

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 24 June 2008

Board Paper No. 08/33

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

QUARTERLY REPORT ON COMPLAINTS : 1 JANUARY – 31 MARCH 2008

Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 January – 31 March 2008.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period January – March 2008. 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 January – 31 March 2008

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 January – 31 March 2008 and for comparison 1 October – 31 December 2007. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	<u>1 January – 31 March 08</u>		<u>1 Oct – 31 December 07</u>	
	<u>Partnerships/ MHP/Board (exc FHS)</u>	<u>Acute</u>	<u>Partnerships/ MHP/Board (exc FHS)</u>	<u>Acute</u>
(a) Number of complaints received	50	355	48	313
(b) Number of complaints received and completed within 20 working days <i>[national target]</i>	29 (58%)	192 (54%)	25 (52%)	158 (50%)
(c) Number of complaints completed	49	340	50	300
(d) Outcome of complaints completed:-				
➤ Upheld	13	74	15	73
➤ Upheld in part	17	113	15	92
➤ Not Upheld	19	132	17	107
➤ Conciliation	0	0	0	0
➤ Irresolvable	0	0	0	0
(e) Number of complaints withdrawn	0	21	3	28
(f) Number of complaints declared vexatious	0	0	0	0

2. Ombudsman : 1 January – 31 March 2008

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

Table 2

	<u>Partnerships/ MHP/Board (NHSGGC)</u>	<u>Acute</u>	<u>FHS</u>
(a) Notification received that an investigation is being conducted	0	0	0
(b) Investigations Report received.	1	8	3

In accordance with the Ombudsman's monthly reporting procedure, 12 reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; one case was summarised in the January 2008 commentary, four in the February 2008 commentary and seven in the March 2008 commentary.

The Ombudsman's office requires the NHS Board to write and confirm the steps taken to implement their 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.

In addition, 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 has 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. It also ensures 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.

The 12 NHS Greater Glasgow and Clyde cases for this quarter are described as follows:-

January 2008

The complainant raised a number of concerns regarding the care and treatment of her husband during admissions to Glasgow Royal Infirmary in October 2004 and March 2005.

[The Ombudsman upheld four elements of the complaint, partially upheld two elements, did not uphold one element and had no finding on one element. The Ombudsman recommended that the Board:-

- *apologise to the complainant and her husband for our failure to monitor her husband's bowel movements and for any discomfort or pain he would have suffered as a result;*
- *write to the complainant repeating the apologies we provided to the Ombudsman regarding our failure to handle the complaint properly;*
- *put measures in place to ensure that meaningful medical records are made on a daily basis;*
- *put measures in place to ensure that when investigations are carried out they are recorded and the results documented and where there are abnormalities, entries in the medical records should acknowledge them and record medical staff's intentions regarding them;*
- *monitor and audit the effectiveness of the measures taken as a result of bullets 3 and 4 above;*

- *consider Adviser's comments about the management of anaemia and review our practice with advice from, for example, a physician in charge of elderly patients. This review should lead to an agreed policy being formulated, which should particularly be directed towards post-operative care; and*
- *regularly review patients' medications so that inappropriate treatments are noted and, if necessary, stopped.*

The Board has accepted the recommendations and will act on them accordingly].

February 2008

1. The complainant raised a number of concerns regarding the care and treatment provided to her by her dentist.
[The Ombudsman upheld one element of the complaint but did not uphold seven elements. The Ombudsman recommended that the dentist:-
 - *carries out a Clinical Audit of his own x-ray procedures to ensure that any problems with the current system can be identified and removed; and*
 - *carries out a similar audit in respect of his record-keeping to ensure compliance with General Dental Council Standards.*

The dentist has accepted the recommendations and will act on them accordingly].

