

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 15 December 2009

Board Paper No. 09/76

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

QUARTERLY REPORT ON COMPLAINTS : 1 JULY – 30 SEPTEMBER 2009

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 2009.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period July - September 2009. 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 2009

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 July – 30 September 2009 and for comparison 1 April – 30 June 2009. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	<u>1 July – 30 Sept 09</u>		<u>1 April – 30 June 09</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	49	393	40	382
(b) Number of complaints received and completed within 20 working days <i>[national target]</i>	35 (71%)	283 (72%)	29 (73%)	300 (79%)
(c) Number of complaints completed	46	378	38	368
(d) Outcome of complaints completed:-				
➤ Upheld	20	94	11	96
➤ Upheld in part	16	135	10	129
➤ Not Upheld	9	124	11	118
➤ Conciliation	0	2	0	0
➤ Irresolvable	0	0	1	1
(e) Number of complaints withdrawn	1 ¹	23 ²	5 ³	24 ⁴
(f) Number of complaints declared vexatious	0	0	0	0

	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>	<u>Claim for negligence intimated</u>
¹	1	0	1	0
²	23	15	7	1

	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>
³	5	3	2
⁴	24	11	13

This gives an overall NHSGG&C complaints handling performance of 72% - above the national target of responding to 70% of complaints within 20 working days.

2. Ombudsman : 1 July – 30 September 2009

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 the NHS Board 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	2	0
(b) Investigations Report received.	0	5	0

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 cases were summarised in the July 2009 commentary, two cases were summarised in the August 2009 commentary and one case in the September 2009 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 2009

1. The complainant raised a number of concerns about the care and treatment which she had received from Greater Glasgow and Clyde NHS Board during the period April 2003 to October 2005.
[The Ombudsman upheld the complaint and had no recommendations to make on these issues because he was satisfied that the Board had made changes that addressed the concerns raised in his report].
2. The complainant was unhappy with the care provided to his late mother, who had been admitted to the Victoria Infirmary following a fall. Shortly after her admission, the Hospital identified an outbreak of the winter vomiting virus in the ward to which the complainant's mother had been admitted (Ward A). While there, the complainant's mother was diagnosed with an infection and her condition deteriorated. Sadly, his mother died a few days after moving from Ward A to Ward B. The complainant said he was concerned about the care and treatment provided to his mother and that he and his family had been distressed by the way she had been cared for after it became clear she was unlikely to recover. He said his mother had been moved into an open ward (Ward B) and the curtains around her bed left open. He also raised complaints about matters relating to the closure of Ward A and stated that the Hospital had failed to ensure the public was aware there was

an outbreak of infection. He also said he had been concerned about the general level of hygiene in and around Ward A.

[The Ombudsman upheld five elements of the complaint and had no finding on the other element. The Ombudsman recommended that the Board:-

- *use a root cause analysis or similar tool to examine the reasons for the clinical failures identified in treating the complainant's late mother's diarrhoea and managing her fluid intake;*
- *provide clear evidence over the next 12 months that the new policy on professional standards of record-keeping was having significant improvements on the quality of documentation;*
- *provide the Ombudsman with evidence that the initiatives underway on infection control should prevent a recurrence of the failings identified in his report;*
- *use this complaint as part of the Board's ongoing programmes to improve cleanliness and, in particular, consider how hygiene standards can be tracked and monitored and how visitors and patients can be encouraged to feel they can approach staff about any concerns they have;*
- *share with the Ombudsman the results of patient and staff surveys on communication over the next 12 months and the audit of communication (from a previous report) and any action taken as a result;*
- *keep the Ombudsman informed of the progress of implementation of the Liverpool Care Pathway over the next 12 months;*
- *provide evidence of the actions being taken to ensure individual patient dignity until the Hospital is closed;*
- *ensure that guidance to complaint handling staff emphasises the need for full disclosure of relevant information; and*
- *make a full, detailed apology to the complainant and his family for the failings identified in his report.*

The Board confirmed in writing on 21 September 2009 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

August 2009

1. The complainant raised a concern that her husband's prostate cancer was not detected in 2003/2004 when he attended a number of hospital appointments. She considered both that the cancer could have been detected at that earlier stage and that it should have been detected then.
[The Ombudsman upheld the complaint and recommended that the Board review the Urology Department protocol for the assessment and management of men with new lower urinary tract symptoms bearing this case in mind.

