

Greater Glasgow NHS Board

Board Meeting

Tuesday, 22 March 2005

Board Paper No. 05/28

**HEAD OF BOARD ADMINISTRATION AND
DIVISIONAL CHIEF EXECUTIVES**

**QUARTERLY REPORT ON COMPLAINTS :
OCTOBER – DECEMBER 2004**

Recommendation

The Board is asked to note the quarterly report on NHS complaints in Greater Glasgow for the period 1 October to 31 December 2004 and note that it will also be considered by the Health and Clinical Governance Committee at its next meeting.

1. Greater Glasgow NHS Board

There was one Local Resolution complaint received this quarter.

There was one request received for an Independent Review this quarter. This was received and acknowledged on 12 October 2004, passed to the Convener on 14 October 2004 and a final response sent to the complainant on 16 November 2004 advising that the Convener, in consultation with a Lay Chair, had decided not to convene an Independent Review Panel on the grounds that Local Resolution replies were comprehensive and reasonable and that an Independent Review Panel would be unable to elicit any more information or take the matter any further. The complainant was advised of his right to refer the matter to the Ombudsman should he remain dissatisfied.

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) October- December 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	197	118	60%
South Division	87	62	71%
Yorkhill Division	25	16	64%
PCT Division (excluding FHS)	23	15	65%

(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 below:-

	<u>01/10/04</u> <u>31/12/04</u>	<u>01/07/04</u> <u>30/09/04</u>	<u>01/04/04 -</u> <u>30/06/04</u>	<u>01/01/04</u> <u>31/03/04</u>
North Division	60%	66%	57%	58%
South Division	71%	76%	74%	74%
Yorkhill Division	64%	63%	43%	69%
Primary Care Division (excluding FHS)	65%	63%	56%	38%

3. Themes and Trends

Divisional Chief Executives may wish to expand, at the meeting, on any particular themes or trends noticed with regard to complaints handling for the period October to December 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 patient who was waiting to be seen at the Urology clinic had the appointment cancelled numerous times. On investigation it was found that there were several reasons why this had occurred, including the retirement of the Lead Urology Consultant. Regrettably the number of previous cancellations was not taken into account when appointments were cancelled and rearranged. The policy is that a patient should not be cancelled more than once if at all possible. The Clinical Nurse Manager has brought this to the attention of all staff responsible for making and cancelling appointments, to ensure that they always highlight to their Line Manager when a patient has had an appointment cancelled previously. ➤ A patient attending Outpatients raised concerns about waiting over 2 hours to be seen at a clinic and it was discovered his records had not been moved to the correct area for the doctor to review. The system has been reviewed and a robust system put in place to avoid any recurrence. ➤ There was delay in relatives being contacted when a patient was admitted to hospital. As a consequence, staff have been reminded to thoroughly check and confirm with patients and relatives all contact names and numbers that are current. These should be made readily available in the case records whenever required.
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South Division	<ul style="list-style-type: none"> ➤ Shower facilities in Surgical Ward have been approved for upgrading to more sympathetic use by recuperating surgical / orthopaedic patients after complaints received. Work will be completed by April 2005. ➤ Due to service shortfalls identified by Head of Service, WESTMARC more efficient stock management systems are being introduced to increase local manufacturing. ➤ Additional paediatric physiotherapists identified as required for WESTMARC to dedicate time to the training and co-ordination of the children's wheelchair service. ➤ Software has been amended to ensure that appointment dates could not be logged for weekends in the MRI Department following an appointment date entered incorrectly following a typographic error on correspondence. ➤ Coffee shop within the Institute of Neurological Science to be inspected with H&S staff to ensure there is adequate space for all users, including wheelchairs and disabled users. ➤ A&E VI: Patients being admitted to ICU via A&E will have their belongings listed and recorded. Policy immediately reviewed, altered and cascaded to the staff. ➤ Health Records Manager to assess whether Medical Records staff at SGH can liaise with the Psychiatric Unit within the SGH, if a patient has been admitted but not traceable on the SGUH patient information system. ➤ ENT patients attending will be kept informed by nursing clerking them in, rather than the clinic nurse if there are any delays or problems with the appointments running to time.
Yorkhill Division	<ul style="list-style-type: none"> ➤ Efforts continue to be made to reduce waiting times. We are also continuing to highlight to staff "people care" and, as such, the induction programme for staff is currently being reviewed.
Primary Care Division (excluding FHS)	<ul style="list-style-type: none"> ➤ As a result of one complaint, staff in a health centre have been updated on some aspects of disability awareness. ➤ As a result of a conversation which took place in an area where patients could overhear, staff have been reminded of the requirement to ensure that confidentiality is maintained.

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:-

October – December 2004

	<u>Complaints Completed</u>	<u>Upheld</u>	<u>Upheld in Part</u>	<u>Not Upheld</u>
North Division	197	83 (42%)	49 (25%)	65 (33%)
South Division	87	26 (30%)	17 (19.5%)	44 (50.5%)
Yorkhill Division	25	16 (64%)	4 (16%)	5 (20%)
PCT Division (excluding FHS)	23	7 (31%)	4 (17%)	12 (52%)

4. Conciliation

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

5. Scottish Executive Complaints Consultation

The NHS Board still 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.

