

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 16 October 2012

Board Paper No. 12/48

**HEAD OF BOARD ADMINISTRATION,
CHIEF OPERATING OFFICER, ACUTE
DIRECTOR GLASGOW CITY CHP**

QUARTERLY REPORT ON COMPLAINTS : 1 APRIL – 30 JUNE 2012

Recommendations:

The NHS Board is asked to:-

- (a) note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 April – 30 June 2012; and
- (b) note and agree the changes to the Complaints Policy implemented in accordance with the Patient Rights (Scotland) Act 2011.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period April - June 2012. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman and identifies areas of service improvements and ongoing developments. This report includes a commentary on the Annual Letter 2011-12: Complaints to the Scottish Public Services Ombudsman about NHS Greater Glasgow and Clyde.

As Members will be aware the Patient Rights (Scotland) Act 2011 was enacted from 1 April 2012 with the aim of improving patients experiences of using health services and to support people to become more involved in their health and health care. An important part of the Act was to ensure that patients' feedback, comments, concerns and complaints were more actively monitored and used to improve services. This has led to additional reporting requirements which will, in future, include more detailed reporting about complaints including those made about primary care contractors. This report is the first report where changes have been introduced to the style of reporting and includes the presentation of more detailed information on where complaints have been raised and what improvements have been brought about to services as a result of complaints. Future complaints reports will have further refinements and Members' comments would be welcome on the future presentation of new information to ensure it meets Members' needs. We will also reflect in subsequent reports how feedback, comments and concerns are captured to help improve service delivery.

1. Local Resolution : 1 April – 30 June 2012

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 April – 30 June 2012 and for comparison 1 April - June 2012. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1 (see overleaf)

Table 1

	<u>1 April – 30 June 12</u>		<u>1 Jan – 31 Mar 12</u>	
	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>	<u>Partnerships/ Board(exc FHS)</u>	<u>Acute</u>
(a) Number of complaints received	65	468	75	451
(b) Number of complaints received and completed within 20 working days [<i>national target</i>]	51 (78%)	354 (76%)	60 (80%)	340 (75%)
(c) Number of complaints completed	84	465	56	463
(d) Outcome of complaints completed:-				
➤ Upheld	14	127	9	102
➤ Upheld in part	26	148	15	149
➤ Not Upheld	38	167	24	186
➤ Conciliation	0	1	0	1
➤ Irresolvable	1	0	2	3
(e) Number of complaints withdrawn	5 ¹	22 ²	6 ³	22 ⁴
(f) Number of complaints declared vexatious	0	0	0	0

<i>April – 30 June 2012</i>				
	<i>Total</i>	<i>No Consent Received</i>	<i>Complainants no longer wished to proceed</i>	<i>Claim for Negligence Intimated</i>
1	5	1	4	0
2	22	17	4	1

<i>1 January – 31 March 2012</i>				
	<i>Total</i>	<i>No Consent Received</i>	<i>Complainants no longer wished to proceed</i>	<i>Transferred to another unit</i>
3	6	3	3	0
4	22	10	11	1

This gives an overall NHSGG&C complaints handling performance of 76%, which is above the target of responding to 70% of complaints within 20 working days.

Responsibility for prison healthcare transferred to the NHS on 1 November 2011. Complaints received from the prisons at Barlinnie and Greenock are included in the overall Partnerships figure as their handling sits with Glasgow City CHP. From March 2012, the new Low Moss Prison complaints are also included. This prison had been closed for rebuild and re-opened in March 2012.

2. Further Breakdown of Completed Complaints by Acute Directorate/CH(C)Ps

Detailed overleaf is a Directorate/CH(C)P breakdown of completed complaints within NHSGGC for the period 1 April – 30 June 2012.

The Chief Executive raised, at the October 2012 NHS Board Seminar, the intention to provide additional levels of detail on complaints handling and this first report highlights the complaints per Directorate and CH(C)P within NHSGGC. The intention will be to provide, in the next two quarterly complaints reports, further details in order to present information that shows complaints per site and, ultimately, the number of complaints per specialty/ward area together with any requirement for exception reporting to explain any anomalies or actions undertaken as a result of highlighting where specific problems may have arisen.

Table 2 – Further Breakdown of Completed Complaints by Directorate/CH(C)P (see overleaf)

	<u>Number of completed Complaints</u>	<u>% (rounded)</u>
1 April – 30 June 2012		
Acute Directorate		
Surgery & Anaesthetics	117	25
Facilities	52	11
Women & Childrens	64	14
Emergency Care & Medical	110	24
Regional	47	10
Rehabilitation & Assessment	42	9
Diagnostics	11	2
HI&T	17	4
Other	8	1
Sub-Total	468	
CH(C)P #		
East Dunbartonshire	2	3
East Renfrewshire	2	3
Glasgow City - Corporate *	6	9
North East	14	22
North West	8	12
South	13	20
Inverclyde	0	0
Renfrewshire	12	19
West Dunbartonshire	8	12
Sub-Total	65	100
Grand Total	<u>533</u>	

The figures for CH(C)Ps include those complaints handled by each CH(C)P under hosting arrangements.

* Covers Forensic Services and Prison Healthcare.

3. Ombudsman : 1 April – 30 June 2012

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

Table 3

	<u>Partnerships/ Board (NHSGGC)</u>	<u>Acute</u>	<u>FHS</u>
(a) Notification received that an investigation is being conducted	2	1	0
(b) Notification received that an investigation is not being conducted	0	1	0
(c) Investigations Report received	1	2	0
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	1	8	7

In accordance with the Ombudsman's monthly reporting procedure, three reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; one case was summarised in the April 2012 commentary, one in the May 2012 commentary and one was summarised in the June 2012 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 included in a report to the Quality and Performance Committee and locally an Action Plan is developed showing how each recommendation has been taken forward or how they will be taken forward. The Quality and Performance 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 detail of the three NHSGGC cases for the first quarter of 2012/13 and other issues are attached as **Appendix 1**.

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

Clinical treatment, attitude and behaviour and date of appointment are the three issues attracting most complaints. Although there was a rise in the number of clinical treatment complaints this quarter more than half of these were not upheld.

Appendix 2 provides a comprehensive breakdown of the complaint categories for Partnerships.

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 perception of whether or not information was appropriately communicated, or received.

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

5. Service Improvements

One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve future services for patients. As part of this particular focus and improved reporting, attached as **Appendix 4** are those services improvements highlighted by the Partnerships and Acute Services Division in relation to complaints completed from 1 April – 30 June 2012.

6. Patient Advice and Support Service (PASS) : 1 April – 30 June 2012

The Patient Advice and Support Service (PASS) was established through the Patient Rights (Scotland) Act and is part of the Scottish Citizens Advice Bureau (CAB) Service. The service is independent and provides free, confidential information, advice and support to anyone who uses the NHS in Scotland. It aims to support patients, their carers and families in their dealings with the NHS and in other matters affecting their health.

The service promotes an awareness and understanding of the rights and responsibilities of patients. It also advises and supports people who wish to give feedback, make comments, raise concerns or make a complaint about treatment and care provided by the NHS in Scotland.

PASS will:

- help clients understand their rights and responsibilities as patients;
- provide information, advice and support for those wishing to give feedback or comments, raise concerns or make complaints about health care delivered by NHS Scotland;
- ensure clients feel listened to, supported, and respected when raising concerns about difficult experiences; and
- work with the NHS to use feedback to improve NHS service provision.