2. The complainant was born with a progressive spinal deformity for which he was reviewed in Glasgow between the ages of five months and 13 years. When he was 13, the service was transferred to Edinburgh. At review there, five months later, the complainant was told that an operation some years previously could have prevented his current, permanent, deformity. The Complainant therefore complained about not having had such an operation in Glasgow.
[The Ombudsman did not uphold the complaint and had no recommendations to make].
3. The complainant raised a number of concerns regarding the care and treatment which he had received from Greater Glasgow and Clyde NHS Board since 1996 for his erectile dysfunction. He was particularly concerned that he had been asking for a penile implant operation for a number of years and only in 2005 had the Board agreed to consider him for the procedure.
[The Ombudsman upheld one aspect of the complaint, partially upheld two elements, did not uphold one element and had no finding in one element. The Ombudsman recommended that the Board:-
 - *apologise to the complainant for the delay in providing his penile implant operation, for adding his name to the waiting list prematurely and not advising him of the conditions and restrictions which applied and for the delay in his follow-up appointment for the Nesbit's operation;*
 - *take steps to ensure that, early, well documented psychiatric reports are produced in future cases of this type when requested or required; and*
 - *take appropriate steps to ensure that, in future cases of this type, patients' names are not added to waiting lists prematurely and that they are advised of any conditions or restrictions which apply.*

The Board has accepted the recommendations and will act on them accordingly].

4. The complainants complained about the care and treatment provided by two GPs to their son who died aged 15.
[The Ombudsman upheld three elements of the complaint and had no finding on one element. The Ombudsman recommended that the GPs:-

- *apologise to the complainants for the shortcomings identified in the report; and*
- *raise the complaints as issues at their annual appraisal and take them into account in their Continuing Professional Development.*

The GPs have accepted the recommendations and will act on them accordingly].

March 2008

1. The complainant raised a number of concerns about his General Practitioner following a consultation in August 2005.

[The Ombudsman fully upheld the complaint and recommended that:-

- *the GP should make a full formal apology to the complainant for failing to deal with him in a professional manner and for the distress caused to the complainant and his family in pursuing this matter;*
- *the GP should consult with the Director of General Practice Postgraduate Education (or his Deputy) to discuss, identify and participate in training and developmental initiatives designed to improve his consultation and communications skills;*
- *the GP should make a full formal written apology to the complainant for removing him unfairly from the Practice patient list;*
- *the Practice should reflect on this case and reconsider their policy for removing patients. This revised policy should be open to the patient population and advertised in a revised "Practice Information" leaflet;*
- *the Practice should revise their "Practice Complaints Procedure" to ensure that patients are made aware that they can ask for their complaint, and the response, to be handled by someone other than the person complained about; and*
- *the Practice should communicate the revised complaints procedure in a revised "Practice Information" leaflet.*

The Ombudsman has asked that the Practice notify them when the recommendations have been implemented].

2. The complainant visited the medical practice with her three year old grandson who was unwell and was seen by the GP. After examining the child and giving a diagnosis, the GP asked the complainant to have the child's parent contact him as he wished to address the issue of "targeted kicks" from the child toward the GP during the consultation. The complainant was unhappy with the GP's attitude and complained to the Practice Manager. She remained unhappy with the response to her complaint which was sent by the GP.

[The Ombudsman fully upheld the complaint and recommended that:-

- *the GP should make a full formal apology to the complainant for the distress caused to her following the consultation;*
- *the GP should consult with the Director of General Practice Postgraduate Education (or his Deputy) to discuss, identify and participate in training and developmental initiatives designed to improve his consultation and communications skills;*
- *the Practice should revise their "Practice Complaints Procedure" to ensure that patients are made aware that they may request that their complaint is investigated and responded to by someone other than the person complained about. This review should also include the development of a process to investigate and address each part of a complaint made before a response is issued; and*

- *the Practice should communicate the revised complaints procedure in a revised "Practice Information" leaflet.*

The Ombudsman has asked that the GP notify them when the recommendations have been implemented].

3. The complainant was concerned that the podiatry treatment she received at a podiatry clinic was inappropriate. She complained that her bunion had been cut into against her wishes and that the same scalpel had been used to treat two different parts of her foot.

[The Ombudsman did not uphold any aspect of the complaint and had no recommendations to make].

4. The complainant was concerned that he had to wait two years for an operation to remove a benign acoustic neuroma (a tumour which develops on the eighth cranial/hearing nerve), which he felt was an unacceptable amount of time. He was also concerned that no follow-up or review had been conducted within those two years.

[The Ombudsman upheld the complaint and recommended that the Board:-

- *apologise to the complainant for our failure to arrange his surgery in a reasonable timescale and for the anxiety and distress this will have caused; and*
- *apologise to the complainant for our failure to arrange a review of his condition and for the anxiety and distress this will have caused.*

The Board has accepted the recommendations and will act on them accordingly].

