

Board Meeting
Tuesday, 24 October 2006

Board Paper No. 06/62

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

**QUARTERLY REPORT ON COMPLAINTS :
1 APRIL – 30 JUNE 2006**

Recommendations:

- (a) The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 April to 30 June 2006.
- (b) As this is the first report on the new organisational structure, members are asked to reflect on the format and content of the report and consider if they would like to see any additional information in future reports.

Introduction

This is the first quarterly complaints report for the new organisational arrangements and provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period April – June 2006. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman and identifies areas of service improvements and ongoing developments.

1. Local Resolution : 1 April – 30 June 2006

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 April and 30 June 2006. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	<u>Partnerships/ MHS (NHSGG)</u> (exc FHS)	<u>Partnerships/ MHS (Clyde)</u> (exc FHS)	<u>Acute</u>
(a) Number of complaints received	40	11	387
(b) Number of complaints received and completed within 20 working days [<i>national target</i>]	18 (45%)	5 (45%)	142 (38%)
(c) Number of complaints completed	28	6	219
(d) Outcome of complaints completed:-			
➤ Upheld	4	1	80
➤ Upheld in part	7	1	39
➤ Not Upheld	16	4	83
➤ Conciliation	0	0	2
➤ Irresolvable	0	0	1
(e) Number of complaints withdrawn:-	1	0	14
(d) Number of complaints declared vexatious:-	0	0	0

2. Ombudsman : 1 April – 30 June 2006

Where a complainant remains dissatisfied with a Local Resolution response, they may write to the Ombudsman. Table 2 below reports statistics on the three junctures that we may become aware of the Ombudsman involvement in a case.

Table 2

	<u>Partnerships/ MHS (NHSGG) (exc FHS)</u>	<u>Partnerships/ MHS (Clyde) (exc FHS)</u>	<u>Acute</u>	<u>FHS</u>
(a) Request for file/records/information received	0	0	8	0
(b) Notification received that an investigation is being conducted	0	0	0	0
(c) Investigations report received.	0	0	2	3

In accordance with the Ombudsman's new reporting procedure, five reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; three of these cases were summarised in her May 2006 commentary and two in her June 2006 commentary. 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. The five NHS Greater Glasgow cases are described as follows:-

May 2006

1. This case concerned failure to diagnose and treat Deep Vein Thrombosis (DVT) in a young woman who subsequently died following pulmonary embolism. Three separate services were involved in her treatment, two in the Greater Glasgow and Clyde area – the Royal Alexandra Hospital and a GP.
[The Ombudsman upheld the complaint about the hospital but did not uphold the complaint against the GP. Specific recommendations were made about the DVT Management Protocol including guidance on communication to patients with continued or progressing symptoms and communication to discharged patients. It was also recommended that the appropriate multi-disciplinary teams at each hospital discuss the limits of the available tests and what processes should be adopted when reaching a second opinion. The report raised concerns about the diagnosis and management of DVT. NHS Quality Improvement Scotland will carry out a review of patient information in hospitals around preventing and managing venous thrombo-embolism. This will inform a national communication to raise awareness amongst hospital and primary care staff].
2. This case concerned bullying or aggressive behaviour and complaint handling by a dentist in Paisley.
[The Ombudsman partly upheld this case in regard to the complaint handling aspect only].
3. This case was about a General Dental Practitioner who had failed to advise the patient that treatment was private, and that the treatment he provided was inappropriate.
[The Ombudsman partially upheld only the first aspect of the complaint and recommended that the dentist act in accordance with the guidance from the General Dental Council and provide patients with a written estimate and treatment plan where appropriate to avoid future misunderstandings and to keep full, accurate and contemporaneous records].

June 2006

1. This case concerned the administration by a General Dental Practitioner of an anaesthetic.
[The Ombudsman upheld both aspects of the complaint and made a specific recommendation that the dentist apologise to the complainant – this was accepted].
2. This case concerned the policy on the provision of physiotherapy for people with long term disabilities.
[The Ombudsman did not uphold this complaint].

