NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 19 December 2006 **Board Paper No. 06/80**

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

QUARTERLY REPORT ON COMPLAINTS :
1 JULY – 30 SEPTEMBER 2006

Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 July to 30 September 2006.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period July - September. 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 July – 30 September 2006

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

Table 1

	Partnerships/ MHP/Board (NHSGG) (exc FHS)	Partnerships/ MHP (Clyde) (exc FHS)	Acute
(a) Number of complaints **received**	33	18	355
(b) Number of complaints received and completed within 20 working days *[national target]*	21 (64%)	7 (39%)	157 (44%)
(c) Number of complaints **completed**	34	13	316
(d) Outcome of complaints completed:-			
➢ Upheld	4	1	93
➢ Upheld in part	20	2	91
➢ Not Upheld	5	8	106
➢ Conciliation	0	0	0
➢ Irresolvable	4	0	2
(e) Number of complaints withdrawn:-	1	2	24
(d) Number of complaints declared vexatious	0	0	0

2. Ombudsman : 1 July – 30 September 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

	Partnerships/ MHS (NHSGG) (exc FHS))	Partnerships/ MHS (Clyde) (exc FHS)	Acute	FHS
(a) Request for file/records/information received	0	0	0	0
(b) Notification received that an investigation is being conducted	0	0	12	0
(c) Investigations Report received.	0	0	9	1

In accordance with the Ombudsman's monthly reporting procedure, 10 reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; two of these cases were summarised in her July 2006 commentary, three in her August 2006 commentary and five in her September 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 their possible 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 ten NHS Greater Glasgow and Clyde cases for this quarter are described as follows:-

July 2006

1. The complainant raised concerns about the care and treatment provided for his sister about three weeks before her sudden death and also about the adequacy of information provided before her discharge from the Southern General Hospital.
   [The Ombudsman did not uphold the complaint and made no recommendations].

2. The complainant was concerned that his then General Practitioner would not arrange appropriate treatment at a time when he was a risk of committing suicide.
   [The Ombudsman did not uphold the complaint and made no recommendations].

August 2006

1. The complainant raised a complaint that the Western Infirmary failed to provide a satisfactory explanation into why, after an operation to remove part of his lung, her husband's condition rapidly and unexpectedly deteriorated leading to his death. Additionally, she was concerned that a post mortem had not been carried out and that the death certificate did not appear to be correctly completed. The complainant was further aggrieved at the time taken to investigate her complaint.
   [The Ombudsman upheld the complaint and recommended that the Board:-
   - *carry out a review of its recordkeeping in respect of clinical treatment and of how clinicans' communicate with patients and their relatives;*
   - *carry out a review of its procedures in respect of requiring post mortem examinations and the completion of death certificates and consider training requirements to ensure staff were aware of their responsibilities in this area;*
   - *provide a full written apology to the complainant and her family for the failures identified].*

2. The complainant raised a number of concerns about the care and treatment of her father in Gartnavel General Hospital which she considered had changed him from an active man, with a good quality of life, to a bruised, emancipated and broken man, and which caused his death six weeks after admission to hospital.
[The Ombudsman did not uphold the complaint and made no recommendations].

3. The complainant raised a complaint in respect of the treatment and care provided to her husband, a dementia sufferer, when he was admitted to the Royal Alexandra Hospital with chest pains. She further believed that the hospital used unnecessary restraint techniques during his stay.
[The Ombudsman did not uphold two elements of the complaint but did uphold the element that related to hospital staff not dealing properly with Mr D's dementia related problems and used unnecessary physical restraint. As such, the Ombudsman made the following recommendations to the NHS Board:-
   - *Review training for staff dealing with dementia sufferers;*
   - *Review training on the production of care plans;*
   - *Review training on communication with dementia patients' families].*

<u>September 2006</u>

1. Mr A was referred to the Scottish Liver Transplant Unit in Edinburgh by his Consultant at Gartnavel General, Glasgow, for assessment for inclusion on the transplant list but was not considered suitable for inclusion. Mr A's uncle sought to challenge this decision and obtain a second opinion. This took several months and unfortunately Mr A died before a reassessment was possible. Mr C complained that Mr A had not received adequate care or proper assessment.
[The Ombudsman partially upheld two elements of Mr C's complaint and fully upheld the third element. Four recommendations were made, two of which related to NHS Greater Glasgow and Clyde and two of which related to the Scottish Liver Transplant Unit in Edinburgh. The NHS Greater Glasgow and Clyde recommendations were as follows:-
   - *Ensure that the new process for obtaining an appropriate second opinion for patients negatively assessed for liver transplant is made known to the relevant clinical staff.*
   - *Provide Mr C with a written apology for the acknowledged delay in responding to his complaint].*

