

Board Meeting
Tuesday, 27 June 2006

Board Paper No. 06/40

HEAD OF BOARD ADMINISTRATION,
CHIEF OPERATING OFFICER, ACUTE
LEAD DIRECTOR, CHCP (GLASGOW)

QUARTERLY REPORT ON COMPLAINTS :
JANUARY – MARCH 2006

Recommendations:

- (a) The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow for the period 1 January to 31 March 2006.
- (b) This is the last report on the old organisational structure and Members are asked to provide any further comment on what format/content they would like to see from reporting period April 2006 onwards in respect of the Acute Services Division, Mental Health Partnership or CHCPs/CHPs.

1. Introduction

This quarterly complaints report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow for the period January - March 2006.

2. Performance Across NHS Greater Glasgow

The information contained in the Complaints Report forms part of the Performance Assessment Framework (PAF).

- (a) Number of Complaints **Received** : January – March 2006

Shown below are the number of complaints **received** across NHS Greater Glasgow between January – March 2006. Alongside this are the number of complaints **received** across NHS Greater Glasgow in the previous quarter, that is, between October – December 2005:-

	<u>This Quarter</u>	<u>Previous Quarter</u>
GGNHSB	0	0
North Division	154	137
South Division	100	126
Yorkhill Division	30	24
PCD (excluding FHS)	21	28

(b) Number of Complaints Completed : January – March 2006

Shown below are the number of complaints completed between January to March 2005. *Completed* figures are used for our analysis purposes rather than *received* figures so that outcomes can be reported. ISD, however, continue to record *received* data as they compile their information on an annual basis. The “complaint categories” shown in the four annexes are consistent with the reporting from ISD.

This table also shows the performance of each of the four former Divisions against the target of 70% of written Local Resolution Complaints to be completed within 20 working days of receipt:-

	<u>No. of Complaints Completed</u>	<u>No. Completed Within 20 Working Days</u>	<u>Shown as %</u>
North Division	153	118	77 %
South Division	100	71	71%
Yorkhill Division	24	12	50%
PCD (excluding FHS)	20	19	95%

(c) Further Breakdown of Performance

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

	<u>01/01/06 31/03/06</u>	<u>01/10/05 31/12/05</u>	<u>01/07/05 30/09/05</u>	<u>01/04/05 - 30/06/05</u>
North Division	77%	53%	52%	55%
South Division	71%	66%	68%	72%
Yorkhill Division	50%	77%	59%	23.5%
PCD (excluding FHS)	95%	56%	50%	67%

(d) Outcome of Complaints at Local Resolution

The outcome of complaints at Local Resolution have been analysed as indicated below:-

	<u>Complaints Completed</u>	<u>Upheld</u>	<u>Upheld In Part</u>	<u>Not Upheld</u>	<u>Conciliation</u>	<u>Irresolvable</u>
North Division	153	50 (33%)	47 (31%)	56 (36%)	-	-
South Division	100	40 (40%)	14 (14%)	46 (46%)	-	-
Yorkhill Division	24	3 (13%)	7 (29%)	14 (58%)	-	-
PCD (excluding FHS)	20	2 (10%)	7 (35%)	11 (55%)	-	-

(e) Ombudsman

Where a complainant remains dissatisfied with a Local Resolution response, they may write to the Ombudsman. The table overleaf shows, for the four former Divisions, where we have been notified during this quarter of the Ombudsman’s involvement in a complaint and where notification of a formal investigation has been received.

Members will recall that the new NHS Complaints Procedure launched in April 2005 saw the removal of the second stage – independent review – and therefore this has an impact on the number of complaints which are now referred to the Scottish Public Services Ombudsman’s office.

	<u>Notification of Ombudsman's Involvement</u>	<u>Notification of Ombudsman's Formal Investigation</u>
North Division	4	4
South Division	4	0
Yorkhill Division	0	1
PCD (excluding FHS)	0	1

In accordance with the Ombudsman's new reporting procedure, a report entitled "Ombudsman's Commentary" is presented to the Scottish Parliament each month. As with all Ombudsman's reports they will be summarised and a note of the recommendations made and actions taken as a result and any wider learning/sharing of learning across the organisation will be submitted to the Clinical Governance Committee. The recommendations and actions required will be reviewed by that Committee and followed up where necessary to ensure implementation. In addition, the Ombudsman's office requires the NHS Board to write and confirm the steps taken to implement the actions/recommendations and any other action taken as a result of the Ombudsman's report. In each case it is also necessary to notify the Chief Executive, NHS Scotland, of the actions taken in connection with his attendance at the Scottish Parliament Health Committee who scrutinise each Ombudsman's report and seek assurances on the changes that have been brought to the NHS as a result of the Ombudsman's investigations.

