

**Greater Glasgow NHS Board**

**Board Meeting**

Tuesday, 26 July 2005

Board Paper No. 05/54

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

**QUARTERLY REPORT ON COMPLAINTS :  
JANUARY – MARCH 2005**

**Recommendation**

The Board is asked to note the quarterly report on NHS complaints in Greater Glasgow for the period 1 January to 31 March 2005 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 which related to eyesight screening for pre-school children. The complaint was acknowledged within three working days and answered with the target of 20 working days.

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) January – March 2005

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	170	102	60%
South Division	120	90	75%
Yorkhill Division	33	20	61%
PCT Division (excluding FHS)	26	16	61.5%

(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>01/01/05</u> <u>31/03/05</u>	<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>
North Division	60%	60%	66%	57%
South Division	75%	71%	76%	74%
Yorkhill Division	61%	64%	63%	43%
Primary Care Division (excluding FHS)	61.5%	65%	63%	56%

**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 January to March 2005. For the purposes of an NHS Greater Glasgow analysis, the following three areas attracted the most number of complaints:-

- Clinical Treatment
- Waiting Times
- Attitude/Behaviour

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"> <li>➤ As a result of difficulties encountered with availability of x-rays and scans for a patient who had investigations undertaken in another health board prior to treatment in North Glasgow, the Specialist Oncology Service is reviewing with the other hospital how to improve communications to ensure all investigation information will be available timeously.</li> <li>➤ In response to a complaint that a patient who received a letter acknowledging a referral to audiology and was given incorrect information on the waiting time for appointment, a waiting list review was undertaken and working practice has been reviewed which includes a change in the format of the letter to include the waiting list targets for December 2005.</li> </ul>
South Division	<ul style="list-style-type: none"> <li>➤ Shower facilities in one of the Surgical Wards now upgraded following complaints from recuperating surgical/orthopaedic patients.</li> <li>➤ Respiratory Consultant liaised with The British Lung Foundation about patients carrying steroid cards and advice contained on them, regarding exposure to specific diseases such as chickenpox and the actions to be taken regarding Immunoglobulin administration.</li> <li>➤ Staff continue to be aware of the need for good communication skills when dealing with patients.</li> <li>➤ More meetings have been held with complainants and medical/nursing staff to address concerns and meet expectations of those people complaining.</li> </ul>

South Division (Cont'd)	<ul style="list-style-type: none"> <li>➤ Following delays experienced at an Outpatient Clinic, review of the staffing levels and number of appointments being offered has been undertaken.</li> <li>➤ A patient suggested that the issue of contraception being discussed at Colposcopy Clinic during consultation was distressing as she had to explain her circumstances. The suggestion made that perhaps a general question about contraceptive would ease this embarrassment.</li> <li>➤ The same patient also queried whether treatment should be undertaken whilst being examined/scoped. This was discussed with the wider Colposcopy Users Group so that all clinics use the same information profiles as that any patient being scoped may feel vulnerable at that time.</li> </ul>
Yorkhill Division	<ul style="list-style-type: none"> <li>➤ Efforts are being made to improve communication between theatre and ward staff.</li> </ul>
Primary Care Division (excluding FHS)	<ul style="list-style-type: none"> <li>➤ As a result of one complaint, which arose as a result of the departure of a member of staff, a procedure has been put in place to ensure efficient handover of clinical care.</li> <li>➤ As a result of a communication failure in a particular area, staff have been reminded to keep carers/friends up to date when they have been advised that this would happen.</li> <li>➤ Health Visitors have been reminded to be clear with parents about the nature of screening tests (i.e. that they are not conclusive).</li> </ul>

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:-

	<u>January – March 2005</u>			
	<u>Complaints Completed</u>	<u>Upheld</u>	<u>Upheld in Part</u>	<u>Not Upheld</u>
North Division	170	61 (36%)	52 (30.5%)	57 (33.5%)
South Division	120	28 (23%)	18 (15%)	74 (62%)
Yorkhill Division	33	7 (21%)	17 (52%)	9 (27%)
PCT Division (excluding FHS)	26	6 (23%)	8 (31%)	12 (46%)

#### **4. Conciliation**

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

#### **5. New NHS Complaints Procedure**

The new NHS Complaints Procedure was implemented on 1 April 2005.

The Head of Administration, South Division, meets regularly with the Divisions' Complaints Officers to progress single system working and the consistent application of the new NHS Complaints Procedure across NHS Greater Glasgow. 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 in anticipation of a new management structure.

