinics	16		Hospital Acute Services	451
	<b>Environmental/domestic</b>			Care of the Elderly	30
29	Premises	28		Rehabilitation	17
30	Aids/appliances/equipment	4		Psychiatric/Learning Disability Services	0
32	Catering	9		Maternity Services	26
33	Cleanliness/laundry	7		Ambulance Services	0
34	Patient privacy/dignity	1		Community Hospital Services	1
35	Patient property/expenses	6		Community Health Services - not elsewhere specified	0
36	Patient status	2		Continuing Care	0
37	Personal records	2		Purchasing	0
38	Bed Shortages	3		Administration	3
39	Mixed accommodation	0		Unscheduled Health Care	0
40	Hospital Acquired Infection	4		Family Health Services	0
	<b>Procedural issues</b>			Other	7
41	Failure to follow agreed procedure	1			
42	Policy and commercial decisions of NHS Board	9			
43	NHS Board purchasing	1			
44	Mortuary/post mortem arrangements				
	<b>Treatment</b>				
51	Clinical treatment	181			
52	Consent to treatment	2			
61	<b>Transport</b>	8			
71	<b>Other</b>	11			