(f) Unreasonably Demanding or Persistent Complaints

There were no complainants declared unreasonable demand of persistent this quarter.

3. Action Taken and Lessons Learned for Patient Care

Some examples of 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"> ➤ In response to a concern that staff did not appreciate the difficulties a patient with sight impairment has, awareness training for staff has been arranged. ➤ The escort policy has been reinforced to staff in a ward where a patient was transferred to another department for investigations and resulted in the patient having inadequate pain relief because she was not accompanied by a member of staff. ➤ A patient fell because she tripped on a pallet holding supplies which were waiting to be stored in a ward. Staff have been instructed to remove pallets immediately when empty to avoid similar hazards.
South Division	<ul style="list-style-type: none"> ➤ Policy for ensuring that wheelchair equipment used around the hospital has been reiterated to all portering staff so that all chairs are cleaned in accordance with this specification. ➤ Review of information sent to patients attending Day Surgery Unit to be undertaken in relation to directions/location of DSU. ➤ Signage is being reviewed around the Day Surgery Unit due to patients being unable to easily locate.
Yorkhill Division	<ul style="list-style-type: none"> ➤ As a result of increasing numbers of enquiries/complaints received about treatment for the condition of plagiocephaly, an information leaflet is being produced. Once completed, this will be distributed to GPs.

Primary Care Division (excluding FHS)	<ul style="list-style-type: none"> ➤ As a result of an issue that occurred in relation to physiotherapy follow up it was noted that discussions should take place regarding follow up regardless of whether the patient reports improvement. ➤ As a result of a complaint about direct access physiotherapy service the Web Page information will be reviewed. ➤ Appropriate consideration to be given by CHCP to whether delivery service should be available for continence garments. ➤ Complaints leaflets to be more readily available at the Adult Treatment Centre (dental). ➤ A range of matters relating to patient management remain under review in one particular area of elderly psychiatry.
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4. Breakdown of the Three Issues Attracting Most Complaints

The following table provides a breakdown of the three issues attracting the most complaints throughout NHS Greater Glasgow:-

North Division	<ol style="list-style-type: none"> 1. Clinical Treatment 2. Communication 3. Attitude/Behaviour
South Division	<ol style="list-style-type: none"> 1. Clinical Treatment 2. Attitude/Behaviour 3. Waiting Times
Yorkhill Division	<ol style="list-style-type: none"> 1. Communication 2. Clinical Treatment 3. Attitude/Behaviour
Primary Care Division (excluding FHS)	<ol style="list-style-type: none"> 1. Clinical Treatment 2. Attitude/Behaviour 3. Communication

5. Trends of Complaints

The following table gives an indication of any trends of complaints noticed this quarter:-

North Division	➤ No trends have been identified this quarter.
South Division	➤ No specific area or trend noticed, slight reduction in complaints received over the previous quarter from 126 received in October – December 2005 to 100 received between January and March 2006.
Yorkhill Division	➤ Secretarial staff who have patient/parent contact have been reminded of the need to promptly communicate with parents – with particular regard to returning telephone calls. In addition, cover arrangements are being reviewed to ensure work/calls are covered when secretarial staff are absent.
Primary Care Division (excluding FHS)	➤ No specific trends have been identified this quarter.