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 hosted its first two day conference on 26/27 May. This included a number of eminent keynote presentations, including one from Ms Alice Brown, Scottish Public Services Ombudsman. There was 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 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)	170
(b)	Number of complaints completed at Local Resolution within 20 working days	102
(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	61
	Number upheld in part	52
	Number not upheld	57

### 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	1
	Number proceeding	0
	Decision Awaited	1
(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 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 difficulties encountered with availability of x-rays and scans for a patient who had investigations undertaken in another health board prior to treatment in North Glasgow, the Specialist Oncology Service is reviewing with the other hospital how to improve communications to ensure all investigation information will be available timeously.
- In response to a complaint that a patient who received a letter acknowledging a referral to audiology and was given incorrect information on the waiting time for appointment, a waiting list review was undertaken and working practice has been reviewed which includes a change in the format of the letter to include the waiting list targets for December 2005.

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

1. Clinical Treatment
2. Waiting Times for Appointment
3. Attitude/Behaviour

**Trends of Complaints Noticed this Quarter**

- There was a significant increase in the number of complaints received regarding waiting times in Accident & Emergency Departments. This was caused by an increase in the number of patients attending, the delay in patients being seen by medical staff or delays in admission due to bed availability
- Management are reviewing several areas including staffing levels in response to increased workload to address this issue.

**Specific Service Improvements Made as a Result of Complaints Completed**

In Medical Division the Divisional Nurse and Patient Liaison Manager are attending senior nursing staff meeting to discuss the need for managing complaints at an earlier stage in the ward and action required to improve communication.

**COMPLAINT CATEGORIES**

**ISSUES RAISED**

**NUMBER**

<b>Staff</b>	Attitude/behaviour	23
	Medical/Dental	8
	Nursing	12
	AHPs	1
	Ambulance (& paramedics)	0
	Administration	0
	Other	2

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

**Waiting times for**

•	Date for admission/attendance	15
•	Date for appointment	35
•	Result of tests	3

**Delays in/at**

•	Admission/transfer/discharge procedures	15
•	Outpatient and other clinics	3
•	A & E	23

**Environment/domestic**

•	Aids & appliances, equipment, premises (including access)	10
•	Catering	4
•	Cleanliness/laundry	22
•	Patient privacy/dignity	3
•	Patient property/expenses	2
•	Patient status/discrimination (e.g. race, gender, age)	0
•	Personal records (including medical, complaints)	4
•	Shortage of beds	1

**NUMBER**

**ISSUES RAISED**

**Procedural issues**

•	Failure to follow agreed procedure	2
•	Policy and commercial decisions (of divisions)	1
•	NHS Board commissioning	0
•	Mortuary/post mortem arrangements	1
•	<i>Code of Openness</i> complaints	0

**Treatment**

•	Clinical treatment (all aspects)	47
	Medical/Dental	37
	Nursing	8
	Other Staff	2

•	Consent	0
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•	<b>Transport Arrangements (including ambulances)</b>	5
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•	<b>Other</b> (where no definition applies)	8
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**South Glasgow University Hospitals Division**

**Local Resolution**

(a)	Number of complaints completed at Local Resolution (all complainants)	120
(b)	Number of complaints completed at Local Resolution within 20 working days	90
(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>	75%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	28
	Number upheld in part	18
	Number not upheld	74

**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	1
	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**

- Shower facilities in one of the Surgical Wards now upgraded following complaints from recuperating surgical/orthopaedic patients.
- Respiratory Consultant liaised with The British Lung Foundation about patients carrying steroid cards and advice contained on them, regarding exposure to specific diseases such as chickenpox and the actions to be taken regarding Immunoglobulin administration.

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

1. Clinical Treatment
2. Waiting Times
3. Communication

**Trends of Complaints Noticed this Quarter**

- The total number of complaints around clinical issues such as treatment and waiting times have fallen this quarter whilst environmental / domestic complaints have doubled.
- The number of complaints received in the quarter rose noticeably from 91 the previous October to December quarter, to 134 in January to March 05. These were more noticeable in surgical and medical directorates where clinical treatment complaints have risen over the previous quarter, and complaints regarding admission arrangements have also risen.

**Specific Service Improvements Made as a Result of Complaints Completed**

- Staff continue to be aware of the need for good communication skills when dealing with patients.
- More meetings have been held with complainants and medical/nursing staff to address concerns and meet expectations of those people complaining.
- Following delays experienced at an Outpatient Clinic, review of the staffing levels and number of appointments being offered has been undertaken.
- A patient suggested that the issue of contraception being discussed at Colposcopy Clinic during consultation was distressing as she had to explain her circumstances. The suggestion made that perhaps a general question about contraceptive would ease this embarrassment.
- The same patient also queried whether treatment should be undertaken whilst being examined/scoped. This was discussed with the wider Colposcopy Users Group so that all clinics use the same information profiles as that any patient being scoped may feel vulnerable at that time.