2. Dr C complained of delays in providing medicines when his wife was discharged from hospital and of the attitude of ward staff and staff at the A&E in the Victoria Infirmary.
[The Ombudsman upheld one element of the complaint and did not uphold the other two elements. The following recommendations were made:-
   - *The Victoria Infirmary review the practical operation of the discharge policy to ensure its proper implementation and introduce any improvements or clarification which may be necessary relating to the provision of discharge medication.*
   - *The Victoria Infirmary offer a more fulsome apology to Dr C for the circumstances relating to delay and collection by him on Mrs C's discharge medication].*

3. The complainant raised a number of concerns after her mother died following cardiac surgery at Glasgow Royal Infirmary.
The Ombudsman partially upheld two elements of Mr C's complaint and the other two elements were not upheld. The Ombudsman recommended that:-

   - *Greater Glasgow NHS & Clyde apologise to the complainant;*
   - *staff be reminded of the importance of proper and full explanations as part of a response to complaints].*

4 The complaint concerned the way a nurse carried out a feeding procedure on the complainant's young child and the nurse's attitude towards the complainant at the Queen Mother's Maternity Hospital.
[The Ombudsman did not uphold one element of the complaint and made no finding in the other element. The Ombudsman made three recommendations to the Board as follows:-

- *Ensure that there is a method of ensuring that all relevant information pertaining to the care of a baby is accurately entered into the clinical notes.*
- *Ensure that any discussion with a staff member relating to a complaint made is documented and that additional support to the staff member through education and training is offered.*
- *Ensure that each newly qualified staff member in a specialised unit such as the Neonatal Unit, as well as having clinical competencies to achieve, should be assessed on their skills in managing stress and difficulties within the family unit to ensure full support is available from the unit team].*

5. The complaint concerned whether it was appropriate for a patient to be left sitting in a chair unattended in view of his medical condition and as a result he sustained a fall. The complainant was also concerned that it was the patient who advised her that a fall had occurred rather than nursing or medical staff at the Southern General Hospital.
   [The Ombudsman upheld all four elements of the complaint and made the following recommendations:-
   - *Remind staff of their responsibilities to assess patients who had fallen, for potential injuries, before moving them to an appropriate and safe place.*
   - *Audit the use and effectiveness of the Cannard Risk Assessment Form and Falls Care Plan.*
   - *Review the nursing documentation within the generic integrated care pathway for the older person to ensure that nursing assessments and care plans were visible and reflected the requirements of the code of professional conduct].*

Each recommendation made by the Ombudsman is submitted to the Clinical Governance Committee with an Action Plan showing how each has been taken forward or how they will be taken forward. The Clinical Governance Committee have the responsibility, on behalf of the Board, to ensure that each recommendation is implemented in the interests of effective and safe care delivered to the population served. They also ensure that where lessons learned require to be disseminated across the organisation that this is carried out.

The Ombudsman's office is also advised on the steps taken in implementing each recommendation.

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:-

Partnerships [1] / Mental Health Services (NHSGG)

Attitude/behaviour, communication and clinical treatment are the categories attracting most complaints this quarter. This is broadly consistent with previous quarters.

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

Partnerships [2] / Mental Health Services (Clyde)

Patient property/expenses, clinical treatment and attitude/behaviour of staff 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.

[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.
[2] Renfrew CHP, Inverclyde area.

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:-

Partnerships [3] / Mental Health Services (NHSGG)

- In one location, as a result of the particular client group accessing services, a psychologist is now working with staff to assess and minimise the effect of abusive behaviours.
- New systems have been put in place to manage cancelled appointments in one resource centre.
- A review of administrative systems in relation to referrals has been undertaken in one area.
- In one inpatient area, solutions will be sought to allow more flexibility for visiting areas within the ward. The possibility of having an area in the ward where visitors can access tea and coffee will also be considered.
- In one health centre, treatment room nurses have reorganised workload/allocation system to reallocate and prioritise more relevant cases.
- In one area of the city, staff are investigating ways of reducing and levelling the waiting times for physiotherapy across the departments in the area.
- A review will be undertaken in respect of how information about managing younger people with dementia can be conveyed to staff in general hospitals to try to improve the pathway to referral.
- In one area additional TENS machines have been purchased and the flexibility around appointment times for Physio clinics has been improved.
- In one area all health staff who visit patients have been instructed to carry a supply of complaints leaflets and the system for logging calls and how messages are communicated to staff has been reviewed.

