

# NHS Greater Glasgow and Clyde

Board Meeting  
Tuesday, 16 December 2008

Board Paper No. 08/61

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

## QUARTERLY REPORT ON COMPLAINTS : 1 JULY – 30 SEPTEMBER 2008

### Recommendations:

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

### Introduction

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

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

Table 1

	<u>1 July – 30 September 08</u>		<u>1 April – 30 June 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>	48	315	49	351
(b) Number of complaints received and completed within 20 working days <i>[national target]</i>	28 (58%)	182 (58%)	29 (59%)	171 (49%)
(c) Number of complaints <b>completed</b>	42	345	40	328
(d) Outcome of complaints completed:-				
➤ Upheld	8	74	14	75
➤ Upheld in part	12	102	12	90
➤ Not Upheld	18	150	11	143
➤ Conciliation	0	0	0	0
➤ Irresolvable	2	4	0	1
(e) Number of complaints withdrawn	2	15	3	19
(f) Number of complaints declared vexatious	0	0	0	0

Members will recall that when they considered the quarterly complaints report covering the period 1 April – 30 June 2008 at the October NHS Board meeting they expressed their continued disappointment at the performance of approximately 50% of complaints received and completed within 20 working days against the National target of 70%. As a result, the Head of Board Administration wrote to all Directors asking that there be an increased focus on the handling of complaints in order to bring about an improvement in the performance over the next few months. The CH(C)P Committees, Mental Health Partnership Committee and Senior Management Team for the Acute Services Division have been asked to review regular reports on the handling of NHS complaints to ensure a more local focus and also future organisational Performance Review meetings will include reviewing the performance in handling complaints against the National target. It was not envisaged that improvements would be immediate, however, Members will note that this quarter's complaints report shows an 8% rise in performance and the Acute Services Division likely figure for October 2008 will be near 68%.

## 2. Ombudsman : 1 July – 30 September 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	3	0
(b) Investigations Report received.	1 *(Joint)	4 *(+ 1 Joint)	0

*\* Joint Ombudsman's report relates to Acute and Partnerships.*

In accordance with the Ombudsman's monthly reporting procedure, five reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; two case were summarised in the July 2008 commentary, one in the August 2008 commentary and two in the September 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 five NHS Greater Glasgow and Clyde cases for this quarter are described as follows:-

## July 2008

1. The complainant raised a number of concerns about the care and treatment provided to her mother by a Consultant at the Beatson Oncology Centre. The complainant's mother was subsequently admitted to Stobhill Hospital then transferred to a hospice but, sadly, died the same night.  
*[The Ombudsman did not uphold any aspect of the complaint and made no recommendations].*
2. The complainant raised a number of concerns about the care and treatment received by her mother in Stobhill Hospital prior to her death in July 2007.  
*[The Ombudsman upheld one element of the complaint and did not uphold two elements. The Ombudsman recommended that the Board:-*
  - *stress to nursing staff the importance of comprehensive note taking;*
  - *formally apologise to the complainant for the delay in advising her that her mother had contracted MRSA; and*
  - *emphasise to staff the importance of good communication in keeping family members advised of a patient's changing condition and of recording such conversations in the appropriate clinical notes.*

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

## August 2008

The complainant's GP referred him to a Consultant Urological Surgeon at the Southern General Hospital. After tests, however, the complainant was referred on to a clinic for the treatment of sexual and reproductive health problems. The complainant's complaint concerns his treatment at the hospital and the confusion surrounding his referral to the clinic.

*[The Ombudsman upheld one element of the complaint and partially upheld the other element. The Ombudsman recommended that the Board:-*

- *apologise to the complainant for the shortcomings identified in this report;*
- *offer the complainant an appointment to have a full assessment with the new consultant at the hospital;*
- *audit the clinic's system of dealing with referrals to ensure it is now working properly and advise the Ombudsman of the outcome; and*
- *offer the complainant an appointment to begin therapy with a named counsellor and a further follow-up appointment with the Clinic Consultant.*

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

## September 2008

1. The complainants raised a number of concerns about the care and treatment of their late mother during her final admission through Accident and Emergency at Inverclyde Royal Infirmary in February 2006. They were also concerned about the manner in which their complaints had been dealt with by the Board.

