

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 26 October 2010

Board Paper No. 10/53

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

QUARTERLY REPORT ON COMPLAINTS: 1 APRIL – 30 JUNE 2010

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 2010;
- that in the quarter over 70% of complaints received a response within 20 working days;
- that a revised NHSGG&C Complaints Policy (Appendix 1) has been developed and approved by the Corporate Management Team.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period April - June 2010. 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 2010

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 April – 30 June 2010 and for comparison 1 January – 31 March 2010. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	1 April – 30 June 10		1 Jan – 31 Mar 10	
	Partnerships/ MHP/Board (exc FHS)	Acute	Partnerships/ MHP/Board (exc FHS)	Acute
(a) Number of complaints received	48	397	77	440
(b) Number of complaints received and completed within 20 working days [national target]	37 (77%)	288 (73%)	54 (70%)	336 (76%)
(c) Number of complaints completed	54	390	68	421
(d) Outcome of complaints completed:-				
➤ Upheld	11	82	16	89
➤ Upheld in part	14	154	18	148
➤ Not Upheld	26	124	30	147
➤ Conciliation	0	0	0	2
➤ Irresolvable	0	0	2	2
(e) Number of complaints withdrawn	3 ¹	30 ²	2 ³	334
(f) Number of complaints declared vexatious	0	0	0	0

	Total	No Consent Received	Complainants no longer wished to proceed	Claim for negligence intimated
1	3	2	1	0
2	30	20	10	0

	Total	No Consent Received	Complainants no longer wished to proceed	Claim for negligence intimated
3	2	2	0	0
4	33	21	12	0

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 April – 30 June 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	0	2	0
(b) Notification received that an investigation is not being conducted	0	5	0
(b) Investigations Report received.	1	4	1

In accordance with the Ombudsman's monthly reporting procedure, six reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; two cases were summarised in the April 2010 commentary, two cases were summarised in the May 2010 commentary and two cases were summarised in the June 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 six NHS Greater Glasgow and Clyde cases for this quarter are described as follows:-

April 2010

1. The complainant raised a number of concerns about the diagnosis of diabetes and aftercare offered by the GP practice.

[The Ombudsman upheld all four elements of the complaint and recommended that the Practice:-

- *put in place a protocol to ensure that diabetes is diagnosed in line with recognised practices;*
- *put in place a protocol to ensure that newly diagnosed diabetics receive appropriate follow-up care;*
- *take steps to ensure they deal with complaints in line with the NHS complaints procedure;*
and

- *write to the complainant with an apology for the failures identified in the report, including those relating to complaint handling and the content of the letter sent to the complainant on 14 July 2008.*

The Board confirmed in writing on 2 June 2010 to the Ombudsman that the Practice had fully complied with the recommendations set out in the report].

2. The complainant raised concerns regarding the Orthopaedic treatment received at the Royal Alexandra Hospital following a fall on 16 June 2007 resulting in a fractured tibia and fibula. Upon admission to the hospital, the complainant was seen by an orthopaedic consultant who treated the fracture conservatively by placing the leg in a cast. The complainant complained that they were not treated operatively and also about the standard of follow-up care received in the Fracture Clinic.

[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 for the failings identified in the report;*
- *highlight the issues raised in the report to all relevant orthopaedic staff;*
- *remind clinical staff of the importance of documenting their discussions with consultants; and*
- *encourage consultants to consider taking a more proactive role in complex cases.*

The Board confirmed in writing on 27 May 2010 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

May 2010

1. The complainant, an advocacy worker, complained on behalf of the aggrieved in relation to the care and treatment received at Paisley Maternity Hospital. The advocacy worker conveyed the aggrieved's dissatisfaction with the management of pain during the birth of her child in December 2007. Through the course of the Ombudsman's investigation, he also identified concerns relating to the quality of the written records of the aggrieved's care.

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

- *highlight the issues raised in the report to all staff in the maternity unit, particularly anaesthetic staff, emphasising the importance of keeping clear, detailed and consistent records;*
- *offer the aggrieved an early appointment to be seen in an obstetric anaesthetic clinic in order to be assured that epidurals remained a safe option for her should any subsequent pregnancies require an operative delivery (in line with the Adviser's comments at paragraph 23 of the report); and*
- *apologise to the aggrieved for the failings identified in the report.*

The Board confirmed in writing on 2 July 2010 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

2. The complainant raised a number of concerns about the care and treatment received from the Board following treatment in September 2008 for a medical termination of pregnancy (MTO). She also complained that she had received contradictory information regarding bleeding and that the complaint response from the Board contained inaccurate information.

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

- *apologise to the complainant for the inadequate care and treatment provided to her after the MTO;*

- *devise a protocol for the management of retained products of conception following a MTOP; and*
- *apologise to the complainant for failing to provide her with accurate information in their complaint responses.*

The Board confirmed in writing on 8 July 2010 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

June 2010

1. The complainants raised concerns regarding the processes followed, in assessing one of the complainants, by Clinical Psychology and the Specialist Sexual Abuse Service within the Board. They were unhappy with the content of the reports that were produced and with the fact the complainant concerned was not asked to provide clarity on aspects of the reports which they felt were inaccurate and misleading.

[The Ombudsman did not uphold the complaint but recommended that the Board:-

- *review their procedures to ensure that there are clear triggers in place for referring child safety concerns for prompt assessment by individuals with the relevant expertise;*
- *ensure that all mental health staff receive appropriate training relating to their child protection duties and obligations. This should be routinely covered in clinical supervision and staff should have access to the relevant guidance;*
- *highlight to all mental health staff the importance of explicit record-keeping surrounding child protection. This should include not only the reasoning for decisions but the rationale underpinning them and all verbal referrals should be followed up using the appropriate inter-agency form;*
- *ensure that, where appropriate, child protection concerns are communicated to the patients concerned prior to making a referral. When not informing patients, clear and specific reasons for not doing so should be recorded;*
- *ensure that patients are notified of the outcome of mental health assessments as soon as is practicable; and*
- *remind mental health and complaint handling staff of the importance of taking steps to clarify any uncertainty at an early stage, particularly where a child safety concern may exist.*

The Board confirmed in writing on 1st October 2010 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

2. The complainant had Peyronie's disease and underwent surgery to correct it. The complaint was that the operation that was carried out was not the one that had been discussed prior to surgery and that it was not carried out properly whereby they subsequently encountered a number of complications that resulted in further corrective surgery and also the Board failed to offer appropriate aftercare following the operation.

