

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 20 October 2009

Board Paper No. 09/58

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

QUARTERLY REPORT ON COMPLAINTS : 1 APRIL – 30 JUNE 2009

Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 April – 30 June 2009.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period April - June 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 April – 30 June 2009

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 April – 30 June 2009 and for comparison 1 January – 31 March 2009. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	<u>1 April – 30 June 09</u>		<u>1 Jan – 31 March 09</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 received	40	382	39	383
(b) Number of complaints received and completed within 20 working days <i>[national target]</i>	29 (73%)	300 (79%)	27 (69%)	302 (79%)
(c) Number of complaints completed	38	368	41	420
(d) Outcome of complaints completed:-				
➤ Upheld	11	96	10	89
➤ Upheld in part	10	129	16	145
➤ Not Upheld	11	118	13	115
➤ Conciliation	0	0	0	0
➤ Irresolvable	1	1	0	4
(e) Number of complaints withdrawn	5 ¹	24 ²	2 ³	25 ⁴
(f) Number of complaints declared vexatious	0	0	0	0

	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>
1	5	3	2
2	24	11	13

	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>
3	2	0	2
4	25	23	2

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

2. Ombudsman : 1 April – 30 June 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.	0	3	1

In accordance with the Ombudsman's monthly reporting procedure, four reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; two cases were summarised in the April 2009 commentary, no cases were summarised in the May 2009 commentary and two cases in the June 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 four NHS Greater Glasgow and Clyde cases for this quarter are described as follows:-

April 2009

1. The complainant raised a number of concerns about her husband's consultations with various GPs from his GP Practice and from the Greater Glasgow and Clyde NHS Board's GP Out of Hours Service prior to his admission to hospital where, sadly, he died of heart problems.

[The Ombudsman upheld one element of the complaint and did not uphold two elements of the complaint. The Ombudsman recommended that the GP Practice:-

- *apologise to the complainant for failing to deal with her complaint properly; and*
- *reflect on their complaints policy, review their complaints protocol and discuss how to respond to complaints from non-patients.*

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

2. The complainant raised a number of concerns about the treatment which his wife received leading up to and following a planned left nephrectomy (kidney removal) for transplant, which took place in June 2007. The nephrectomy operation was started but was not completed because the

clinicians involved deemed the complainant's wife's donor kidney was unsuitable for transplantation. The complainant had concerns that the clinicians should have been aware prior to the planned nephrectomy that the kidney was not suitable and this would have prevented his wife from having to undergo the operation. He also had concerns about the treatment which his wife received following the operation and the way Greater Glasgow and Clyde NHS Board handled his complaints.

[*The Ombudsman upheld two elements of the complaint and did not uphold the other two elements. The Ombudsman recommended that:-*

- *the clinicians reflect on the Adviser's comments about the level of clinical information which had been entered in the clinical records;*
- *the Board apologise to the complainant's wife for the failings identified in her post-operation management;*
- *the Board review their discharge arrangements for surgery of this type and take steps to ensure there is appropriate post-surgery discharge planning in each case; and*
- *the Board remind staff of their obligations to manage complaints in line with the NHS complaints procedure and take action to ensure that information about the NHS complaints procedure which was held locally in hospitals and clinics was up to date.*

The Board confirmed in writing on 21 July 2009 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

May 2009

-

June 2009

1. The complainant was concerned that his late father had suffered serious pressure sores while in the Southern General Hospital following an operation on both his knees. He felt that the decision to operate had not been taken appropriately and that the care provided while his father was in the hospital was inadequate. The complainant was also unhappy about the way the Board had responded to concerns raised by him and his family.