*[The Ombudsman fully upheld the complaint and recommended that the Board apologise in writing to the complainants for the failure to provide appropriate care to their late mother and her family on the 14 and 15 February 2006 and the failure to respond to their complaints in a timely and effective manner.*

*The Ombudsman recognised that a number of other changes introduced by the Board and NHS Scotland avoid the need for further recommendation, although she notes with concern the time taken to introduce some of the changes and the negative impact several structural reorganisations had on this complaint.*

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

2. The complainants raised a number of concerns about the care of their late mother while she was a patient at Stobhill Hospital and Glasgow Royal Infirmary between January and August 2007. In particular, they raised concerns about unnecessarily prolonged admission due to acquired infections, quality of food, lack of mental and social therapy, management of hearing aids, communication with family members and information about MRSA.

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

- *give consideration to the introduction of recorded, validated mental tests on admission for older people (whether the patient is considered confused or not) by way of a base-line assessment to assist in future diagnosis;*
- *review policy for handling of hearing aids and assistance available particularly in light of the complainants' mother's experience;*
- *advise the Ombudsman of the action plan resulting from the November 2007 audit of Wards 45, 46 and 47 at Stobhill Hospital, Glasgow, and*
- *advise the Ombudsman of the action plan resulting from the Rehabilitation and Assessment Directorate review of the 'patient day'.*

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

### **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 and communication (oral) 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 (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

- A new system has been introduced at one clinic for returning failed patient contact with self referral and drop in physiotherapy services.

- Administration staff hours have been increased at one clinic to support telephone reception services for podiatry services.
- A CHP has prioritised customer care training for front-line staff as part of an ongoing programme. It has also introduced monitoring arrangements to ensure that staff adhere to the required standards.
- A clinic has introduced a background music sound system to ensure privacy during consultations.
- At an in-patient psychiatric establishment, a review of the procedures for marking patients' clothing and laundering will be carried out.
- In response to a complaint about the waiting time for an assessment for autism, the community service in question will identify and implement a procedure for ensuring telephone messages are documented in case files. It will also review the Autistic Spectrum Disorders (ASD) pathway including the referral acceptance criteria.

#### Acute

- Content of patient information leaflets across all sites being reviewed in line with the development of postal consent forms.
- New out-patient signs in the main foyer of Gartnavel General Hospital.
- In light of a complaint regarding a patient with Hepatitis C, steps were taken to improve patients' journeys by creating an information folder for staff which contains all necessary details to make a referral to other services more efficient within General Medicine at Gartnavel General Hospital.

### **5. Ongoing Developments**

- Development of Complaints Handling Training continues through joint working between the Acute Services Division, the Clinical Governance Support Unit and the Learning & Education Department. The Level 1 induction module is progressing well and should be available from the new year. Two pilots of the Level 2 module for front line staff have been held (one in an acute setting and one in a partnership setting). This module is now ready for launch. Two pilots of the Level 3 module (for first line managers and supervisors) have been held in an acute setting and a further pilot in a partnership setting is planned. This module will be ready for launch in the new year. This module is key to enabling line managers to deliver the Level 2 module to their own staff. The Level 4 module for middle and senior managers is under development. The new integrated training programme further reinforces the responsibility of all staff in dealing with issues raised by patients, relatives or visitors as quickly as possible and at as local a level as possible.
- Implementation of DATIX - The Clinical Governance Support Unit (CGSU) continue to support local implementation of Datix within Partnerships through group user meetings and through one to one coaching. Regular review of data being input by Partnerships locally continues to be undertaken by CGSU complaints staff. Some Glasgow City CHCPs continue to use local systems to log complaints, and CGSU complaints staff log data centrally onto Datix for those CHCPs at this stage.

