

# NHS Greater Glasgow and Clyde

Board Meeting  
Tuesday, 21 December 2010

Board Paper No. 10/62

HEAD OF BOARD ADMINISTRATION,  
CHIEF OPERATING OFFICER, ACUTE  
DIRECTOR GLASGOW CITY CHP

## QUARTERLY REPORT ON COMPLAINTS : 1 JULY – 30 SEPTEMBER 2010

### Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 July – 30 September 2010.

### Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period July - September 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 July – 30 September 2010

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

Table 1

	1 July – 30 Sept 10		1 April – 30 June 10	
	Partnerships/ MHP/Board (exc FHS)	Acute	Partnerships/ MHP/Board (exc FHS)	Acute
(a) Number of complaints <b>received</b>	49	386	48	397
(b) Number of complaints received and completed within 20 working days [national target]	35 (71%)	269 (70%)	37 (77%)	288 (73%)
(c) Number of complaints <b>completed</b>	46	382	54	390
(d) Outcome of complaints completed:-				
➤ Upheld	11	76	11	82
➤ Upheld in part	8	153	14	154
➤ Not Upheld	23	133	26	124
➤ Conciliation	0	0	0	0
➤ Irresolvable	0	0	0	0
(e) Number of complaints withdrawn	4 <sup>1</sup>	20 <sup>2</sup>	3 <sup>3</sup>	30 <sup>4</sup>
(f) Number of complaints declared vexatious	0	0	0	0

This gives an overall NHSGG&C complaints handling performance of 70.5% - above the national target of responding to 70% of complaints within 20 working days.

1 July – 30 September 10				
	Total	No Consent Received	Complainants no longer wished to proceed	Claim for negligence intimated
1	4	2	2	0
2	20	13	7	0

1 April – 30 June 10				
	Total	No Consent Received	Complainants no longer wished to proceed	Claim for negligence intimated
3	3	2	1	0
4	30	20	10	0

## 2. Ombudsman : 1 June – 30 September 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 <b>is</b> being conducted	0	3	0
(b) Notification received that an investigation <b>is not</b> being conducted	0	3	0
(b) Investigations Report received.	0	0	0

In accordance with the Ombudsman's monthly reporting procedure, no reports had been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases in the period June - September. Although no final reports were received for this period, two Decision Letters were issued to the Acute Services Division. These letters were not published in the Scottish Public Services Ombudsman's monthly commentary; however within the Acute Services Division they were dealt with as though they were final reports, as they contained recommendations. The definition surrounding a Decision Letter is set out below for information:-

The Ombudsman will issue a Decision Letter if:-

- the organisation accepted there were failings, apologises and takes action to prevent the problem from happening again;
- from the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure);
- the Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations.

### **Decision Letter (RG)**

The Board confirmed in writing on 13 October 2010 to the Ombudsman that actions have been taken in light of the recommendations contained within their letter.

### **Decision Letter (CM)**

The Board confirmed in writing on 6 and 20 September to the Ombudsman that actions have been taken in light of the recommendations contained within their letter.

## 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, attitude/behaviour and communication are the three issues attracting most complaints during this quarter. This is generally consistent with previous quarters.

**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 about a range of issues relating to a particular service, information leaflets have been amended to give parents a clearer understanding of the service.
- As a result of complaints about the telephone system in one service, the telephone system was being reviewed by a short life working group. A user survey was also being planned.
- As a result of a complaint from a parent about arrangements for patient's transfer to adult services, a review will take place of the current pathways and planning arrangements for the transition for young people to adult mental health services (eating disorders).

## Acute

- A patient complained that she was not notified timeously of the result of her mammogram. While the mammogram had been reported and sent to the Consultant within a few days, the report was filed without the Consultant seeing it. A local review of processes was undertaken by Senior Health Records Manager and a more robust system implemented. The new process is under review and is to be audited in December 2010.
- Following a patient complaint about clinic organisation arrangements, when a Clinical Nurse Specialist (CNS) was on planned annual leave, changes have been made to avoid the delays occurring again. When the CNS is on leave, patients wait to see the Consultant to get blood test results and a prescription. Now when the CNS is on planned leave, their patients will be reviewed by telephone on the Friday before their appointment. Blood test results will be reviewed in clinic and any prescriptions will be ready to collect when the patient arrives. Patients will only need a medical review if they are unwell. This action will reduce waiting times at the clinic.
- A complaint was received from a family who had to travel a significant distance to visit a dying relative, and the family felt that they were unsupported. Staff in the ward attended a customer care study afternoon, signposting has been improved to clearly identify the relatives room and an information sheet has been revised to highlight the provision of, and access to, the relatives room.
- As a result of a complaint made on behalf of a patient who had fallen out of bed and sustained an injury, improvements were made to provide staff with training and support in the use of a new risk assessment tool, which is in the process of being rolled out across NHSGG&C. Additional input would also be provided by the Falls Co-ordinator.
- Following a complaint arising from a delay in being seen by the on-call Ophthalmologist, guidance had been sent to all on-call Ophthalmologists indicating that if delays are likely to occur they should refer patients to one of their colleagues to enable their patient to be seen sooner. The guidance also advised on-call Ophthalmologists that (where appropriate) they should advise Emergency Department staff when patients can be given analgesia prior to review by the on-call Ophthalmologist in order to relieve any interim discomfort.