5. The complainant was referred to a consultant orthopaedic surgeon at the Southern General Hospital for a diagnosis of the knee pain she had been suffering for some time. Because the pain continued, she then saw a private consultant who recommended treatment which proved successful.

[The Ombudsman did not uphold the complaint and had no recommendations to make].

6. The complainant raised a number of concerns regarding her medical care and treatment during investigations of painful sensations in her throat. She specifically complained about the length of time it had taken for her to be referred for an endoscopy; the actions of the gastroenterology department when she attended for pH studies and oesophageal motility studies and the length of time it had taken for a consultant to notify her of the results of a Fine Need Aspiration Cytology examination.

[The Ombudsman did not uphold any aspect of the complaint and had no recommendations to make].

7. The complainant was concerned that the cause of her abdominal pain was not diagnosed despite several admissions to the Victoria Infirmary and that not all necessary investigations had been carried out. She also raised issues regarding Greater Glasgow and Clyde NHS Board's communication with her and her mother and regarding the accuracy of the Board's response to her complaint.

[The Ombudsman partially upheld one element of the complaint but did not uphold two elements and had no recommendations to make].

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/ Mental Health Services

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

Annex 1 provides a comprehensive breakdown of the complaint categories for Partnerships/Mental Health Services.

Acute

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

Annex 2 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/Mental Health Services

- As a result of a complaint in one area, District Nursing staff are to receive refresher training in male catheterisation and competency will be monitored through annual review of practice.
- In one area there is an ongoing review of treatment room services and a treatment room information leaflet is being produced to inform patients of access times and services available.
- In one area specific training on effective telephone communication is to be introduced.
- As a result of a complaint, revised medication awareness training for nursing and medical staff has been implemented.
- As a result of an immunisation error in one CHP area, a range of improvements have been made to the running of immunisation sessions, including:-
 - increased immunisation sessions to take place to reduce the number of children at any one session;
 - appointment times to be increased to allow for more time in administering the vaccines;
 - immunisations now to be removed from the fridge one at a time for individual children presenting at clinic and vaccines to be given, wherever possible, within the same clinical area as the fridge.

In addition, immunisation training needs for staff nurses and other health visiting staff is to be assessed. The Procedures put in place after this error are being audited throughout the CHP to ensure good practice is in place and maintained.

Acute

- In April 2007, initial discussions were commenced with colleagues in the Clinical Psychology Service to identify the areas of unmet need within the service across the city. Discussions will continue to establish what resources are required to enable all the maternity units to have equitable access to the service.
- Lead Nurse for Ward 43 is reviewing training and skill levels of nursing staff in relation to the management and care of patients with challenging behaviours, which are due to ongoing medical conditions. It is likely that a number of staff will undergo additional training in the near future as a result.
- As direct result of difficulties a patient encountered when they had to transfer from the Beatson in the Gartnavel site over to Western Infirmary for specialised CT guided biopsy, radiology have reviewed their services and will carry out procedures at Gartnavel site.

- In light of a complaint from a relative who was concerned a patient's dignity was compromised, staff in elderly wards have been reminded of the practice to ensure patients have access to their own clothes from admission, and the Physiotherapy Team advised to practise gait training within the same sex area of the ward or ensure the patients are dressed adequately and that patients' dignity is maintained at all times.
- The information provided to patients prior to sigmoidoscopy is being reviewed to ensure patients are aware that sedation is not routinely administered for this procedure.

5. Ongoing Developments

Partnerships/Mental Health Services

- The new Mental Health Partnership complaints handling protocol/process has been issued across the Partnership and is now in operation.
- Complaints handling issues arising from the Ombudsman's consideration of complaints relating to NHS GG & C Partnerships continue to be highlighted across all Partnerships; the Partnerships Clinical Governance Forum now see the Ombudsman's monthly commentaries as a matter of routine and will give a view on whether there are lessons worthy of system wide dissemination if these have not already been picked up directly by the complaints office. Similar arrangements exist in the Mental Health Partnership with their Mental Health Partnerships Care Governance Executive.
- Implementation of DATIX – DATIX is now in use within the Clinical Governance Support Unit complaints office. Training dates have been set for local staff within partnerships, with a view to direct complaint entry and management at local partnership level. It is anticipated that partnerships will begin to use the complaints module over the coming months.