6. Specific Service Improvements made as a Result of Complaints

Noted overleaf are some examples of service improvements made as a result of complaints completed this quarter:-

North Division	<ul style="list-style-type: none"> ➤ A scoring tool to assess the risk of falls which has previously been used in elderly care wards will also be used in the acute receiving unit in response to a complaint. The introduction of semi permanent workstations outside each 6 bedded room in one ward to allow nursing staff, particularly on nightshift, to observe patients when writing notes and paperwork. ➤ In light of concerns raised regarding communication with relatives, training is ongoing in several areas throughout North Glasgow. ➤ In response to a complaint where a patient had a delay in receiving chemotherapy because a particular type of drug was not available due to an unusually high demand that day, the stock level of this drug has been increased.
South Division	<ul style="list-style-type: none"> ➤ Importance of good communication reiterated to nursing and medical staff.
Yorkhill Division	<ul style="list-style-type: none"> ➤ Following a complaint about the triage system used by the Speech and Language Therapy Department, the department are now changing the way in which they offer triage appointments to patients who are aged 12 years or over.
Primary Care Division (excluding FHS)	<ul style="list-style-type: none"> ➤ In a specific clinic area a buzzer will be put in place to alert reception staff to patients waiting. ➤ Improved reception facilities for the Adult Treatment Centre to be put in place at the entrance to the Dental Hospital.

7. Complaint Categories

Annexes 1 – 4 give a breakdown of the complaint categories as follows:-

North Division	(Annex 1)
South Division	(Annex 2)
Yorkhill Division	(Annex 3)
PCD (excluding FHS)	(Annex 4)

8. Complaints Procedure – Single System Working

The single pan-Glasgow Complaints Policy and procedure has now been issued and is in the process of being rolled out to Clyde. Complaints staff within Clyde have been aligned to the new management arrangements within the Acute Services Division, where 80% of the number of complaints lie. Future arrangements for handling Clyde Partnership and Mental Health complaints are being worked through.

Handling of all Ombudsman complaints for the Acute Services Division across NHS Greater Glasgow and Clyde has now been centralised within the Acute Administration Department. This has allowed local complaints officers to be freed up from this task to concentrate on local complaints handling, brings a separation of duties between initial local investigation and any follow up required by the Ombudsman and brings a single consistent approach to dealing with the Ombudsman's office. Reports on all complaints investigated by the Ombudsman will be presented to the Board's Health and Clinical Governance Committee.

The format of the report to the Board is being reviewed in light of the new organisational arrangements and the new report will be in place for the next report to the Board. Members' comments on the future reporting of complaints for the new organisation would be welcome. The Acute Services Division, Mental Health Partnership, CHCPs (6) and CHPs (4) would seem to be the organisational divisions which complaints reporting should follow. At the same time, a new format report will also be introduced for the Clinical Governance Committee focusing on action taken as a result of complaints and organisational learning.

The report on the internal audit of the complaints function (carried out in the autumn of 2005 prior to the new system wide complaints policy and the implementation of the new organisational structure) has been received and has been considered by the Audit Support Groups. Some issues regarding consistency of approach were identified and an action plan along with implementation of the new system wide complaints policy will pick up many of the issues identified.

Greater Glasgow and Clyde was represented at the recent Scottish Complaints Conference. Work will now take place with organisational development staff on arranging an internal event for NHSGGC complaints staff to pass on learning from this event and to continue the process of bringing together the former ways of working and sharing of good practice.

9. Conciliation

There were no requests received for conciliation this quarter.

10. Report Distribution

The quarterly Complaints Report continues to be circulated to Complaints Officers, as well as Conciliators for their information.

