

Greater Glasgow NHS Board

Board Meeting

Tuesday, 12 October 2004

Board Paper No. 04/62

HEAD OF BOARD ADMINISTRATION AND DIVISIONAL CHIEF EXECUTIVES

QUARTERLY REPORTS ON COMPLAINTS : APRIL – JUNE 2004

Recommendation

The Board is asked to note the quarterly report on NHS complaints in Greater Glasgow for the period 1 April to 30 June 2004 and note that it will be considered by the Health and Clinical Governance Committee.

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. Divisional 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) April - June 2004

Shown below are the performances of each Division 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 Division	200	114	57%
South Division	95	70	74%
Yorkhill Division	37	16	43%
PCT Division (excluding FHS)	27	15	56%

(b) Further Breakdown of Division Performance

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

EMBARGOED UNTIL DATE OF MEETING

	<u>01/04/04 -</u> <u>30/06/04</u>	<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>
North Division	57%	58%	63%	71%
South Division	74%	74%	69%	74%
Yorkhill Division	43%	69%	52%	39%
Primary Care Division (excluding FHS)	56%	38%	69%	25%

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 April to June 2004. For the purposes of an NHS Greater Glasgow analysis, the following three areas attracted the most number of complaints:-

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

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

North Division	<ul style="list-style-type: none"> ➤ A letter is being developed to be sent to dentists of elective patients for cardiac surgery asking for details of treatment they have received recently and when they were last seen. This was in light of a complaint when a patient developed complications, which could have been detected by the dentist prior to surgery, and the family felt the hospital should arrange dental review as part of the assessment process. ➤ Shortly after a patient was transferred from Stirling Royal Infirmary to the Beatson Oncology Centre, they went missing for some time. Staff were slow to appreciate and communicate to each other the extent of the patient's confused state and failed to immediately initiate stringent procedures to ensure the patient's safety. Safety precautions are being reviewed and an action plan compiled. Also, this incident has been used as a case study for all members of nursing staff to highlight the incident and the remedial action required to ensure there is no recurrence.
South Division	<ul style="list-style-type: none"> ➤ Following receipt of a complaint originating by the patient having duplicate appointments in the Chest/GI Clinic, a further check has been put into place in the appropriate department to ensure that if a short-term follow up or repeat procedure is "flagged" appropriately by the medical staff. Administration staff check for duplicate appointments and ensure that where appointments exist but are not flagged, they are queried with the medical staff. ➤ Following the introduction of partial-booking letters being sent to patients, Health Records Manager is to review the wording of the letter to ensure that more information is included about the reason for the waiting times and ongoing efforts to monitor them.

EMBARGOED UNTIL DATE OF MEETING

Yorkhill Division	<ul style="list-style-type: none"> ➤ Efforts continue to be made to improve waiting times. ➤ A “People Care Course” for new staff is being reviewed to look at communication and attitude. ➤ Complaints have now been put on the agenda for each Clinical Board’s performance review as a standing item.
Primary Care Division (excluding FHS)	<ul style="list-style-type: none"> ➤ As a result of a complaint in one particular area, work is underway to improve communication with relatives; all staff will attend management of aggression training and group work programmes will be developed for aggression and anti-social behaviour. ➤ In one area there will be a review of room space used for one to one clinical functions. ➤ In one clinic there has been a review of the system of dealing with last minute cancellations. ➤ In a specific area a new procedure will be implemented for internal communication re changing patient details so that they are reflected on all records, ie, medical, nursing, PiMS. ➤ In one area, the Practice Development Nurse is working with staff to develop their skills in providing care in an environment which features disruptive behaviour.

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:-

April - June 2004

	<u>Complaints Completed</u>	<u>Upheld</u>	<u>Upheld in Part</u>	<u>Not Upheld</u>
North Division	200	73 (36.5%)	61 (30.5%)	66 (33%)
South Division	95	26 (27%)	20 (21%)	49 (52%)
Yorkhill Division	37	17 (46%)	7 (19%)	13 (35%)
PCT Division (excluding FHS)	27	3 (11%)	12 (44.5%)	12 (44.5%)

4. Conciliation

Within this quarter, one request was received for a conciliator. This request was made by the Primary Care Division and has now been concluded. The conciliator reported that the parties came to an agreement which resolved the complaint.