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

- *provide patients with information relating to the potential complications of surgery, in writing, at the point of gaining their consent;*
- *advise patients of the fact that the surgery provided may differ to that proposed prior to surgery and that they keep a record that this advice has been given; and*
- *remind staff of the importance of recording any advice, medication or supplies provided to patients.*

The Board confirmed in writing on 26 July 2010 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

In his June 2010 overview, the Scottish Public Services Ombudsman reported a change in format of the investigation reports in that, all recommendations would now have a completion date recorded. This was to provide greater assurance that complaints bring about positive change and to indicate the timescales for those improvements.

He also took the opportunity to comment favourably on the action plans devised and submitted by Greater Glasgow and Clyde NHS Board. He said “*I have received a number of excellent action plans from Greater Glasgow & Clyde NHS Board. The most recent one that has come to my attention is from the Board’s Acute Services Division*”.

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

Date for appointment, clinical treatment and attitude/behaviour were the three issues attracting most complaints during this quarter.

Although communication which featured in the top three last quarter had been replaced this quarter with attitude/behaviour, broadly speaking, the issues attracting most complaints are consistent with previous quarters.

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

Acute

Clinical treatment, attitude/behaviour and communication 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 are 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 an investigation into a particular case about District Nursing, communication between acute and community was highlighted as not being sufficiently clear and concise. As a result, the Senior Nurse will review the referral pathway from referrer to the District Nursing Service.
- As a result of a complaint about a patient not being collected for day care and their non attendance not being noted by staff, processes have been put in place to ensure staff have a double check system. Staff will also be rotated between the ambulances to avoid complacency in decision making. The Nurse Team Leader will monitor the processes to ensure adherence.
- As a result of a complaint that highlighted a failure of the system in place, a review of the system for the transfer of care of a child to another service will now be initiated at a particular centre. A period of audit will also be put in place to ensure that the new protocol is working effectively.

Acute

- Following the admission of a patient with chest pain, a complaint was received about the adequacy of information provided to relatives, and about medicine reconciliation. As a result of this complaint, to ensure that communication and medicines reconciliation takes place, a process of documented audits are carried out. The Directorate has also introduced a formal written transfer plan. Since the investigation of the complaint, receiving staff now have access to the Emergency Care Summary which helps in identifying medication history and other key clinical details.
- A complaint about the length of time spent waiting in A&E, the lack of treatment and the adequacy of communication with relatives, resulted in a number of specific changes. These included nursing staff attending daily bed management meetings, staff in the receiving unit extending visiting times to allow staff more time to speak with relatives, and the production of leaflet with information for relatives. In addition the roll out of medicines reconciliation within the unit has given more clinical staff access to the Emergency Care Summary, which will contribute to capturing an accurate patient medication history on admission.
- As a result of a complaint made on behalf of a patient who had dementia and a urinary infection, who had become aggressive towards nursing staff, improvements were made to provide staff with training and support in managing challenging behaviour, which was rolled out to staff in conjunction with Mental Health colleagues.
- Following a complaint about a delay in laboratory test results from a specific laboratory new governance processes were introduced. The standard practice was for any reports to be forwarded to the original requester within 1 - 2 days to ensure requesters receive reports in timely way. In this complaint the report was delayed by several weeks and there was no audit trail to explain what had happened. Therefore, a new system was put in place to record results both in and out of the laboratory so that a more complete audit trail is available, allowing clearer identification of any problems.
- A patient complained that there were too many staff (including equipment representatives) in the treatment room when undergoing a radiological procedure. Staff were being trained on the use of the equipment at the time. As a direct result of this complaint, an instruction has been given that the number of staff present should be kept to a minimum. Although the patient had verbally consented for additional staff to be present, the patient suggested that written consent should also have been obtained. The Director has asked for this practice to be adopted should similar circumstances arise.
- Following a complaint regarding lifts at one of our Hospitals, a problem was identified which meant that when the lift had reached 75% of its designed maximum load it would automatically stop travelling in an upward direction and would only move in a downward direction. This resulted in a considerable delay in the operation of the lifts. As a result, the lift manufacturer is looking identify why the lift was not operating at full capacity.
- As a result of a complaint concerning Pre Operative Assessment staff are looking to stagger appointment times with the Consultant and the Pre- Operative Assessment Team, and reviewing the allocation processes around appointments and letters sent to patients; in order to have pre-operative assessment and pre-operative admission carried out and arranged on the same day
- Following a complaint about the inadequate signage to the Plastic Surgery Unit outpatient clinic in the new modular building at Glasgow Royal Infirmary alterations and additions were identified and new signage is now in place.
- As a result of a complaint from an Ayrshire patient that the Oncology Clinic at their local Hospital had been moved to the Beatson West of Scotland Cancer Centre, investigations showed that a full explanation for the rationale for moving the service had not been adequately conveyed to Ayrshire patients. As a result, further letters were prepared that more fully explained the planned changes to the location of clinics and services.

5. Ongoing Developments

During October, designated staff involved in the management of complaints will attend training organised and delivered by the Scottish Public Services Ombudsman, designed to train individuals in the delivery of a comprehensive complaints investigation and handling package developed to improve the quality of complaints responses. This package will be delivered across NHS Greater Glasgow and Clyde to supplement existing training provision.

6. Independent Advice and Support Service (IASS): 1 April – 30 June 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 Pollok 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 to take account of the proposals within the Patients' Rights Bill to introduce a Patients Advice and Support Service to replace IASS from 1 April 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 Hospitals as follows:-

Victoria PIC : Monday: 10.00am – 12 noon and Wednesday: 10.00am – 12 noon.

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

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

As reported previously, new software was being introduced nationally by Citizens Advice Scotland to ensure consistent recording of IASS information on activity and performance and help demonstrate impact and value for money. It was also intended to provide detailed feedback on the issues raised by patients and carers to inform improvement planning. As well as capturing the data for complaints, it would capture general feedback raised by clients which did not go on to become formal complaints. This would, therefore, be useful in showing areas where concerns were repeatedly raised. The system was implemented from 1 April 2010 and reports are sent to NHS Boards on a quarterly basis. Citizens Advice Scotland also collate the information and provide a National Report for the Scottish Government. This quarter, therefore is the first time the Board has received information extracted from the new software and **Annex 3** provides a breakdown of dealings IASS staff have had with patients.

7. 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.