Acute

The Datix computer software system has been rolled out to complaints staff within the Acute Services Division. Datix allows staff to access complaints information across the system and has been instrumental in allowing the restructuring of the Acute complaints function to be completed. Revised arrangements will see complaints staff realigned to support Directorates and will come into place from July 2008.

General

Revised training for staff at all levels in the organisation is currently being developed in conjunction with complaints colleagues serving the Partnerships and with the Learning and Education Department. The four stage approach will cover induction, general training aimed at ward and departmental staff, specific training for ward and departmental staff and first line managers and a master class for middle managers. The roll out of the training is planned for the Autumn of 2008.

6. Conciliation

There were no requests for conciliation this quarter.

7. Evaluation of the NHS Complaints Procedure

The Scottish Government Health Department has invited the Scottish Health Council to lead work to evaluate the effectiveness of the reviewed NHS Complaints Procedure. The Scottish Health Council have commissioned Craigforth Consultancy to work with them.

The Craigforth study will look at the process of complaints handling, ie the experiences of patients, carers and staff in operating the procedure, not the content of the complaints. It will explore the mechanisms which enable effective and sustainable learning from complaints and how Boards' evaluate the effectiveness of complaints handling in primary and secondary care. It will also seek to identify the

mechanisms we need to develop to encourage an accessible, inclusive and equitable complaints process and look at the interface between the complaints procedure and other mechanisms for feedback.

Craigforth will contact a small number of Boards seeking their participation in the research. They may also seek Board support in involving GP Practices in the research, and in undertaking surveys and interviews with patients, carers and staff.

The primary care research will involve a review of all the complaints over a two year period in the selected surgeries, including discussion with complaints receiving staff about their experience of handling complaints. There will be surveys of patients, both those who have made a complaint and those who have had contact with surgeries in the identified period.

None of the Boards or GP Practices participating in the study will be identified beyond brief descriptions indicating whether they are serving a large urban, mixed or rural population.

8. Equality and Diversity Data

On 1 April 2008, the Scottish Government Health Department launched the Equality and Diversity survey form and pre-paid envelopes for issue to complainants for completion and return direct to the Information Services Division (ISD). Within NHS Greater Glasgow and Clyde some operational issues are being finalised prior to implementation.

9. Independent Advice and Support Service

The Head of Board Administration met with representatives from Citizen Advice Bureau (CAB) and the Independent Advice and Support Service (IASS) on 8 May 2008 to discuss the development of IASS across NHS Greater Glasgow and Clyde.

This provided an excellent opportunity to meet with the three case workers and get a better understanding of their work and type of issues they are dealing with.

We will jointly continue to look at marketing and promoting the service and, in general, heightening its profile across NHS Greater Glasgow and Clyde.

In terms of monitoring, CABs will provide an annual report for the period 1 April – 31 March 2008 and, thereafter, quarterly reporting will be put in place and included in the quarterly complaints report submitted to the NHS Board.

10. Changes to Complaints Data Collection

As part of the Better Together Programme and following a widely based consultation process, Information Services Division (ISD) has revised the dataset which they collate nationally on NHS complaints. To facilitate this process, ISD will be providing a web based tool to collect and submit data. For those Boards who use third party software suppliers, ISD have been liaising with the appropriate companies regarding the changes necessary.

As NHS Greater Glasgow and Clyde is rolling out DATIX (our data collection software suppliers), negotiations have been ongoing with them to ensure our dataset will meet the requirements of ISD. This update will most likely be complete by the end of 2008 and ISD have confirmed that until the new dataset is in place in DATIX, we will not be expected to report on the new dataset. For ease of transfer, we are most likely to commence the new reporting from April 2009.

11. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 January – 31 March 2008.