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

- *undertake a root cause analysis or similar tool to examine the reason why the pressure ulcers developed and why there was no proactive treatment once this occurred;*
- *provide the policy/guidance for the assessment and treatment of pressure ulcers, with particular reference to the referral to the specialist teams in tissue viability, pain and nutrition; undertake an audit to review the processes; and provide an action plan to address any shortcomings;*
- *undertake an audit of documentation to include nursing assessment, pain assessment and nursing care of Wards A and B;*
- *provide evidence of the education and training programme provided to nursing staff in relation to the assessment and care of pressure ulcers;*
- *undertake an external peer review of the nursing care in Ward A, to include an examination of the clinical leadership and management, patient experience and quality of care. In undertaking the review, consideration should be given to Improvement Methodology and the Scottish Government initiatives outlined in Leading Better Care;*

- provide details of the action plan created as a result of the above recommendations and provide updates where relevant. Action plans should be specific, measurable, achievable, realistic and timely (SMART) and include robust quality indicators such as the Clinical Quality Indicator for Pressure Ulcer Prevention;
- as a priority, review the documentation provided to patients and provide the Ombudsman with the results of this;
- provide details of the audit made in response to report 200600345 and any action taken as a result;
- if not covered by that audit, undertake a specific audit of communication within the Southern General Hospital, to include communication with families, and between staff;
- reinforce to clinical staff the importance of responding to requests from complaint handling staff timeously; and
- make a full apology to the complainant and his family for the failings identified in this report.

The Board confirmed in writing on 13 August 2009 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

2. The complainant raised a number of concerns about the care and treatment of an 80-year-old woman, on behalf of the woman's son. The woman was admitted to the Royal Alexandra Hospital, in the area of Greater Glasgow and Clyde NHS Board, in September 2006 with stomach pain and constipation. The complainant said the admission should have been made several days earlier and that the inadequate treatment received in the hospital might have contributed to the patient's death later that month in the hospital.

[The Ombudsman upheld two elements of the complaint and did not uphold the other element. The Ombudsman recommended that the Board:-

- ensure that all appropriate healthcare professionals in the Board's hospitals are made aware of the appropriate management of constipation in older people; and
- reflect on the lessons learnt from this complaint and take appropriate action to help avoid a recurrence.

The Board confirmed in writing on 15 September 2009 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

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:-

Partnerships/ Mental Health Services

Attitude/behaviour, communication and clinical treatment 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 are linked to a perception of whether or not information was appropriately communicated, or received.

It is worth noting that complaints about waiting times have fallen as waiting times themselves have fallen.

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

4. Service Improvements

Partnerships/ Mental Health Services

- In one area procedures regarding consent were being reviewed to identify any gaps and make improvements.
- In one area, service redesign in relation to podiatry aims to improve appointment system.
- As a result of a complaint about immunisation in one area, further immunisation training needs are being identified and recommendations have been made for improvement in identification of children's names. Advice as to the recording of immunisation has been sent to all Health Visiting staff. Awareness raising is to be carried out and the senior nurse is visiting all GP Practices to discuss improving communications between HV service and GP Practices. Actions will be audited to ensure good practice.

Acute

- Patient with mild learning difficulties and mental health problems attended A&E. Complaint made on behalf of the patient by the Mental Welfare Commission. Included a question about whether the patient's psychiatric notes could be accessed and if his records could be "flagged" with contact details. As follow up to the complaint it was agreed to include confirmed contact details so that these can be "flagged" on the patient record, and also the computerised system. Advised that patient psychiatric notes are not accessible by A&E staff, however the on-call psychiatric team can be contacted if required.
- Patient attended with psoriasis, but also suffered from anxiety. She was not given her own medication to take initially whilst an inpatient and there was a certain amount of confusion regarding the amounts she should be prescribed. Upheld as there was inadequate medicine reconciliation on admission, leading to patient anxiety over her prescribed medication.

Subsequent to the patient's discharge, there has been an upgrade made to the Kardex system which will allow far more specific details to be entered for patients who self medicate or use their own supply whilst in hospital. In the event of a patient self administering medication, the nurse must document to the dose taken in the drug Kardex. FY 1/2's have been spoken to regarding prescribing and obtaining clarification from GP's of drug dosage, if required, at the earliest opportunity.

- In relation to smoking outside hospital front entrances, and an increase in the number of complaints about smoking at the entrance to Inverclyde Royal Hospital in particular, smoking control officers have been told to specifically approach any individual found smoking in the hospital grounds.
- Following the opening of the new Stobhill Ambulatory Care Hospital, we noted a sudden increase in informal complaints about patients finding difficulty in telephoning the new hospital to change appointments. As a result of spotting this trend this issue was highlighted to Telecommunications/Facilities staff and additional telephone lines were set up to deal with these calls. There was a marked decrease in the number of complaints received about this issue as a result.