Partnerships [4]/ Mental Health Services (Clyde)

None.

Acute

- Written guidance for receiving patients from primary care emergency centres has been jointly agreed and has been made available to all clinical staff responsible for managing emergency care at Stobhill Hospital and to doctors within the GEMs service.

[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.

- A review of operating procedures for HCG (pregnancy hormone) has been undertaken by the Diagnostic & Imaging Services (Laboratories) in Clyde which has resulted in an additional check being put in place to ensure consistency of results.

- An action plan has been implemented by the Diagnostic & Imaging Services (mortuary) in Clyde to improve signage, redecorate the waiting area, create a dedicated parking space and improve lines of communication between mortuary staff and local police

- A&E Department at Western Infirmary to work on transfer document to minimise occurrences of poor communication when patients are transferred. Patient was admitted and husband was not advised as he waited for her to return from x-ray.

5. Ongoing Developments

Partnerships [5] / Mental Health Services (NHSGG)

- Formal guidance in support of the NHS Greater Glasgow & Clyde complaints handling policy and the Scottish Office Health Department Guidance on the NHS Complaints Procedure has been issued to all of the Glasgow Partnerships. Each Partnership is continuing to develop its own internal complaints handling processes and these are beginning to bed in. Clinical Governance Support Unit complaints staff have now met with key staff responsible for complaints systems and processes in most of the Partnerships to begin to establish commonality of approach. This has been useful so far, with staff agreeing that a regular forum would be helpful.

- A report template is currently being developed within the Clinical Governance Support Unit which will enable information to be fed back in to each of the Partnerships. This will assist each Partnership to monitor complaints and the implementation of service improvements or remedial actions through their own Clinical Governance arrangements.

Partnerships [6] / Mental Health Services (Clyde)

None.

Acute

- A number of Car Parking complaints are still being received, many of which refer to disability issues. Information issued to complainants is regularly updated as there are ongoing developments through the work of the Director of Facilities who leads the implementation of the Car Parking Policy and this involves improvements to comply with the Disability Discrimination Act.

- Several complaints received across the Board area regarding the phased introduction of the No Smoking Policy. Standard information has been provided about the measures in place currently and the steps to implement the full ban on NHS premises from March 2007.

- Complaints arising from 20 week foetal anomaly scan not being offered as standard receive information about the work being undertaken to review the implications of standardising these scans in Scotland, implications of training and finance.

[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.

6. Complaints Completed Pro-Rata to Patient Activity Levels : 1 July – 30 September 2006

This gives an approximate indication of the number of complaints completed pro rata to the patient activity levels of the Acute Services Division. Out-patient, in-patient and day case and other treatment attendance statistics have been used in determining the activity levels. As the figures are a ratio of complaints to activity: the higher the figure the better the performance:-

1: 2000

NB Although Clyde complaints figures have been used for the purposes of this calculation, Clyde attendances have not.

7. Conciliation

Within this quarter one request was received for a conciliator. This was made by Primary Care and this is now concluded with the complaint resolved.

8. Independent Advice and Support

The new Independent Advice Support Service has now been introduced with the 14 Citizen's Advice Bureaus (CABs) across NHSGG&C gearing themselves up to promoting the full range of advice and support. This new service will be publicised more proactively in the new year as the staff of the CABs complete their induction and training sessions.

