

Greater Glasgow NHS Board

Board Meeting

Tuesday, 20 July 2004

Board Paper No. 04/45

HEAD OF BOARD ADMINISTRATION AND DIVISIONAL CHIEF EXECUTIVES

QUARTERLY REPORTS ON COMPLAINTS : JANUARY – MARCH 2004

Recommendation

The Board is asked to note the quarterly report on NHS complaints in Greater Glasgow for the period 1 January to 31 March 2004.

1. Greater Glasgow NHS Board

There were no Local Resolution complaints received this quarter.

There were no requests for an Independent Review this quarter.

2. Trust Performance

The information contained in the Complaints Report forms part of the Performance Assessment Framework (PAF) and the performance against national targets will also be reported to the Performance Review Group as part of the PAF reporting mechanisms.

(a) January – March 2004

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

	<u>No. of Complaints</u>	<u>No. Completed Within 20 Working Days</u>	<u>As Shown as %</u>
North Trust	218	126	58%
South Trust	153	113	74%
Yorkhill Trust	32	22	69%
PCT Trust (excluding FHS)	21	8	38%

(b) Further Breakdown of Trust Performance

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

EMBARGOED UNTIL DATE OF MEETING

	<u>01/01/04</u> <u>31/03/04</u>	<u>01/10/03</u> <u>31/12/03</u>	<u>01/07/03</u> <u>30/09/03</u>	<u>01/04/03 -</u> <u>30/06/03</u>
North Trust	58%	63%	71%	64%
South Trust	74%	69%	74%	75%
Yorkhill Trust	69%	52%	39%	49%
PCT Trust (excluding FHS)	38%	69%	25%	55%

3. Themes and Trends

Chief Executives may wish to expand, at the meeting, on any themes or trends noticed with regard to complaints handling for the period January to March 2004. For the purposes of an NHS Greater Glasgow analysis, the following three areas attracted the most number of complaints:-

- Attitude and Behaviour of Staff
- Communication
- Clinical Treatment.

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

North Trust	<ul style="list-style-type: none"> ➤ As a result of concerns raised about communication, in addition to the complaint being discussed with the staff involved, complaints have been anonymised and used as the basis for discussion at ward meetings. In Elderly Services documentation has been formulated to encourage staff to be pro-active in seeking out relatives to provide information. In addition, a patient satisfaction survey which will include relatives and patients perception of staff attitude is being formulated for use within the West Medicine for the Elderly Service.
South Trust	<ul style="list-style-type: none"> ➤ A GP raised concerns about delays experienced when patients die in hospital and receiving appropriate information about this. This was discussed by the Chair of Regional Services with the Health Records Manager and raised with Clinical Directors to re-confirm that it is the responsibility of the House Officers to inform GPs at the first practical opportunity. ➤ Consideration to be given to the introduction of refreshment water dispensers in Outpatient Clinic areas where none are currently available.
Yorkhill Trust	<ul style="list-style-type: none"> ➤ Efforts continue to be made to reduce waiting times and to improve communication amongst staff. ➤ A report is taken to the Clinical Risk Management Committee on a quarterly basis to discuss complaints with a clinical content.

EMBARGOED UNTIL DATE OF MEETING

PCT Trust (excluding FHS)	<ul style="list-style-type: none"> ➤ There has been a review of therapeutic activity in one hospital and a programme of therapeutic activity which caters for all patients will be developed within IPCU. ➤ There will be a change in the extent of the information given to dental practices where non routine inspections are being arranged. ➤ A full review of house keeping practices, to include nursing and domestic staff, is being undertaken in one area. ➤ A review of the management of blocked/broken toilets is being undertaken, with a view to improving response times for managing repairs. ➤ Local procedures in respect of advising relatives of a patient's discharge have been reviewed in conjunction with general communication issues, in a particular ward. ➤ Lessons have been learned in respect of seeking explicit consent to discuss any form of information with a carer or advocate, rather than relying on implied consent alone.
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Following a request from Greater Glasgow Health Council, the outcome of complaints completed at Local Resolution, in terms of number upheld, number upheld in part and number not upheld have been analysed as indicated below:-

January – March 2004

	<u>Complaints Completed</u>	<u>Upheld</u>	<u>Upheld in Part</u>	<u>Not Upheld</u>
North Trust	218	77 (35 %)	69 (32%)	72 (33%)
South Trust	153	31 (20%)	41 (27%)	81 (53%)
Yorkhill Trust	32	13 (40.5%)	13 (40.5%)	6 (19%)
PCT Trust (excluding FHS)	21	5 (24%)	8 (38%)	8 (38%)

4. Conciliation

Within this quarter, no requests were received for a conciliator.