The Board confirmed in writing on 15 October 2009 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

2. The complainant was unhappy with the care provided to her late father by Greater Glasgow and Clyde NHS Board. The complainant's father was admitted to the Western Infirmary (Hospital 1) on 5 January 2008, as he had been diagnosed with bladder and prostate cancer and his condition was deteriorating. On the following day, it was recorded that he had two pressure sores and that his heel was red and soft. The complainant's father was transferred to Ward 3A in Gartnavel General Hospital (Hospital 2) on 7 January 2008. He was then transferred to the Beatson West of Scotland Cancer Centre (Hospital 3) on 15 January 2008 and discharged on 24 January 2008. During this time, he contracted Noro virus (more commonly known as winter vomiting virus). On 28 January 2008, he was readmitted to Hospital 1 and was transferred to Hospital 2 on the

following day. He was discharged again on 5 February 2008. He was then re-admitted to Hospital 1 on 9 February 2008, but was transferred to Hospital 2 on the following day. Tests completed showed that the complainant's father had contracted MRSA and Clostridium difficile. He was referred to the Palliative Care Team on 20 February 2008. Sadly, he died later that day.

[The Ombudsman upheld three elements of the complaint and did not uphold the other element. The Ombudsman recommended that the Board:-

- *undertake a root cause analysis or similar improvement tool to examine the reason why the complainant's father received inadequate treatment for his pressure ulcers;*
- *ensure that the policies in place reflected current national best practice standards for pressure ulcer assessment, prevention and treatment and that robust systems were in place to review, monitor and report adherence;*
- *confirm that the learning from an earlier report, published by the Ombudsman in June 2009, was being transferred across the Board region;*
- *ensure that there were steps in place to verify that staff were able to diagnose patients who might benefit from palliative care and then make timely referrals to palliative care teams;*
- *take immediate steps to implement the Liverpool Care Pathway or similar end of life care planning system;*
- *continue to review and monitor the nursing care in Ward 3A in Hospital 2. This should include an examination of the clinical leadership and management; the patient experience; and the quality of care. In undertaking the review, consideration should be given to Improvement Methodology and the implementation of the Scottish Government policy for Senior Charge Nurses - Leading Better Care;*
- *ask the Director of Nursing to verify that appropriate education and development was in place to ensure that nursing staff throughout the Board were aware of and adhered to national standards in relation to pressure ulcers, control of infection and end of life care;*
- *ensure that systems were in place to review and monitor standards of all aspects of nursing documentation in line with professional standards;*
- *ensure that patient transfer policies existed and were used in the best interests of patients, ensuring that communication and continuity of care was paramount; and*
- *make a full and detailed apology to the complainant for the failings identified in his report.*

The Board confirmed in writing on 19 October 2009 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

September 2009

The complainant raised a number of concerns that her husband had not received reasonable care and treatment whilst under the care of Greater Glasgow and Clyde NHS Board in early 2007. She was particularly concerned about the arrangements made for her husband to undergo a surgical procedure at another hospital and the administration of medicines to her husband. She also raised concerns about the action the Board took following her complaints about discussions between medical staff and the family.

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

- *apologise to the patient's family that the dosage of steroids was not increased following either the suspicion of sepsis or the incident of septic shock;*
- *take steps to ensure that medical staff were aware of the need to increase the dose of steroids following suspicion of sepsis or incidents of septic shock; and*

- *ensure that induction materials for medical staff clearly covered the specific requirements of the Board's resuscitation policy. This would serve to draw inductees' attention to the policy, and, specifically, its application in terms of provision of information to, and discussion with, patients, relatives and carers and provide evidence of this to the Ombudsman.*

The Board confirmed in writing on 13 November 2009 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

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

Policy & Commercial Decisions -14 (as a result of a change to the new ordering and delivery system in the Continence Service), clinical treatment and 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 and attitude/behaviour continue to be the categories attracting most complaints this quarter.