This covers concerns and complaints raised via the PASS.

PASS statistics are gathered centrally by Citizens Advice Scotland (CAS) to provide evidence of what has been delivered in each Health Board area in Scotland. They contain detailed statistical information on the work of bureaux and demonstrate the depth and range of advice work undertaken by advisers.

Locally, the consortium of Citizen Advice Bureaux (CAB) for the Greater Glasgow & Clyde area comprises:-

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

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

- Direct contact with their local CAB either by telephone, appointment or drop in.
- Within the Patient Information Centres (PICs) in the new Stobhill and Victoria Hospitals.

The key PASS findings for NHSGGC for the period were as follows:-

- 117 clients were helped with 285 enquiries
 - 13 clients had one enquiry
 - The remaining clients had an average of 2.62 enquiries each
 - 16% of enquiries were dealt with by volunteer advisers
 - 84% of enquiries were at case work level 3 or above [*see below for full description*]¹
- The most frequently recorded Service Area was Hospital Acute Services
 - 44% of concerns and complaints were Hospital Acute Services
- The most frequently recorded Staff Group was Consultants/Doctors
 - 54% of concerns or complaints were about Consultants/Doctors
- The most frequently recorded NHS Advice Codes was Clinical Treatment
 - 31% of concerns and complaints were about Clinical Treatment
- 56% of clients who accessed the PASS also received advice about Benefits
- 55% of referrals in were from the NHS Complaints Staff

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Case Work Level	Percentage of Enquiries	Definition of Case Work Level
1	0.4%	Give access to information, such as leaflets, help-line numbers and website addresses.
2	1.4%	Encourage clients to articulate their concerns and form goals.
3	55.8%	Explore options, give advice and initiate action, such as, letters and 3 rd party contact.
4	42.4%	Special support and complex casework, including accompanying clients to meetings and working jointly with partner organisations.

- 50% of referrals out were made to CAB
- 25% of referrals out were made to Action Against Medical Accidents
- 25% of referrals out were made to NHS Complaints Staff.

PASS leaflets are sent to all complainants with the NHS Board's acknowledgement letters, and posters have been placed in patient and clinic areas. PASS case workers have developed good contacts and connections with hospital and CH(C)P staff and receive a lot of referrals from having made these contacts.

7. Annual Letter 2011 – 12 : Complaints to the Scottish Public Services Ombudsman about NHS Greater Glasgow and Clyde

On 16 July 2012, Mr Jim Martin, Scottish Public Services Ombudsman (SPSO), wrote to the NHS Board's Chief Executive with complaints statistics about NHS Greater Glasgow for the 2011/12 financial year. This provided information about the number of complaints received by the SPSO and determined about NHSGGC. It also highlighted the number of premature complaints (those that came to his office too early before completing the NHS Board's complaints process) and those complaints that were "fit for SPSO" (ie valid for investigation by the SPSO) and their outcome.

Last year, the SPSO stated his disappointment at the unacceptably high level and premature level of complaints about all sectors that were determined by the SPSO. The overall level of premature complaints fell from 45% in 2010/11 to 43% in 2011/12. In the health sector, it remained constant at 31%. In 2011/12, the level of overall upheld complaints went up from 34% in 2010/11 to 39%. In the health sector, it rose from 45% to 56%.

In summary, in 2011/12, the SPSO:-

- Received 3,918 complaints (12% more than last year)
- Received 1,002 complaints about health boards (13% more than last year)
- Resolved 3,748 complaints (12% more than last year)
- Resolved 937 complaints about health boards (12% more than last year).

A strong focus of the SPSO's work over the past year has been on improving standards of complaints handling across all sectors, with an emphasis on early resolution by organisations. Much of the published model Complaint Handling Procedures for other sectors have been based on the NHS's simplified standardised process. While the national NHS "Can I help you" guidance continued to provide a good model for NHS complaints handling, with a strong focus on early resolution, the SPSO will monitor best practice and complaints performance with a view to possible revisions to the guidance in future years under the SPSO's powers to publish model Complaints Handling Procedures. Any changes would be in line with the terms of the Patient's Rights (Scotland) Act 2011 and associated secondary legislation and will be undertaken in full consultation.

In terms of the SPSO's complaints statistics for 2011/12 about NHSGGC, the following should be noted:-

- 204 complaints were received by the SPSO in 2011/12. This compares with 153 in 2010/11.
- 47% of these complaints concerned clinical treatment/diagnosis. This pattern is similar to 2010/11, whereby, 57% of complaints received by the SPSO were also about clinical treatment/diagnosis.
- 27% of complaints received by the SPSO concerning NHSGGC cases were deemed premature. This compares with 28% in 2010/11. Of those complaints fit for the SPSO, 61% were fully upheld or partly upheld. In 2010/11, 30% were fully upheld or partly upheld.

The Ombudsman was disappointed at the high level of upheld and premature complaints about all sectors. In 2011/12 the level of overall upheld complaints went up from 34 to 39% and the health sector rose from 45 – 56%. The Ombudsman's concern is that those complaints have been looked at in-depth by NHS Boards prior to the Ombudsman's involvement and yet in more than half the cases fault was being found. Attached as **Appendix 5** is the information about complaints handled by the Ombudsman for NHSGGC in 2011/12 and 2010/11. The first two tables show complaints received by

subject by the Ombudsman over the past two years. The third and fourth tables show the outcomes of the complaints the Ombudsman handled about NHS GGC over the past two years. It also highlights the rate of premature and fully/partly upheld complaints.

Comprehensive statistical information about all the sectors under the SPSO remit is available at: www.spsso.org.uk/statistics.

8. 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: 1632.

9. Revised Complaints Handling Policy

As Members may recall the Complaints Policy was updated in the summer of 2011 following recommendations from the Ombudsman who had criticised some aspects of complaints handling procedures after the initial response had been sent out and the need to follow up timeously with arranging a meeting with relatives to discuss ongoing concerns. As a result of the Patient Rights (Scotland) Act secondary legislation and the Scottish Government Health Directorate guidance, the attached Complaints Policy (**Appendix 6**) has been amended to reflect the new requirements placed on the Board. The main amendments to the Policy are set out below:-

- An extension of the legal right of patients to complain, give feedback or comments have raised concerns about the care they received from the NHS.
- A requirement to have systems in place to record feedback, comments and concerns (in addition to the existing requirements relating to complaints).
- Amendment to the definitions around who can complain, what can be complained about and timescales for making a complaint.
- The requirement on NHS Boards to appoint a Feedback and Complaints Manager and Feedback and Complaints Officers.
- The Statutory Instrument states that the Feedback and Complaints Manager role must be performed by the Chief Executive or an appropriately senior person authorised by the Board to act on the Chief Executive's behalf. It was recommended that the Board accept that the Nurse Director fulfil this role.
- Primary Care contractors now have a 20 day period to investigate and respond to complaints (it was previously 10 working days).
- The establishment of the Patients Advice and Support Services (PASS) to replace the former Independent Advice and Support Service.
- Promotion of greater use of alternative dispute resolution services in the form of mediation or conciliation.

The remaining amendments relate to improve reporting and monitoring of complaints. 1 October 2012 saw the launch of the Charter of Patient Rights and Responsibilities which brought together, in one place, a summary of the rights and responsibilities that patients have when using NHS services. To coincide with this launch, the NHS Board launched its revised Complaints Policy, together with revised leaflets, posters and updated information on the website.