COMPLAINT CATEGORIES

Code	ISSUES RAISED	NUMBER
	Staff	
01	Attitude/behaviour	**17**
	➢ Medical/Dental	**6**
	➢ Nursing	**8**
	➢ AHPs	**2**
	➢ Ambulance (* paramedics)	**0**
	➢ Administration	**1**
	➢ Other	**0**
02	Complaint handling	**0**
04	Shortage/availability	**2**
05	Communication (written)	**5**
06	Communication (oral)	**12**
07	Competence	**4**
	Waiting times for	
11	Date for admission/attendance	**0**
12	Date for appointment	**4**
13	Results of tests	**0**
	Delays in/at	
21	Admission/transfer/discharge procedures	**0**
22	Outpatient and other clinics	**1**
	Environmental/domestic	
29	Premises (including access)	**1**
30	Aids & appliances, equipment	**0**
32	Catering	**0**
33	Cleanliness/laundry	**1**
34	Patient privacy/dignity	**4**
35	Patient property/expenses	**0**
36	Patient status/discrimination (eg race, gender, age)	**0**
37	Personal records(including medical, complaints files)	**3**
38	Shortage of beds	**0**
39	Mixed accommodation	**0**
40	Hospital Acquired Infection (MRSA)	**0**
	Procedural issues	
41	Failure to follow agreed procedure	**0**
42	Policy and commercial decisions (of NHS Board)	**0**
43	NHS Board purchasing	**0**
44	Mortuary/post mortem arrangements	**0**
	Treatment	
51	Clinical treatment (all aspects)	**15**
	➢ Medical/Dental	**8**
	➢ Nursing	**5**
	➢ Other Staff	**2**
52	Consent to treatment	**0**
61	**Transport arrangements (including ambulances)**	**0**
71	**Other (where no definition applies)**	**8**

Code	STAFF GROUP	NUMBER
11	Medical (inc surgical)	**12**
21	Dental (inc surgical)	**0**
31	Nursing, Midwifery, Health Visiting	**17**
41	Professions allied to medicine	**5**
51	Scientific/technical	**0**
61	Ambulance (inc. paramedics)	**0**
71	Ancillary/works/trades	**0**
81	NHS Board administrative staff/members (exc FHS administrative)	**0**
91	Division/CHP/PCO administrative staff/ members	**4**
01	Other	**0**

SERVICE AREA

	Hospital acute services	
11	Inpatient	**0**
12	Day case	**0**
13	Outpatient	**0**
14	Accident & emergency	**0**
15	Delivered in the community	**0**
	Care of the Elderly	
21	Inpatient	**0**
22	Day patient	**0**
23	Outpatient	**0**
24	Community	**0**
	Psychiatric/learning disabilities	
31	Inpatient	**8**
32	Day patient	**0**
33	Outpatient	**6**
34	Community	**4**
41	Maternity	**0**
51	Ambulance	**0**
61	Community hospitals	**0**
65	Community services – not elsewhere specified	**15**
72	Purchasing	**0**
73	Administration	**0**
74	**Unscheduled Health Care (Out of Hours)**	**0**
81	Other	**0**

PARTNERSHIPS/CHP (CLYDE)
ANNEX 2

COMPLAINT CATEGORIES

Code	ISSUES RAISED	NUMBER
	Staff	
01	Attitude/behaviour	**2**
	➢ Medical/Dental	**2**
	➢ Nursing	**0**
	➢ AHPs	**0**
	➢ Ambulance (* paramedics)	**0**
	➢ Administration	**0**
	➢ Other	**0**
02	Complaint handling	**0**
04	Shortage/availability	**0**
05	Communication (written)	**0**
06	Communication (oral)	**0**
07	Competence	**0**
	Waiting times for	
11	Date for admission/attendance	**0**
12	Date for appointment	**0**
13	Results of tests	**0**
	Delays in/at	
21	Admission/transfer/discharge procedures	**0**
22	Outpatient and other clinics	**1**
	Environmental/domestic	
29	Premises (including access)	**0**
30	Aids & appliances, equipment	**0**
32	Catering	**0**
33	Cleanliness/laundry	**1**
34	Patient privacy/dignity	**0**
35	Patient property/expenses	**6**
36	Patient status/discrimination (eg race, gender, age)	**0**
37	Personal records(including medical, complaints files)	**0**
38	Shortage of beds	**0**
39	Mixed accommodation	**0**
40	Hospital Acquired Infection (MRSA)	**0**
	Procedural issues	
41	Failure to follow agreed procedure	**0**
42	Policy and commercial decisions (of NHS Board)	**1**
43	NHS Board purchasing	**0**
44	Mortuary/post mortem arrangements	**0**
	Treatment	
51	Clinical treatment (all aspects)	**5**
	➢ Medical/Dental	**3**
	➢ Nursing	**2**
	➢ Other Staff	**0**
52	Consent to treatment	**0**
61	**Transport arrangements (including ambulances)**	**0**
71	**Other (where no definition applies)**	**2**

