

# NHS Greater Glasgow and Clyde

Board Meeting  
Tuesday, 21 October 2008

Board Paper No. 08/52

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

## QUARTERLY REPORT ON COMPLAINTS : 1 APRIL – 30 JUNE 2008

### Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 April – 30 June 2008.

### Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period April - June 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 April – 30 June 2008

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 April – 30 June 2008 and for comparison 1 January - 31 March 2008. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	<u>1 April – 30 June 08</u>		<u>1 January – 31 March 08</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 <b>received</b>	49	351	50	355
(b) Number of complaints received and completed within 20 working days <i>[national target]</i>	29 (59%)	171 (49%)	29 (58%)	192 (54%)
(c) Number of complaints <b>completed</b>	40	328	49	340
(d) Outcome of complaints completed:-				
➤ Upheld	14	75	13	74
➤ Upheld in part	12	90	17	113
➤ Not Upheld	11	143	19	132
➤ Conciliation	0	0	0	0
➤ Irresolvable	0	1	0	0
(e) Number of complaints withdrawn	3	19	0	21
(f) Number of complaints declared vexatious	0	0	0	0

The performance against the national target of 70% of complaints completed within 20 working days continues to be disappointing with 59% achieved in the Partnerships and 49% achieved in the Acute Services Division. The NHS Board's performance in a national context, while not the lowest, is at the lower end when compared to other Scottish NHS Boards, with 48.9% not dealt with within 20 working days in 2007/08. The steps set out on Section 5 – Acute Services – highlight the recent action taken to restructure the complaints staff and some early indications of improvements. NHS Greater Glasgow and Clyde received 1,509 complaints in 2007/08 out of 7,294 nationally (not including Family Practitioner Services complaints).

## 2. Ombudsman : 1 April – 30 June 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.	0	7	0

In accordance with the Ombudsman's monthly reporting procedure, seven reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; three case were summarised in the April 2008 commentary, four in the May 2008 commentary and none in the June 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 seven NHS Greater Glasgow and Clyde cases for this quarter are described as follows:-

### April 2008

1. The complainant considered that his partner did not receive professional care and treatment from hospital staff, and that the Board failed to deal with his complaint appropriately.  
*[The Ombudsman upheld one element of the complaint and partially upheld the other element. The Ombudsman recommended that the Board:-*
  - *with reference to the Scottish Public Services Ombudsman's guidance note on apology, apologise to the complainant and his partner for the distress and pain caused by the poor preparation for the procedure carried out as well as the uncertainty over the stent before that time which led to the complainant's partner having to be x-rayed unnecessarily; and*

- *ask the staff at the Hospital's Day Surgery Unit to review their practice for Endoscopy procedure preparation, and benchmark that practice against other similar units within the Board's area. This would form part of the work already in progress to review pre-assessment practice for day surgery throughout the Board's area.*

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

2. The complainant raised a number of concerns about the care and treatment given to her late father at the Western Infirmary from the day he was admitted on 10 August 2005 up to his death in the hospital on 13 August 2005. She also complained that the Hospital's communication with her during this period was poor and that her subsequent complaint to the Board was dealt with inadequately.

*[The Ombudsman upheld four elements of the complaint but did not uphold one element. The Ombudsman recommended that the Board:-*

- *advise the Ombudsman on the steps they have taken to avoid breakdowns in communication recurring;*
- *advise the Ombudsman on the steps they have taken to avoid medical notes being unavailable;*
- *emphasise to staff the need to adhere to the terms of the NHS guidance for dealing with complaints and ensure that their records are updated when a patient dies; and*
- *apologise to the complainant and explain the reason why the clinical nurse manager did not attend a meeting in March 2006.*

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

3. The complainant felt that the death of her husband could have been avoided had staff of the Board been more proactive in diagnosing his condition. She complained that her husband's assigned consultant should have been more directly involved in his care.