COMPLAINT CATEGORIES

<u>Code</u>			<u>Code</u>	
ISSUES RAISED		NUMBER	STAFF GROUP	NUMBER
Staff			11 Medical (inc surgical)	20
01	Attitude/behaviour	17	21 Dental (inc surgical)	0
	➤ Medical/Dental	3	31 Nursing, Midwifery, Health Visiting	23
	➤ Nursing	9	41 Professions allied to medicine	6
	➤ AHPs	3	51 Scientific/technical	0
	➤ Ambulance (* paramedics)	0	61 Ambulance (inc. paramedics)	0
	➤ Administration	2	71 Ancillary/works/trades	0
	➤ Other	0	81 NHS Board administrative staff/members (exc FHS administrative)	0
02	Complaint handling	1	91 Division/CHP/PCO administrative staff/ members	10
04	Shortage/availability	1	01 Other	1
05	Communication (written)	11	SERVICE AREA	
06	Communication (oral)	12	Hospital acute services	
07	Competence	8	11 Inpatient	0
Waiting times for			12 Day case	0
11	Date of admission/attendance	0	13 Outpatient	0
12	Date for appointment	6	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	2	22 Day patient	0
Environmental/domestic			23 Outpatient	0
29	Premises (including access)	3	24 Community	0
30	Aids & appliances, equipment	0	Psychiatric/learning disabilities	
32	Catering	0	31 Inpatient	8
33	Cleanliness/laundry	0	32 Day patient	0
34	Patient privacy/dignity	4	33 Outpatient	0
35	Patient property/expenses	0	34 Community	10
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	30
40	Hospital Acquired Infection (MRSA)	0	72 Purchasing	0
Procedural issues			73 Administration	1
41	Failure to follow agreed procedure	1	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)	27		
	➤ Medical/Dental	13		
	➤ Nursing	10		
	➤ Other Staff	4		
52	Consent to treatment	0		
61	Transport arrangements (including ambulances)	0		
71	Other (where no definition applies)	3		

COMPLAINT CATEGORIES

<u>Code</u>		NUMBER	<u>Code</u>		NUMBER
ISSUES RAISED			STAFF GROUP		
	Staff				
01	Attitude/behaviour	64	11	Medical (inc surgical)	180
	➤ Medical/Dental	26	21	Dental (inc surgical)	10
	➤ Nursing	26	31	Nursing, Midwifery, Health Visiting	87
	➤ AHPs	2	41	Professions allied to medicine	6
	➤ Ambulance (* paramedics)	0	51	Scientific/technical	6
	➤ Administration	8	61	Ambulance (inc. paramedics)	0
	➤ Other	2	71	Ancillary/works/trades	18
02	Complaint handling	5	81	NHS Board administrative staff/members (exc FHS administrative)	19
04	Shortage/availability	21	91	Division/CHP/PCO administrative staff/ members	3
05	Communication (written)	87	01	Other	18
06	Communication (oral)	4	SERVICE AREA		
07	Competence	8	Hospital acute services		
	Waiting times for		11	Inpatient	159
11	Date of admission/attendance	8	12	Day case	10
12	Date for appointment	22	13	Outpatient	121
13	Results of tests	6	14	Accident & emergency	28
	Delays in/at		15	Delivered in the community	0
21	Admission/transfer/discharge procedures	8	Care of the Elderly		
22	Outpatient and other clinics	12	21	Inpatient	18
	Environmental/domestic		22	Day patient	1
29	Premises (including access)	20	23	Outpatient	3
30	Aids & appliances, equipment	10	24	Community	0
32	Catering	6	Psychiatric/learning disabilities		
33	Cleanliness/laundry	10	31	Inpatient	0
34	Patient privacy/dignity	19	32	Day patient	0
35	Patient property/expenses	6	33	Outpatient	0
36	Patient status/discrimination (eg race, gender, age)	1	34	Community	0
37	Personal records(including medical, complaints files)	11	41	Maternity	3
38	Shortage of beds	3	51	Ambulance	0
39	Mixed accommodation	0	61	Community hospitals	0
40	Hospital Acquired Infection (MRSA)	4	65	Community services – not elsewhere specified	0
	Procedural issues		72	Purchasing	0
41	Failure to follow agreed procedure	1	73	Administration	0
42	Policy and commercial decisions (of NHS Board)	2	74	Unscheduled Health Care (Out of Hours)	13
43	NHS Board purchasing	0	81	Other	2
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment (all aspects)	161			
	➤ Medical/Dental	113			
	➤ Nursing	47			
	➤ Other Staff	1			
52	Consent to treatment	3			
61	Transport arrangements (including ambulances)	7			
71	Other (where no definition applies)	25			