Code	STAFF GROUP	NUMBER
11	Medical (inc surgical)	**6**
21	Dental (inc surgical)	**0**
31	Nursing, Midwifery, Health Visiting	**5**
41	Professions allied to medicine	**0**
51	Scientific/technical	**0**
61	Ambulance (inc. paramedics)	**0**
71	Ancillary/works/trades	**1**
81	NHS Board administrative staff/members (exc FHS administrative)	**2**
91	Division/CHP/PCO administrative staff/ members	**1**
01	Other	**3**

SERVICE AREA

	Hospital acute services	
11	Inpatient	**1**
12	Day case	**0**
13	Outpatient	**0**
14	Accident & emergency	**0**
15	Delivered in the community	**0**
	Care of the Elderly	
21	Inpatient	**0**
22	Day patient	**0**
23	Outpatient	**1**
24	Community	**0**
	Psychiatric/learning disabilities	
31	Inpatient	**5**
32	Day patient	**0**
33	Outpatient	**6**
34	Community	**3**
41	Maternity	**0**
51	Ambulance	**0**
61	Community hospitals	**1**
65	Community services – not elsewhere specified	**1**
72	Purchasing	**0**
73	Administration	**0**
74	**Unscheduled Health Care (Out of Hours)**	**0**
81	Other	**0**

ACUTE
ANNEX 3

COMPLAINT CATEGORIES

Code	ISSUES RAISED	NUMBER
	Staff	
01	Attitude/behaviour	**42**
	➢ Medical/Dental	**17**
	➢ Nursing	**19**
	➢ AHPs	**1**
	➢ Ambulance (* paramedics)	**0**
	➢ Administration	**3**
	➢ Other	**2**
02	Complaint handling	**0**
04	Shortage/availability	**5**
05	Communication (written)	**15**
06	Communication (oral)	**27**
07	Competence	**5**
	Waiting times for	
11	Date for admission/attendance	**11**
12	Date for appointment	**17**
13	Results of tests	**4**
	Delays in/at	
21	Admission/transfer/discharge procedures	**15**
22	Outpatient and other clinics	**10**
	Environmental/domestic	
29	Premises (including access)	**8**
30	Aids & appliances, equipment	**14**
32	Catering	**5**
33	Cleanliness/laundry	**5**
34	Patient privacy/dignity	**1**
35	Patient property/expenses	**2**
36	Patient status/discrimination (eg race, gender, age)	**0**
37	Personal records(including medical, complaints files)	**11**
38	Shortage of beds	**0**
39	Mixed accommodation	**0**
40	Hospital Acquired Infection (MRSA)	**2**
	Procedural issues	
41	Failure to follow agreed procedure	**1**
42	Policy and commercial decisions (of NHS Board)	**9**
43	NHS Board purchasing	**1**
44	Mortuary/post mortem arrangements	**0**
	Treatment	
51	Clinical treatment (all aspects)	**103**
	➢ Medical/Dental	**79**
	➢ Nursing	**19**
	➢ Other Staff	**5**
52	Consent to treatment	**0**
61	**Transport arrangements (including ambulances)**	**4**
71	**Other (where no definition applies)**	**14**

Code	STAFF GROUP	NUMBER
11	Medical (inc surgical)	**154**
21	Dental (inc surgical)	**0**
31	Nursing, Midwifery, Health Visiting	**75**
41	Professions allied to medicine	**26**
51	Scientific/technical	**10**
61	Ambulance (inc. paramedics)	**1**
71	Ancillary/works/trades	**15**
81	NHS Board administrative staff/members (exc FHS administrative)	**3**
91	Division/CHP/PCO administrative staff/ members	**34**
01	Other	**20**

SERVICE AREA

	Hospital acute services	
11	Inpatient	**145**
12	Day case	**18**
13	Outpatient	**98**
14	Accident & emergency	**35**
15	Delivered in the community	**2**
	Care of the Elderly	
21	Inpatient	**5**
22	Day patient	**0**
23	Outpatient	**1**
24	Community	**0**
	Psychiatric/learning disabilities	
31	Inpatient	**0**
32	Day patient	**1**
33	Outpatient	**0**
34	Community	**0**
41	Maternity	**5**
51	Ambulance	**1**
61	Community hospitals	**1**
65	Community services – not elsewhere specified	**0**
72	Purchasing	**2**
73	Administration	**0**
74	**Unscheduled Health Care (Out of Hours)**	**4**
81	Other	**23**