*[The Ombudsman did not uphold two elements of the complaint and had no finding on the other element. The Ombudsman recommended that the Board:-*

- *consider asking the clinical team to review their circumstances of this case to see if there are any lessons to be learned regarding communication with patients and relatives;*
- *apologise to the complainant and her family for the additional distress and suffering caused by the delays to her husband's diagnosis; and;*
- *revise their procedures to include written notice to the referring consultant of all failed scan results.*

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

### May 2008

1. The complainant had a lump on his lower left leg removed in 1998 at Stonehouse Hospital. This was diagnosed at the time as a benign fibromatosis. Some years later the complainant became aware of a second lump close to the site of the first and he consulted his GP in July 2004. The complainant was referred by his GP to Hairmyres Hospital. The referral letter referred to the lump as a recurrence of a 'ganglion' which had been removed in 1998. Following removal of the second lump in May 2005, the complainant was diagnosed as having a rare form of cancer and referred for further treatment to a specialist group at the Beatson Centre in Glasgow. He complained to the Ombudsman about the GP's diagnosis in the referral letter. In the course of the Ombudsman's investigation, samples from the lump removed in 1998 were re-examined and also found to be cancerous. Concerns were raised that this had not been diagnosed by the hospital in 1998 and also

about the treatment he had received in 2004/2005 from the hospital and in 2005 from the Beatson Centre. As a result, the investigation was widened to include these aspects of his care.

*[The Ombudsman did not uphold any aspect of the complaint and had no recommendations to make to Greater Glasgow and Clyde NHS Board]*

2. The complainant (an advocacy worker) complaining on behalf of a client, raised concerns regarding the care and treatment provided to his client in respect of her bowel operation at the Royal Alexandra Hospital in February 2003. The client was unhappy with the lack of information provided to her, her family and her general practitioner, the timing of her discharge, the failure to timeously diagnose an abscess in her bowel and the failure to arrange a follow-up appointment.

*[The Ombudsman upheld three elements of the complaint but did not uphold one element. The Ombudsman recommended that the Board:-*

- *consider the way that they currently record episodes of communication. As a minimum, they should remind staff of the importance of recording significant communication episodes between clinical staff and their patients and their carers. These records should include the time and date of such episodes, the parties present, matters discussed and the patient/carer's understanding of the same;*
- *consider introducing measures to ensure that any known complications of surgery which occur, and any resultant consequences, are recorded on the discharge sheet and sent to patients' GPs in a timely manner;*
- *inform the Ombudsman of any changes that they have made in response to the Scottish Executive Health Department's guidance 'A Good Practice Guide on Consent for Health Professionals in NHSScotland' (June 2006); and*
- *consider introducing measures to ensure that biopsy results following local trans-anal surgery are reviewed urgently and any full thickness perforation is specifically recorded in the case notes. When such perforations are recorded and the patient is still in hospital, the Board should take steps to ensure that the patient is not discharged until reviewed by a senior surgeon. When any such results are received after a patient has been discharged, these should be reported immediately to the patient's GP and an urgent review by the surgical team should be arranged.*

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

3. The complainant raised a number of concerns about the care and treatment that her relative, received in Vale of Leven Hospital (hospital 1) between his admission in January 2006 and his transfer to Gartnavel General Hospital (hospital 2) in February 2006. Sadly, her relative died on 8 March 2006.

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

- *remind staff of the need to ensure they respond in full to formal complaints;*
- *ensure that the clinical team responsible for the complainant's relative in hospital 1:*
  - *review the Ombudsman's report; consider what lessons can be learned from this experience and review how pain is managed effectively;*
  - *are aware of the need for accurate records to be kept; and*
  - *utilise best practice statement on Pressure Ulcer Prevention and the Treatment and Management of Pressure Ulcers issued by NHS Quality Improvement Scotland (March 2005 and November 2005);*
- *audit the use of MRSA screen on Ward 14 and report back to the Ombudsman proof of review and change in practice;*

- *ensure that the clinical team consider the lessons to be learned as a result of the failings identified in the Ombudsman's report and report back to the Ombudsman changes in practice put in place as a result; and*
- *apologise to the complainant fully and formally for the failings identified in the Ombudsman's report.*

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

4. The complainant complained on behalf of his wife concerning the care and treatment she received prior to being diagnosed as having ovarian cancer.