The NHS Board is asked to note the revised Complaints Policy which has been approved by the Corporate Management Team for implementation. Additional levels of reporting will be worked up over the coming months and shared with Members in future quarterly reports on complaints.

10. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 April – 30 June 2012 and to agree the changes implemented in accordance with the Patient Rights (Scotland) Act 2011.

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SCOTTISH PUBLIC SECTOR OMBUDSMAN REPORTS –
1 APRIL – 30 JUNE 2012

April 2012

The complainant complained about the care his late father received at the Southern General Hospital in February 2011. He was concerned that the staff involved in late father's care had failed to consider and assess his cognitive function, or communicate with the complainant in relation to the plans for discharge, resulting in his late father being inappropriately discharged. The complainant's late father fell and was injured two days after being discharged home, and was readmitted to the hospital.

[The Ombudsman recommended that the Board:-

- (i) provide evidence to the Ombudsman of the implementation of a policy for the assessment of cognitive function of elderly patients, which should include documenting whether or not clinical staff find a patient has capacity to participate in decision making;*
- (ii) provide the Ombudsman with a copy of the new discharge policy to demonstrate it states that relatives and carers must be engaged with during the planning for discharge process;*
- (iii) ensure that their discharge policy and checklist contains a reminder that patients are dressed appropriately upon discharge;*
- (iv) provide a full apology to the complainant for all of the failings identified within this report; and*
- (v) review and clarify their policy in relation to the review of hip fracture patients by the Department of Medicine for the Elderly (DOME).*

The Board confirmed in writing on 9 May and 21 June 2012 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

May 2012

The complainant raised a number of concerns regarding the nursing care provided to her late mother during an admission to the Royal Alexandra Hospital in Paisley from 12 October 2010 until her death on 16 October 2010.

[The Ombudsman recommended that the Board:-

- (i) provide him with an update regarding their implementation of the introduction of the Liverpool Care Pathway;*
- (ii) consider the Adviser's comments on the several failings in the complainant's later mother's end of life nursing care and draw up and implement an action plan to address these failings;*
- (iii) conduct a significant events review of this case; and*
- (iv) apologise to the complainant for the failures identified in this report.*

The Board confirmed in writing on 19 June 2012 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

June 2012

The complainant raised a number of concerns on behalf of the deceased's family that he was not admitted to an in-patient facility for mental health and that there were failures in communication between the medical and mental health teams treating him.

[The Ombudsman recommended that the Board:-

- (i) review the co-ordination of the relevant services to ensure the failures identified in this report are addressed; and
- (ii) apologise to the family.

The Board confirmed in writing on 17 July and 17 September 2012 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

There were 16 Decision Letters issued, eight related to Partnerships and eight to the Acute Services Division. These letters were not published in the Scottish Public Services Ombudsman's monthly commentary; however within the Partnerships/Acute Services Division they were dealt with as though they could contain recommendations. The definition surrounding a Decision Letter is set out below for information:-

A Decision Letter sets out the background to the complaint, the evidence that the reviewer has gathered and their analysis and conclusions. It is a letter from the reviewer to the complainant, although they also let the Board know about the complaint and the conclusion they have reached.

The Ombudsman will issue a Decision Letter if:-

- the organisation accepted there were failings, apologises and takes action to prevent the problem from happening again;
- from the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure);
- the Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations.

Of the 16 Decision Letters, there were 10 issues upheld and 20 issues not upheld. The detail of each case can be made available to members if required.

The 16 recommendations made from the Decision Letters are submitted to the Quality and Performance Committee for monitoring purposes.

Service Improvements as result of SPSO Reports / Decision Letters

A revised Discharge Policy for the Acute Services Division is currently being developed by the Director of Rehabilitation & Assessment and will take account of the experiences related in the April 2012 report.

In addition, the Surgery & Anaesthetics Directorate now ensures that all hip fracture patients are reviewed prior to discharge. All emergency patients over 65 years have a cognitive assessment in A&E prior to admission. All elective patients have a cognitive assessment in pre operative assessment.

In light of the complaint at the Royal Alexandra Hospital and the nursing care provided to a complainant's relative during their admission and subsequent death in October 2010, a significant event review of this case was conducted, and concluded in April 2012.

PARTNERSHIPS
APPENDIX 2

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	20	01	Consultants/Doctors	43
02	Complaint handling	1	02	Nurses	28
03	Shortage/availability	0	03	Allied Health Professionals	12
04	Communication (written)	2	04	Scientific/Technical	0
05	Communication (oral)	3	05	Ambulance	0
07	Competence	4	06	Ancillary Staff/Estates	0
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	2
11	Date of admission/attendance	1	08	GP	0
12	Date for appointment	11	09	Pharmacists	1
13	Test Results	1	10	Dental	0
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	0	12	Other	13
22	Out-patient and other clinics	4		Service Area	
	Environmental/domestic			Accident and Emergency	0
29	Premises	1		Hospital Acute Services	0
30	Aids/appliances/equipment	0		Care of the Elderly	2
32	Catering	0		Rehabilitation	5
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	34
34	Patient privacy/dignity	1		Maternity Services	0
35	Patient property/expenses	2		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	0		Community Health Services - not elsewhere specified	48
38	Bed Shortages	0		Continuing Care	1
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	1
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	3		Family Health Services	1
42	Policy and commercial decisions of NHS Board	4		Prison	6
43	NHS Board purchasing	0		Other	1
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	39			
52	Consent to treatment	0			
61	Transport	0			
71	Other	2			

**ACUTE
APPENDIX 3**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	66	01	Consultants/Doctors	309
02	Complaint handling	0	02	Nurses	128
03	Shortage/availability	7	03	Allied Health Professionals	15
04	Communication (written)	30	04	Scientific/Technical	2
05	Communication (oral)	60	05	Ambulance	1
07	Competence	4	06	Ancillary Staff/Estates	49
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	88
11	Date of admission/attendance	21	08	GP	0
12	Date for appointment	48	09	Pharmacists	1
13	Test Results	8	10	Dental	6
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	12	12	Other	0
22	Out-patient and other clinics	15		Service Area	
	Environmental/domestic			Accident and Emergency	51
29	Premises	47		Hospital Acute Services	526
30	Aids/appliances/equipment	6		Care of the Elderly	26
32	Catering	5		Rehabilitation	12
33	Cleanliness/laundry	6		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	2		Maternity Services	0
35	Patient property/expenses	4		Ambulance Services	1
36	Patient status	0		Community Hospital Services	0
37	Personal records	1		Community Health Services - not elsewhere specified	0
38	Bed Shortages	4		Continuing Care	0
39	Mixed accommodation	1		Purchasing	0
40	Hospital Acquired Infection	2		Administration	1
	Procedural issues			Unscheduled Health Care	1
41	Failure to follow agreed procedure	5		Family Health Services	0
42	Policy and commercial decisions of NHS Board	17		Prison	0
43	NHS Board purchasing	1		Other	0
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	244			
52	Consent to treatment	1			
61	Transport	0			
71	Other	2			

SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS
1 APRIL – 30 JUNE 2012

Partnerships

- As a result of a complaint from a patient who raised concerns about the care they had received from District Nursing, staff training and an update will be given to staff to ensure compliance with guidelines for indwelling catheter management.
- As a result of a complaint from a physiotherapy patient who raised concerns that their referral to Orthopaedic had not been received, a process to ensure referrals are received has been developed. The complaint highlighted a more widespread problem and further investigation was being carried out by the Orthopaedic Department. The Partnership has put in place a process to send referrals to a new fax number and by email direct to a named person. This process also includes confirmation of receipt. Other physiotherapy departments and GP Practices will be notified of this issue.
- The concerns raised by a family of a dementia patient who were unhappy with the support and care their late relative received in the palliative stage of his life will be reviewed urgently. They will also be shared with the recently formed local Dementia Standards Group to help improve the service.
- As the result of a complaint from a patient, who, following admission did not receive their medication for seven days because it was out of stock, a Standard Operating Procedure has been drawn up. All staff will receive the new procedure and sign that they have understood it. This procedure will be reviewed on a regular basis.