Appendix 1 provides a summary of the Scottish Public Services Ombudsman's Annual Report 05/06 in terms of its NHS caseload.

The Chief Executive of NHS Scotland wrote to the Chief Executives of NHS Boards following a meeting which was held with Professor Alice Brown, Scottish Public Services Ombudsman. The key points which came out of this meeting were as follows:-

- The introduction of the new complaints procedure had been very successful and the new arrangements seemed to be working well.
- Record keeping – a quarter of the Ombudsman Reports published since last December had made recommendations relating to keeping of clinical records; emphasis was placed on ensuring that clinical staff were reminded of the need to keep good records and to ensure that the views of the patient or the carer were included in the patient's record; that information had been provided about risk and where discussions had been held with the patient, carer or visitor that this is recorded.
- Complaints Handling – there was encouragement to ensure that local procedures within NHS Boards were such that complaints were being dealt with sensitively and without undue delay.
- Care of the Elderly – some Ombudsman Reports had recorded incidences of a lack of dignity and privacy in the care of elderly services and Boards were asked to ensure that local services had arrangements in place to ensure particular attention was paid to the care of older people and that they were treated with dignity and respect at all times.
- The role of the Clinical Governance Committee – it was emphasised that this Committee should have a process in place to consider all Ombudsman Reports and their recommendations and to ensure that all recommendations have been acted upon and lessons shared across the NHS Board.
- The Clinical Governance Committee has responsibility for reviewing the recommendations of Ombudsman's Reports and will satisfy itself that the issues raised by the Chief Executive of NHS Scotland in his letter to NHS Board Chief Executives are being addressed.

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

The following information provides a breakdown of the issues attracting most complaints:-

Partnerships¹ / Mental Health Services (NHSGG)

Clinical treatment, attitude/behaviour and communication are the categories attracting most complaints in the quarter. This is consistent with previous quarters.

Annex 1 provides a comprehensive breakdown of the complaint categories for Glasgow Partnerships.

¹ West Glasgow CHCP, East Glasgow CHCP, North Glasgow CHCP, South West Glasgow CHCP, South East Glasgow CHCP, East Dunbartonshire CHP, *East Renfrewshire CHCP, *West Dunbartonshire CHP

* Former Greater Glasgow area.

Partnerships² / Mental Health Services (Clyde)

Attitude/behaviour, clinical treatment and patient privacy/dignity are the categories attracting most complaints in the quarter.

Annex 2 provides a comprehensive breakdown of the complaint categories for Clyde Partnerships/ Mental Health Services.

Acute

Clinical treatment, communication (written and oral) and attitude/behaviour are the categories attracting most complaints in the quarter.

Annex 3 provides a comprehensive breakdown of the complaint categories for Acute.

4. Service Improvements

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

Partnerships³ / Mental Health Services (NHSGG)

- Standard letters relating to the Challenging Behaviour & Rehabilitation Service have been reviewed to ensure adequate and appropriate information provided.
- In a specific area, action has been taken locally to ensure staff communicate appropriately and the reception desk/area has been reviewed to ensure confidentiality.
- In a specific Health Centre, the administrative system has been revised to ensure orders for equipment/appliances are actioned timeously in all cases by staff.
- In one out-patient area, the system has been reviewed to ensure patients are reappointed within reasonable timeframe, where their original appointment has had to be cancelled.
- In one specialist team, procedures are being reviewed to ensure delays related to inter-agency working are minimised.
- In another specialist area, the Clinical Initiatives Team are reviewing waiting list management strategies and looking at redesign of systems. In addition, a new referral form is being introduced to ensure receipt of more appropriate referrals.
- In one sector a communication has been sent to all medical staff reminding them of the requirement to offer patients an apology and explanation if a clinic is running more than 30 minutes late.

