

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 22 June 2010

Board Paper No. 10/30

HEAD OF BOARD ADMINISTRATION,
CHIEF OPERATING OFFICER, ACUTE
DIRECTOR MENTAL HEALTH PARTNERSHIP

QUARTERLY REPORT ON COMPLAINTS : 1 JANUARY – 31 MARCH 2010

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 2010.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period January – March 2010, the last quarter of 2009/10. 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 2010

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 January – 31 March 2010 and for comparison 1 October – 31 December 2009. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	1 Jan – 31 Mar 10		1 Oct – 31 Dec 09	
	<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	77	440	56	373
(b) Number of complaints received and completed within 20 working days <i>[national target]</i>	54 (70%)	336 (76%)	38 (68%)	272 (73%)
(c) Number of complaints completed	68	421	69	370
(d) Outcome of complaints completed:-				
➤ Upheld	16	89	12	75
➤ Upheld in part	18	148	22	132
➤ Not Upheld	30	147	27	132
➤ Conciliation	0	2	0	2
➤ Irresolvable	2	2	4	0
(e) Number of complaints withdrawn	2 ¹	33 ²	4 ³	29 ⁴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	2	2	0	0
²	33	21	12	0

	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>	<u>Claim for negligence intimated</u>
³	4	1	3	0
⁴	29	19	9	1

This gives an overall NHSGG&C complaints handling performance of 75% - above the national target of responding to 70% of complaints within 20 working days.

2. Ombudsman : 1 January – 31 March 2010

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	1	1	0
(b) Notification received that an investigation is not being conducted	2	2	0
(b) Investigations Report received.	0	3	0

In accordance with the Ombudsman's monthly reporting procedure, three reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; one case was summarised in the January 2010 commentary, no cases were summarised in the February 2010 commentary and two cases were summarised in the March 2010 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 three NHS Greater Glasgow and Clyde cases for this quarter are described as follows:-

January 2010

The complainant, a caseworker at a Citizens Advice Bureau (CAB), on behalf of the Independent Advice and Support Service (IASS), raised a complaint on behalf of a client about the care and treatment of his late wife at Stobhill Hospital.

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

- *remind staff of the need to carry out and record medical assessments in line with policy;*
- *provide the Ombudsman with the results of the audit to assess compliance with policy reinforcement to avoid a recurrence in future (referred to in paragraph 10 of the report); and*

- *consider implementing the Adviser's suggestions in relation to ensuring that family views were taken into account within the multi-disciplinary team (referred to in paragraph 18 of the report).*

The Board confirmed in writing on 15 April 2010 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

February 2010

None.

March 2010

1. The complainant raised concerns regarding the care and treatment received by her daughter when she attended the Royal Alexandra Hospital with back pain. She was initially treated for a chest infection and referred for physiotherapy in respect of her back pain, however, she was subsequently diagnosed with a spinal infection and the complainant complained that this was not diagnosed earlier. In addition, the complainant raised her concerns that her daughter's anti-coagulant medication prevented surgical treatment of her infection.

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

- *apologise to the complainant's daughter for the delay in diagnosing her spinal infection;*
- *review their process in respect of identifying 'red flag' features in patients and taking relevant action upon identification of these; and*
- *ensure that complaints officers accurately reflect clinicians' feedback in their response to complaints.*

The Board confirmed in writing on 19 May 2010 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

2. This complaint was brought by the CAB, on behalf of the IASS service, acting on behalf of the complainant. The complainant complained about the standard of care her late son received at the Victoria Infirmary, Glasgow. He was a young man, who had been admitted in May 2007, following a referral from his GP, with various symptoms including urinary incontinence, a sore throat, a cough, shortness of breath and facial swelling. He had been dizzy for two days and had had diarrhoea and faecal incontinence the night before admission. He was discharged the following day and died suddenly a few days later, alone, at home. The post mortem examination revealed heart muscle disease and evidence of heart failure and it is likely that the complainant's son died of a sudden irregularity of the speed or rhythm of the heart.

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

- *apologise directly to the complainant for the serious failings identified in the report;*
- *reflect on the medical lessons to be learned from this case and consider appropriate action;*
- *produce an action plan, to include education and training, to address the equality, diversity and person-centred care failings identified in this report;*
- *apologise to the complainant and the CAB for the shortcomings identified in the report in their correspondence with them;*
- *reflect on their handling and investigation of complaints involving the sudden, unexpected death of a patient; and*

- *reflect on their handling and investigation of complaints where the family has involved an advocacy organisation such as Action Against Medical Accidents.*

The Board confirmed in writing on 21 May 2010 to the Ombudsman that actions have 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

Clinical treatment, waiting times and communication are the three issues attracting most complaints during this quarter.