Acute

- As result of a complaint that a patient was not seen on the ward by a Consultant from a different specialty, processes have been reviewed to ensure communication systems are robust, and that as far as possible this communication failure is not repeated.
- Despite a previous medical history of embolus, a patient was not given heparin and later developed a blood clot. The need to gather a full clinical assessment and identify appropriate interventions had been reinforced with all medical and nursing staff in that area, with particular focus on the need for the appropriate assessment of risk for embolus.
- A patient had been on antibiotics for longer than planned, which resulted in their balance and hearing being affected. The case was shared with senior clinicians for learning purposes and a new Gentamicin prescribing, administration and monitoring chart will highlight signs of toxicity and the need to consider its continuance. A teaching session with pharmacy for junior medical staff was arranged to ensure there was prescribing awareness of this specific drug, and monitoring of its use. This case was also discussed in detail at the Divisional Clinical Governance Committee.
- As a result of a complaint regarding the treatment of a patient in Rehabilitation & Assessment, a new programme of care called "Intentional Rounding" had been introduced whereby patients are seen at least every two hours to ensure their basic needs are being addressed.
- As a result of a complaint from a patient about specific treatment criteria, which they were unaware of, information provided to patients referred to that service now includes clarification of the criteria relating to BMI.

- Following a complaint that a patient only recently became aware of clinical information some years after a scan, which was missed by a Consultant on reviewing a detailed diagnostic report, the team are putting in place a process for highlighting significant findings in lengthy clinical reports in order to avoid any significant incidental information being overlooked in future.

Greater Glasgow & Clyde								
	Greater Glasgow and Clyde NHS Board	Greater Glasgow and Clyde NHS Board - Acute Services Division	Dentists & Dental Practices	GP & GP Practices	Total	Complaints as % of total	Sector Total	Complaints as % of total
Complaints received by subject 2011-12								
Admission, discharge & transfer procedures	2	1			3	1%	13	1%
Appliances, equipment & premises	1				1	0%	4	0%
Appointments/Admissions (delay, cancellation, waiting lists)	3				3	1%	32	3%
Clinical treatment / Diagnosis	46	29	9	12	96	47%	436	44%
Communication, staff attitude, dignity, confidentiality	15	5		3	23	11%	93	9%
Complaints handling	4	1			5	2%	34	3%
Continuing care	1				1	0%	6	1%
Failure to send ambulance/delay in sending ambulance						0%	4	0%
Hotel services - food, laundry etc		1			1	0%	1	0%
Hygiene, cleanliness & infection control						0%	3	0%
Lists				4	4	2%	19	2%
Nurses / Nursing Care	1	3			4	2%	10	1%
Other						0%	10	1%
Out Of Jurisdiction				1	1	0%	9	1%
Policy/administration	15	2		2	19	9%	104	10%
Record Keeping						0%	7	1%
Subject Unknown	26	15		2	43	21%	217	22%
Sector Total	114	57	9	24	204	100%	1002	100%
<i>Complaints as % of sector</i>	<i>11%</i>	<i>6%</i>	<i>1%</i>	<i>2%</i>	<i>20%</i>			

Greater Glasgow & Clyde								
	Greater Glasgow and Clyde NHS Board	Greater Glasgow and Clyde NHS Board - Acute Services Division	Greater Glasgow Dentists	Greater Glasgow GPs	Greater Glasgow and Clyde area Total	Complaints as % of total	Sector Total	Complaints as % of total
Complaints received by subject 2010-11								
Admission, discharge & transfer procedures	1	0	0	0	1	1%	9	1%
Appliances, equipment & premises	0	0	0	0	0	0%	5	1%
Appointments/Admissions (delay, cancellation, waiting lists)	3	2	1	1	7	5%	35	4%
Clinical treatment / Diagnosis	42	32	3	10	87	57%	402	45%
Communication, staff attitude, dignity, confidentiality	3	4	0	4	11	7%	64	7%
Complaints handling	2	1	0	1	4	3%	27	3%
Continuing care	0	0	0	0	0	0%	3	0%
Failure to send ambulance/delay in sending ambulance	0	0	0	0	0	0%	1	0%
Hotel services - food, laundry etc	0	0	0	0	0	0%	4	0%
Hygiene, cleanliness & infection control	0	0	0	0	0	0%	1	0%
Lists (incl difficulty registering and removal from lists)	0	0	1	2	3	2%	20	2%
Nurses / Nursing Care	0	2	0	0	2	1%	13	1%
Other	1	0	0	0	1	1%	8	1%
Policy/administration	6	7	1	2	16	10%	143	16%
Record Keeping	0	0	0	0	0	0%	10	1%
Out Of Jurisdiction	0	0	0	0	0	0%	1	0%
Subject Unknown	14	7	0	0	21	14%	142	16%
Total Complaints	72	55	6	20	153	100%	888	100%
<i>Complaints as % of sector</i>	<i>8%</i>	<i>6%</i>	<i>1%</i>	<i>2%</i>	<i>17%</i>		<i>100%</i>	

Health Complaints Determined 2011-12		Greater Glasgow & Clyde					
Stage	Closure Category	Greater Glasgow and Clyde NHS Board	Greater Glasgow and Clyde NHS Board - Acute Services Division	Dentist	GP	Total	Sector Total
Advice	Complaint - Body out of jurisdiction					1	1
	Complaint - Matter out of jurisdiction (discretionary)					1	4
	Complaint - Matter out of jurisdiction (non-discretionary)	1				1	2
	Complaint - No decision reached	30	10			2	42
	Complaint - Outcome not achievable	2	1				3
	Complaint - Premature	29	10			6	45
	Total		62	21		10	93
Early Resolution 1	Matter out of jurisdiction (discretionary)	2	3			1	6
	Matter out of jurisdiction (non-discretionary)	2			1		3
	No decision reached	3	4			1	8
	Outcome not achievable	3					3
	Premature	4	2				6
Total		14	9	1	2	26	127
Early Resolution 2	Complaint fully upheld	1	1			2	4
	Complaint not upheld	1	1			1	3
	Complaint partly upheld		1				1
	No decision reached	3				1	4
Total		5	3		4	12	67
Investigation 1	Complaint fully upheld	4	1	3		1	9
	Complaint not upheld	8	8			2	18
	Complaint partly upheld	13	4	2	2	2	21
	No decision reached		1				1
	Total		25	14	5	5	49
Investigation 2	Complaint fully upheld	4	4				8
	Complaint not upheld						
	Complaint partly upheld						
	No decision reached		1				1
Total		4	5			9	43
Total Complaints		110	52	6	21	189	936

Premature total	33	12	0	6	51	288
Premature %	30%	23%	0%	29%	27%	31%
Fit for SPSO Total (ER2, Inv 1 & 2)	34	22	5	9	70	296
Total uphold/partly upholds	22	11	5	5	43	166
% Upholds/Partly Upholds of Fit for SPSO	65%	50%	100%	56%	61%	56%