Partnerships⁴ / Mental Health Services (Clyde)

- Following a complaint about lack of privacy for a patient requiring to shout about hearing aid issues, a private room is now available within the relevant clinic for patients with hearing impairments to discuss their concerns outwith the clinic area.

² Renfrew CHP, Inverclyde area.

³ West Glasgow CHCP, East Glasgow CHCP, North Glasgow CHCP, South West Glasgow CHCP, South East Glasgow CHCP, East Dunbartonshire CHP, *East Renfrewshire CHCP, *West Dunbartonshire CHP

* Former Greater Glasgow area.

⁴ Renfrew CHP, Inverclyde area.

- Following a complaint about communication a meeting has been setup with other agencies to look at ways of improving communications across multi-disciplinary teams.

Acute

- A&E – Victoria Infirmary: Reviewing policy for storage of valuables when belongings were mislaid.
- Catering – Facilities (SGH): Efforts being made to improve communication between catering and nursing staff where patients are unhappy with food, staff will attend the ward to discuss dietary/nutrition concerns.
- Estates – Neurology, INS (SGH): Following concerns raised about signage around some wards, staff have met to review signage and make recommendations.
- Administration – Oncology (Beatson): System review to be undertaken to ensure that return appointments are not missed or that staff assume another group has made arrangements.
- Maternity – (GRI) – new systems in place regarding stock and distribution of feeds.
- Clinics – Ophthalmology (Gartnavel): Historically over-booked clinics will be reduced to minimise the delays in clinic. Booking was to take account of patients who fail to advise or turn up.

5. Ongoing Developments

Partnerships⁵ / Mental Health Services (NHSGG)

Work is ongoing within the Clinical Governance Support Unit complaints office to support the partnerships in the Glasgow area to develop their own internal complaints handling processes, which are consistent with the NHS Greater Glasgow & Clyde complaints handling policy and the Scottish Office Health Department Guidance on the NHS Complaints Procedure. Partnerships are being encouraged to monitor complaints and the implementation of service improvements or remedial actions through their own clinical governance arrangements.

Acute Division and /⁶ Partnerships / Mental Health Services (Clyde)

- During this first quarter of 2006/07 the complaints handling system within the Acute Division has been through a period of considerable change. This has been brought about by the full introduction of the Board's new complaints handling policy in line with the new national complaint handling procedures and the shift to the new management arrangements brought about by the new organisational structure. (Complaints handling for Mental Health and Partnerships in Clyde is currently hosted by former Clyde complaints staff who transferred to the Acute Division).
- The Board's new Complaints Procedure brings greater clarity and focus to complaints handling and re-emphasises that complaints should be addressed at as early a stage as possible and handled at as local a level as possible by locally based staff, with referral to the formal complaints process only when resolution at ward and department level cannot be achieved. Part way through the quarter the majority of middle managers moved into their new posts in line with the new organisational structure. Inevitably this has meant that there are managers taking responsibility for entirely new parts of the organisation with which they are unfamiliar. In part, as managers become familiar with their areas and the issues arising through complaints this has brought a new and

⁵ West Glasgow CHCP, East Glasgow CHCP, North Glasgow CHCP, South West Glasgow CHCP, South East Glasgow CHCP, East Dunbartonshire CHP, *East Renfrewshire CHCP, *West Dunbartonshire CHP

* Former Greater Glasgow area.

⁶ Renfrew CHP, Inverclyde area.

increased level of scrutiny to complaints investigation. In addition, as managers have moved around the system they have found themselves dealing with different sets of complaints staff, who have themselves been realigned within the organisational restructuring. Regrettably an unusual combination of different types of leave has also affected the complaints handling staff during the period. A result of all of these factors has been a reduction in the speed with which final responses have been issued to complainants.