COMPLAINT CATEGORIES

<u>Code</u>	ISSUES RAISED	NUMBER	<u>Code</u>	STAFF GROUP	NUMBER
	Staff		11	Medical (inc surgical)	59
01	Attitude/behaviour	24	21	Dental (inc surgical)	0
	➤ Medical/Dental	7	31	Nursing, Midwifery, Health Visiting	56
	➤ Nursing	10	41	Professions allied to medicine	5
	➤ AHPs	0	51	Scientific/technical	0
	➤ Ambulance (* paramedics)	0	61	Ambulance (inc. paramedics)	1
	➤ Administration	0	71	Ancillary/works/trades	5
	➤ Other	7	81	NHS Board administrative staff/members (exc FHS administrative)	0
02	Complaint handling	0	91	Division/CHP/PCO administrative staff/ members	0
04	Shortage/availability	0	01	Other	84
05	Communication (written)	13		SERVICE AREA	
06	Communication (oral)	19		Hospital acute services	
07	Competence	4	11	Inpatient	81
	Waiting times for		12	Day case	16
11	Date of admission/attendance	6	13	Outpatient	76
12	Date for appointment	15	14	Accident & emergency	24
13	Results of tests	2	15	Delivered in the community	1
	Delays in/at			Care of the Elderly	
21	Admission/transfer/discharge procedures	6	21	Inpatient	9
22	Outpatient and other clinics	6	22	Day patient	0
	Environmental/domestic		23	Outpatient	0
29	Premises (including access)	6	24	Community	0
30	Aids & appliances, equipment	2		Psychiatric/learning disabilities	
32	Catering	4	31	Inpatient	0
33	Cleanliness/laundry	2	32	Day patient	0
34	Patient privacy/dignity	8	33	Outpatient	0
35	Patient property/expenses	3	34	Community	0
36	Patient status/discrimination (eg race, gender, age)	0	41	Maternity	0
37	Personal records(including medical, complaints files)	1	51	Ambulance	0
38	Shortage of beds	3	61	Community hospitals	0
39	Mixed accommodation	0	65	Community services – not elsewhere specified	0
40	Hospital Acquired Infection (MRSA)	0	72	Purchasing	0
	Procedural issues		73	Administration	0
41	Failure to follow agreed procedure	0	74	Unscheduled Health Care (Out of Hours)	0
42	Policy and commercial decisions (of NHS Board)	1	81	Other	0
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	1			
	Treatment				
51	Clinical treatment (all aspects)	73			
	➤ Medical/Dental	35			
	➤ Nursing	24			
	➤ Other Staff	14			
52	Consent to treatment	0			
61	Transport arrangements (including ambulances)	3			
71	Other (where no definition applies)	5			

COMPLAINT CATEGORIES

<u>Code</u>	<u>NUMBER</u>	<u>Code</u>	<u>NUMBER</u>
ISSUES RAISED		STAFF GROUP	
Staff		11	44
01	18	21	0
➤	3	31	23
➤	8	41	0
➤	0	51	4
➤	0	61	0
➤	2	71	11
➤	5	81	0
02	0	91	9
04	0	01	9
05	5	SERVICE AREA	
06	9	Hospital acute services	
07	1	11	46
Waiting times for		12	5
11	5	13	32
12	10	14	4
13	0	15	0
Delays in/at		Care of the Elderly	
21	0	21	0
22	4	22	2
Environmental/domestic		23	0
29	0	24	0
30	0	Psychiatric/learning disabilities	
32	4	31	0
33	5	32	0
34	1	33	0
35	0	34	0
36	2	41	0
37	2	51	0
38	0	61	0
39	0	65	0
40	0	Community services – not elsewhere specified	
Procedural issues		72	0
41	0	73	1
42	0	74	0
43	1	Unscheduled Health Care (Out of Hours)	
44	1	81	10
Treatment			
51	27		
➤	21		
➤	4		
➤	2		
52	0		
61	1		
71	2		

COMPLAINT CATEGORIES

<u>Code</u>	NUMBER	<u>Code</u>	NUMBER
ISSUES RAISED		STAFF GROUP	
Staff		11	Medical (inc surgical) 30
01	Attitude/behaviour 9	21	Dental (inc surgical) 0
	➤ Medical/Dental 6	31	Nursing, Midwifery, Health Visiting 12
	➤ Nursing 2	41	Professions allied to medicine 7
	➤ AHPs 0	51	Scientific/technical 2
	➤ Ambulance (* paramedics) 0	61	Ambulance (inc. paramedics) 0
	➤ Administration 1	71	Ancillary/works/trades 1
	➤ Other 0	81	NHS Board administrative staff/members (exc FHS administrative) 1
02	Complaint handling 5	91	Division/CHP/PCO administrative staff/ members 14
04	Shortage/availability 3	01	Other 1
05	Communication (written) 2	SERVICE AREA	
06	Communication (oral) 10	Hospital acute services	
07	Competence 6	11	Inpatient 14
Waiting times for		12	Day case 0
11	Date of admission/attendance 1	13	Outpatient 10
12	Date for appointment 4	14	Accident & emergency 2
13	Results of tests 1	15	Delivered in the community 3
Delays in/at		Care of the Elderly	
21	Admission/transfer/discharge procedures 0	21	Inpatient N/A
22	Outpatient and other clinics 1	22	Day patient N/A
Environmental/domestic		23	Outpatient N/A
29	Premises (including access) 1	24	Community N/A
30	Aids & appliances, equipment 1	Psychiatric/learning disabilities	
32	Catering 0	31	Inpatient 0
33	Cleanliness/laundry 0	32	Day patient 0
34	Patient privacy/dignity 4	33	Outpatient 0
35	Patient property/expenses 0	34	Community 0
36	Patient status/discrimination (eg race, gender, age) 2	41	Maternity 1
37	Personal records(including medical, complaints files) 0	51	Ambulance 0
38	Shortage of beds 1	61	Community hospitals 0
39	Mixed accommodation 0	65	Community services – not elsewhere specified 0
40	Hospital Acquired Infection (MRSA) 0	72	Purchasing 0
Procedural issues		73	Administration 0
41	Failure to follow agreed procedure 0	74	Unscheduled Health Care (Out of Hours) 0
42	Policy and commercial decisions (of NHS Board) 0	81	Other 0
43	NHS Board purchasing 0		
44	Mortuary/post mortem arrangements 1		
Treatment			
51	Clinical treatment (all aspects) 0		
	➤ Medical/Dental 10		
	➤ Nursing 0		
	➤ Other Staff 0		
52	Consent to treatment 0		
61	Transport arrangements (including ambulances) 0		
71	Other (where no definition applies) 6		