### **6. Conciliation**

There were no requests for conciliation this quarter.

## **7. Scottish Public Services Ombudsman - Annual Report 2007/08**

Over 4,000 people turned to the Ombudsman in 2007/08. They took to the Scottish Public Services Ombudsman (SPSO) their concerns about public service providers and looked to them to take action, where appropriate, to put things right. The Ombudsman believes that the work they do – carrying out investigations, making and following up recommendations and sharing the learning about what has gone wrong, can be instrumental in rebuilding trust in the relationship between service user and provider.

Another vital element of their role is to give support and guidance to service providers about effective complaints handling. This aspect is particularly pertinent given the Scottish Government's work on complaints handling following the recommendations of the Crerar/Scrutiny Review. Much of that work would be taken forward by Professor Alice Brown's successor as she informed the Scottish Parliament in June that she would be standing down in March 2009.

In terms of the NHS, the following is reported in the Annual Report:-

- The Ombudsman received 741 enquires and complaints about the NHS in 2007/08; an 11% decrease compared with the previous year. This is the first time since the establishment of the SPSO that there has been a reduction in the number of the contacts they have received about the NHS.
- Of the 741 contacts – 142 were enquiries and 599 were complaints. Of the 599 complaints, 328 (55%) were about hospital services, 109 (18%) about general practitioners and 31 (5%) about dental and orthodontic services. The remaining 131 complaints covered NHS 24, the Scottish Ambulance Service and a wider range of other NHS services. The top twelve categories of complaint were as follows:-
  1. GP and GP Practices
  2. Hospitals : Care of the Elderly
  3. Hospitals : Psychiatry
  4. Hospitals : General Medical
  5. Dental and Orthodontic Services
  6. Hospitals : General Surgery
  7. Hospitals : Accident and Emergency
  8. Hospitals : Oncology
  9. Hospitals : Gastrointestinal/Genito-urinary (Urology)
  10. Hospitals : Gynaecology/Obstetrics (Maternity)
  11. Hospitals : Orthopaedics
  12. Hospitals : Cardiology.
- The Ombudsman reached decisions on 785 complaints about the NHS during 2007/08 (including some carry forward from the previous year). Of these, 89 cases were outside their jurisdiction, 143 were premature and 146 were closed either because the complaint was withdrawn or because the complainant did not respond to a request for further information. In 211 cases, which underwent detailed examination, the Ombudsman decided that an investigation was not appropriate. 182 Investigation Reports about the NHS were issued – 48 (26%) of the complaints were fully upheld; 65 (36%) were partially upheld; and 69 (38%) were not upheld. 14 investigations were started but discontinued.

## **8. ISD Annual Report 2007/08**

Information Services Division (ISD) published its Annual Report on NHS Complaints for 2007/08 on 30 September 2008. NHS Boards and other NHS organisations submit summary information about complaints they receive to ISD Scotland. The data covers complaints received by Hospital and Community Services and Family Health Services. The data submitted to ISD includes all formal written complaints.

In 2007/08, for NHS Scotland there were 7,294 complaints received about hospital and community services and 3,073 complaints received about family health services.

#### Hospital and Community Health Services

- A total of 7,294 complaints were received by NHSScotland in 2007/08 compared with 7,387 in 2006/07 - a decrease of 1%.
- 67.2% of complaints were dealt with within 20 working days (the national target), compared with 58.4% in 2006/07.
- 36.9% of all issues raised were staffing issues, 29.2% related to treatment and 9.1% related to waiting times. Within the broad category of “staff” issues, the attitude/behaviour of staff (15.4% of all issues raised) and aspects of written and oral communication (16.9%) were the most common issues raised.
- In 2007/08, 24% of complaints were upheld in full and 35.7% were partly upheld. This compares with 24.6% upheld in full and 38.7% partly upheld in 2006/07.