8. Complaints Completed Pro-Rata to Patient Activity Levels

To give the Board an approximate indication of the number of complaints completed pro rata to the patient activity data has been collated from the Acute Services Division, Out-patient, A&E attendances, in-patient and day cases show a ration of .:

1: 1815.

9. NHSGG&C Revised Complaints Policy

The Board's Complaints Handling Policy and Procedure was last reviewed in April 2006 and, although a review was initiated in 2008, this was not completed, due to the emerging national Craigforth Review (Scottish Health Council "Making It Better: Complaints and Feedback from Patients and Carers in Scotland"). This was published in May 2009. The recommendations from the Craigforth Review and other national guidance issued since that time, including a recent consultation document issued by the SPSO have been taken into account in developing the revised Complaints Policy and Guidance to Staff documents.

A Short Life Working Group was established to review and refresh the Board's Complaints Handling Policy and Procedure. The Independent Advice and Support Service (IASS) was represented on the Group. The Review Group decided to separate the Policy from the supporting guidance for staff and produce two separate documents. In addition, each organisational entity (Acute, CH(C)Ps etc) will also draw up Standard Operating Procedures based on the Policy and Guidance but tailored with information and contact names and telephone numbers etc specific to their area.

There are no significant changes of principle to the Complaints Policy although it has been re-written to separate it from the Guidance and updated to reflect organisational changes, national documents and initiatives. The Policy has been revised to conform to the NHS Board's Policy Framework. It also includes appropriate references to the IASS service, the important role of the Scottish Public Services Ombudsman, and the impact of the Public Service Reform (Scotland) Act 2010.

The separate Guidance to Staff now includes much more detail around specific areas of complaint handling and highlighted below are key improvements:-

- Consent - the Guidance reflects the most recent guidance available especially in the cases of children and template consent forms to be used to ensure consistency of practice.
- Continuing Care.
- Child Protection.
- The Unacceptable Behaviour by Complainants Protocol (which replaces the Unreasonably Demanding or Persistent Complaints Policy).
- A single flowchart for all parts of the organisation to follow.
- Language and Interpreting/Communicators Booking details.

The Short-Life Group will continue to meet to agree and prepare supporting documentation and material that will be required to underpin the re-launch the Policy and Guidance to Staff such as revised leaflets, website review, posters and training.

The Group was mindful of the important changes that will impact on complaints handling in 2011 which will require a further review of the Policy and Guidance to Staff documents, namely the Patients Rights Bill and the Scottish Public Services Ombudsman's intention to produce model complaint handling procedures. It is intended, therefore, to review both the Policy and Guidance in September 2011. The Group has sought to remain sighted on many of the changes which may be recommended by the Scottish Public Services Ombudsman (by having access to draft guidance at this stage).

An Equality Impact Assessment (EQIA) has been completed, and amendments have been made to the Policy and Guidance to Staff documents in the light of comments made. Key actions will be taken forward by the Group in the coming months.

The Policy was approved by the Corporate Management Team at its meeting held on 14 September 2010 and is attached (at Appendix 1) for the NHS Board's information.

10. Scottish Public Services Ombudsman (SPSO) – Annual Report 2009/10

In 2009/10, the SPSO received a total of 904 contacts about the NHS. This was an increase of 18% on the previous year. 45 of these contacts were enquiries and 859 were complaints, reflecting the trend of a reduction in enquiries and an increase in the number of complaints received compared to the previous year. As last year, the top area complained about in health was General Practitioners and GP Practices, with 24% more complaints received than in 2008/09. As primary health care is the first contact that people are most likely to have with the NHS, it is not surprising that this is also the main area which the SPSO receive complaints.

There was little change in the type of specific issues complained about, compared with previous years. Complaints about clinical treatment and diagnosis, policy and administration and communication/staff attitude/dignity/confidentiality still top the list. The subject of dignity in care, however, featured in a large number of their reports this year, particularly those about older people.

The top 10 categories of complaints received in 2009/10 were as follows:-

1. Clinical treatment/diagnosis
2. Policy/administration
3. Communication/staff attitude/dignity/confidentiality
4. Appointments/admissions
5. Complaints handling
6. Admission, discharge and transfer procedures
7. Nurses/nursing care
8. GP/Dentists lists
9. Hygiene, cleanliness and infection control
10. Record keeping

During 2009/10, the SPSO determined a total of 951 complaints about health authorities. This included a number of cases carried forward from 2008/09. Section 11 below covers those which related to NHSGG&C.

The SPSO published 74 investigation reports about NHS-related complaints. Of these:-

- 33 (45%) were upheld
- 32 (43%) were partially upheld
- 9 (12%) were not upheld.

Given this, the actions that the SPSO asked Health Boards and healthcare providers to take were diverse.

Every month, the SPSO issues the “Ombudsman’s Commentary” to all the authorities under its jurisdiction, MSPs and the Scottish Government plus many other stakeholders in order to more widely share the learning and good practice that emerges from complaints. Their revised business model now also allows for a complaint to be upheld and recommendations to be made without necessarily requiring the publication of a report. The SPSO plans, in future, to make public many more of the complaints that conclude in a decision letter rather than an investigation report.

The full SPSO Annual Report 2009/10 can be found at:-

<http://www.spsos.org.uk/files/webfm/Publications/Annual%20reports/SPSO%20Annual%20Report%2009-10.pdf>

11. Scottish Public Services Ombudsman - First Annual Letter

A copy of the Ombudsman's first Annual Letter and attachments were circulated to all Board members on 4 October 2010. Such information has been provided to Local Authorities for some time but this is the first for the NHS. It summarised NHS GG&C complaints handled over 2008/09 and 2009/10. This information was placed on the Ombudsman's web site. Key information for this Board included:-

- 178 complaints were recorded in 2009-10, compared to 154 in the previous year. Although the SPSO received more complaints about the Board in 2009-10, when taken as a percentage of the total number of complaints they received about the NHS in each year, it showed a drop (from 22.5% of the total complaints received to 20.8%).
- The SPSO investigated and reported on 19 complaints about NHS GG&C in 2009/10, of which they upheld seven, partially upheld nine and did not uphold three. In 2008/09, it was 20 complaints investigated of which 3 were fully upheld, 15 partially upheld and 2 not upheld.
- The SPSO would also welcome any other thoughts the Board may have on the information presented and ways in which they can further improve this feedback to the Board, which they plan to provide annually in future if NHS Boards find it useful.