Health Complaints Determined 2010-11		Greater Glasgow & Clyde							
Stage	Closure Category	Greater Glasgow and Clyde NHS Board	Greater Glasgow and Clyde NHS Board - Acute Services Division	Greater Glasgow & Clyde Dentists	Greater Glasgow & Clyde GPs	Greater Glasgow & Clyde Opticians	Greater Glasgow & Clyde area total	Sector Total	
Advice	Premature	18	7	0	3	0	28	218	
	Body Out of Jurisdiction	0	0	0	0	0	0	0	
	Out of Jurisdiction (Discretionary)	1	0	0	0	0	1	5	
	Out of Jurisdiction (Non-Discretionary)	4	1	0	0	0	5	8	
	Outcome Not Achievable	0	0	0	0	0	0	3	
	No Decision Reached	20	8	0	1	0	29	216	
	Other	0	0	0	0	0	0	0	
	Total		43	16	0	4	0	63	450
	Early Resolution 1	Premature	1	8	0	2	0	11	37
		Body Out of Jurisdiction	0	0	0	0	0	0	0
Out of Jurisdiction (Discretionary)		1	4	0	0	0	5	28	
Out of Jurisdiction (Non-Discretionary)		0	0	0	0	0	0	9	
Outcome Not Achievable		1	2	2	0	0	5	18	
No Decision Reached		2	3	0	0	0	5	28	
Total		5	17	2	2	0	26	120	
Early Resolution 2	Premature	0	0	0	1	0	1	5	
	Out of Jurisdiction (Discretionary)	0	0	0	0	0	0	8	
	Out of Jurisdiction (Non-Discretionary)	0	1	0	0	0	1	1	
	Outcome Not Achievable	0	1	0	0	0	1	2	
	No Decision Reached	1	2	0	0	0	3	12	
	Fully Upheld	0	0	0	1	0	1	10	
Partly Upheld	0	1	0	0	0	1	14		
Not Upheld	2	3	1	1	0	7	46		
Total		3	8	1	3	0	15	98	
Investigation 1	Outcome Not Achievable	0	0	0	0	0	0	2	
	No Decision Reached	1	0	1	0	0	2	10	
	Fully Upheld	2	3	0	0	0	5	34	
	Partly Upheld	0	1	0	2	0	3	21	
	Not Upheld	6	5	1	7	1	20	64	
	Total		9	9	2	9	1	30	131
Investigation 2	No Decision Reached	0	1	0	0	0	1	2	
	Fully Upheld	2	0	0	1	0	3	21	
	Partly Upheld	2	0	0	1	0	3	15	
	Not Upheld	1	0	0	0	0	1	3	
Total		5	1	0	2	0	8	41	
Total Complaints		65	51	5	20	1	142	840	

Premature total	19	15	0	6	0	40	260
Premature %	29%	29%	0%	30%	0%	28%	31%

Fit for SPSO Total (ER2, Inv 1 & 2)	17	18	3	14	1	53	270
Total uphold/partly upholds	6	5	0	5	0	16	115
% Upholds/Partly Upholds of Fit for SPSO	35%	28%	0%	36%	0%	30%	43%



COMPLAINTS POLICY

Lead Manager:	Head of Board Administration
Responsible Director:	Board Nurse Director
Approved by:	Corporate Management Team
Date approved:	20th September 2012
Date for Review:	30th September 2013
Coming into effect	1st October 2012
Replaces previous version: [if applicable]	Complaints Policy 18 th August 2011 Version1.1

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This Policy forms part of a suite of documents relating to the Complaints Procedures applied by NHS Greater Glasgow & Clyde. The full set of documents comprises:-

Complaints Policy (this document)

Guidance to Staff in Dealing with Complaints

Operational Procedures relating to the Board, Acute Services Division and each Partnership.

1. Introduction

NHS Greater Glasgow & Clyde aims to deliver high quality healthcare and to use the views and experiences of the people who access our services as part of a process of continuous improvement.

The Patient Rights (Scotland) Act 2011 supports the Scottish Government's vision for a high quality, person-centred NHS and applies to all staff working for NHS Scotland and to all independent contractors and their staff who provide NHS services. It details what patients in Scotland have a right to expect of their health services, no matter whether they are delivered by NHS staff or on behalf of the NHS by independent contractors or their staff.

The Act gives patients a legal right to give feedback on their experience of healthcare and treatment and to provide comments, or raise concerns or complaints. NHS Boards and independent contractors must publicise their complaints processes and encourage patients to give feedback. This document deals specifically with how we deal with complaints.

A complaint is any expression of dissatisfaction about an action or lack of action or standard of care provided¹.

Separate guidance² will be available to describe the organisation's approach to other forms of feedback, including comments or expressions of concern.

Staff need to use judgement on whether to treat an issue as a complaint. In the case of concerns individuals should be given the opportunity to consider whether they want the issue raised as a complaint. If in doubt staff should treat a concern as a complaint.

Whenever possible, the comments, concerns and complaints of patients and their families or representatives are dealt with as they arise. We recognise that there will be occasions where an individual will be dissatisfied with an explanation or apology given and will want to pursue a complaint further. This Policy describes our commitment to respond to complaints. Where a complaint is made we aim to resolve the complaint as directly and quickly as possible being fair to the person making the complaint and those involved in delivering healthcare (whether this be clinical or support staff). It is our intention to make our complaints system as accessible and simple as possible.

Complaints, which can easily be resolved because they require little or no investigation, will be handled by those individuals directly involved in delivering services to patients. This may be clinical staff or support services staff such as Receptionists, Health Records staff, or Domestic Services staff. We call this "front-line resolution".

If an individual is not satisfied with the outcome from "front-line" resolution, or does not wish to pursue this option, we will treat the dissatisfaction as a formal complaint. This

¹ SPSO Model Complaints Handling Procedure

² NHSGGC guidance for receiving and learning from feedback, comments and concerns (not yet finalised) at July 2012

would be appropriate where the matter of concern is complex and requires investigation. So that there is clarity about the terms of a formal complaint we will ask that this be put in writing and we will assist complainants in doing this if asked.

The way we deal with formal complaints is set out by the Scottish Government. We provide detail of these requirements at Section 6. This Policy is supported by Operational Procedures/Guidance which may vary from one part of our organisation to another e.g. who you should contact, but all parts of our organisation are required to follow a common and consistent approach to the handling of complaints which aims to be fair to all who use our services.

We are a large organisation employing over 33,000 staff and have in excess two million clinical contacts with patients each year. Sometimes we get it wrong. When we do, we should be willing and able to acknowledge that. Our overall aim is to listen and act on complaints from those who feel let down by our services. We also want to learn from what patients say has worked well for them.

The NHS in Scotland has in place arrangements to provide a Patient Advice and Support Service (PASS) for all NHS users. The service provided is free, confidential, independent of the Board, and fully impartial.

2. Scope

This Policy applies to all employees of NHSGG&C and to all services provided by NHSGG&C. The policy recognises the integrated working practices in place in Community Health (& Care) Partnerships, and other Partnerships, where NHSGG&C and local authorities manage and provide services under joint arrangements in parts of our organisation. All Family Health Service Practitioners (General Medical Practitioners, General Dental Practitioners, General Ophthalmic Opticians and Community Pharmacists) as service providers also have a contractual obligation to operate a suitable Practice based Complaints Policy in respect of the NHS services they provide. They are required to take account of this Policy in fulfilling that obligation.