#### Family Health Services

Three broad service types are included within the Family Health Services complaints procedure - medical services, dental services and complaints regarding Family Health Services administration. Although information is collected on complaints made about Family Health Services, it is less detailed than that collected on hospital and community health service complaints. As Family Health Services practitioners are independent contractors, it was nationally agreed that information collected would be less detailed.

- A total of 3,073 complaints were received by Family Health Services in 2007/08, an increase of 3% on the previous year's figure of 2,984.
- 84% of Primary Care complaints were regarding the medical service area.

Members had asked about the number of complaints received within the Family Health Services. As indicated above, the arrangements with GPs and General Dental Practitioners (GDP) is that ISD collect the number of complaints received and dealt with on an annual basis and report this within their Annual Report. Therefore, currently there are no detail of response times or complaints issues. The Complaints Officer within the Clinical Governance Support Unit (Partnerships) has commenced discussions with CH(C)P Clinical Directors to see if there is anything locally which can secure some additional data from GPs and GDPs and the outcome of these discussions will be reported back to the NHS Board.

#### NHSGGC

Breaking the above information down into a more local level, the following is noted from ISD's Annual Report:-

- In relation to hospital and community health service complaints, NHSGGC received 1,509 in 2007/08 and responded to 49.3% of these within 20 working days - this being the lower end of performance when compared to other Scottish NHS Boards.
- In relation to Family Health Service complaints, NHSGGC received 667 in 2007/08 (555 medical and 112 dental) compared with 680 (543 medical and 137 dental) in 2006/07.

### **9. Independent Advice and Support Service**

Members will recall that the Annual Report for the Independent Advice and Support Service arrived just after the NHS Board meeting in October 2008 and was sent direct to Members by the Head of Board Administration.

The intention was that future quarterly complaints reports would capture the contacts and complaints received by Citizen Advice Bureau under IASS; however, the data collection has been sporadic thus far and work will be undertaken with the Citizen Advice Bureau to try and ensure that future activity is captured across NHS Greater Glasgow and Clyde for the quarterly complaints report.

Senior management from the Acute Division met with IASS representatives to discuss how better use could be made of this service. A number of actions to raise awareness of the IASS were agreed and have been implemented.