- In Health Records, and as direct result of several complaints around same issues, the Acting Head of Health Records is arranging to meet the Planning Manager of Patient Transport (Scottish Ambulance Service) to discuss a joint approach to difficulties caused when patient transport is cancelled on the day meaning that the patient cannot attend the appointment.
- Due to equipment failure, a planned extraction of a tooth could not go ahead and the patient was discharged from the Southern General Hospital back to their own dentist. The patient saw their own dentist a few days later, who felt unable to extract the tooth. The patient's own dentist arranged for the patient to be readmitted to the Southern General Hospital. While the reason for discharging the patient was explained at the time, the patient was concerned that no written information had been given to his dentist about this admission. The department explained that general dental practitioner's details are not kept, but have agreed to explore the possibility of including such information in patients' case notes, routinely, and, if this information is not available, will consider whether to write to the patient directly, to allow them to provide their dentist with appropriate treatment information.

5. Ongoing Developments

Partnerships/ Mental Health Services

- All CH(C)Ps are moving towards complying with the requirement to use Datix to log, monitor and report on the new and extended ISD dataset. This will help to ensure that consistent datasets are being held and reported on across the system for health.
- The EQIA process for complaints handling in Partnerships has now been concluded, with some specific and cross cutting actions being recommended. The report has been shared with Acute in order that any additional issues and/or recommendations from an acute perspective can be added.
- In addition to this a short life working group has been looking at the pathway of complaints in order to identify areas in complaints handling which could be improved in terms of inequalities, accessibility and other related issues. The draft report has been discussed and will be finalised shortly.

Acute

- Performance in responding to complaints within 20 working days has improved significantly in the last two quarters of 2008/2009, and is being maintained in the first quarter of 2009/10.
- Implementation of DATIX within Partnerships/Mental Health Services - 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 significant work around issues to be in place to meet national requirements.
- The Head of Administration met with colleagues from the Independent Advice and Support Service (IASS), part of the Scottish Citizens Advice Bureau Service. A number of areas for joint working were identified and outstanding actions from previous meetings are being followed up to seek to improve the profile of the support that is offered to patients, and IASS representation is being invited to be involved in the short life working group being established below.
- The recommendations contained in the Craigforth Review are being taken forward across Greater Glasgow and Clyde and a short life working group is being established to meet to discuss and agree how best to respond to the helpful recommendations contained in the review.
- As previously reported 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.

6. Independent Advice and Support Service (IASS) : 1 April – 30 June 2009

Unfortunately, IASS have been unable to submit their statistics for this quarter. It is hoped that by December 2009 we will have received not only their quarterly statistics but their Annual Report for 2008/09.

Discussions are being finalised to allocate slots to IASS personnel within the Patient Information Centres (PICs) in the new Stobhill and Victoria Ambulatory Care Hospitals. Early indications suggest that IASS staff will be able to provide two 2 hour slots within each hospital each week. This will give an indication of demand for the service and flexibility exists to increase availability if required.

7. 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.

8. Scottish Health Council : Policy Update

The Scottish Health Council distributed a policy briefing which provided a useful update on complaints and feedback related issues. Topics of interest included the following:-

- Research on NHS Complaints and Feedback – In 2008, the Scottish Health Council commissioned Craigforth to review the NHS complaints process and to explore the experiences of patients and carers in using this process. Their findings and recommendations were published in "*Making it Better : Complaints and Feedback from Patients and Carers about NHS Services in Scotland*". The NHS Board is currently considering the findings from this report with a view to identifying and implementing any necessary actions locally. Similarly, the Scottish Government will also be considering what actions it may wish to take as a result of the report nationally.
- Review of the Independent Advice and Support Service (IASS) – An independent evaluation of IASS and the support provided for it by Citizens Advice Scotland (the umbrella organisation to which all Citizen Advice Bureaux belong) was carried out in October 2008. The main recommendations of this are being considered locally by the NHS Board under the auspices of a Steering Group (chaired by the Head of Board Administration). Work is also being taken forward regionally and nationally with Citizen Advice Bureaux and Citizens Advice Scotland to explore ways in which to promote partnership working with Health Board and NHS colleagues.
- Better Together : Scotland's Patient Experience Programme – In February 2008, the Cabinet Secretary for Health & Wellbeing launched a national programme to understand and improve patient experience in Scotland. The Better Together Programme had two clear strands of work:
 - Measuring Patient Experience
 - Improving Patient Experience.