*[The Ombudsman upheld one element of the complaint but did not uphold two elements. The Ombudsman recommended that the Board proffer a sincere apology to the complainant's wife for the failure to treat her properly and also to provide her with a copy of the 2008 audit of Guideline 34.*

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

### **June 2008**

No reports were received.

### **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**

Attitude/behaviour, clinical treatment, waiting times 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**

- Changes are being made to the process of arranging follow up appointments to ensure that bookable appointments are made available every day for clients of a specific clinic.
- Clinic staff have been reminded of the protocol which is to be followed when delays cause clients to be kept waiting past their appointment time.
- A new information sheet will be made available to clients of a particular clinic and reception staff will be made aware of this information sheet as part of their training.

- Work is being undertaken with Social Services colleagues in a particular area re appropriate communication channels. A telephone system is also being introduced to allow calls made during weekends and public holidays to be diverted straight to the mobile of the duty sister.
- A review of podiatry services is taking place in response to a complaint about treatment and waiting time of next appointment given.
- A review of appointments & recording systems is being carried out at the clinic to ensure that all referrals are followed up within a week of being referred.
- In response to a complaint about the length of time waited for a home visit, a review of administrative procedures will be carried out to ensure that the transfer from clinic to home podiatry treatment takes place.
- One department is reviewing the systems and procedures of referring on and reporting back on specialist testing.
- In response to a complaint about the waiting time for a referral to clinical psychology, the service will ensure that all GPs and referring agencies are aware of the mental health service's new referral and access procedure.

#### Acute

- Review of discharge process/medication rounds not to be commenced with only 1 member of trained staff . New No Interruption Policy to be introduced across the Division.
- Lead Nurse medicine respiratory intends to review and further develop patient information on the Early Supported Discharge (ESD) service and nebulised therapy information as this will be helpful for future patient/carers and improve our communication.

### **5. Ongoing Developments**

#### Partnerships/Mental Health Services

As reported previously, DATIX is now in use within the Clinical Governance Support Unit (CGSU) complaints office. Local staff in some Partnerships have, however, now been trained enabling direct complaint entry and management at local Partnership level. The CGSU complaints office continues with data entry for those Partnerships choosing not to use DATIX at this stage. Regular user meetings have been established to support the ongoing implementation of DATIX within Partnerships using the system.

#### Acute

- The Datix system was successfully implemented across the Division from 1 April 2008 (previously only used in South and Clyde).
- The restructuring of the Complaints function was completed in 1 July 2008. Staff have physically relocated into three offices thus creating larger and more robust teams, reducing lone and isolated working providing better cross cover. The skill mix of staff has been changed to focus on more senior level support. These changes have allowed staff to be aligned to support Directorates rather than the former model where staff dealt with all complaints for a site. Improved working relationships and greater familiarity with a specific Directorate has already improved response times with 61% of complaints being responded to within 20 working days in July 2008 and 57% of complaints being responded to within 20 working days in August 2008. Continued improvement is anticipated over the coming months.

## **6. Conciliation**

There were no requests for conciliation this quarter.

## **7. Implementation of DATIX**

Complaints Leads across the single system are working in collaboration with Learning and Education staff to develop a suite of training programmes. It is the intention that there will be 4 levels of training. The level 1 induction package has been drafted and will be included in the new corporate induction programme shortly. Two pilots (one in Acute and one in a CHCP) have been run for a level 2 programme which it is intended will be used by ward and departmental managers to deliver to their own staff across the organisation. The level 3 programme (for managers charged with investigating complaints and to allow local managers to deliver the level 2 programme) is under development. Work to develop the level 4 programme (for those with responsibility for reviewing responses to complaints) will commence soon.

## **8. Evaluation of the NHS Complaints Procedure**

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

The Craigforth study is looking at the process of complaints handling, ie the experiences of patients, carers and staff in operating the procedure and not the content of the complaints. It is exploring 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 is also seeking to identify the mechanisms which need to be developed to encourage an accessible, inclusive and equitable complaints process and looking at the interface between the complaints procedure and other mechanisms for feedback.

Craigforth has contacted a number of Boards seeking their participation in the research (including NHS Greater Glasgow and Clyde). Questionnaires have been issued and interviews are currently taking place.