The full SPSO Annual Letter 2009/10 to NHS GG&C can be found at:-

http://www.spsos.org.uk/webfm_send/2688

12. ISD Annual Report 2009/10

Information Services Division (ISD) published its Annual Report on NHS Complaints for 2009/10 on 30 September 2010. 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 2009/10, for NHS Scotland, there were 11,644 complaints received (7,123 about hospital and community services and an estimate of 3,515 about family health services. The remaining were about Special Boards).

Hospital and Community Health Services

- Of the 7,123 complaints made about hospital and community services in 2009/10, 5,181 (73%) related to the acute services sector.
- The percentage of complaints acknowledged within the national target timescale of three working days from receipt was 96.5%. In 2008/09, 94.4% were acknowledged within three working days.
- The percentage of complaints dealt with within the national target of 20 working days has risen to 76% when compared with 2008/09 (68.4%). Public holidays have been taken into account when response times were calculated.

- Over two thirds of the issues raised in 2009/10 concerned treatment and staff. Treatment accounted for 35% of all issues and was the most common with 33% of issues relating to staff. During 2009/10, 9% of issues related to waiting times.
- In 2009/10, 26% of complaints were fully upheld, 35% were partially upheld and 38% were not upheld. There was little change from 2008/09 when these were 27%, 33% and 38% respectively.

Family Health Services

Three broad service types are included within the Family Health Services (FHS) 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.

ISD are in the process of confirming the FHS aggregated return for NHS Highland and, for the second year in succession, have presented an estimate based on the most recent two years data as an interim measure. They have applied the estimate to the Scotland total as it constituted such a small proportion (approx 5%) of that figure.

- The number of complaints about FHS services in 2009/10 was estimated to be 3,515. If confirmed, this represents an 11% increase since 2008/09 (3,175 complaints).
- Approximately 80% of FHS complaints related to medical services.

NHSGGC

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

- In relation to hospital and community health service complaints, NHSGGC received 1,686 in 2009/10 and responded to 75.6% of these within 20 working days. By way of a comparison, we received 1,524 in 2008/09 and responded to 63.5% of these within 20 working days.
- In relation to Family Health Service complaints to independent practitioners, NHSGGC received 818 in 2009/10 (679 medical and 139 dental) compared with 692 (568 medical and 124 dental) in 2008/09.

The full ISD Report 2009/10 can be found at:-

<http://www.isdscotland.org/isd/6416.html>.

13. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 April – 30 June 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	9	01	Consultants/Doctors	18
02	Complaint handling	0	02	Nurses	19
03	Shortage/availability	0	03	Allied Health Professionals	8
04	Communication (written)	0	04	Scientific/Technical	0
05	Communication (oral)	5	05	Ambulance	0
07	Competence	1	06	Ancillary Staff/Estates	2
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	4
11	Date of admission/attendance	0	08	GP	0
12	Date for appointment	14	09	Pharmacists	0
13	Test Results	0	10	Dental	0
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	1	12	Other	7
22	Out-patient and other clinics	2		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	29
34	Patient privacy/dignity	0		Maternity Services	0
35	Patient property/expenses	0		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	0		Community Health Services - not elsewhere specified	29
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	3		Family Health Services	0
42	Policy and commercial decisions of NHS Board	1		Other	0
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	13			
52	Consent to treatment	0			
61	Transport	1			
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	71	01	Consultants/Doctors	249
02	Complaint handling	0	02	Nurses	126
03	Shortage/availability	3	03	Allied Health Professionals	13
04	Communication (written)	13	04	Scientific/Technical	2
05	Communication (oral)	56	05	Ambulance	1
07	Competence	10	06	Ancillary Staff/Estates	26
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	38
11	Date of admission/attendance	17	08	GP	0
12	Date for appointment	37	09	Pharmacists	0
13	Test Results	6	10	Dental	6
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	6	12	Other	2
22	Out-patient and other clinics	12		Service Area	
	Environmental/domestic			Accident and Emergency	32
29	Premises	21		Hospital Acute Services	410
30	Aids/appliances/equipment	5		Care of the Elderly	12
32	Catering	3		Rehabilitation	17
33	Cleanliness/laundry	4		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	0		Maternity Services	3
35	Patient property/expenses	4		Ambulance Services	1
36	Patient status	0		Community Hospital Services	0
37	Personal records	2		Community Health Services - not elsewhere specified	0
38	Bed Shortages	3		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	2		Administration	0
	Procedural issues			Unscheduled Health Care	4
41	Failure to follow agreed procedure	3		Family Health Services	0
42	Policy and commercial decisions of NHS Board	3		Other	6
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	1			
	Treatment				
51	Clinical treatment	190			
52	Consent to treatment	1			
61	Transport	8			
71	Other	9			

Extracts from IASS Report on Activity for Period 1 April – 30 June 2010

This is a breakdown of who has dealt with the clients enquiry.

Enquiries by IASS Adviser	388
Enquiries by CAB Adviser	29

An NHS code is recorded once even where a client has raised many aspects about the same code. The number below reflects the types of issues raised not how many times it has been raised.

NHS Advice Code	Total	% of Total
Aids, appliances & equipment	3	1.58
Bed shortages	2	1.05
Catering	2	1.05
Cleanliness	1	0.53
Clinical Treatment	50	26.32
Consent to treatment	3	1.58
Delays in admissions/transfers/discharge/procedures	11	5.79
Delays at outpatient + other clinics	1	0.53
Failure to follow agreed procedures	1	0.53
Hospital Acquired infection	2	1.05
Mixed accommodation	0	0.00
Mortuary/post mortem arrangements	0	0.00
NHS Board purchasing	0	0.00
Patient privacy/dignity	3	1.58
Patient property/expenses	0	0.00
Patient status/discrimination (e.g. race, gender, age)	1	0.53
Personal records (medical, complaints files)	3	1.58
Policy + commercial decisions (of NHS Board)	1	0.53
Premises (including access)	2	1.05
Staff - attitude/behaviour	25	13.16
Staff - competence	28	14.74
Staff - complaint handling	10	5.26
Staff - communication (oral)	8	4.21
Staff - communication (written)	0	0.00
Staff - shortage / availability	1	0.53
Transport	0	0.00
Waiting for date of admission/attendance	0	0.00
Waiting for date of appointment	6	3.16
Waiting for test results	0	0.00
Other	26	13.68
Total	190	100.00

This table details the work undertaken with and for clients. This includes any work with a third party.