Annex 2 provides a comprehensive breakdown of the complaint categories for Acute.

4. Service Improvements

Partnerships/ Mental Health Services

- Additional staff and telephone lines put in place at the Continence Service to help service users get through on telephones and to deal with customer enquires. An optional appraisal of the service has been carried out by the Head of Health and Community Care, South East Glasgow CHCP. It is almost complete and the report should be available in the next few weeks.
- As a result of a complaint in one hospital area, changes have been made to the laundry service. Wards will now keep a full range of continence garments. In addition, staff have been reminded of the importance of keeping families informed if there are any incidents that could result in bruising occurring.
- Staff vacancies in one area had resulted in health visiting staff being moved to provide services in other areas to ensure a level of support to vulnerable families in all areas of CHCP. A complaint was received as a result of moving the staff and the CHCP is developing a plan to address the situation on a longer term basis across their area.
- In one specialist unit, feedback to patients on changes to passes has now been allocated to nursing staff (rather than consultants) to ensure patients get feedback on this as soon as possible. Issues of professional accountability and the responsibility to keep patients and families better informed are being raised as training issues at the regular nursing meetings.

Acute

- Following a complaint about the length of time it took for an x-ray result to be provided to a GP Practice outwith GG&C, the investigation established that although the x-ray had been verified and reported on by the Radiologist, it had not been typed and sent onto the GP Practice due to lack of typing capacity. As a result of this complaint, working practices at the x-ray department in

question have been changed to ensure that secretarial staff are always available to type and send these results to avoid this situation arising in the future.

- Following a complaint about a 90 minute delay experienced by a patient attending the Head & Neck Clinic at the Southern General Hospital, investigation revealed that a Multi-Disciplinary Team meeting had overrun due to the large number of cases requiring to be discussed, some at length, causing key staff to be late in attending the clinic. Directorate staff are exploring with Consultant colleagues how the Head & Neck Clinic can be reorganised to avoid the possibility of such delays happening again.
- Following a complaint which highlighted the lack of signage at the High Dependency Unit at Glasgow Royal Infirmary, on investigation it was confirmed that there was indeed missing signage, which has been ordered.
- In relation to meal choices, a complaint highlighted that staff in one specific ward always started taking orders for dinners at one end of the ward and unfortunately by the time they came to the end of the ward, many of the meals were taken and therefore choices were limited. As a result of the complaint, staff in the ward in question have now been instructed to start at one end of the ward on one day, the other end the following day, which will hopefully result in a fairer distribution of options for patients.
- Following a complaint regarding telephone contacts between patients and the service, it was argued that a service dealing with a disability such as hard of hearing should cater better to the needs of patients trying to make contact with the service. In light of this concern the service plans to introduce an email contact facility for patients.
- Following orthopaedic surgery, a Western Isles resident was sent home in a service aircraft, and not an ambulance aircraft. The arrangements were made by a newly qualified member of staff who was unfamiliar with the procedures to be followed. The procedure for transferring patients to the Western (and other) Isles will now be included in the ward induction package for newly qualified nursing staff. The incident will also be included in ward newsletters as part of the reflective learning process.