5. Scottish Executive Complaints Consultation

The NHS Board awaits formal notification of the timescale of the introduction of the new NHS Complaints Procedure. It is likely that the new Complaints Procedure will be introduced in the next few months. The Head of Administration, South Division, meets regularly 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 held a series of one-day events in each NHS Board area

EMBARGOED UNTIL DATE OF MEETING

to ensure there is a broad understanding of their role. These events also provided 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 took place on Wednesday, 29 September in Dalian House and was attended by those involved in the complaints procedure including the Chief Executive, Non-Executive Directors, Lay Chairs, Conciliators, Complaints personnel and the Greater Glasgow Health Council.

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 Division

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	200
(b)	Number of complaints completed at Local Resolution within 20 working days	114
(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>	57%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	73
	Number upheld in part	61
	Number not upheld	66

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>	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 Division 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 letter is being developed to be sent to dentists of elective patients for cardiac surgery asking for details of treatment they have received recently and when they were last seen. This was in light of a complaint when a patient developed complications, which could have been detected by the dentist prior to surgery, and the family felt the hospital should arrange dental review as part of the assessment process.
- Shortly after a patient was transferred from Stirling Royal Infirmary to the Beatson Oncology Centre, they went missing for some time. Staff were slow to appreciate and communicate to each other the extent of the patient's confused state and failed to immediately initiate stringent procedures to ensure the patient's safety. Safety precautions are being reviewed and an action plan compiled. Also, this incident has been used as a case study for all members of nursing staff to highlight the incident and the remedial action required to ensure there is no recurrence.

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

1. Clinical Treatment
2. Communication
3. Attitude/Behaviour of Staff.

Trends of Complaints Noticed this Quarter

None.

Specific Service Improvements Made as a Result of Complaints Completed

- A complaint from a GP regarding waiting times for colonoscopy and sigmoidoscopy at Stobhill Hospital highlighted the need to reduce waiting times for routine appointments, which were around 9 months earlier this year. Additional lists were undertaken by the consultants, which have helped to reduce the waiting time to around 6 months for routine referrals. Additionally, training has been provided for a colorectal nurse endoscopist to provide a diagnostic flexible sigmoidoscopy and colonoscopy service for patients in the North East of the city. The nurse endoscopist's training was completed in September 2004 and this additional resource should contribute to the reduction in waiting times both at Stobhill and Glasgow Royal Infirmary.
- The majority of complaints relating to outpatient waiting times in Surgical Services continue to be for Audiology hearing assessment and for the fitting of digital hearing aids. However, significant improvements have been made at the Glasgow Royal Infirmary site where out of hours clinics have been introduced. Plans to introduce a similar service at Gartnavel General and Stobhill Hospital will hopefully have a similar impact on reducing waiting times for outpatient appointments.

EMBARGOED UNTIL DATE OF MEETING

COMPLAINT CATEGORIES

ISSUES RAISED		NUMBER	ISSUES RAISED		NUMBER
Staff	Attitude/behaviour	29	Procedural issues		
	Medical/Dental	5	• Failure to follow agreed procedure		2
	Nursing	17	• Policy and commercial decisions (of divisions)		3
	AHPs	0	• NHS Board commissioning		0
	Ambulance (& paramedics)	0	• Mortuary/post mortem arrangements		0
	Administration	0	• <i>Code of Openness</i> complaints		0
	Other	7			
•	Complaint handling	0	Treatment		
•	Communication (written/oral)	43	• Clinical treatment (all aspects)		94
•	Shortage/availability	0	Medical/Dental		66
			Nursing		28
			Other Staff		0
Waiting times for					
•	Date for admission/attendance	21	• Consent		0
•	Date for appointment	19			
•	Result of tests	2	• Transport Arrangements (including ambulances)		6
Delays in/at					
•	Admission/transfer/discharge procedures	3			
•	Outpatient and other clinics	11			
•	A & E	5			
Environment/domestic			• Other (where no definition applies)		12
•	Aids & appliances, equipment, premises (including access)	9			
•	Catering	1			
•	Cleanliness/laundry	10			
•	Patient privacy/dignity	13			
•	Patient property/expenses	0			
•	Patient status/discrimination (e.g. race, gender, age)	3			
•	Personal records (including medical, complaints)	5			
•	Shortage of beds	3			