The potential subject matter of a complaint is wide and not just related to clinical care. A complaint may, for example, be about a decision taken by the Board that is likely to affect the person making the complaint e.g. their access to services, waiting times etc. Each complaint will be taken on its own merit and responded to appropriately.

The NHS complaints procedure primarily deals with concerns about

- patient care; or
- issues related to or having an impact on patient care and the provision of services; or
- matters related to the health of the population we serve where an individual is personally affected
- decisions taken on the services to be provided.

Patients or their authorised representatives, or any person who is affected by or likely to be affected by an action or omission of NHS Greater Glasgow & Clyde or one of its service providers may raise complaints about:

- NHS care provided (for example):
 - by hospitals, resource centres, health centres and clinics
 - by Family Health Services (including General Medical Practitioners (GPs); General Dental Practitioners, Opticians and Community Pharmacists)
 - by Community Services who provide health services such as community dentists, community nurses, physiotherapists, dieticians or health visitors etc
 - by Prison healthcare centres
 - in private hospitals or care homes in which the care is funded by the NHS
- NHS catering, domestic and environmental matters
- public health issues such as, management of major incidents or infection outbreaks where they have been adversely affected by these.

This Policy does not apply to certain circumstances which are described in Section 4 where either a separate Policy applies or the rules under which we operate require that a complaint cannot be progressed in tandem with, for example, a formal legal claim.

3. Roles & Responsibilities

Legislation and guidance issued by the Scottish Government³ set out specific roles and responsibilities in relation to the management of complaints and feedback. These roles are described below.

The Board

The Board has a responsibility through its management structures to ensure that all staff are aware of and trained in the Complaints Policy and related procedures.

The Chief Executive

The Chief Executive has a statutory accountability for the quality of care delivered by NHS Greater Glasgow and Clyde. The responsibilities of the Chief Executive in relation to feedback and complaints will be discharged through Directors as set out below.

Feedback and Complaints Manager

The Feedback and Complaints Manager will be the Board Nurse Director who with the Quality Policy Development Group will ensure that NHSGG&C has a clear framework to

³ The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012, The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012, and the national guidance 'Can I Help You?' – Guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services (2012),

learn from complaints, to systematically seek patient feedback and to act on that feedback, including learning across the whole organisation.

Feedback and Complaints Officers

The Chief Operating Officer, Partnership Directors and Directors are designated by the Chief Executive to be Feedback and Complaints Officers and are responsible to the Chief Executive for ensuring that an adequate investigation is conducted into complaints within their area of responsibility, for the quality of the response sent to the complainant, and for adherence to timescales of responses. The Feedback and Complaints Officers are responsible for the effective management of feedback and complaints systems.

Complaints Officers

Complaints Officers (whether called this or not) are readily accessible to patients, the public and staff. Arrangements will be made so that the role of the Complaints Officer is not interrupted by one individual's absence. Their primary role is to process complaints and support managers in responding to complaints. These staff must have sufficient knowledge and experience to advise individuals on the Board's feedback, concerns and comment procedures as well as the formal complaints procedure.

Service Providers who are Family Health Services Practitioners are responsible for operating a Practice based Complaints Procedure which is consistent with this Policy, and complies with The Patients Rights (Scotland) Act 2011 and associated regulations and Directions.

Patient Advice and Support Service (PASS)

The Patient Advice and Support Service provides independent support to patients, their carers and relatives in their dealings with the NHS and in other matters affecting their health. The Service is funded to help and support patients to raise concerns, guiding them through the formal complaints procedure when required.

4. Complaints Policy

a. Right to Raise a Complaint

Any person who has used NHSGG&C services, or has a right to use those services, or may be affected by an act or omission by NHSGG&C may make a complaint under the terms of this Policy.

Complaints may be made by:

- a patient, or former patient
- a person likely to be affected by a decision taken by our organisation
- someone authorised by an existing or former patient. e.g. a patient's parent, carer, guardian or a visitor; MSP, MP, MEP or local Councillor; or an advocacy worker or member of any independent advice and support organisation.

Where someone other than the patient makes a complaint, they must be able to demonstrate that they have obtained the patient's (normally written) consent to:

- make a complaint on their behalf;
- members of staff examining the patient's health records - if this should prove necessary as part of the investigation of the complaint.

In the case of a deceased patient a right to pursue a complaint may rest with their personal representative or executor.

It is for the appropriate Feedback and Complaints Officer to determine whether the person making a complaint is suitable to represent a patient. This decision will depend, in particular, on the need to respect the wishes of the patient. For example, the patient may have made it known that their information should not be disclosed to third parties. If it is decided that a person is not suitable to act as the patient's representative, they must be provided with an explanation in writing outlining the reasons for that decision. In the case of Family Health Services Practitioners it will be the Practitioner who determines this.

b. What Cannot be Considered

We cannot consider under the Complaints Procedure:-

- any complaint about private care and treatment or services including private dental care or privately supplied spectacles
- a complaint about services not provided or funded by the NHS, for example provision of private medical reports
- complaints about some aspects of care where social work services have responsibility – in these cases the person making the complaint will be advised of where to direct their complaint.
- a complaint from another NHS body in relation to any matter connected with the exercise of NHSGG&C's functions
- a complaint made by a service provider which relates either to any matter connected with the contract or arrangement under which the service provider provides health services
- any complaint made by an employee of NHSGG&C or health service provider in relation to any matter relating to their contract of employment
- any complaint that is being or has been investigated by the Scottish Public Services Ombudsman (SPSO)
- a complaint arising from an alleged failure to comply with a request for information under the Freedom of Information (Scotland) Act 2002
- any complaint about which a complainant has stated in writing that they intend to take legal action
- any complaint about which NHSGG&C or one of its health service providers is taking or proposing to take disciplinary proceedings against the person who is the subject of the complaint

- any complaint which has already been investigated under the current or a former NHS complaints procedure.

Where there are alternative appropriate procedures to consider any of the above, these will be implemented. Some further matters where it is more appropriate to use an alternative procedure or follow an alternative route include:-

- Determining the funding of continuing care - NHS Circular CEL 6 (2008) February 2008, known as the Continuing Care Review Procedure, should be referred to for further guidance
- Matters which are being investigated by a professional regulatory body.
- A serious incident which is the subject of a formal and independent inquiry under Section 76 of the National Health Service (Scotland) Act 1978 called by Scottish Ministers in relation to a failure to carry out any function under the Act.
- Where it is believed that a criminal offence, including fraud, may have been committed.

Where a complaint received will not be investigated under the NHS Complaints Procedure we will inform the complainant in writing and provide information on the appropriate procedures to be followed.

If there are aspects of the complaint that can be taken forward without compromising the alternative investigation being undertaken we will aim to respond to these aspects. If we cannot do this we will advise the complainant and explain to them why this is the case.

c. Timescales

A complaint should be made within 6 months from the date on which the subject matter of the complaint comes to the complainant's notice, provided that this is no later than 12 months after the date on which the subject matter of the complaint occurred.

We will operate these time limits flexibly where it is unreasonable to expect that the complaint could have been made earlier **provided** it is still practicable to investigate the facts. We will be unable to consider a complaint many years after an event as our ability to properly investigate the facts will be hindered by the movement of staff and the ability to recall facts accurately with the passage of time.

We will acknowledge complaints within three working days of receipt and normally provide a response within 20 working days⁴. As part of our acknowledgement we will tell complainants who they can approach for independent advice and support.