Whilst clinical treatment and communication are categories which are consistent with previous quarters, waiting times (date for appointment) is slightly unusual. Analysis of the partnerships and service areas where this category has been reported, however, shows no significant pattern. The category is reported by five different partnerships, against varying service areas.

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.

Communication issues are mainly related to verbal communication between staff and patients and/or relatives and often come down to differences in interpretation of what was said and what was understood. These are often linked to complaints about staff attitude – in many cases the complaints about attitude is linked to a perception of whether or not information was appropriately communicated, or received.

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

4. Service Improvements

Partnerships/ Mental Health Services

- As a result of a complaint in one CHP concerning waiting time for assessment for Speech & Language Therapy and lack of progress after original assessment, a service redesign is currently underway. Audit to be carried out of speech and language therapists' use of home programmes. Staff also being updated on policy re client transfer.
- As a result of complaints about operational changes to the continence service, a new phone system has been put in place and the service monitored.
- In one area the midwifery IT appointment system has been upgraded and should allow improved management of appointments and liaison with hospital. To ensure access to test results and feedback to and from GPs, the communication processes with general practice will be evaluated.
- In one area several complaints have been raised about waiting times in various clinics and these have been considered as part of a wider review of clinics within the service.

Acute

- As a result of complaint about a breast clinic appointment, extra clinics now run at the Victoria Ambulatory Care Hospital to reduce waiting times, and a review was undertaken of out-patient appointments with the aim of ensuring a consistency of clinic appointment availability across different days and sites, and at times of high demand, to enable an offer of an appointment at an alternative hospital to be made.
- As a result of complaint in urology at the Southern General Hospital, an action plan identified that spinal patients should be admitted to a specific ward, where possible, as this ward has more appropriate disabled facilities. The Spinal Liaison Nurse has also organised teaching sessions to provide urology staff with current information on the treatment and management of spinal injured patients.
- A complaint was received from a patient's daughter that her elderly mother was discharged from the Southern General Hospital and advised to make own way to the SGH anticoagulant clinic. The patient felt unwell on discharge from the ward, and in the clinic. Ward staff had been unaware that they could have arranged for a member of anticoagulant team to attend the patient in the ward prior to discharge. An action plan has been completed and ward staff are now aware of this arrangement.
- A complaint was received from parents of an autistic child that they had been offered an assurance that, due to her special needs, their child would be placed first on surgical theatre list at Royal Hospital for Sick Children. However, their child was not taken until later than planned as another special needs child was also on the list and was taken to theatre first. This decision had been made on clinical grounds. However, following a review of the complaint, the practice has now changed to ensure that each theatre lists only one child with special needs so that they can be taken first on each list.
- As a result of a complaint from a patient who did not receive a reminder for a pacemaker clinic appointment, the system was reviewed and improved to ensure timely provision of appointment reminders. All cards are sent six weeks prior to each appointment and all appointments booked onto database are checked and verified by two members of staff.

5. Ongoing Developments

Work continues on the revision of the Board's Complaints Policy and associated guidance before wider consultation within the service is undertaken on the revised documentation.

6. Independent Advice and Support Service (IASS) : 1 January – 31 March 2010

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 comprises:-

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 Service Level Agreement has been extended to March 2011.

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.
- Within the Patient Information Centres (PICs) in the new Stobhill and Victoria Ambulatory Care Hospitals 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.

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

The undernoted table shows the number of health cases received across NHS Greater Glasgow and Clyde between 1 January – 31 March 2010 and for comparison 1 October – 31 December 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 with the introduction of a new national data collection system.

The new system, which has been successfully piloted, will ensure consistent recording of IASS information on activity and performance. This will help demonstrate impact and value for money and will also provide detailed feedback on the issues raised by patients and carers to inform improvement planning. The new system is being rolled out to all IASS caseworkers and Citizens Advice Bureaux in Scotland. Training for IASS caseworkers was provided by Citizens Advice Scotland. Details of the data which will be collected are:-

- Bureau providing assistance.
- The date of the enquiry.
- NHS Level 2 Advice Codes, as established by ISD.
- Advice codes for additional information, advice and support provided, eg welfare benefits, where this has an impact on patients' health and well-being.
- Health Board area.
- Hospital/Locality or CHP/CHCP
- Staff Groups (drilled down to two levels).
- Service Area.
- Activities (what was done by the CAB or IASS Adviser).
- Output (the results of the above Activities).
- Case Status (single enquiry/ongoing/closed).
- Case Work Level.