Activity	Total	% of Total
Arrange communication assistance e.g. interpreter	1	0.21
Case papers preparation	26	5.46
CFG calculation	1	0.21
Client assisted to access & review medical records	1	0.21
Client assisted with appeal against discharge from medical care	0	0.00
Client assisted with letter to professional regulatory body	1	0.21
Client assisted with letter to SPSO	6	1.26
Client assisted with meeting NHS staff	7	1.47
Client assisted with raising issue but not against NHS	0	0.00
Client given information, to take action on own behalf	22	4.62
Client wants to remain anonymous but raise concern with NHS	0	0.00
Completed form with client	0	0.00
Draft letter for client	3	0.63
Formal complaint letter drafted with client. Client to send & come back if necessary	2	0.42
Formal complaint letter drafted, adviser to send on client's behalf	38	7.98
Informal contact with NHS staff	46	9.66
Information / action requested from non NHS third party	3	0.63
Information to client	184	38.66
Information to third party	9	1.89
Request(ed) information / action of client	29	6.09
Request(ed) information / action of third party	23	4.83
Review case	74	15.55
Satisfaction / outcome client survey	0	0.00
Total	476	100.00

Every activity has an output. Some activities have more than one output so outputs should be equal or greater than activities.

Output	Total	% of Total
1. Activity completed	456	94.41
2. Apology or explanation received	18	3.73
3. Case closed - death or illness	0	0.00
4. CFG	1	0.21
5. Issue not resolved; no further action taken	2	0.41
6. No further contact from client	0	0.00
7. No further contact from third party	0	0.00
8. Not known	6	1.24
Total	483	100.00

COMPLAINTS POLICY

Lead Manager:	Head of Administration (Acute)
Responsible Director:	Head of Board Administration
Approved by:	Corporate Management Team
Date approved:	14 th September 2010
Date for Review:	September 2011
Replaces previous version: [if applicable]	Complaints Handling Policy & Procedures (April 2006)

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This Policy forms part of a suite of documents relating to the Complaints Procedures applied by NHS Greater Glasgow & Clyde. The full set of documents comprises:-

Complaints Policy (this document)

Guidance to Staff in Dealing with Complaints dated 14th September 2010

Operational Procedures relating to the Board, Acute Services Division and each Partnership issued in September 2010.

1. Introduction

NHS Greater Glasgow & Clyde aims to deliver high quality healthcare and to use the views and experiences of the people who access our services as part of a process of continuous improvement.

Whenever possible, the comments, suggestions and concerns of patients and their families or representatives are dealt with as they arise. We recognise that there will be occasions where an individual will be dissatisfied with an explanation or apology given and will want to make a complaint. This Policy describes our commitment to respond to comments, suggestions and complaints. Where a complaint is made we aim to resolve the complaint as directly and quickly as possible being fair to the person making the complaint and those involved in delivering healthcare (whether this be clinical or support staff). It is our intention to make our complaints system as accessible and simple as possible.

Comments, suggestions and straightforward complaints, which can easily be resolved because they require little or no investigation, will be handled by those individuals directly involved in delivering services to patients. This may be clinical staff or support services staff such as Receptionists, Health Records staff, or Domestic Services staff. We call this “front-line resolution”.

If an individual is not satisfied with the outcome from “front-line” resolution, or does not wish to pursue this option, we will treat the concern or complaint as a formal complaint. This would be appropriate where the matter of concern is complex and requires investigation. So that there is clarity about the terms of a formal complaint we will ask that this be put in writing and we will assist complainants in doing this if asked.

The way we deal with formal complaints is set out by the Scottish Government. We provide detail of these requirements at Section 6. This Policy is supported by Operational Procedures/Guidance which may vary from one part of our organisation to another e.g. who you should contact, but all parts of our organisation are required to follow a common and consistent approach to the handling of complaints which aims to be fair to all who use our services.

We are a large organisation employing over 35,000 staff and have in excess two million clinical contacts with patients each year. Sometimes we get it wrong. When we do, we should be willing and able to acknowledge that. Our overall aim is to listen and act on complaints from those who feel let down by our services. We also want to learn from what patients say has worked well for them.

NHSGG&C has in place arrangements with Citizens Advice Scotland to provide an Independent Advice and Support Service (IASS) for all NHS users. The service provided is free, confidential, independent of the Board, and fully impartial. This service may be contacted by phone on 0845 231 1010 or via any Citizens Advice Office.

2. Scope

This Policy applies to all employees of NHSGG&C and to all services provided by NHSGG&C. The policy recognises the integrated working practices in place in Community Health (& Care) Partnerships, and other Partnerships, where NHSGG&C and local authorities manage and provide services under joint arrangements in parts of our organisation. All Family Health Service Practitioners (General Medical Practitioners, General Dental Practitioners, General Ophthalmic Opticians and Community Pharmacists), as independent contractors providing services to NHSGG&C also have a contractual obligation to operate a suitable Practice based Complaints Policy in respect of the NHS services they provide. They are required to take account of this Policy in fulfilling that obligation.

The potential subject of a complaint is wide and not just related to clinical care. A complaint may, for example, be about a decision taken by the Board that is likely to affect the person making the complaint e.g. their access to services, waiting times etc.

The NHS complaints procedure primarily deals with concerns about

- patient care; or
- about issues related to or having an impact on patient care and the provision of services; or
- about matters related to the health of the population we serve where an individual is personally affected.

Patients or their authorised representatives may raise issues or concerns about:

- NHS care provided:
 - by hospitals, resource centres, health centres and clinics
 - by Family Health Services (including General Medical Practitioners (GPs); General Dental Practitioners, Opticians and Community Pharmacists)
 - by Community Services who provide health services such as community dentists, community nurses, physiotherapists, dieticians or health visitors etc
 - in private hospitals or care homes in which the patient is funded by the NHS
- NHS catering, domestic and environmental matters
- public health issues such as, management of major incidents or infection outbreaks where they have been adversely affected by these.

This Policy does not apply to certain circumstances which are described in Section 4 where either a separate Policy applies or the rules under which we operate require that a complaint cannot be progressed in tandem with, for example, a formal legal claim.

3. Roles & Responsibilities

The Board

The Board has a responsibility to ensure that all staff are aware of and trained in the Complaints Policy and related procedures.

The Chief Executive

The Chief Executive has a statutory accountability for the quality of care delivered by NHS Greater Glasgow and Clyde. Part of this role involves ensuring that there is appropriate feedback on the services provided.