⁴ Or receipt of consent to investigate a complaint, where the complainer is someone other than the patient.

If we are unable to meet this timescale for a response, a written explanation for the delay and an update on progress will be provided and we will indicate when we expect to be able to reply. We will advise complainants of the right to seek review by the Scottish Public Services Ombudsman if they do not accept the reasons for delay.

The relevant Director will be advised of all cases where the 20 day timescale has been breached. Prior to 40 working days from receipt of a complaint⁵ there must be a review at Director level or above of the handling of the complaint to date to ensure that any delay is for good reason.

d. Responses

Written responses to formal complaints will be signed by the Chief Executive, Chief Operating Officer (COO) of the Acute Services Division or Partnership Director, or a direct report to the Chief Executive, COO or Partnership Director who has delegated authority to do this. For Service Providers, responses will be signed by an appropriately senior designated person. Responses will include the conclusions of the investigation, information regarding any remedial action taken or proposed as a consequence of the complaint and any further options the complainant has to pursue their complaint, including the right to seek a review by the Scottish Public Services Ombudsman.

NHSGG&C, through its Acute Services Division, Partnerships and Service Providers, will ensure that actions identified as a result of complaints are followed up to prevent recurrence and improve the quality of care and services to patients.

e. Specific Issues for Family Health Services Complaints & Procedures

Annex A to this Policy sets out in a single document the slightly different rules that apply where a complaint is made against Family Health Services Practitioners (including General Medical Practitioners (GPs); General Dental Practitioners, Opticians and Community Pharmacists) who are obliged to have in place and operate a Practice based Complaints Procedure for the NHS services they provide. Where there is evidence that a Practice does not have a suitable procedure in place, we will require that appropriate action is taken to address this failure. Continued failure by a Practice may result in disciplinary action being initiated.

f. Support and Advice

Through our staff, and specifically our Complaints Officers, we will provide information and advice to people wishing to complain on how the NHS complaints procedure works and the options open to them.

The Board will work closely with the Patient Advice and Support Service (PASS), who provide independent advice and support to patients, their carers and relatives in their dealings with the NHS and in other matters affecting their health. PASS is funded to

help and support patients to raise concerns, guiding them through the formal complaints procedure when required. The service also aims to assist patients with information or in dealing with the consequences of ill-health or disability, for example accessing appropriate benefits. We will publicise how to make contact with the Patient Advice and Support Service at all places where we provide services.

There are also a variety of Advocacy Projects operating across the Board's area. Some specialise in assisting those with communication difficulties or with mental health issues. Local clinicians and Complaints Officers will provide details of local Advocacy Projects working in specific parts of the Board's area.

g. The Principles Underlying Our Complaints Policy

General/Patient Focus

We will

- Listen to, aim to understand and act upon the views and experiences of the people who use our services.
- Require all local services to have effective person centred arrangements in place to respond to complaints.
- Deal with all complaints received on a fair and equitable basis.
- Treat and respond to anyone wishing to complain politely, and with respect, patience and empathy. However, where a person's behaviour is considered unacceptable as described in our "Unacceptable Behaviour Protocol" we may decline to respond to a complainant or restrict that individual's access to our Complaints Procedure.
- Aim to deal with complaints quickly and fully at the level at which they are raised.
- Handle complaints in a way which is open and fair to patients and our staff.
- Support the person making the complaint and the staff named in the complaint.
- Use complaints as a means of identifying where service improvements can be made.
- Ensure that where we contract with others to provide patient care (e.g. nursing home care) our contracts will require the service provider to comply with the NHS complaints procedure.

Communication & Support

We will

- Ensure appropriate training is available to staff to enable them to respond effectively and efficiently to concerns and complaints.
- Publicise our Complaints Policy and Procedures locally so that patients and visitors are aware of the right to complain, how to access the complaints procedure, and the help available to them.

- Provide appropriate independent support and advocacy services for all who need it through a strategic partnership with a consortium of the Citizens Advice Bureau in Greater Glasgow & Clyde and other agencies.
- Ensure that alternative dispute resolution services are available where appropriate.
- Make guidance available to staff on how to deal with unacceptable behaviour by complainants (see Section 12).

Equality & Diversity

We will

- Recognise equality and diversity and promote a complaints system that responds sensitively to the individual needs, background and circumstances of people's lives
- Understand how factors such as age disability, gender, race, religion, sexual orientation, or socio-economic status may impact on individuals' ability to access the complaints process and that they may need to be supported effectively
- Ensure that complainants have ready access to communication and language support, including translation and interpretation services

Consistency of Approach

We will deliver a co-ordinated single standard for processing complaints which involves:

- Consistency of approach and procedures.
- Where practical, provision of a single response to complaints that relate to more than one service or part of our organisation

We aspire to deliver a Complaints procedure that is always

- Credible
- Person centred
- easily accessible
- easy to use
- demonstrably fair and timely
- effective and sensitively applied
- open and honest
- apologetic for any failings
- able to demonstrate that we have learned from issues raised and taken action to deliver improvement

Investigation, Outcomes & Responses

Thorough investigation of complaints will always be undertaken in accordance with this Policy and Local Operating Procedures. Complaints will be investigated in a manner that is appropriate for resolving the complaints efficiently and effectively.

Investigation will normally be by the service concerned, but led by individuals who are apart from the issues being reviewed. On occasions we may ask another service to review practice to ensure that the findings from any investigatory process are demonstrably fair and independent.

In considering the investigation of a complaint, or reviewing a proposed response, the relevant Director or other nominated signatory should consider if the circumstances of the complaint would benefit from review by another senior officer not involved in the service complained against.

Where appropriate, alternative dispute resolution services may be offered as a means of resolving a complaint. This will normally be in the form of conciliation or mediation services provided by an independent and impartial third party.

Responses will be clear and easy to understand and will address all the issues raised. NHSGG&C will offer a meaningful apology where things have gone wrong and will indicate actions taken to prevent recurrence and/or lessons learned as a result.

There will be a clear statement indicating which elements of the complaint have been upheld, partially upheld or not upheld. The rationale for decisions taken will be explicitly stated.

Responses will indicate any further options open to the complainant including the right to seek a review by the Scottish Public Services Ombudsman. If a complainant comes back to the organisation with further or unresolved issues, this must be drawn to the attention of the relevant Director to decide what further action should be taken. Where new issues are raised these will normally be treated as a new complaint.

Service Improvement

NHSGG&C will ensure that information gained from patient complaints is used to improve quality, through our clinical governance arrangements. As well as responding to individual complaints we take the lessons from them and apply these as a basis for improving the quality of service provided.

5. Review

The Policy and Operational Procedures will be reviewed every two years unless there is a significant change in the guidance or legislative framework that we are required to work within.