**EMBARGOED UNTIL DATE OF MEETING**

**COMPLAINT CATEGORIES**

**ISSUES RAISED**

**NUMBER**

**NUMBER**

**ISSUES RAISED**

<b>Staff</b>	Attitude/behaviour	17
	Medical/Dental	8
	Nursing	9
	AHPs	0
	Ambulance (& paramedics)	0
	Administration	0
	Other	0

•	Complaint handling	1
•	Communication (written/oral)	24
•	Shortage/availability	1

**Waiting times for**

•	Date for admission/attendance	12
•	Date for appointment	19
•	Result of tests	1

**Delays in/at**

•	Admission/transfer/discharge procedures	13
•	Outpatient and other clinics	4
•	A & E	0

**Environment/domestic**

•	Aids & appliances, equipment, premises (including access)	15
•	Catering	3
•	Cleanliness/laundry	7
•	Patient privacy/dignity	4
•	Patient property/expenses	2
•	Patient status/discrimination (e.g. race, gender, age)	0
•	Personal records (including medical, complaints)	1
•	Shortage of beds	1

**Procedural issues**

•	Failure to follow agreed procedure	1
•	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)	35
	Medical/Dental	25
	Nursing	10
	Other Staff	0

•	Consent	0
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•	<b>Transport Arrangements (including ambulances)</b>	2
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•	<b>Other</b> (where no definition applies)	3
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**Yorkhill Division**

**Local Resolution**

(a)	Number of complaints completed at Local Resolution (all complainants)	33
(b)	Number of complaints completed at Local Resolution within 20 working days	20
(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>	61%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	7
	Number upheld in part	17
	Number not upheld	9

**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**

Efforts are being made to improve communication between theatre and ward staff.

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

- Communication (written/oral)
- Waiting Times
- Attitude and Behaviour of staff )
- Clinical Treatment )

**Trends of Complaints Noticed this Quarter**

No particular trend identified.

**Specific Service Improvements Made as a Result of Complaints Completed**

Removal of magnesium sulphate paste from Accident and Emergency. The service provided by the Community Autism Team is still under review.

**COMPLAINT CATEGORIES**

**ISSUES RAISED**

**NUMBER**

<b>Staff</b>	Attitude/behaviour	12
	Medical/Dental	4
	Nursing	5
	AHPs	1
	Ambulance (& paramedics)	0
	Administration	1
	Other	1

•	Complaint handling	4
•	Communication (written/oral)	21
•	Shortage/availability	0

**Waiting times for**

•	Date for admission/attendance	1
•	Date for appointment	12
•	Result of tests	0

**Delays in/at**

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

**Environment/domestic**

•	Aids & appliances, equipment, premises (including access)	6
•	Catering	0
•	Cleanliness/laundry	5
•	Patient privacy/dignity	1
•	Patient property/expenses	1
•	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	1
•	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)	12
	Medical/Dental	12
	Nursing	0
	Other Staff	0

•	Consent	0
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•	<b>Transport Arrangements (including ambulances)</b>	0
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•	<b>Other</b> (where no definition applies)	3
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**Primary Care Division (Community & Mental Health)**

**Local Resolution**

(a)	Number of complaints completed at Local Resolution (all complainants)	26
(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>	61%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	6
	Number upheld in part	8
	Number not upheld	12

**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	2
	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, which arose as a result of the departure of a member of staff, a procedure has been put in place to ensure efficient handover of clinical care.
- As a result of a communication failure in a particular area, staff have been reminded to keep carers/friends up to date when they have been advised that this would happen.
- Health Visitors have been reminded to be clear with parents about the nature of screening tests (i.e. that they are not conclusive).

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

- |                       |  |
|-----------------------|--|
| 1. Clinical Treatment | The same three issues featured last quarter although there has been a decrease in the number of complaints about attitude/behaviour. |
| 2. Communication      |  |
| 3. Attitude/Behaviour |  |

**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**

- As a result of a complaint about difficulty in contacting a particular area, clerical support is now being utilised from other areas of clinic.
- As a result of a complaint about telephones not being answered, refresher training for all staff will be carried out on the use of telephone equipment and it will also be included in induction training.
- The protocol and communication process for utilising and ordering/reordering a new drug is being reviewed and revised.

**COMPLAINT CATEGORIES**

**ISSUES RAISED**

**NUMBER**

<b>Staff</b>	Attitude/behaviour	4
	Medical/Dental	1
	Nursing	2
	AHPs	0
	Ambulance (& paramedics)	0
	Administration	0
	Other	1

•	Complaint handling	1
•	Communication (written/oral)	5
•	Shortage/availability	0

**Waiting times for**

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

**Delays in/at**

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

**Environment/domestic**

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

**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)	16
	Medical/Dental	11
	Nursing	4
	Other Staff	1

•	Consent	0
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•	<b>Transport Arrangements (including ambulances)</b>	0
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•	<b>Other</b> (where no definition applies)	12
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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>	5
(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	2
(c)	Number of requests for Independent Review <u>completed</u>	1
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	1
	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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