5. Ongoing Developments

- Arrangements have now been made for further training from Datix for the three remaining CH(C)Ps that are not using Datix locally but have now indicated they will implement the system as a means of complying with the requirement to log, monitor and report on the new and extended ISD dataset. The training will take place early in 2010 allowing the three CH(C)Ps to implement use thereafter.
- A review of the Board's Complaints Handling Policy and Procedures is underway and a small short life group has been established. The group is chaired by Paul Cannon, Acute Division, Head of Administration, and includes representation from the Acute Division Complaints Teams, Clinical Governance, the Board, and the Citizen's Advice Bureau (who provide an independent advice and support service to complainants). The group met for the first time on 11 November 2009 and had a second meeting on 27 November 2009. The short life working group is in the process of updating the Policy, and the underpinning guidelines. This work will be completed by the end of January 2010. The review will take account of comments gathered as a result of an earlier consultation process, new guidance that has emerged since the initial review, and recommendations made in the Scottish Health Council sponsored review – the Craigforth Review, some of which are still subject to further consultation.
- As previously reported, Complaints training Level 1, an e-learning based package for induction, is in place. Level 2 / 3, has been piloted and well received. This involved training complaints staff and ward and departmental managers to cascade this training to small groups of their own staff, and a classroom based session for first line managers. Full implementation of the piloted training is underway so that this programme can be rolled out across all Directorates during 2009/10.

6. Independent Advice and Support Service (IASS) : 1 July – 30 September 2009

The undernoted table shows the number of health cases received across NHS Greater Glasgow and Clyde between 1 July – 30 September 2009 and for comparison 1 April – 30 June 2009. Thereafter, the statistics relate to those cases completed in the quarter so that outcomes can be reported. At the moment, due to the limitations of the software used by Citizens Advice Scotland, a breakdown of outcomes in the Partnerships/Acute cannot yet be provided. It is hoped this reporting will improve in the future.

The Independent Advice and Support Service (IASS) is part of the Scottish Citizens Advice Bureau Service. It aims to support patients, their carers and relatives in their dealings with the NHS and in other matters affecting their health. The Bureaux in the Greater Glasgow & Clyde Area, funded by NHS Greater Glasgow and Clyde, offer help and support to patients to raise concerns with their NHS service provider guiding them through the formal complaints procedure when required. The service also aims to assist patients with information or dealing with the consequences of ill-health or disability, for example accessing appropriate benefits.

The consortium of Citizen Advice Bureaux (CAB) for the Greater Glasgow & Clyde area are:

Bridgeton CAB, Castlemilk CAB, Drumchapel CAB, Dumbarton CAB, East Dunbartonshire CAB, Easterhouse CAB, East Renfrewshire CAB, Glasgow Central CAB, Greater Pollock CAB, Maryhill CAB, Parkhead CAB, Renfrewshire CAB, and Rutherglen & Cambuslang CAB.

The service was introduced in December 2006 and all caseworkers were in post by April 2007. There are three caseworkers for the GG&C area operating a peripatetic service.

The public can access the service in a number of ways:-

- Through a central telephone line where they can obtain information about the service, and if necessary an appointment can be made for them to be seen by an advice worker at their local bureau.
- Direct contact with their local CAB either by telephone, appointment or drop in.

CAB staff deliver information, advice and support with specialist caseworkers undertaking those cases where ongoing negotiations and in depth casework is required.

	1 July – 30 Sept 09			1 April – 30 June 09		
	Total	Partnerships/ MHP/Board (including FHS)	Acute	Total	Partnerships/ MHP/Board (including FHS)	Acute
(a) Number of health cases received	79	43	36	121	59	62
Of these - number of case workers cases	46			57	-	-
(b) Number of health cases completed	24	-	-	42	-	-
(c) Outcome of health enquiries completed <i>[Note: one health case could comprise more than one health enquiry]:-</i>						
➤ Social policy form completed and enquiry raised anonymously	-	-	-	-	-	-
➤ No further contact from client	3	-	-	14	-	-
➤ Enquiry resolved	13	-	-	14	-	-
➤ Further action taken	6	-	-	14	-	-
➤ Enquiry not resolved – no further action taken	2	-	-	-	-	-
➤ Appeal/case upheld	-	-	-	-	-	-
➤ Appeal/case partially upheld	-	-	-	-	-	-
➤ Appeal lost	-	-	-	-	-	-

Of the 79 health cases received, staff issues, communication and clinical treatment attracted the most enquiries this quarter.

Discussions have been finalised to allocate slots to IASS personnel within the Patient Information Centres (PICs) in the new Stobhill and Victoria Ambulatory Care Hospitals. These are as follows:-

Victoria PIC : Monday: 10.00 a.m – 12 noon and Wednesday: 10.00 a.m. – 12 noon.