The Head of Board Administration

The Head of Board Administration is the nominated officer to take responsibility for delivering the organisation's patient feedback and complaints processes, for ensuring that all necessary organisational learning takes place and for overseeing the way in which the Board's Operating Divisions, Partnerships and independent contractors deal with patient feedback and complaints.

The Head of Board Administration may delegate aspects of his responsibilities to the Heads of Administration (Acute Services Division), (Mental Health Partnership), CH(C)Ps and Complaints Manager (Clinical Governance Support Unit), or to other staff.

Senior Officers

Implementation of this Policy is the responsibility of the Senior Officers of the Board's Acute Services Division and Partnerships who will ensure that there is a person or persons of sufficient seniority to be able to deal with any issues raised under the NHS Complaints Procedure quickly and effectively without needing to refer, in all but the most exceptional circumstances, to more senior staff. These persons may be dedicated Complaints Officers, or may undertake the role alongside other duties.

Complaints Officers

Complaints Officers (whether called this or not) are readily accessible to patients, the public and staff. Arrangements will be made so that the role of the Complaints Officer is not interrupted by one individual's absence.

Family Health Services Practitioners

Practitioners are responsible for operating a Practice based Complaints Procedure which is consistent with this Policy.

Independent Advice and Support Service (IASS)

The Independent Advice and Support Service is part of the Citizens Advice Scotland and it provides independent support to patients, their carers and relatives in their dealings with the NHS and in other matters affecting their health. The Service in the Greater Glasgow & Clyde area is funded by NHS Greater Glasgow & Clyde to help and support patients to raise concerns, guiding them through the formal complaints

procedure when required. This service may be contacted by phone on 0845 231 1010 or via any Citizens Advice Bureau.

4. Complaints Policy

a. Right to Raise a Complaint

Any person who has used NHS GG&C services, or has a right to use those services, may make a complaint under the terms of this Policy.

Complaints may be made by:

- a patient, or former patient
- a person likely to be affected by a decision taken by our organisation
- any appropriate person in respect of a patient who has died, e.g. the next of kin or their agent (next of kin may be any person nominated by the patient, and need not necessarily be a relative)
- someone on behalf of an existing or former patient. e.g. a patient's parent, carer, guardian or a visitor; MSPs, MPs, MEPs or local Councillor; or an advocate or member of an independent advice and support organisation.

Where someone other than the patient or their authorised agent wishes to make a complaint, they must be able to demonstrate that they have obtained the patient's (normally written) consent to:

- make a complaint on their behalf;
- members of staff examining the patient's health records - if this should prove necessary as part of the investigation of the complaint.

It is for the Board Chief Executive, Acute Division Chief Operating Officer, or Partnership Director, or a nominated direct report, as appropriate, to determine whether the person making a complaint is suitable to represent a patient. This decision will depend, in particular, on the need to respect the wishes of the patient. For example, the patient may have made it known that their information should not be disclosed to third parties. If it is decided that a person is not suitable to act as the patient's representative, they must be provided with an explanation in writing outlining the reasons for that decision. In the case of Family Health Services Practitioners it will be the Practitioner who determines this.

b. What Cannot be Considered

We cannot consider under the Complaints Procedure concerns about:-

- private care and treatment or services including private dental care or privately supplied spectacles
- services not provided or funded by the NHS, for example provision of private medical reports

- some aspects of care where social work services have responsibility – in these cases the person making the complaint will be advised of where to direct their complaint.
- concerns raised by NHS staff

It is possible that the matter complained about is being considered under an alternative procedure, or may be more appropriate to follow an alternative route. Examples include:-

- Where a matter is the subject of a formal disciplinary process under an employee's contract of employment or independent contractor's terms of service.
- Determining the funding of continuing care. NHS Circular CEL 6 (2008) February 2008, known as the Continuing Care Review Procedure, should be referred to for further guidance
- Matters which are being investigated by a professional regulatory body.
- A serious incident which is the subject of a formal and independent inquiry under Section 76 of the National Health Service (Scotland) Act 1978 called by Scottish Ministers in relation to a failure to carry out any function under the Act.
- Where it is believed that a criminal offence, including fraud, may have been committed.
- Where a formal legal claim for compensation has been lodged against the Board.

If there are aspects of the complaint that can be taken forward without compromising the alternative investigation being undertaken we will aim to respond to these aspects. If we cannot do this we will advise the complainant and explain to them why this is the case.

If the matter complained about is concerning the Board's responsibilities under the Freedom of Information (Scotland) Act 2002 there is a separate Policy and Complaints Procedure that will be followed.

c. Timescales

A complaint should be made:-

- within 6 months of the event which is the cause of complaint, or
- within 6 months of the person becoming aware of a cause of complaint as long as this is within 12 months from the cause of complaint.

We will operate these time limits flexibly where it is unreasonable to expect that the complaint could have been made earlier **provided** it is still practicable to investigate the facts. We will be unable to consider a complaint many years after an event as our ability

to properly investigate the facts will be hindered by the movement of staff and the ability to recall facts accurately with the passage of time.

We will acknowledge complaints within three working days of receipt and normally provide a response within 20 working days (10 working days for FHS Practices). As part of our acknowledgement we will tell complainants who they can approach for independent advice.

If we are unable to meet this timescale for a response, a written explanation for the delay will be provided and we will indicate when we expect to be able to reply. If we exceed a period of 40 working days, we will provide an explanation of progress of our investigation, and of the right to seek review by the Scottish Public Services Ombudsman if the complainant does not accept the reasons for delay.

d. Responses

Written responses to formal complaints will be signed by the Chief Executive, Chief Operating Officer (COO) of the Acute Services Division or Partnership Director, or an alternative senior officer who is a direct report to the Chief Executive, COO or Partnership Director and who has delegated authority to do this. For FHS Practices, responses will be signed by a designated person in the Practice. This will normally be a Partner or the Practice Manager. Responses will include any further options the complainant has to pursue their complaint, including the right to seek a review by the Scottish Public Services Ombudsman.

NHSGG&C, through its Acute Services Division, Partnerships and FHS Practices, will ensure that actions identified as a result of complaints are followed up to prevent recurrence and improve the quality of care and services to patients.

e. Specific Issues for Family Health Services Complaints & Procedures

Annex A to this Policy sets out in a single document the slightly different rules that apply where a complaint is made against Family Health Services Practitioners (including General Medical Practitioners (GPs); General Dental Practitioners, Opticians and Community Pharmacists) who are obliged to have in place and operate a Practice based Complaints Procedure for the NHS services they provide. Where there is evidence that a Practice does not have a suitable procedure in place, we will require that appropriate action is taken to address this failure. Continued failure by a Practice may result in disciplinary action being initiated.

f. Support and Advice

Through our staff, and specifically our Complaints Officers, we will provide information and advice to people wishing to complain on how the NHS complaints procedure works and the options open to them.