PRIMARY CARE DIVISION (excluding FHS)
ANNEX 4

COMPLAINT CATEGORIES

<u>Code</u>	<u>NUMBER</u>	<u>Code</u>	<u>NUMBER</u>
ISSUES RAISED		STAFF GROUP	
Staff		11	Medical (inc surgical) 7
01	Attitude/behaviour 6	21	Dental (inc surgical) 2
	➤ Medical/Dental 2	31	Nursing, Midwifery, Health Visiting 9
	➤ Nursing 2	41	Professions allied to medicine 3
	➤ AHPs 2	51	Scientific/technical 0
	➤ Ambulance (* paramedics) 0	61	Ambulance (inc. paramedics) 0
	➤ Administration 0	71	Ancillary/works/trades 1
	➤ Other 0	81	NHS Board administrative staff/members (exc FHS administrative) 0
02	Complaint handling 2	91	Division/CHP/PCO administrative staff/ members 3
04	Shortage/availability 1	01	Other 0
05	Communication (written) 0	SERVICE AREA	
06	Communication (oral) 3	Hospital acute services	
07	Competence 0	11	Inpatient 0
Waiting times for		12	Day case 0
11	Date of admission/attendance 0	13	Outpatient 0
12	Date for appointment 0	14	Accident & emergency 0
13	Results of tests 0	15	Delivered in the community 0
Delays in/at		Care of the Elderly	
21	Admission/transfer/discharge procedures 0	21	Inpatient 0
22	Outpatient and other clinics 0	22	Day patient 0
Environmental/domestic		23	Outpatient 0
29	Premises (including access) 1	24	Community 0
30	Aids & appliances, equipment 0	Psychiatric/learning disabilities	
32	Catering 0	31	Inpatient 10
33	Cleanliness/laundry 0	32	Day patient 0
34	Patient privacy/dignity 0	33	Outpatient 1
35	Patient property/expenses 0	34	Community 3
36	Patient status/discrimination (eg race, gender, age) 1	41	Maternity 0
37	Personal records(including medical, complaints files) 1	51	Ambulance 0
38	Shortage of beds 1	61	Community hospitals 0
39	Mixed accommodation 0	65	Community services – not elsewhere specified 5
40	Hospital Acquired Infection (MRSA) 0	72	Purchasing 0
Procedural issues		73	Administration 0
41	Failure to follow agreed procedure 0	74	Unscheduled Health Care (Out of Hours) 1
42	Policy and commercial decisions (of NHS Board) 0	81	Other 0
43	NHS Board purchasing 0		
44	Mortuary/post mortem arrangements 0		
Treatment			
51	Clinical treatment (all aspects) 10		
	➤ Medical/Dental 7		
	➤ Nursing 2		
	➤ Other Staff 1		
52	Consent to treatment 1		
61	Transport arrangements (including ambulances) 1		
71	Other (where no definition applies) 5		