The Complaints Officers across NHS Greater Glasgow also attend the National Complaints Association - Scotland meetings to share good working practice and discuss areas of mutual interest/concern. The Association is hosting its first two day conference on 26/27 May that will include a number of eminent keynote presentations, including one from Ms Alice Brown, Scottish Public Services Ombudsman. A further benefit will be through a wide choice of relevant and interactive workshops to debate key issues facing complaints personnel.

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 Secretariat Manager attends to present and discuss the report.

North Glasgow University Hospitals Division

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	197
(b)	Number of complaints completed at Local Resolution within 20 working days	118
(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>	60%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	83
	Number upheld in part	49
	Number not upheld	65

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	2
	Number proceeding	1
	Decision Awaited	2
(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	1
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Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

- A patient who was waiting to be seen at the Urology clinic had the appointment cancelled numerous times. On investigation it was found that there were several reasons why this had occurred, including the retirement of the Lead Urology Consultant. Regrettably the number of previous cancellations was not taken into account when appointments were cancelled and rearranged.

The policy is that a patient should not be cancelled more than once if at all possible. The Clinical Nurse Manager has brought this to the attention of all staff responsible for making and cancelling appointments, to ensure that they always highlight to their Line Manager when a patient has had an appointment cancelled previously.

- A patient attending Outpatients raised concerns about waiting over 2 hours to be seen at a clinic and it was discovered his records had not been moved to the correct area for the doctor to review. The system has been reviewed and a robust system put in place to avoid any recurrence.
- There was delay in relatives being contacted when a patient was admitted to hospital. As a consequence, staff have been reminded to thoroughly check and confirm with patients and relatives all contact names and numbers that are current. These should be made readily available in the case records whenever required.

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

1. Clinical Treatment) The waiting times continue to be predominantly for Orthopaedic appointments and
2. Waiting Times for Appointment) information was provided in the last quarter with work ongoing although likely to take
3. Communication)- some time for this issue to be resolved.

Trends of Complaints Noticed this Quarter

The waiting times continue to be predominantly for Orthopaedic appointments and information was provided in the last quarter with work ongoing although likely to take some time for this issue to be resolved.

Specific Service Improvements Made as a Result of Complaints Completed

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COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

Staff	Attitude/behaviour	28
	Medical/Dental	7
	Nursing	3
	AHPs	0
	Ambulance (& paramedics)	0
	Administration	4
	Other	14

•	Complaint handling	1
•	Communication (written/oral)	27
•	Shortage/availability	0

Waiting times for

•	Date for admission/attendance	10
•	Date for appointment	40
•	Result of tests	7

Delays in/at

•	Admission/transfer/discharge procedures	7
•	Outpatient and other clinics	10
•	A & E	7

Environment/domestic

•	Aids & appliances, equipment, premises (including access)	8
•	Catering	3
•	Cleanliness/laundry	6
•	Patient privacy/dignity	5
•	Patient property/expenses	0
•	Patient status/discrimination (e.g. race, gender, age)	3
•	Personal records (including medical, complaints)	2
•	Shortage of beds	1

NUMBER

ISSUES RAISED

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)	60
	Medical/Dental	36
	Nursing	19
	Other Staff	5

•	Consent	0
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•	Transport Arrangements (including ambulances)	10
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•	Other (where no definition applies)	0
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South Glasgow University Hospitals Division

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	87
(b)	Number of complaints completed at Local Resolution within 20 working days	62
(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>	71%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	26
	Number upheld in part	17
	Number not upheld	44

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	2
	Number proceeding	0
	Decision Awaited	1
(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

- Shower facilities in Surgical Ward have been approved for upgrading to more sympathetic use by recuperating surgical / orthopaedic patients after complaints received. Work will be completed by April 2005.
- Due to service shortfalls identified by Head of Service, WESTMARC more efficient stock management systems are being introduced to increase local manufacturing.
- Additional paediatric physiotherapists identified as required for WESTMARC to dedicate time to the training and co-ordination of the children's wheelchair service.
- Software has been amended to ensure that appointment dates could not be logged for weekends in the MRI Department following an appointment date entered incorrectly following a typographic error on correspondence.
- Coffee shop within the Institute of Neurological Science to be inspected with H&S staff to ensure there is adequate space for all users, including wheelchairs and disabled users.

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

1. Waiting Times for Appointment
2. Clinical Treatment
3. Communication

Trends of Complaints Noticed this Quarter

Consistent number of complaints being raised, i.e. 100 received in the second quarter against 104 received in first quarter of the year.

Specific Service Improvements Made as a Result of Complaints Completed

- A&E VI: Patients being admitted to ICU via A&E will have their belongings listed and recorded. Policy immediately reviewed, altered and cascaded to the staff.
- Health Records Manager to assess whether Medical Records staff at SGH can liaise with the Psychiatric Unit within the SGH, if a patient has been admitted but not traceable on the SGUH patient information system.
- ENT patients attending will be kept informed by nursing clerking them in, rather than the clinic nurse if there are any delays or problems with the appointments running to time.