5. Scottish Executive Complaints Consultation

The NHS Board awaits notification of the timescale of the introduction of the new NHS Complaints Procedure. Notwithstanding this, the Head of Board Administration has met with the Divisions' Complaints Officers to prepare for single system working and the introduction of the new NHS Complaints Procedure. A review has been undertaken of all complaints leaflets/literature and a range of issues have been identified for further discussion in order to agree a commonality of approach across NHS Greater Glasgow.

Given that the Ombudsman will assume a greater role in the new procedure, representatives from the Scottish Public Services Ombudsman's office are holding a series of one-day events in each NHS Board area to ensure there is a broad understanding of their role. These events will also provide an opportunity for the Ombudsman's staff to learn from the experiences of NHS staff directly involved in complaints handling. The visit to NHS Greater Glasgow has been arranged for Wednesday 29 September in Dalian House between 9.30 a.m. and 3.30 p.m. Invitations to attend this event will be broadly circulated.

6. Report Distribution

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

The report is also submitted to the quarterly meeting of the Greater Glasgow Health and Clinical Governance Committee for discussion around any areas where clinical lessons have been learned and could be shared wider within NHS Greater Glasgow. The Head of Board Administration attends to present and discuss the report

North Glasgow University Hospitals NHS Trust

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	218
(b)	Number of complaints completed at Local Resolution within 20 working days	126
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	58%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	77
	Number upheld in part	69
	Number not upheld	72

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	8
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	2
	Number refused	2
	Number proceeding	0
	Decision Awaited	4
(c)	Number of requests for Independent Review <u>completed</u>	1
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	1
	Number not upheld	0

Ombudsman

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

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

Habitual and/or Vexatious Complaints

Number of complaints declared habitual and/or vexatious within quarter	0
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Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

As a result of concerns raised about communication, in addition to the complaint being discussed with the staff involved, complaints have been anonymised and used as the basis for discussion at ward meetings. In Elderly Services documentation has been formulated to encourage staff to be pro-active in seeking out relatives to provide information. In addition a patient satisfaction survey which will include relatives and patients perception of staff attitude is being formulated for use within the West Medicine for the Elderly Service.

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

1. Clinical Treatment	Action plans demonstrate a commitment by staff in these areas to
2. Attitude/Behaviour of Staff	address these issues. There has been significant local work in the
3. Communication and Appointment Waiting Times	divisions to address the rise in waiting time complaints

Trends of Complaints Noticed this Quarter

None reported.

Specific Service Improvements Made as a Result of Complaints Completed

None reported.

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

Staff

Attitude/behaviour

74

Medical/Dental

11

Nursing

20

AHPs

2

Ambulance (& paramedics)

4

Administration

0

Other

37

- Complaint handling

1

- Communication (written/oral)

43

- Shortage/availability

1

Waiting times for

- Date for admission/attendance

22

- Date for appointment

46

- Result of tests

8

Delays in/at

- Admission/transfer/discharge procedures

1

- Outpatient and other clinics

12

- A & E

3

Environment/domestic

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

3

- Catering

7

- Cleanliness/laundry

13

- Patient privacy/dignity

7

- Patient property/expenses

1

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

1

- Personal records (including medical, complaints)

7

- Shortage of beds

1

ISSUES RAISED

NUMBER

Procedural issues

- Failure to follow agreed procedure
- Policy and commercial decisions (of trusts)
- NHS Board commissioning
- Mortuary/post mortem arrangements
- Code of Openness* complaints

0

0

0

0

0

Treatment

- Clinical treatment (all aspects)