We welcome comments and suggestions from the public or organisations on how we may improve our Complaints Policy. Comments should be sent to:-

Head of Board Administration
Board Headquarters
JB Russell House
Gartnavel Hospital Campus
1055 Great Western Road
Glasgow G12 0XH

6. References

Our Complaints Policy and Operational Procedures/Guidance are based on the following:-

- Patients Rights (Scotland) Act 2011
- The Patients Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012, issued by the Scottish Government on 28 March 2012 under CEL 7 (2012)
- The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012, issued by the Scottish Government on 28 March 2012 under CEL 7 (2012)
- National Guidance 'Can I Help You?' – Guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services (2012), issued by the Scottish Government on 28 March 2012 under CEL 8 (2012)
- NHS (General Medical Services Contracts)(Scotland) Regulations 2004; the NHS (General Dental Services)(Scotland) Amendment Regulations 2010; the NHS (Pharmaceutical Services)(Scotland) Amendment Regulations 2009; and the NHS (General Ophthalmic Services) (Scotland) Amendment Regulations 2006.
- The Statement of Complaints Handling Principles and Guidance on A Model Complaints Handling Procedure” issued by the Scottish Public Services Ombudsman in June 2011.
- NHS Scotland National Quality Strategy May 2010.
- Better Together Scotland's Patient Experience Programme (2008) and its Learning from Complaints Working Group.

We have also developed to support the Policy:-

- **Guidance to Staff in Dealing with Complaints.** This is based substantially on “Can I Help You?”
- **Operational Procedures for the NHS Board, the Acute Services Division and each CH(C)P**
- **An Unacceptable Behaviour by Complainants Protocol** for handling the circumstances where a complainant is (a) abusive to staff; or (b) threatens physical violence; or (c) is otherwise unreasonably persistent in circumstances where a complaint has been fully investigated and a full response provided to the complainant. A copy can be found at Annex B of Guidance to Staff.

7. Communication and Implementation Plan

We have prepared a NHSGG&C Patient Information Leaflet outlining the complaints process which will be widely available in public areas at all out facilities, on our web site and for use as a communication aid when corresponding with any person raising a complaint. Alternative format and language versions of this leaflet are available.

An information booklet entitled “Giving feedback or making a complaint about the NHS”, produced by Health Inform on behalf of the NHS in Scotland is also available on request from us and may be downloaded from the [Health Rights Information Scotland](#) website.

All staff are required to have an understanding of the Complaints Process and the rights of patients. Our Induction Programme for new staff emphasises this. Advice and guidance on the operation of the Complaints Policy is available via the Heads of Administration for the Board, Acute Services, each of the CH(C)Ps and from the Complaints Manager (Clinical Governance Support Unit).

Staff should ensure that any language and other obstacles to effective communication or concerns are overcome through provision of contact with support agencies, where necessary, including the Board’s interpreting service.

Guidance on individual complaints is also available via individuals who are designated as Complaints Officers. These individuals may undertake this role full-time or as part of other duties.

Senior Officers are responsible for ensuring that staff have access to training and support, appropriate to their role, to enable them to deal effectively with comments, concerns or complaints.

8. Monitoring

We are required to respond to complaints within 20 working days. Our performance in meeting this target is subject to report to the Information Services Division (ISD) and the NHS Board.

The NHS Board, directly or through the Quality & Performance Committee, will also review the key themes of complaints, remedial action or action taken to improve services as a result of complaints, and where appropriate, any recommendations made by the Scottish Public Services Ombudsman (SPSO) at least twice per year.

Our Acute Services Division and CH(C)Ps must have arrangements in place to monitor the response times to complaints, the lessons learned and the implementation of recommendations and/or actions arising from complaints and the recommendations contained in any Scottish Public Services Ombudsman (SPSO) Reports about our Services. These reviews should be carried out through the Clinical and Care Governance arrangements.

Ad hoc surveys, audits and departmental meetings provide further opportunities for learning any lessons in order to lead to better and improved services for patients.

The Scottish Health Council monitors the Board's management arrangements with PASS and how PASS support complainants under these arrangements.

9. Equality Impact Assessment

The NHS Scotland is required to ensure that its services recognise and respond sensitively to the individual needs, background and circumstances of lives of the people who access our services. This requirement, underpinned by a statutory duty to '*encourage equal opportunities*' applies equally to our local arrangements for handling complaints.

The Equalities Act 2010 places a legal obligation on public authorities (including NHS Boards) to actively promote equality in all their work and requires them to ensure that they comply with the general duty to:

'Eliminate unlawful discrimination on the grounds of race, sex, gender reassignment, disability, age, religion and belief, sexual orientation and pregnancy and maternity'.

Staff applying the Complaints Policy must comply with these requirements. They will treat individuals on an equitable basis, with an understanding of issues relating to age, disability, gender, race, religion, sexual orientation, or socio-economic status in accordance with the Board's Equality Scheme.

This Policy has been the subject of an Equality Impact Assessment to ensure arrangements fully meet the needs of potentially disadvantaged individuals or groups: This includes ensuring ready access to translation and interpretation services, including those for people with sensory impairment, and the provision of appropriate independent support and advocacy services for all who need it.

Complaints against Family Health Service Practitioners

Family Health Services Practitioners (including General Medical Practitioners (GPs); General Dental Practitioners, General Ophthalmic Opticians and Community Pharmacists) contract with the Health Board to provide services. They are known under the Complaints Policy as Service Providers. In return for committing to provide specific services to patients they receive payment from the health service. Sometimes Practitioners may provide services which are not covered by the NHS, such as a doctor providing a private medical report for insurance purposes or an optician providing glasses where the patient pays the full cost of the item. The health service is not involved in such private work but if an individual is dissatisfied with the service received such concerns may be taken up directly with the Practice and additionally a complaint may be made to the relevant professional regulatory body (see below).

For the services provided under the NHS, Practices are obliged to have in place and operate a practice based Complaints Procedure and to publicise this. Where an individual believes that a Practice does not have a suitable procedure in place (rather than dissatisfaction with the outcome of a complaint) that concern may be raised with the Health Board. If there is evidence that a Practice does not have a suitable procedure in place, we will require that appropriate action is taken to address this failure. Continued failure by a Practice may result in disciplinary action being taken against the practitioners concerned.

The Health Board may be able to provide a facilitation role between a patient and a Family Health Services Practitioner, to help resolve any differences, but are not able to pursue complaints with Practitioners on behalf of patients. There are independent bodies and advocacy services that may be able to assist in this.

Alternative Dispute Resolution (ADR) services, in the form of mediation or conciliation, may be used where both parties feel this would help to resolve the complaint.

Practices are required to appoint a Feedback and Complaints Officer who will be responsible for the management of feedback and complaints operationally within the Practice.

Practices should ensure that their complaints procedure is clear and that information on this and any support available is readily accessible to patients and/or their representatives.

Practices should adopt a positive approach to any form of patient feedback, including complaints, adopting the same principles as set out earlier in this Policy.

Practices are required to acknowledge complaints within 3 working days of receipt and to respond within 20 working days of receipt. Where the timescale for response cannot be met, a written explanation for this should be provided with an expected revised timescale for response.

Responses will be signed by an appropriately senior person in the Practice; this will normally be a Partner or the Practice Manager, depending on the circumstances of the complaint.

Responses should include any further options to pursue a complaint, including the right to seek a review by the Scottish Public Services Ombudsman.

Practices should ensure that actions identified as a result of complaints are followed up to prevent recurrence and improve the quality of care and services to patients.

Practices are required to provide the Board with complaints information as requested on a quarterly basis.

The main contact addresses for the four main regulatory bodies and their web sites are:-

General Medical Council

Regent's Place,
350 Euston Road,
London NW1 3JN

<http://www.gmc-uk.org/>

General Dental Council

37 Wimpole Street
London
W1G 8DQ

<http://www.gdc-uk.org/>

General Pharmaceutical Council

129 Lambeth Road
London SE1 7BT

<http://pharmacyregulation.org/>

General Optical Council

41 Harley Street
London
W1G 8DJ

<http://www.optical.org/>