The primary care research involves a review of all the complaints over a two year period in selected surgeries, including discussion with complaints staff about their experience of handling complaints. There are 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 are to be identified beyond brief descriptions indicating whether they are serving a large urban, mixed or rural population.

## **9. 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). The NHS Board now routinely sends these survey forms to complainants for completion.

## **10. 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) recently to discuss the development of IASS across NHS Greater Glasgow and Clyde.

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, the CABs have completed their first Annual Report – 2007/08 and this will be sent to Members for information shortly. Quarterly reporting is to be put in place and included in future quarterly complaints report submitted to the NHS Board.

In addition, the Acute Services Division personnel have met with IASS representatives and have agreed to share information and leaflets on the IASS service with complainants as follows:-

- (a) when complainants telephone seeking advice about making a complaint;
- (b) where complaints officers feel that complainants may benefit from support in preparing a complaint or attending a meeting.

Also, the Complaints Training Programme will include information on IASS; the IASS leaflet will be enclosed with the complaints leaflet to complainants and we will include a briefing sheet for staff on StaffNet and include it in a future Core Brief and Team Brief.

## **12. Conclusion**

The NHS Board is asked to note the quarterly complaints report for the period 1 April – 30 June 2008.

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**COMPLAINT CATEGORIES**

<u>Code</u>		<b>NUMBER</b>	<u>Code</u>		<b>NUMBER</b>
<b>ISSUES RAISED</b>			<b>STAFF GROUP</b>		
	<b>Staff</b>				
01	Attitude/behaviour	18	11	Medical (inc surgical)	24
	➤ Medical/Dental	5	21	Dental (inc surgical)	0
	➤ Nursing	11	31	Nursing, Midwifery, Health Visiting	10
	➤ AHPs	0	41	Professions allied to medicine	3
	➤ Ambulance (* paramedics)	0	51	Scientific/technical	0
	➤ Administration	1	61	Ambulance (inc. paramedics)	0
	➤ Other	1	71	Ancillary/works/trades	1
02	Complaint handling	0	81	NHS Board administrative staff/members (exc FHS administrative)	5
04	Shortage/availability	0	91	Division/CHP/PCO administrative staff/ members	4
05	Communication (written)	5	01	Other	0
06	Communication (oral)	4	<b>SERVICE AREA</b>		
07	Competence	2	<b>Hospital acute services</b>		
	<b>Waiting times for</b>		11	Inpatient	0
11	Date of admission/attendance	1	12	Day case	0
12	Date for appointment	11	13	Outpatient	0
13	Results of tests	0	14	Accident & emergency	0
	<b>Delays in/at</b>		15	Delivered in the community	0
21	Admission/transfer/discharge procedures	0	<b>Care of the Elderly</b>		
22	Outpatient and other clinics	1	21	Inpatient	1
	<b>Environmental/domestic</b>		22	Day patient	0
29	Premises (including access)	1	23	Outpatient	0
30	Aids & appliances, equipment	3	24	Community	2
32	Catering	0	<b>Psychiatric/learning disabilities</b>		
33	Cleanliness/laundry	0	31	Inpatient	14
34	Patient privacy/dignity	3	32	Day patient	0
35	Patient property/expenses	1	33	Outpatient	4
36	Patient status/discrimination (eg race, gender, age)	0	34	Community	9
37	Personal records(including medical, complaints files)	0	41	Maternity	1
38	Shortage of beds	0	51	Ambulance	0
39	Mixed accommodation	0	61	Community hospitals	0
40	Hospital Acquired Infection (MRSA)	0	65	Community services – not elsewhere specified	16
	<b>Procedural issues</b>		72	Purchasing	0
41	Failure to follow agreed procedure	0	73	Administration	0
42	Policy and commercial decisions (of NHS Board)	1	74	<b>Unscheduled Health Care (Out of Hours)</b>	0
43	NHS Board purchasing	0	81	Other	2
44	Mortuary/post mortem arrangements	0			
	<b>Treatment</b>				
51	Clinical treatment (all aspects)	15			
	➤ Medical/Dental	14			
	➤ Nursing	0			
	➤ Other Staff	1			
52	Consent to treatment	0			
61	<b>Transport arrangements (including ambulances)</b>	0			
71	<b>Other (where no definition applies)</b>	0			