- Complaints handling is part of the regular performance reviews between the Chief Operating Officer and the Directors and all are sighted on the importance of returning to and improving upon the pre-restructuring levels of response timescales. The Acute Division has committed to review its internal arrangements for supporting the complaints handling process by the end of the calendar year.
- Reports by the Ombudsman continue to be issued on a monthly basis and presented to Parliament. Approximately 2% of complaints are referred to the Ombudsman's office – a figure that is in line with the combined number of Independent Reviews and Ombudsman complaints under the former system.

6. Independent Advice and Support

As had previously been reported to the NHS Board, the Scottish Executive Health Department had been working with Citizen Advice Scotland to develop a national framework which will ensure the introduction of a local independent advice support service for patients, carers and members of the public.

The Head of Board Administration has met with representatives of the 14 Citizen Advice Bureaux (CAB) within NHS Greater Glasgow and Clyde and a final draft Service Level Agreement has been drawn up with the intention that the new service will be available from December 2006. This will provide:-

- advice and support services to the patients on a variety of issues that impact on their health and wellbeing;
- advice and support services to patients wishing to make a complaint or raise a concern about NHS services.

Training for these CAB staff is being arranged and the Communications Team will be assisting with the publicity of this new service.

The Scottish Health Council will, on behalf of the Scottish Health Executive Department, monitor the arrangements to ensure overall compliance with the principles of the framework.

PARTNERSHIPS (GLASGOW)
ANNEX 1

COMPLAINT CATEGORIES

<u>Code</u>	ISSUES RAISED	NUMBER	<u>Code</u>	STAFF GROUP	NUMBER
	Staff		11	Medical (inc surgical)	15
01	Attitude/behaviour	8	21	Dental (inc surgical)	1
	➤ Medical/Dental	4	31	Nursing, Midwifery, Health Visiting	15
	➤ Nursing	4	41	Professions allied to medicine	1
	➤ AHPs	0	51	Scientific/technical	0
	➤ Ambulance (* paramedics)	0	61	Ambulance (inc. paramedics)	0
	➤ Administration	0	71	Ancillary/works/trades	0
	➤ Other	0	81	NHS Board administrative staff/members (exc FHS administrative)	1
02	Complaint handling	0	91	Division/CHP/PCO administrative staff/ members	4
04	Shortage/availability	0	01	Other	0
05	Communication (written)	1		SERVICE AREA	
06	Communication (oral)	7		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	2	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	1	21	Inpatient	0
22	Outpatient and other clinics	1	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	3	33	Outpatient	3
35	Patient property/expenses	2	34	Community	7
36	Patient status/discrimination (eg race, gender, age)	0	41	Maternity	0
37	Personal records(including medical, complaints files)	0	51	Ambulance	0
38	Shortage of beds	0	61	Community hospitals	0
39	Mixed accommodation	0	65	Community services – not elsewhere specified	7
40	Hospital Acquired Infection (MRSA)	0	72	Purchasing	0
	Procedural issues		73	Administration	1
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	0			
	Treatment				
51	Clinical treatment (all aspects)	18			
	➤ Medical/Dental	12			
	➤ Nursing	6			
	➤ Other Staff	0			
52	Consent to treatment	1			
61	Transport arrangements (including ambulances)	0			
71	Other (where no definition applies)	6			

COMPLAINT CATEGORIES

<u>Code</u>	<u>NUMBER</u>	<u>Code</u>	<u>NUMBER</u>
ISSUES RAISED		STAFF GROUP	
Staff		11	2
01	3	21	0
➤	0	31	6
➤	3	41	1
➤	0	51	0
➤	0	61	0
➤	0	71	2
➤	0	81	0
➤	0	91	0
02	0	01	0
04	0	SERVICE AREA	
05	0	Hospital acute services	
06	1	11	1
07	0	12	1
Waiting times for		13	0
11	0	14	0
12	0	15	0
13	0	Care of the Elderly	
Delays in/at		21	0
21	0	22	0
22	0	23	0
Environmental/domestic		24	0
29	1	Psychiatric/learning disabilities	
30	0	31	6
32	0	32	0
33	0	33	0
34	2	34	0
35	1	41	0
36	0	51	0
37	0	61	0
38	0	65	1
39	0	72	0
40	0	73	1
Procedural issues		74	1
41	0	Unscheduled Health Care (Out of Hours)	
42	0	81	0
43	0	Treatment	
44	0	51	2
Treatment		➤	1
51	2	➤	1
➤	1	➤	0
➤	0	52	0
52	0	61	0
61	0	71	1
Transport arrangements (including ambulances)		Other (where no definition applies)	
71	1		