The Board works closely with the Independent Advice and Support Service (IASS), part of the Scottish Citizens Advice Bureau Service. It provides independent advice and

support to patients, their carers and relatives in their dealings with the NHS and in other matters affecting their health. The Bureau in the Greater Glasgow & Clyde area is funded by NHS Greater Glasgow & Clyde to help and support patients to raise concerns, guiding them through the formal complaints procedure when required. The service also aims to assist patients with information or in dealing with the consequences of ill-health or disability, for example accessing appropriate benefits. We will publicise how to make contact with the Independent Advice and Support Service at all places where we provide services.

There are also a variety of Advocacy Projects operating across the Board's area. Some specialise in assisting those with communication difficulties or with mental health issues. Local clinicians and Complaints Officers will provide details of local Advocacy Projects working in specific parts of the Board's area.

g. The Principles Underlying Our Complaints Policy

General/Patient Focus

We will

- Listen to, aim to understand and act upon the views and experiences of the people who use our services.
- Require all local services have effective person centred arrangements in place to encourage feedback.
- Deal with all complaints received on a fair and equitable basis.
- Treat and respond to anyone wishing to complain politely, and with respect, patience and empathy. However, where a complainant's behaviour is considered unacceptable as described in our "Unacceptable Behaviour Protocol" we may decline to respond to a complainant or restrict that individual's access to our Complaints Procedure.
- Aim to deal with complaints quickly and fully at the level at which they are raised.
- Handle complaints in a way which is open and fair to patients and our staff.
- Support the person making the complaint and the staff named in the complaint.
- Use complaints, and other feedback, as a means of identifying where service improvements can be made
- Ensure that where we contract with others to provide patient care (e.g. nursing home care) our contracts will require the service provider to comply with the NHS complaints procedure.

Communication & Support

We will

- Publicise our Complaints Policy and Procedures locally so that patients and visitors are aware of the right to complain, how to access the complaints procedure, and the help available to them.

- Provide appropriate independent support and advocacy services for all who need it through a strategic partnership with a consortium of the Citizens Advice Bureau in Greater Glasgow & Clyde and other agencies.
- Make suitably trained, competent and accredited conciliators available where this assistance is requested.
- Make guidance available to staff on how to deal with unacceptable behaviour by complainants (see Section 12).

Equality & Diversity

We will

- Recognise equality and diversity and promote a complaints system that responds sensitively to the individual needs, background and circumstances of people's lives'
- Understand how factors such as age disability, gender, race, religion, sexual orientation, or socio-economic status may impact on individuals' ability to access the complaints process and that they may need to be supported effectively
- Ensure that complainants have ready access to communication and language support, including translation and interpretation services

Consistency of Approach

We will deliver a co-ordinated single standard for processing complaints which involves:

- Consistency of approach and procedures.
- Provision of a single response to complaints that relate to more than one service or part of our organisation

We aspire to deliver a Complaints procedure that is always

- credible
- easily accessible
- easy to use
- demonstrably fair
- effective and sensitively applied
- open and honest
- apologetic for any failings
- willing to provide effective feedback
- able to demonstrate that we have learned from issues raised and taken action to secure improvement

Investigation, Outcomes & Responses

Thorough investigation of complaints will always be undertaken in accordance with this Policy and Local Operating Procedures. Investigation will normally be by the service concerned, but led by individuals who are apart from the issues being reviewed. On

occasions we may ask another service to review practice to ensure that the findings from any investigatory process are demonstrably fair and independent.

In considering the investigation of a complaint, or reviewing a proposed response, the relevant Director or other nominated signatory should consider if the circumstances of the complaint would benefit from review by another senior officer not involved in the service complained against.

Responses will be clear and easy to understand and will address all the issues raised. NHSGG&C will offer a meaningful apology where things have gone wrong and will indicate actions taken to prevent recurrence and/or lessons learned as a result.

There will be a clear statement indicating which elements of the complaint have been upheld, partially upheld or not upheld. The rationale for decisions taken will be explicitly stated.

Responses will indicate any further options open to the complainant including the right to seek a review by the Scottish Public Services Ombudsman.

Service Improvement

NHSGG&C will ensure that information gained from patient feedback and complaints is used to improve quality, through our clinical governance arrangements. As well as responding to individual complaints we take the lessons from them and apply these as a basis for improving the quality of service provided. As well as receiving complaint we encourage feedback for users of our services and welcome suggestions on how we can make changes to improve the accessibility of our services.

5. Review

The Policy and Operational Procedures will be reviewed every two years unless there is a significant change in the guidance or legislative framework that we are required to work within.

We welcome comments and suggestions from the public or organisations on how we may improve our Complaints Handling Policy. Comments should be sent to:-

Head of Administration
Acute Services Division
Management Building
Southern General Hospital
1345 Govan Road
Glasgow G51 4TF

6. References

Our Complaints Policy and Operational Procedures/Guidance are based on the following:-

- Guidance issued by the Scottish Executive under NHS HDL (2005) 15
- The Directions on Complaints Procedures issued by Scottish Ministers on 31 March 2005.
- National Guidance ‘Can I Help You?’ – Learning from Comments, Concerns and Complaints (2005).
- NHS (General Medical Services Contracts)(Scotland) Regulations 2004; the NHS (General Dental Services)(Scotland) Amendment Regulations 1996; the NHS (Pharmaceutical Services)(Scotland) Amendment Regulations 1996; and the NHS (General Ophthalmic Services) (Scotland) Amendment Regulations 1996.
- ‘Making It Better’ (also known as the Craigforth Review) - Commissioned by the Scottish Health Council May 2009.
- The Public Service Reform (Scotland) Act 2010
- Consultation by the Scottish Public Services Ombudsman (SPSO) on “A Statement of Complaints Handling Principles and Guidance on A Model Complaints Handling Procedure” 16th June 2010¹.
- NHS Scotland National Quality Strategy May 2010.
- Better Together Scotland’s Patient Experience Programme (2008) and its Learning from Complaints Working Group.