**COMPLAINT CATEGORIES**

<b>Code</b>		<b>NUMBER</b>	<b>Code</b>		<b>NUMBER</b>
<b>ISSUES RAISED</b>			<b>STAFF GROUP</b>		
<b>Staff</b>			11	Medical (inc surgical)	<b>246</b>
01	Attitude/behaviour	<b>87</b>	21	Dental (inc surgical)	<b>13</b>
	➤ Medical/Dental	<b>43</b>	31	Nursing, Midwifery, Health Visiting	<b>140</b>
	➤ Nursing	<b>35</b>	41	Professions allied to medicine	<b>9</b>
	➤ AHPs	<b>0</b>	51	Scientific/technical	<b>7</b>
	➤ Ambulance (* paramedics)	<b>0</b>	61	Ambulance (inc. paramedics)	<b>0</b>
	➤ Administration	<b>2</b>	71	Ancillary/works/trades	<b>35</b>
	➤ Other	<b>7</b>	81	NHS Board administrative staff/members (exc FHS administrative)	<b>3</b>
02	Complaint handling	<b>1</b>	91	Division/CHP/PCO administrative staff/ members	<b>14</b>
04	Shortage/availability	<b>4</b>	01	Other	<b>0</b>
05	Communication (written)	<b>31</b>	<b>SERVICE AREA</b>		
06	Communication (oral)	<b>80</b>	<b>Hospital acute services</b>		
07	Competence	<b>4</b>	11	Inpatient	<b>163</b>
	<b>Waiting times for</b>		12	Day case	<b>10</b>
11	Date of admission/attendance	<b>9</b>	13	Outpatient	<b>120</b>
12	Date for appointment	<b>19</b>	14	Accident & emergency	<b>24</b>
13	Results of tests	<b>11</b>	15	Delivered in the community	<b>1</b>
	<b>Delays in/at</b>		<b>Care of the Elderly</b>		
21	Admission/transfer/discharge procedures	<b>10</b>	21	Inpatient	<b>6</b>
22	Outpatient and other clinics	<b>14</b>	22	Day patient	<b>0</b>
	<b>Environmental/domestic</b>		23	Outpatient	<b>3</b>
29	Premises (including access)	<b>24</b>	24	Community	<b>0</b>
30	Aids & appliances, equipment	<b>18</b>	<b>Psychiatric/learning disabilities</b>		
32	Catering	<b>10</b>	31	Inpatient	<b>0</b>
33	Cleanliness/laundry	<b>17</b>	32	Day patient	<b>0</b>
34	Patient privacy/dignity	<b>5</b>	33	Outpatient	<b>0</b>
35	Patient property/expenses	<b>9</b>	34	Community	<b>0</b>
36	Patient status/discrimination (eg race, gender, age)	<b>0</b>	41	Maternity	<b>3</b>
37	Personal records(including medical, complaints files)	<b>9</b>	51	Ambulance	<b>1</b>
38	Shortage of beds	<b>1</b>	61	Community hospitals	<b>0</b>
39	Mixed accommodation	<b>0</b>	65	Community services – not elsewhere specified	<b>0</b>
40	Hospital Acquired Infection (MRSA)	<b>1</b>	72	Purchasing	<b>3</b>
	<b>Procedural issues</b>		73	Administration	<b>1</b>
41	Failure to follow agreed procedure	<b>1</b>	74	<b>Unscheduled Health Care (Out of Hours)</b>	<b>4</b>
42	Policy and commercial decisions (of NHS Board)	<b>4</b>	81	Other	<b>12</b>
43	NHS Board purchasing	<b>0</b>			
44	Mortuary/post mortem arrangements	<b>1</b>			
	<b>Treatment</b>				
51	Clinical treatment (all aspects)	<b>156</b>			
	➤ Medical/Dental	<b>109</b>			
	➤ Nursing	<b>40</b>			
	➤ Other Staff	<b>7</b>			
52	Consent to treatment	<b>0</b>			
61	<b>Transport arrangements (including ambulances)</b>	<b>0</b>			
71	<b>Other (where no definition applies)</b>	<b>0</b>			