COMPLAINT CATEGORIES

<u>Code</u>	<u>NUMBER</u>	<u>Code</u>	<u>NUMBER</u>
ISSUES RAISED		STAFF GROUP	
Staff		11	Medical (inc surgical) 257
01	Attitude/behaviour 53	21	Dental (inc surgical) 120
	➤ Medical/Dental 21	31	Nursing, Midwifery, Health Visiting 132
	➤ Nursing 23	41	Professions allied to medicine 9
	➤ AHPs 2	51	Scientific/technical 19
	➤ Ambulance (* paramedics) 0	61	Ambulance (inc. paramedics) 5
	➤ Administration 3	71	Ancillary/works/trades 31
	➤ Other 4	81	NHS Board administrative staff/members (exc FHS administrative) 1
02	Complaint handling 1	91	Division/CHP/PCO administrative staff/ members 34
04	Shortage/availability 1	01	Other 32
05	Communication (written) 10	SERVICE AREA	
06	Communication (oral) 22	Hospital acute services	
07	Competence 1	11	Inpatient 128
	Waiting times for	12	Day case 14
11	Date of admission/attendance 27	13	Outpatient 146
12	Date for appointment 24	14	Accident & emergency 46
13	Results of tests 11	15	Delivered in the community 2
	Delays in/at	Care of the Elderly	
21	Admission/transfer/discharge procedures 20	21	Inpatient 7
22	Outpatient and other clinics 11	22	Day patient 0
	Environmental/domestic	23	Outpatient 5
29	Premises (including access) 10	24	Community 0
30	Aids & appliances, equipment 14	Psychiatric/learning disabilities	
32	Catering 5	31	Inpatient 0
33	Cleanliness/laundry 7	32	Day patient 0
34	Patient privacy/dignity 4	33	Outpatient 0
35	Patient property/expenses 2	34	Community 1
36	Patient status/discrimination (eg race, gender, age) 0	41	Maternity 3
37	Personal records(including medical, complaints files) 0	51	Ambulance 0
38	Shortage of beds 0	61	Community hospitals 0
39	Mixed accommodation 0	65	Community services – not elsewhere specified 0
40	Hospital Acquired Infection (MRSA) 0	72	Purchasing 1
	Procedural issues	73	Administration 3
41	Failure to follow agreed procedure 1	74	Unscheduled Health Care (Out of Hours) 2
42	Policy and commercial decisions (of NHS Board) 0	81	Other 13
43	NHS Board purchasing 0		
44	Mortuary/post mortem arrangements 0		
	Treatment		
51	Clinical treatment (all aspects) 122		
	➤ Medical/Dental 88		
	➤ Nursing 29		
	➤ Other Staff 4		
52	Consent to treatment 1		
61	Transport arrangements (including ambulances) 3		
71	Other (where no definition applies) 103		

**SUMMARY FROM THE SCOTTISH PUBLIC SERVICES OMBUDSMAN'S
ANNUAL REPORT 05/06**

1. Introduction

This year complaints and enquiries about the NHS formed the second largest element of the Ombudsman's caseload, as they did last year. They saw an increase from 321 (14% of their total caseload) to 732 (20%), which mainly results from the introduction of a revised internal NHS complaints procedure which made it easier for people to bring complaints to their office. Of the total NHS caseload, 477 were complaints, of which just under two-thirds related to hospital care and most of the rest to family health services (mainly GPs and dentists). Complaints about NHS clinical treatment moved from overall second place to first, compared with last year.