Part of this will involve NHS Boards delivering national surveys on a regular basis along with locally directed work. The Better Together Co-ordination Centre will provide detailed analysis for each NHS Board and GP surgery from these national surveys, as well as analysis at a national level to enable benchmarking and comparisons by NHS Boards. A Better Together National

Improvement Partnership has been created to provide direction and support for NHS Boards to drive improvement using the information that becomes available through these national surveys and other information gathering approaches.

- A Patients' Rights Bill for Scotland – In September 2008, the Scottish Government began consulting on the possible content of a Patients Rights Bill for Scotland. It said that the aim of the Bill would be to *"reinforce and strengthen our commitment to place patients at the very centre of the NHS in Scotland; to clarify the standards expected of the NHS; and to set out the rights and responsibilities of patients in a clearer way"*. An analysis of the views expressed during the consultation was published in June 2009. Whilst there was overall support for the Scottish Government's proposals, some people questioned whether new laws were necessary and whether extra money would be available for the NHS to ensure that these rights would be respected in practice. The Scottish Government has said that it would take account of the views and concerns that people had expressed in finalising its plans for a Patients' Rights Bill expected to be introduced in the Scottish Parliament in Spring 2010.

When consulting on this Bill, the Scottish Government indicated that it would also carry out further work to explore the possibility of introducing a no-fault compensation scheme in the NHS, which would mean that some patients would receive financial compensation in appropriate cases without the need to go through the legal process. This would be a change to the current situation where patients seeking compensation had to pursue claims through the Courts to prove that there had been clinical negligence. An expert group has been set up to look into the issues and report to the Scottish Government by October 2010. Given the timescale, this work will now take place outwith the scope of the Patients' Rights Bill.

9. Scottish Public Services Ombudsman : Service Providers Survey Results

In April 2009, the Scottish Public Services Ombudsman conducted its first ever survey of service providers' views, sending questionnaires to all the organisations that had received a decision from them over the previous six months. The questions related to two areas, satisfaction with their service and awareness of their service. Respondents were asked to send their completed surveys to an independent consultancy firm which analysed the results on their behalf.

As well as welcoming the many positive findings, as a result of this, the Ombudsman's office has drawn up an action plan to address the three areas where they scored less than 70% very satisfied/satisfied. These areas can be summarised as follows:-

- (1) Time taken to consider complaints – In response to this finding, the Ombudsman will be informing service providers of steps being taken to improve the speed with which they examine and investigate complaints. They have already made significant inroads into resolving cases that have been with them over 12 months and have introduced new measures to clear all such cases by December 2009 and to maintain this position going forward. They have also reviewed their Key Performance Indicators to better reflect the time taken to resolve cases at different stages in their process.
- (2) Conferences, Seminars and Training – The Ombudsman will be making service providers more aware of its outreach programme that includes presentations and training in complaints handling. Their training unit, which will offer courses in complaints handling to frontline staff and investigators in Local Authorities, will be marketing this new SPSO service.
- (3) Leaflets – The Ombudsman has been reviewing their planning leaflet in light of changes to planning legislation and will be issuing an updated leaflet accordingly.

10. Equality Impact Assessment (EQIA)

The Board's Equality and Diversity Team have been working with the Head of Board Administration and Complaints Manager, Clinical Governance Support Unit (Partnerships) to carry out an EQIA for the complaints process within partnerships. An early draft report has been issued and it has since been suggested that the preference would be that the EQIA process was NHSGGC-wide for complaints and not just for partnerships especially as the main issues would be consistent for complaints throughout the

piece. As such, and to avoid duplication of effort, the Head of Administration (Acute Division) will also review this draft report and make necessary changes that may apply within the Acute Division. Thereafter, it is hoped that the Head of Board Administration can then sign up to it as a single system wide approach for implementation across NHSGGC.