We have also developed to support the Policy:-

- **Guidance to Staff in Dealing with Complaints.** This is based substantially on “Can I Help You?” – Part 4.
- **Operational Procedures for the NHS Board, Acute Services Division and Partnerships**
- **An Unacceptable Behaviour by Complainants Protocol** for handling the circumstances where a complainant is (a) abusive to staff; or (b) threatens physical violence; or (c) is otherwise unreasonably persistent in circumstances where a complaint has been fully investigated and a full response provided to the complainant.

¹ This was issued when we were reviewing our Complaints Policy. Further revision may be required following finalization of this Guidance to be issued by the SPSO.

7. Communication and Implementation Plan

We have prepared a NHS GG&C Patient Information Leaflet outlining the complaints process which will be widely available in public areas at all out facilities, on our web site and for use as a communication aid when corresponding with any person raising a complaint.

An information booklet entitled “Making a complaint about the NHS”, produced by Health Rights Information Scotland on behalf of the NHS in Scotland is also available on request from us and may be downloaded from the [Health Rights Information Scotland](#) website.

NHS GG&C has in place an Unacceptable Behaviour by Complainants Protocol which will be implemented when the appropriate criteria are met (See Annex B of Guidance for Staff for a copy). Guidance has also been developed in relation to this policy as a guide for staff and to support local implementation.

All staff are required to have an understanding of the Complaints Process and the rights of patients. Our Induction Programme for new staff emphasises this. Advice and guidance on the operation of the Complaints Policy is available via the Heads of Administration for the Board, Acute Services, Mental Health Partnership CH(C)Ps and from the Complaints Manager (Clinical Governance Support Unit). Staff should ensure that any language and other obstacles to effective communication or concerns are overcome through provision of contact with support agencies, where necessary,

Guidance on individual complaints is also available via individuals who are designated as Complaints Officers. These individuals may undertake this role full-time or as part of other duties.

The Heads of Administration are responsible for ensuring that staff have access to training and support, appropriate to their role, to enable them to deal effectively with comments, concerns or complaints.

8. Monitoring

We are required to respond to complaints within 20 working days. Our performance in meeting this target is subject to quarterly reporting to the Information Services Division (ISD), the NHS Board and the Corporate Management Team chaired by our Chief Executive.

Our Acute Services Division, Mental Health Partnership and CH(C)Ps have arrangements in place to monitor the response times to complaints, the lessons learned and the implementation of recommendations and/or actions arising from complaints and the recommendations contained in any Scottish Public Services Ombudsman (SPSO) Reports about our Services. These reviews are carried out through the Clinical and Care Governance arrangements. The Corporate Management Team and the NHS

Board's Clinical Governance Committee examine trends arising from SPSO Reports. The aim is to prevent any recurrence of the incident which gave rise to concern and to improve the quality of care and services provided to patients. Ad hoc surveys, audits and departmental meetings provide further opportunities for learning any lessons in order to lead to better and improved services for patients.

The Scottish Health Council also monitors the Board's management arrangements with IASS and how IASS support complainants under these arrangements.

9. Equality Impact Assessment

The NHS Scotland is required to ensure that its services recognise and respond sensitively to the individual needs, background and circumstances of lives of the people who access our services. This requirement, underpinned by a statutory duty to '*encourage equal opportunities*' applies equally to our local arrangements for handling complaints.

The Race Relations (Amendment) Act 2000, The Disability Discrimination Act 2005, The Equality Act 2006 and more recently the Equalities Act 2010 due to come into force over the next few years place a legal obligation on public authorities (including NHS Boards) to actively promote equality in all their work and requires them to ensure that they comply with the general duty to:

Eliminate unlawful discrimination on grounds of race, gender, disability, age, sexual orientation or faith and promote equality of opportunity

Staff applying the Complaints Policy must comply with these requirements. They will treat individuals on an equitable basis, with an understanding of issues relating to age, disability, gender, race, religion, sexual orientation, or socio-economic status in accordance with the Board's Equality Scheme.

This Policy has been the subject of an Equality Impact Assessment to ensure arrangements fully meet the needs of potentially disadvantaged individuals or groups: This includes ensuring ready access to translation and interpretation services, including those for people with sensory impairment, and the provision of appropriate independent support and advocacy services for all who need it.

Complaints against Family Health Service Practitioners

Family Health Services Practitioners (including General Medical Practitioners (GPs); General Dental Practitioners, General Ophthalmic Opticians and Community Pharmacists) contract with the Health Board to provide services. In return for committing to provide specific services to patients they receive payment from the health service. Sometimes Practitioners may provide services which are not covered by the NHS, such as a doctor providing a private medical report for insurance purposes or an optician providing glasses where the patient pays the full cost of the item. The health service is not involved in such private work but if an individual is dissatisfied with the service received such concerns may be taken up directly with the Practice and additionally a complaint may be made to the relevant professional regulatory body (see below).

For the services provided under the NHS, Practices are obliged to have in place and operate a practice based Complaints Procedure and to publicise this. Where an individual believes that a Practice does not have a suitable procedure in place (rather than dissatisfaction with the outcome of a complaint) that concern may be raised with the Health Board. If there is evidence that a Practice does not have a suitable procedure in place, we will require that appropriate action is taken to address this failure. Continued failure by a Practice may result in disciplinary action being taken against the practitioners concerned.

The Health Board may be able to provide a facilitation role between a patient and a Family Health Services Practitioner, to help resolve any differences, but are not able to pursue complaints with Practitioners on behalf of patients. There are independent bodies and advocacy services that may be able to assist in this.

Practices should ensure that their complaints procedure is clear and that information on this and any support available is readily accessible to patients and/or their representatives.

Practices should adopt a positive approach to any form of patient feedback, including complaints, adopting the same principles as set out earlier in this Policy.

Practices are required to acknowledge complaints within 3 working days of receipt and to respond within 10 working days of receipt. Where the timescale for response cannot be met, a written explanation for this should be provided with an expected revised timescale for response.

Responses will be signed by an appropriate person in the Practice; this may be a practitioner, or another member of the Practice team, depending on the circumstances of the complaint.

Responses should include any further options to pursue a complaint, including the right to seek a review by the Scottish Public Services Ombudsman.

Practices should ensure that actions identified as a result of complaints are followed up to prevent recurrence and improve the quality of care and services to patients.

The main contact addresses for the four main regulatory bodies and their web sites are:-

General Medical Council

Regent's Place,
350 Euston Road,
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<http://www.gmc-uk.org/>

General Dental Council

37 Wimpole Street
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Royal Pharmaceutical Society of Great Britain

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General Optical Council

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