As well as capturing the data for complaints, this will capture data for concerns and general feedback raised by clients which do not go on to become formal complaints. This will be useful in showing areas where concerns are repeatedly raised.

The system was implemented from 1 April 2010 and reports will be sent to NHS Boards on a quarterly basis. Citizens Advice Scotland will collate information and provide a National Report for the Scottish Government.

	1 Jan – 31 March 10			1 Oct – 31 Dec 09		
	<u>Total</u>	<u>Partnerships/ MHP/Board (including FHS)</u>	<u>Acute</u>	<u>Total</u>	<u>Partnerships/ MHP/Board (including FHS)</u>	<u>Acute</u>
(a) Number of health cases received	63	23	40	74	35	39
Of these - number of case workers cases	30	-	-	41		
(b) Number of health cases completed	25	-	-	29	-	-
(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	4	-	-	3	-	-
➤ Enquiry resolved	10	-	-	18	-	-
➤ Further action taken	9	-	-	8	-	-
➤ Enquiry not resolved – no further action taken	2	-	-	-	-	-
➤ Appeal/case upheld	-	-	-	-	-	-
➤ Appeal/case partially upheld	-	-	-	-	-	-
➤ Appeal lost	-	-	-	-	-	-

Of the 63 health cases received, staff issues, clinical treatment and communications attracted the most enquiries this quarter.

The IASS held an “Awareness Week” at both the Patient Information Centres between 31 May and 4 June 2010 to raise awareness of the service and advertise the dates/times of the Drop-In sessions at each site.

On 30 April 2010, the Head of Board Administration and Secretariat Manager met with the consultant undertaking an evaluation of the IASS for Citizens Advice Scotland and the IASS consortium. This provided an opportunity to describe the Board’s perception of the IASS and how it fitted into the wider environment of providing feedback on the delivery of health services.

On 26 May 2010 they also met with the new CAB Consortium lead person for the IASS in Greater Glasgow. She had recently been appointed by the Consortium to lead the work of IASS and be the key link person for NHSGGC. Quarterly meetings will be established to discuss areas of work, topics of mutual interest and ongoing developments.

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: 2056 .

10. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 January – 31 March 2010.

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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	11	01	Consultants/Doctors	18
02	Complaint handling	0	02	Nurses	22
03	Shortage/availability	0	03	Allied Health Professionals	11
04	Communication (written)	6	04	Scientific/Technical	0
05	Communication (oral)	7	05	Ambulance	0
07	Competence	1	06	Ancillary Staff/Estates	3
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	9
11	Date of admission/attendance	2	08	GP	0
12	Date for appointment	15	09	Pharmacists	0
13	Test Results	0	10	Dental	0
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	0	12	Other	15
22	Out-patient and other clinics	6		Service Area	
	Environmental/domestic			Accident and Emergency	0
29	Premises	3		Hospital Acute Services	0
30	Aids/appliances/equipment	0		Care of the Elderly	7
32	Catering	0		Rehabilitation	0
33	Cleanliness/laundry	1		Psychiatric/Learning Disability Services	21
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	47
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	1		Other	3
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	17			
52	Consent to treatment	0			
61	Transport	0			
71	Other	7			

**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	62	01	Consultants/Doctors	169
02	Complaint handling	0	02	Nurses	138
03	Shortage/availability	1	03	Allied Health Professionals	12
04	Communication (written)	18	04	Scientific/Technical	2
05	Communication (oral)	72	05	Ambulance	0
07	Competence	11	06	Ancillary Staff/Estates	17
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	20
11	Date of admission/attendance	18	08	GP	0
12	Date for appointment	24	09	Pharmacists	1
13	Test Results	4	10	Dental	3
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	6	12	Other	92
22	Out-patient and other clinics	15		Service Area	
	Environmental/domestic			Accident and Emergency	29
29	Premises	36		Hospital Acute Services	360
30	Aids/appliances/equipment	6		Care of the Elderly	2
32	Catering	5		Rehabilitation	32
33	Cleanliness/laundry	8		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	5		Maternity Services	2
35	Patient property/expenses	2		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	1		Community Health Services - not elsewhere specified	0
38	Bed Shortages	0		Continuing Care	2
39	Mixed accommodation	1		Purchasing	0
40	Hospital Acquired Infection	1		Administration	0
	Procedural issues			Unscheduled Health Care	1
41	Failure to follow agreed procedure	2		Family Health Services	0
42	Policy and commercial decisions of NHS Board	7		Other	1
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	1			
	Treatment				
51	Clinical treatment	203			
52	Consent to treatment	3			
61	Transport	5			
71	Other	18			