11. PFPI Action Points

Six PFPI Action Points were selected by community representatives at a meeting in May held by the NHS Board chiefly to obtain comment and approval for the NHS Board's PFPI self assessment for 2008/09. The Action Points were drawn from the NHS Board's Framework for PFPI 2009/10 and one related to complaints, namely:-

- “ Increase awareness of NHSGGC’s complaints system and improve communications therein”.

The Head of Board Administration has met with the Regional Officer – West, Scottish Health Council, to obtain information as to how this Action Point will be achieved (in particular sub steps to reach the goal), what information will be provided to the Scottish Health Council in the course of the year to enable it to verify the progress made, and to discuss what support might be available from the Scottish Health Council to assist the NHS Board in achieving its goal.

12. Complaints Completed Pro-Rata to Patient Activity Levels

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, A&E attendances, in-patient and day cases 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: 1960.

13. Scottish Public Services Ombudsman (SPSO) - Annual Report 2008/09

In the year to 31 March 2009, the Ombudsman responded to 4,040 enquiries and complaints from or on behalf of members of the public. In the vast majority of cases, they were able to quickly resolve the issue raised, by giving advice to people about how to pursue their complaint with service providers or, if they examined or investigated the complaint, by providing information and explanations about what may have happened. They published 173 investigation reports on 189 complaints – of these, 66% of the complaints were fully or partially upheld.

The public who bring their complaints to the Ombudsman are at the heart of what they do. They aim to be independent, impartial, fair and expert in responding to complaints and they work to make their procedures simple and clear, and to ensure that they are accessible to everyone who approaches them with an unresolved dispute. Their aim is to level the playing field, so that any service user who has a valid complaint that they cannot sort out with the organisation concerned can be assured that their concerns will be listened to by the Ombudsman and, where appropriate, investigated. If the SPSO finds that something has gone wrong, the Ombudsman will usually make recommendations to redress the matter, as far as possible putting the person back into the situation they would have been in had the problem not arisen.

Each month the Ombudsman lays investigation reports before the Scottish Parliament. The reports are accompanied by the Ombudsman's Commentary summarising the reports, which is distributed to over 1,200 key organisations and individuals across Scotland and beyond. They use the Commentaries to highlight specific issues that have arisen from the investigations and where the Ombudsman has recommended that action be taken.

Many more of the complaints that are brought to them are determined without a formal investigation – usually where there is no evidence of maladministration or service failure. In these cases, however, they frequently make recommendations to service providers, aimed at improvement and prevention of future occurrences of the problems that have been experienced.

As well as publicising the recommendations through their Commentaries, the Ombudsman uses other platforms such as presentations, seminars, training events, their website and newsletters, so that the learning from complaints is spread throughout the sectors.

The Ombudsman is pleased that local and national newspapers as well as broadcast media use our e-newsletter and press releases to inform the public about their work. Last year, local newspaper coverage was more than twice as high as national coverage.

In terms of the NHS, the following is reported in the Annual Report:-

- The Ombudsman received 766 contacts about the NHS in 2008/09; a 3% increase compared with the previous year.
- Of the 766 contacts – 82 were enquiries and 684 were complaints. Of the 684 complaints, 354 (52%) were about hospital services, 152 (22%) about general practitioners and 55 (8%) about dental and orthodontic services. The remaining 123 complaints covered NHS 24, the Scottish Ambulance Service and a wide range of other NHS services. The top 13 categories of complaint were as follows:-
 1. GP and GP Practices
 2. Hospitals : Psychiatry
 3. Dental and Orthodontic Services
 4. Hospitals : Care of the Elderly
 5. Hospitals : General Medical
 6. Hospitals : General Surgical
 7. Hospitals : Orthopaedics
 8. Hospitals : Oncology
 9. National Health Services
 10. Hospitals : Urology
 11. Hospitals : Gynaecology/Obstetrics (Maternity)
 12. Hospitals : Accident and Emergency
 13. Hospitals : Cardiology.