South Glasgow University Hospitals Division

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	95
(b)	Number of complaints completed at Local Resolution within 20 working days	70
(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	26
	Number upheld in part	20
	Number not upheld	49

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	1
	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 Division 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

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

1. Communication - 46
2. Attitude/Behaviour - 19
3. Clinical Treatment - 13.

Trends of Complaints Noticed this Quarter

Reduction in the overall number of complaints received and completed in the first quarter and concerns around clinical treatment have fallen from the previous quarter of 27% whilst there has been a significant increase in communication and attitude complaints from the previous quarter of 31%

Specific Service Improvements Made as a Result of Complaints Completed

Following receipt of a complaint originating by the patient having duplicate appointments in the Chest/GI Clinic, a further check has been put into place in the appropriate department to ensure that if a short-term follow up or repeat procedure is “flagged” appropriately by the medical staff. Administration staff now check for duplicate appointments and ensure that where appointments exist but are not flagged, they are queried with the medical staff.

Following the introduction of partial-booking letters being sent to patients, the Business Manager is to review the wording of the letter to ensure that more information is included about the reason for the waiting times and any work being carried out to review these.

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

Staff	Attitude/behaviour	19
	Medical/Dental	12
	Nursing	3
	AHPs	3
	Ambulance (& paramedics)	0
	Administration	1
	Other	0

•	Complaint handling	0
•	Communication (written/oral)	46
•	Shortage/availability	1

Waiting times for

•	Date for admission/attendance	3
•	Date for appointment	8
•	Result of tests	1

Delays in/at

•	Admission/transfer/discharge procedures	1
•	Outpatient and other clinics	7
•	A & E	0

Environment/domestic

•	Aids & appliances, equipment, premises (including access)	3
•	Catering	1
•	Cleanliness/laundry	3
•	Patient privacy/dignity	3
•	Patient property/expenses	2
•	Patient status/discrimination (e.g. race, gender, age)	0
•	Personal records (including medical, complaints)	2
•	Shortage of beds	0

ISSUES RAISED

NUMBER

Procedural issues

•	Failure to follow agreed procedure	0
•	Policy and commercial decisions (of divisions)	0
•	NHS Board commissioning	0
•	Mortuary/post mortem arrangements	0
•	<i>Code of Openness</i> complaints	0

Treatment

•	Clinical treatment (all aspects)	13
	Medical/Dental	8
	Nursing	3
	Other Staff	2

•	Consent	0
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•	Transport Arrangements (including ambulances)	1
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•	Other (where no definition applies)	3
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Yorkhill Division

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	37
(b)	Number of complaints completed at Local Resolution within 20 working days	16
(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>	43%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	17
	Number upheld in part	7
	Number not upheld	13

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	1
	Number refused	0
	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 Division 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 improve waiting times.
- A “People Care Course” for new staff is being reviewed to look at communication and attitude.
- Complaints have now been put on the agenda for each Clinical Board’s performance review as a standing item.

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

1.	Attitude and Behaviour of Staff	15
2.	Communication (written and oral)	15
3.	Waiting time for an appointment date	10

Trends of Complaints Noticed this Quarter

A number of complaints were received about the rheumatology services, as theatre sessions had been cancelled for this service.

Specific Service Improvements Made as a Result of Complaints Completed

Re “Trends” above – as a result of meetings with relevant staff, it is hoped there will be a reduction in the number of cancelled lists for this service.