Stobhill PIC : Monday: 10.00 a.m. – 12 noon and Thursday: 10.00 am – 12 noon.

To facilitate this, an annex to the original Service Level Agreement (SLA) has been written up. The service will be evaluated and monitoring of usage will be included in future reports.

7. Independent Advice and Support Service (IASS) : Annual Review 2008/09

A copy of the above Annual Report has been circulated with the Board papers for information.

8. Performance Information

As reported in the previous report, an increased focus and scrutiny on the Board's handling of complaints (to ensure improvement in performance) now takes place. The Performance Review Group considers quarterly the:-

- number of Complaints Investigated by the Ombudsman
- total number of issues investigated by the Ombudsman
- % of issues upheld by the Ombudsman
- % of issues not upheld by the Ombudsman
- % of issues partially upheld by the Ombudsman
- % of issues where there was no finding by the Ombudsman.

9. Complaints Completed Pro-Rata to Patient Activity Levels

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, A&E attendances, in-patient and day cases 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: 1970.

10. Conciliation

There were no requests for conciliation this quarter.

11. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 July – 30 September 2009.

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PARTNERSHIPS
ANNEX 1

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	5	01	Consultants/Doctors	11
02	Complaint handling	2	02	Nurses	11
03	Shortage/availability	1	03	Allied Health Professionals	5
04	Communication (written)	3	04	Scientific/Technical	0
05	Communication (oral)	3	05	Ambulance	0
07	Competence	3	06	Ancillary Staff/Estates	3
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	27
11	Date of admission/attendance	2	08	GP	0
12	Date for appointment	10	09	Pharmacists	0
13	Test Results	0	10	Dental	0
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	0	12	Other	1
22	Out-patient and other clinics	1		Service Area	
	Environmental/domestic			Accident and Emergency	0
29	Premises	1		Hospital Acute Services	0
30	Aids/appliances/equipment	0		Care of the Elderly	0
32	Catering	0		Rehabilitation	0
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	19
34	Patient privacy/dignity	0		Maternity Services	0
35	Patient property/expenses	1		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	0		Community Health Services - not elsewhere specified	39
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	0
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	0		Family Health Services	0
42	Policy and commercial decisions of NHS Board	14		Other	1
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	11			
52	Consent to treatment	0			
61	Transport	0			
71	Other	2			

**ACUTE
ANNEX 2**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	65	01	Consultants/Doctors	273
02	Complaint handling	3	02	Nurses	151
03	Shortage/availability	5	03	Allied Health Professionals	19
04	Communication (written)	33	04	Scientific/Technical	0
05	Communication (oral)	90	05	Ambulance	3
07	Competence	18	06	Ancillary Staff/Estates	40
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	73
11	Date of admission/attendance	16	08	GP	6
12	Date for appointment	30	09	Pharmacists	1
13	Test Results	14	10	Dental	6
	Delays in/at		11	Opticians	2
21	Admissions/transfers/discharge procedure	6	12	Other	0
22	Out-patient and other clinics	23		Service Area	
	Environmental/domestic			Accident and Emergency	33
29	Premises	34		Hospital Acute Services	538
30	Aids/appliances/equipment	6		Care of the Elderly	5
32	Catering	7		Rehabilitation	38
33	Cleanliness/laundry	12		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	6		Maternity Services	5
35	Patient property/expenses	1		Ambulance Services	0
36	Patient status	1		Community Hospital Services	0
37	Personal records	6		Community Health Services - not elsewhere specified	0
38	Bed Shortages	1		Continuing Care	0
39	Mixed accommodation	6		Purchasing	0
40	Hospital Acquired Infection	6		Administration	0
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	6		Family Health Services	0
42	Policy and commercial decisions of NHS Board	11		Other	4
43	NHS Board purchasing	1			
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	211			
52	Consent to treatment	2			
61	Transport	5			
71	Other	7			