The Ombudsman reached decisions on 659 complaints about the NHS during 2008/09 (including some carry forward from the previous year). In 193 cases, which underwent detailed examination, the Ombudsman decided that an investigation was not appropriate. 99 Investigation Reports about the NHS were issued (20 related to NHSGGC) – 72 of the complaints were fully or partially upheld and 27 were not upheld. As a result of the Ombudsman's consideration of complaints, recommendations were made to 44 different practitioners or hospitals in 11 different Health Boards to sort out individual problems and to reduce the risk of the recurring.

The full 2008/09 Annual Report can be found at http://www.spso.org.uk/webfm_send/2350.

14. ISD Annual Report 2008/09

Information Services Division (ISD) published its Annual Report on NHS Complaints for 2008/09 on 30 September 2009. NHS Boards and other NHS organisations submit summary information about complaints they receive to ISD Scotland. The data covers complaints received by Hospital and Community Services and Family Health Services. The data submitted to ISD includes all formal written complaints.

In 2008/09, for NHS Scotland there were 6,904 complaints received about hospital and community services and 3,175 complaints received about family health services.

Hospital and Community Health Services

- A total of 6,904 complaints were received by NHSScotland in 2008/09 compared with 7,290 in 2007/08.

- 68.4% of complaints were dealt with within 20 working days (the national target) in 2008/09, compared with 67.2% in 2007/08.
- 37% of all issues raised were staffing issues, 29% related to treatment and 10% related to waiting times. Within the broad category of “staff” issues, the attitude/behaviour of staff (17% of all issues raised) and written and oral communication (16%) were the most common issues raised.
- In 2008/09, 27% of complaints were upheld in full, 33% were partially upheld and 38% were not upheld. This compares with 24% upheld in full and 36% partially upheld and 39% not upheld in 2007/08.

Family Health Services

Three broad service types are included within the Family Health Services complaints procedure - medical services, dental services and complaints regarding Family Health Services administration. Although information is collected on complaints made about Family Health Services , it is less detailed than that collected on hospital and community health service complaints. As Family Health Services practitioners are independent contractors, it was nationally agreed that information collected would be less detailed.

- A total of 3,175 complaints were received by Family Health Services in 2008/09, an increase of 3% on the previous year's figure of 3,073.
- 83% of Primary Care complaints were regarding the medical service area.

NHSGGC

Breaking the above information down into a more local level, the following is noted from ISD's Annual Report:-

- In relation to hospital and community health service complaints, NHSGGC received 1,524 in 2008/09 and responded to 63.5% of these within 20 working days. By way of a comparison, we received 1,506 in 2007/08 and responded to 49.3% of these within 20 working days.
- In relation to Family Health Service complaints to independent practitioners, NHSGGC received 692 in 2008/09 (568 medical and 124 dental) compared with 667 (555 medical and 112 dental) in 2007/08.

The full ISD Report 2008/09 can be found at www.isdscotland.org/isd/6022.html.

15. Conciliation

There were no requests for conciliation this quarter.

16. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 April – 30 June 2009.

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PARTNERSHIPS
ANNEX 1

Code

ISSUES RAISED

NUMBER

Code

STAFF GROUP

NUMBER

Staff

- | | | |
|----|-------------------------|-----------|
| 01 | Attitude/behaviour | 11 |
| 02 | Complaint handling | 0 |
| 03 | Shortage/availability | 2 |
| 04 | Communication (written) | 3 |
| 05 | Communication (oral) | 6 |
| 07 | Competence | 3 |

Waiting times for

- | | | |
|----|------------------------------|----------|
| 11 | Date of admission/attendance | 1 |
| 12 | Date for appointment | 5 |
| 13 | Test Results | 0 |

Delays in/at

- | | | |
|----|--|----------|
| 21 | Admissions/transfers/discharge procedure | 0 |
| 22 | Out-patient and other clinics | 1 |