## **10. Conclusion**

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



**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>		11	Medical (inc surgical)	<b>19</b>
01	Attitude/behaviour	<b>13</b>	21	Dental (inc surgical)	<b>0</b>
	➤ Medical/Dental	<b>6</b>	31	Nursing, Midwifery, Health Visiting	<b>10</b>
	➤ Nursing	<b>4</b>	41	Professions allied to medicine	<b>2</b>
	➤ AHPs	<b>0</b>	51	Scientific/technical	<b>0</b>
	➤ Ambulance (* paramedics)	<b>0</b>	61	Ambulance (inc. paramedics)	<b>0</b>
	➤ Administration	<b>3</b>	71	Ancillary/works/trades	<b>0</b>
	➤ Other	<b>0</b>	81	NHS Board administrative staff/members (exc FHS administrative)	<b>1</b>
02	Complaint handling	<b>0</b>	91	Division/CHP/PCO administrative staff/ members	<b>9</b>
04	Shortage/availability	<b>2</b>	01	Other	<b>1</b>
05	Communication (written)	<b>0</b>		<b>SERVICE AREA</b>	
06	Communication (oral)	<b>5</b>		<b>Hospital acute services</b>	
07	Competence	<b>2</b>	11	Inpatient	<b>0</b>
	<b>Waiting times for</b>		12	Day case	<b>0</b>
11	Date of admission/attendance	<b>4</b>	13	Outpatient	<b>0</b>
12	Date for appointment	<b>0</b>	14	Accident & emergency	<b>0</b>
13	Results of tests	<b>0</b>	15	Delivered in the community	<b>0</b>
	<b>Delays in/at</b>			<b>Care of the Elderly</b>	
21	Admission/transfer/discharge procedures	<b>0</b>	21	Inpatient	<b>0</b>
22	Outpatient and other clinics	<b>0</b>	22	Day patient	<b>0</b>
	<b>Environmental/domestic</b>		23	Outpatient	<b>0</b>
29	Premises (including access)	<b>2</b>	24	Community	<b>0</b>
30	Aids & appliances, equipment	<b>1</b>		<b>Psychiatric/learning disabilities</b>	
32	Catering	<b>1</b>	31	Inpatient	<b>13</b>
33	Cleanliness/laundry	<b>0</b>	32	Day patient	<b>0</b>
34	Patient privacy/dignity	<b>3</b>	33	Outpatient	<b>0</b>
35	Patient property/expenses	<b>1</b>	34	Community	<b>6</b>
36	Patient status/discrimination (eg race, gender, age)	<b>0</b>	41	Maternity	<b>0</b>
37	Personal records(including medical, complaints files)	<b>0</b>	51	Ambulance	<b>0</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>20</b>
40	Hospital Acquired Infection (MRSA)	<b>0</b>	72	Purchasing	<b>0</b>
	<b>Procedural issues</b>		73	Administration	<b>0</b>
41	Failure to follow agreed procedure	<b>0</b>	74	<b>Unscheduled Health Care (Out of Hours)</b>	<b>0</b>
42	Policy and commercial decisions (of NHS Board)	<b>0</b>	81	Other	<b>3</b>
43	NHS Board purchasing	<b>0</b>			
44	Mortuary/post mortem arrangements	<b>0</b>			
	<b>Treatment</b>				
51	Clinical treatment (all aspects)	<b>11</b>			
	➤ Medical/Dental	<b>7</b>			
	➤ Nursing	<b>3</b>			
	➤ Other Staff	<b>1</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>4</b>			

**COMPLAINT CATEGORIES**

<u>Code</u>			<u>Code</u>		
ISSUES RAISED		NUMBER	STAFF GROUP		NUMBER
<b>Staff</b>			11	Medical (inc surgical)	<b>245</b>
01	Attitude/behaviour	<b>60</b>	21	Dental (inc surgical)	<b>8</b>
	➤ Medical/Dental	<b>28</b>	31	Nursing, Midwifery, Health Visiting	<b>118</b>
	➤ Nursing	<b>24</b>	41	Professions allied to medicine	<b>10</b>
	➤ AHPs	<b>1</b>	51	Scientific/technical	<b>9</b>
	➤ Ambulance (* paramedics)	<b>0</b>	61	Ambulance (inc. paramedics)	<b>1</b>
	➤ Administration	<b>4</b>	71	Ancillary/works/trades	<b>32</b>
	➤ Other	<b>3</b>	81	NHS Board administrative staff/members (exc FHS administrative)	<b>5</b>
02	Complaint handling	<b>0</b>	91	Division/CHP/PCO administrative staff/ members	<b>16</b>
04	Shortage/availability	<b>3</b>	01	Other	<b>37</b>
05	Communication (written)	<b>28</b>	<b>SERVICE AREA</b>		
06	Communication (oral)	<b>81</b>	<b>Hospital acute services</b>		
07	Competence	<b>1</b>	11	Inpatient	<b>141</b>
	<b>Waiting times for</b>		12	Day case	<b>12</b>
11	Date of admission/attendance	<b>6</b>	13	Outpatient	<b>98</b>
12	Date for appointment	<b>25</b>	14	Accident & emergency	<b>32</b>
13	Results of tests	<b>7</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>2</b>
22	Outpatient and other clinics	<b>18</b>	22	Day patient	<b>0</b>
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40	Hospital Acquired Infection (MRSA)	<b>9</b>	72	Purchasing	<b>0</b>
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71	<b>Other (where no definition applies)</b>	<b>12</b>			