93

Medical/Dental

47

Nursing

27

Other Staff

19

- Consent

0

- Transport Arrangements (including ambulances)

4

- Other (where no definition applies)

21

South Glasgow University Hospitals NHS Trust

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	153
(b)	Number of complaints completed at Local Resolution within 20 working days	113
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	74%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	31
	Number upheld in part	41
	Number not upheld	81

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	2
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	0
	Number refused	3
	Number proceeding	1
	Decision Awaited	2
(c)	Number of requests for Independent Review <u>completed</u>	1
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	1

Ombudsman

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

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

Habitual and/or Vexatious Complaints

Number of complaints declared habitual and/or vexatious within quarter	0
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Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

A GP raised concerns about delays experienced when patients die in hospital and receiving appropriate information about this. This was discussed by the Chair of Regional Services with the Health Records Manager and raised with Clinical Directors to re-confirm that it is the responsibility of the House Officers to inform GPs at the first practical opportunity.

Consideration to be given to the introduction of refreshment water dispensers in Outpatient Clinic areas where none are currently available.

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

1. Attitude and communication (60) 31%
2. Clinical Treatment (53) 27%
3. Waiting Times (30) 15%

Trends of Complaints Noticed this Quarter

Again a further slight reduction in the complaints raised around waiting times and complaints received regarding rescheduling of Ophthalmology Clinics to cope with Junior Doctor Hours. The Division has been successful in securing

funding to provide two additional consultant ophthalmologists and associated support. We hope to recruit staff to these posts over the next two or three months so that we can focus on achieving the 26 week target for outpatient appointments and the six month target for surgery.

Following the introduction of the partial-booking system, patients have complained informally about the information being provided within the letter around the indicative waiting times indicated within the letter. This was raised with the appropriate Business Manager and General Manager who will be reviewing such correspondence.

Specific Service Improvements Made as a Result of Complaints Completed

Following discussions with Business Manager and General Manager, frontline staff made aware of the targets for guaranteed procedure waiting times so that conflicting or confusing information is not relayed to patients enquiring about their position on the waiting list.

Following complaint, Consultants to ensure patients are given the option to be supported by family/friends in consultation where bad news is being given, if they wish.

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

Staff

Attitude/behaviour

23

Medical/Dental

7

Nursing

9

AHPs

0

Ambulance (& paramedics)

0

Administration

3

Other

4

• Complaint handling

0

• Communication (written/oral)

23

• Shortage/availability

2

Waiting times for

• Date for admission/attendance

10

• Date for appointment

17

• Result of tests

1

Delays in/at

• Admission/transfer/discharge procedures

3

• Outpatient and other clinics

1

• A & E

0

Environment/domestic

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

13

• Catering

8

• Cleanliness/laundry

7

• Patient privacy/dignity

5

• Patient property/expenses

2

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

0

• Personal records (including medical, complaints)

1

• Shortage of beds

2

ISSUES RAISED

NUMBER

Procedural issues

• Failure to follow agreed procedure

0

• Policy and commercial decisions (of trusts)

2

• NHS Board commissioning

1

• Mortuary/post mortem arrangements

0

• *Code of Openness* complaints

0

Treatment

• Clinical treatment (all aspects)

43

Medical/Dental

30

Nursing

11

Other Staff

2

• Consent

0

• **Transport Arrangements (including ambulances)**

2

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

8

Yorkhill NHS Trust

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	32
(b)	Number of complaints completed at Local Resolution within 20 working days	22
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	69%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	13
	Number upheld in part	13
	Number not upheld	6

Independent Review

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

Ombudsman

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

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

Habitual and/or Vexatious Complaints

Number of complaints declared habitual and/or vexatious within quarter	0
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Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

- Efforts continue to be made to reduce waiting times and to improve communication amongst staff.
- A report is taken to the Clinical Risk Management Committee on a quarterly basis to discuss complaints with a clinical content.

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

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

Trends of Complaints Noticed this Quarter

No particular trend identified.

Specific Service Improvements Made as a Result of Complaints Completed

- Efforts continue to be made to reduce waiting times and to improve communication amongst staff.
- A report is taken to the Clinical Risk Management Committee on a quarterly basis to discuss complaints with a clinical content.