Environmental/domestic

- | | | |
|----|-----------------------------|----------|
| 29 | Premises | 1 |
| 30 | Aids/appliances/equipment | 0 |
| 32 | Catering | 0 |
| 33 | Cleanliness/laundry | 0 |
| 34 | Patient privacy/dignity | 0 |
| 35 | Patient property/expenses | 0 |
| 36 | Patient status | 0 |
| 37 | Personal records | 0 |
| 38 | Bed Shortages | 0 |
| 39 | Mixed accommodation | 0 |
| 40 | Hospital Acquired Infection | 0 |

Procedural issues

- | | | |
|----|--|----------|
| 41 | Failure to follow agreed procedure | 3 |
| 42 | Policy and commercial decisions of NHS Board | 2 |
| 43 | NHS Board purchasing | 0 |
| 44 | Mortuary/post mortem arrangements | 0 |

Treatment

- | | | |
|----|----------------------|----------|
| 51 | Clinical treatment | 7 |
| 52 | Consent to treatment | 0 |

61 Transport

Staff Group

- | | | |
|----|---|-----------|
| 01 | Consultants/Doctors | 9 |
| 02 | Nurses | 16 |
| 03 | Allied Health Professionals | 4 |
| 04 | Scientific/Technical | 0 |
| 05 | Ambulance | 0 |
| 06 | Ancillary Staff/Estates | 3 |
| 07 | NHS Board/hospital admin staff/members (exc FHS administrative) | 11 |

- | | | |
|----|-------------|----------|
| 08 | GP | 0 |
| 09 | Pharmacists | 0 |
| 10 | Dental | 0 |
| 11 | Opticians | 0 |
| 12 | Other | 6 |

Service Area

- | | |
|---|-----------|
| Accident and Emergency | 0 |
| Hospital Acute Services | 0 |
| Care of the Elderly | 2 |
| Rehabilitation | 0 |
| Psychiatric/Learning Disability Services | 20 |
| Maternity Services | 0 |
| Ambulance Services | 0 |
| Community Hospital Services | 0 |
| Community Health Services - not elsewhere specified | 25 |
| Continuing Care | 0 |
| Purchasing | 0 |
| Administration | 0 |
| Unscheduled Health Care | 0 |
| Family Health Services | 0 |
| Other | 2 |

71 Other

4

**ACUTE
ANNEX 2**

<u>Code</u>	<u>ISSUES RAISED</u>	<u>NUMBER</u>	<u>STAFF GROUP</u>	<u>NUMBER</u>
	Staff		Staff Group	
01	Attitude/behaviour	64	Consultants/Doctors	244
02	Complaint handling	1	Nurses	152
03	Shortage/availability	2	Allied Health Professionals	18
04	Communication (written)	19	Scientific/Technical	1
05	Communication (oral)	78	Ambulance	1
07	Competence	8	Ancillary Staff/Estates	37
	Waiting times for		NHS Board/hospital admin staff/members (exc FHS administrative)	42
11	Date of admission/attendance	24	GP	9
12	Date for appointment	36	Pharmacists	0
13	Test Results	7	Dental	9
	Delays in/at		Opticians	0
21	Admissions/transfers/discharge procedure	13	Other	41
22	Out-patient and other clinics	25		
	Environmental/domestic		Service Area	
29	Premises	31	Accident and Emergency	29
30	Aids/appliances/equipment	4	Hospital Acute Services	472
32	Catering	10	Care of the Elderly	19
33	Cleanliness/laundry	18	Rehabilitation	21
34	Patient privacy/dignity	5	Psychiatric/Learning Disability Services	0
35	Patient property/expenses	5	Maternity Services	12
36	Patient status	0	Ambulance Services	0
37	Personal records	2	Community Hospital Services	0
38	Bed Shortages	1	Community Health Services - not elsewhere specified	0
39	Mixed accommodation	0	Continuing Care	0
40	Hospital Acquired Infection	3	Purchasing	0
	Procedural issues		Administration	1
41	Failure to follow agreed procedure	5	Unscheduled Health Care	0
42	Policy and commercial decisions of NHS Board	13	Family Health Services	0
43	NHS Board purchasing	4	Other	7
44	Mortuary/post mortem arrangements	0		
	Treatment			
51	Clinical treatment	196		
52	Consent to treatment	2		
61	Transport	8		
71	Other	7		