2. Dignity and Respect

In her May 2006 Commentary, the Ombudsman summed up many of the themes that were brought out in investigations into health complaints in the course of the past year:-

"...It is disappointing that poor communication and inadequate record-keeping are still causes of confusion and anguish for patients and their relatives. The quality of available nursing care, especially for the most vulnerable members of society – the elderly, the infirm and those with mental health problems – remains an ongoing concern".

Ombudsman's Commentary, May 06

She concluded that Health professionals must attend not only to the physical symptoms of people in their care but also demonstrate respect for their emotional and psychological wellbeing. That translates into simple things like brushing hair and cleaning teeth and, crucially, keeping patients and relatives informed about treatment. These may seem too obvious to mention, and of course the vast majority of health professionals do adhere to the highest standards of care. The Ombudsman's office though, sees too many complaints concerning just such matters, and it is their duty to investigate and where appropriate make recommendations to try to bring about improvement in the delivery of health care.

3. Sharing the Learning

One way the Ombudsman has sought to do this in the health sector was by holding a series of seminars in March 2006 under the title *Complaints: Symptoms and Solutions – Using Grievances to Inform Governance*. These were organised in co-operation with the Scottish Executive Health Department and others and drew on the lessons of ten years of clinical investigation by the Ombudsman's office. They provided an opportunity for senior clinicians and managers to think about how they can prevent, respond to and learn from complaints. Feedback from the events was positive and following on from them the Ombudsman produced a DVD as a resource to allow the discussion and learning of the March events to resonate more widely within the NHS in Scotland.

Complaints to the Ombudsman were also used to inform the evidence the Ombudsman gave to the Parliament's Health Committee Care for the Elderly Inquiry.

4. Supporting Complainants

The revised NHS complaints process should make it simpler for people to raise any concerns they may have. The Scottish Health Council have a specific responsibility to monitor the effectiveness of the process. With them the Ombudsman has jointly sponsored research which aims to capture the patients' views of pursuing complaints within the NHS and with their office. The Ombudsman also hope the research will provide information about what may deter people from complaining when they feel they

may have grounds for doing so. The results of the research will be available later this year and will inform the Ombudsman's future work with the NHS.

People are more likely to feel able to pursue a complaint if there is somewhere they can go for advice and support in doing so. In last year's annual report the Ombudsman expressed concern that it was not clear how, following the abolition of Local Health Councils, support would be provided across Scotland for people needing help in using the NHS Complaints Procedure. On 1 March 2006 the Scottish Executive Health Department confirmed that NHS Boards would be required to fund a local independent advice and support service, through a strategic partnership with a consortia of their local Citizens Advice Bureaux, while the Health Department would fund a Central Support Unit within Citizens Advice Scotland to provide support to Bureaux and NHS Boards. The Ombudsman look forward to working with the Central Support Unit in the year ahead.

5. **Facts and Figures**

(a) Health Enquiries and Complaints Received

<u>04/05</u>		<u>05/06</u>	
Enquiries	82	Enquiries	255
Complaints	239	Complaints	477
Total	321	Total	732

(b) Top Twelve Categories of Health Complaints

	<u>No</u>
1. Hospitals: clinical treatment	180
2. Family Health Services : clinical treatment	81
3. Hospitals: complaints handling	29
4. Hospitals: staff attitude, dignity, confidentiality	28
5. Hospitals: policy/administration	21
6. Family Health Services : policy/administration	20
7. Hospitals : appointments/admissions (delay, cancellation waiting lists)	15
8. Family Health Services : staff attitude, dignity, confidentiality	14
9. Family Health Services : complaint handling	12
10. Family Health Services : appointments/admissions (delay cancellation, waiting lists)	9
11. Hospitals: admission, discharge and transfer procedures	9
12. Hospital record keeping.	9