EMBARGOED UNTIL DATE OF MEETING

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

ISSUES RAISED

NUMBER

Staff	Attitude/behaviour	15
	Medical/Dental	6
	Nursing	6
	AHPs	1
	Ambulance (& paramedics)	0
	Administration	1
	Other	1

•	Complaint handling	1
•	Communication (written/oral)	15
•	Shortage/availability	2

Waiting times for

•	Date for admission/attendance	1
•	Date for appointment	10
•	Result of tests	1

Delays in/at

•	Admission/transfer/discharge procedures	0
•	Outpatient and other clinics	0
•	A & E	0

Environment/domestic

•	Aids & appliances, equipment, premises (including access)	4
•	Catering	0
•	Cleanliness/laundry	2
•	Patient privacy/dignity	3
•	Patient property/expenses	0
•	Patient status/discrimination (e.g. race, gender, age)	0
•	Personal records (including medical, complaints)	0
•	Shortage of beds	0

Procedural issues

•	Failure to follow agreed procedure	0
•	Policy and commercial decisions (of divisions)	3
•	NHS Board commissioning	0
•	Mortuary/post mortem arrangements	0
•	<i>Code of Openness</i> complaints	0

Treatment

•	Clinical treatment (all aspects)	9
	Medical/Dental	8
	Nursing	0
	Other Staff	1

•	Consent	0
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•	Transport Arrangements (including ambulances)	0
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•	Other (where no definition applies)	1
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Primary Care Division (Community & Mental Health)

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	27
(b)	Number of complaints completed at Local Resolution within 20 working days	15
(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>	56%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	3
	Number upheld in part	12
	Number not upheld	12

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 Division 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 a complaint in one particular area, work is underway to improve communication with relatives; all staff will attend management of aggression training and group work programmes will be developed for aggression and anti-social behaviour.
- In one area there will be a review of room space used for one to one clinical functions.
- In one clinic there has been a review of the system of dealing with last minute cancellations.
- In a specific area a new procedure will be implemented for internal communication re changing patient details so that they are reflected on all records, ie, medical, nursing, PiMS.
- In one area, the Practice Development Nurse is working with staff to develop their skills in providing care in an environment which features disruptive behaviour.

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

1. Clinical Treatment)
2. Communication) This is the same as last quarter.
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 health centre a tracking system for treatment cards has been implemented and staff are receiving training.
- There has been a change to a standard letter in Podiatry as a result of a complaint about the tone of the letter.
- A procedure has been put in place at a retinal screening clinic to inform patients about delays.
- In one particular area a regular, formal group meeting between staff and patients has been established for discussion of issues regarding all aspects of care.
- A minimum quota of staff has been established for meal time supervision in a particular ward.

COMPLAINT CATEGORIES

ISSUES RAISED		NUMBER	ISSUES RAISED		NUMBER
Staff	Attitude/behaviour	9	Procedural issues		
	Medical/Dental	2	• Failure to follow agreed procedure		0
	Nursing	5	• Policy and commercial decisions (of divisions)		0
	AHPs	1	• NHS Board commissioning		0
	Ambulance (& paramedics)	0	• Mortuary/post mortem arrangements		0
	Administration	1	• <i>Code of Openness</i> complaints		0
	Other	0			
•	Complaint handling	0	Treatment		
•	Communication (written/oral)	12	• Clinical treatment (all aspects)		15
•	Shortage/availability	2	Medical/Dental		7
			Nursing		7
			Other Staff		1
Waiting times for					
•	Date for admission/attendance	1	• Consent		1
•	Date for appointment	4			
•	Result of tests	0			
Delays in/at			• Transport Arrangements (including ambulances)		0
•	Admission/transfer/discharge procedures	0			
•	Outpatient and other clinics	0			
•	A & E	0			
Environment/domestic			• Other (where no definition applies)		5
•	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			

Primary Care Division (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 Primary Care Division. Similarly, FHS Practitioners are not required to advise the Division (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>	5
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	1
	Number refused	1
	Number proceeding	0
	Decision Awaited	3
(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 Division 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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