EMBARGOED UNTIL DATE OF MEETING

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

NUMBER

ISSUES RAISED

Staff	Attitude/behaviour	14
	Medical/Dental	4
	Nursing	5
	AHPs	0
	Ambulance (& paramedics)	0
	Administration	1
	Other	4

•	Complaint handling	1
•	Communication (written/oral)	16
•	Shortage/availability	0

Waiting times for

•	Date for admission/attendance	5
•	Date for appointment	25
•	Result of tests	0

Delays in/at

•	Admission/transfer/discharge procedures	10
•	Outpatient and other clinics	3
•	A & E	0

Environment/domestic

•	Aids & appliances, equipment, premises (including access)	12
•	Catering	2
•	Cleanliness/laundry	3
•	Patient privacy/dignity	2
•	Patient property/expenses	3
•	Patient status/discrimination (e.g. race, gender, age)	0
•	Personal records (including medical, complaints)	1
•	Shortage of beds	0

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)	21
	Medical/Dental	16
	Nursing	5
	Other Staff	0

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

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	25
(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>	64%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	16
	Number upheld in part	4
	Number not upheld	5

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

Efforts continue to be made to reduce waiting times. We are also continuing to highlight to staff “people care” and, as such, the induction programme for staff is currently being reviewed.

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

1. Communication (written/oral)
2. Attitude and Behaviour of staff
3. Waiting Time for an Appointment Date (Out-Patient)

Trends of Complaints Noticed this Quarter

There has been an increase in the number of complaints received about the waiting time for the Community Autism Team.

Specific Service Improvements Made as a Result of Complaints Completed

Re “Trends” above – the service provided by the Community Autism Team is under review.

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

Staff	Attitude/behaviour	15
	Medical/Dental	4
	Nursing	6
	AHPs	1
	Ambulance (& paramedics)	0
	Administration	2
	Other	2

•	Complaint handling	3
•	Communication (written/oral)	9
•	Shortage/availability	1

Waiting times for

•	Date for admission/attendance	0
•	Date for appointment	7
•	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)	6
•	Catering	1
•	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	1

NUMBER

ISSUES RAISED

Procedural issues

•	Failure to follow agreed procedure	0
•	Policy and commercial decisions (of divisions)	2
•	NHS Board commissioning	0
•	Mortuary/post mortem arrangements	0
•	<i>Code of Openness</i> complaints	0

Treatment

•	Clinical treatment (all aspects)	3
	Medical/Dental	3
	Nursing	0
	Other Staff	0

•	Consent	0
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•	Transport Arrangements (including ambulances)	0
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•	Other (where no definition applies)	2
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Primary Care Division (Community & Mental Health)

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	23
(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>	65%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	7
	Number upheld in part	4
	Number not upheld	12

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	0
	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 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 one complaint, staff in a health centre have been updated on some aspects of disability awareness.
- As a result of a conversation which took place in an area where patients could overhear, staff have been reminded of the requirement to ensure that confidentiality is maintained.

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

1. Attitude/Behaviour)
2. Clinical Treatment) The same three issues featured last quarter.
3. Communication)

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

- The administering of medication has been reviewed on a particular ward
- Training will be provided to staff who have no formal psychiatric training to ensure they are better equipped to deal with some situations.
- A handbook providing clinic directions etc has been compiled and issued to all podiatrists in one particular area to assist staff when having to fill in at short notice and in an area with which they are not familiar.
- Nursing staff in one LHCC have been issued with information packs to ensure they have information/leaflets to hand if asked by patients.

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

NUMBER

ISSUES RAISED

Staff	Attitude/behaviour	12
	Medical/Dental	2
	Nursing	7
	AHPs	0
	Ambulance (& paramedics)	0
	Administration	3
	Other	0

•	Complaint handling	0
•	Communication (written/oral)	4
•	Shortage/availability	1

Waiting times for

•	Date for admission/attendance	0
•	Date for appointment	2
•	Result of tests	0

Delays in/at

•	Admission/transfer/discharge procedures	1
•	Outpatient and other clinics	2
•	A & E	0

Environment/domestic

•	Aids & appliances, equipment, premises (including access)	3
•	Catering	0
•	Cleanliness/laundry	0
•	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

Procedural issues

•	Failure to follow agreed procedure	1
•	Policy and commercial decisions (of divisions)	1
•	NHS Board commissioning	0
•	Mortuary/post mortem arrangements	0
•	<i>Code of Openness</i> complaints	0

Treatment

•	Clinical treatment (all aspects)	10
	Medical/Dental	6
	Nursing	3
	Other Staff	1

•	Consent	1
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•	Transport Arrangements (including ambulances)	0
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•	Other (where no definition applies)	8
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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>	13
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	1
	Number refused	8
	Number proceeding	1
	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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