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

Staff

Attitude/behaviour

27

Medical/Dental

12

Nursing

10

AHPs

1

Ambulance (& paramedics)

0

Administration

1

Other

3

- Complaint handling
- Communication (written/oral)
- Shortage/availability

8

34

6

Waiting times for

- Date for admission/attendance
- Date for appointment
- Result of tests

3

7

2

Delays in/at

- Admission/transfer/discharge procedures
- Outpatient and other clinics
- A & E

1

4

0

Environment/domestic

- Aids & appliances, equipment, premises (including access)
- Catering
- Cleanliness/laundry
- Patient privacy/dignity
- Patient property/expenses
- Patient status/discrimination (e.g. race, gender, age)
- Personal records (including medical, complaints)
- Shortage of beds

7

3

3

0

1

0

1

0

ISSUES RAISED

NUMBER

Procedural issues

- Failure to follow agreed procedure
- Policy and commercial decisions (of trusts)
- NHS Board commissioning
- Mortuary/post mortem arrangements
- Code of Openness* complaints

2

2

0

1

0

Treatment

- Clinical treatment (all aspects)
- Medical/Dental
- Nursing
- Other Staff

0

12

3

1

- Consent

0

- Transport Arrangements (including ambulances)

0

- Other (where no definition applies)

3

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

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	21
(b)	Number of complaints completed at Local Resolution within 20 working days	8
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	38%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	5
	Number upheld in part	8
	Number not upheld	8

Independent Review

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

Ombudsman

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

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

Habitual and/or Vexatious Complaints

Number of complaints declared habitual and/or vexatious within quarter	0
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Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

- There has been a review of therapeutic activity in one hospital and a program of therapeutic activity which caters for all patients will be developed within IPCU.
- There will be a change in the extent of the information given to dental practices where non routine inspections are being arranged.
- A full review of house keeping practices, to include nursing and domestic staff, is being undertaken in one area.
- A review of the management of blocked/broken toilets is being undertaken, with a view to improving response times for managing repairs.
- Local procedures in respect of advising relatives of a patient's discharge have been reviewed in conjunction with general communication issues, in a particular ward.
- Lessons have been learned in respect of seeking explicit consent to discuss any form of information with a carer or advocate, rather than relying on implied consent alone.

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

1. Clinical Treatment)
2. Communication) This is in keeping with previous quarters.
3. Attitude)

Trends of Complaints Noticed this Quarter

There was no specific trend in complaints this quarter.

Specific Service Improvements Made as a Result of Complaints Completed

- In one particular area an Occupational Therapist has now taken up post and a leaflet has been introduced for patients and relatives/carers on how to access facilities.
- An error in the IT system used at GGILES (Joint Stores) has been rectified by the software provider.

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

Staff

Attitude/behaviour

8

Medical/Dental

0

Nursing

8

AHPs

0

Ambulance (& paramedics)

0

Administration

0

Other

0

• Complaint handling

1

• Communication (written/oral)

8

• Shortage/availability

0

Waiting times for

• Date for admission/attendance

1

• Date for appointment

2

• Result of tests

0

Delays in/at

• Admission/transfer/discharge procedures

0

• Outpatient and other clinics

0

• A & E

0

Environment/domestic

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

1

• Catering

0

• Cleanliness/laundry

1

• Patient privacy/dignity

0

• Patient property/expenses

0

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

0

• Personal records (including medical, complaints)

0

• Shortage of beds

0

ISSUES RAISED

NUMBER

Procedural issues

• Failure to follow agreed procedure

0

• Policy and commercial decisions (of trusts)

0

• NHS Board commissioning

0

• Mortuary/post mortem arrangements

0

• *Code of Openness* complaints

0

Treatment

• Clinical treatment (all aspects)

9

Medical/Dental

7

Nursing

2

Other Staff

0

• Consent

0

• **Transport Arrangements (including ambulances)**

0

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

6

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

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

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	8
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	1
	Number refused	6
	Number proceeding	1
	Decision Awaited	0
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

Ombudsman

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

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

Habitual and/or Vexatious Complaints

Number of complaints declared habitual and/or vexatious within quarter	0
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