- Following a complaint about patient transport arrangements, changes have been made to the referral process for an MRI/CT scan, following a review at an Orthopaedic outpatient consultation. Reception staff at the outpatient clinic will now ensure that the necessary patient transport order form is completed and sent with the completed MRI/CT scan request form to Diagnostics so that the patient transport arrangements are synchronised with the investigation appointment.

## **5. Ongoing Developments**

### Scottish Public Services Ombudsman (SPSO) Training

SPSO sponsored training was delivered in October 2010 and Complaints Team Leaders (Acute Services Division), the Head of Administration (Mental Health Partnership) and the Complaints Manager and Complaints Officer (Clinical Governance Unit), attended this "Train the Trainers" 2 day course.

The course was aimed at providing the resources and skills necessary to deliver a one day training course to those NHS GG&C staff who are involved in investigating complaints at a local level and to improve the quality of response provided to complainants.

The "Train the Trainers" approach adopted was one delivered on a Scotland wide basis and the intention is to roll out this training to key investigatory staff across the Board.

SPSO "Buddy" trainers will be available for the first training session delivered, to provide our local trainers with additional support, thereafter this will be delivered by Board staff on a programmed basis.

### Complaints Policy and Staff Guidance

Arrangements are being finalised to distribute the revised Complaints Policy and Staff Guidance throughout the Board this month; leaflets and posters are being finalised and the Board's website is being updated to reflect the revised Policy, and the opportunity taken to update the contact details of all key complaints staff throughout the Board.

Staff awareness of the revised Policy will continue throughout the early part of 2011.

It is planned to reduce the number of published entry points for individuals wishing to gain advice on making a complaint in order to simplify the process of making a complaint whilst encouraging staff at all levels within the organisation to take ownership for responding to areas of dissatisfaction. This dual approach should make our complaints process more accessible in accordance with the accessible information Policy recently launched.

The Board's website currently provides a facility for making complaints and providing feedback, and these are forwarded to the appropriate Board staff, depending on the nature of the complaint.

## **6. Independent Advice and Support Service (IASS) : 1 June – 30 September 2010**

The Independent Advice and Support Service (IASS) is part of the Scottish Citizens Advice Bureau Service. It aims to support patients, user of services, 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/service users 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.

The Board has provided comments to IASS on its draft Annual Report 2009/10. We await the issue of a final version. When this is received it will be circulated to Board Members.

## **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:-

**1:2180.**

## **10. IASS/National Complaints Personnel Association (Scotland) Regional Event : 16 November 2010**

IASS and the National Complaints Personnel Association (Scotland) hosted a regional event on 16 November 2010. This was attended by the Heads of Administration (Acute Services) and (Mental Health), Complaints and Secretariat Manager and a number of complaints officers and included discussions on:-

- feedback on draft Regulations and Directions on Complaints and patient feedback (discussion led by a member of the Patient Rights Bill Team, Scottish Government);
- model complaints handling procedure and the NHS, best practice in complaints handling and a look at Scottish Public Services Ombudsman (SPSO) health sector training (discussion led by SPSO staff).

Service Level Agreements between NHS Boards and IASS expire on 31 March 2011 in anticipation of the new Patients Advice and Support Service (PASS) commencing on 1 April 2011. The Board awaits further information from the Scottish Government in relation to the implementation of PASS given that it is a key element of the Patients Rights (Scotland) Bill.

## **11 Conclusion**

The NHS Board is asked to note the quarterly complaints report for the period 1 June – 30 September 2010.

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**PARTNERSHIPS**  
**ANNEX 1**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	<b>Staff</b>			<b>Staff Group</b>	
01	Attitude/behaviour	11	01	Consultants/Doctors	15
02	Complaint handling	0	02	Nurses	23
03	Shortage/availability	0	03	Allied Health Professionals	7
04	Communication (written)	5	04	Scientific/Technical	0
05	Communication (oral)	5	05	Ambulance	0
07	Competence	2	06	Ancillary Staff/Estates	0
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	1
11	Date of admission/attendance	0	08	GP	0
12	Date for appointment	0	09	Pharmacists	0
13	Test Results	0	10	Dental	0
	<b>Delays in/at</b>		11	Opticians	0
21	Admissions/transfers/discharge procedure	1	12	Other	7
22	Out-patient and other clinics	1		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	0
29	Premises	1		Hospital Acute Services	0
30	Aids/appliances/equipment	0		Care of the Elderly	3
32	Catering	0		Rehabilitation	0
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	25
34	Patient privacy/dignity	1		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	22
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	0
	<b>Procedural issues</b>			Unscheduled Health Care	0
41	Failure to follow agreed procedure	2		Family Health Services	0
42	Policy and commercial decisions of NHS Board	0		Other	3
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	0			
	<b>Treatment</b>				
51	Clinical treatment	17			
52	Consent to treatment	0			
61	<b>Transport</b>	0			
71	<b>Other</b>	8			

**ACUTE  
ANNEX 2**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	<b>Staff</b>			<b>Staff Group</b>	
01	Attitude/behaviour	63	01	Consultants/Doctors	247
02	Complaint handling	0	02	Nurses	125
03	Shortage/availability	5	03	Allied Health Professionals	9
04	Communication (written)	11	04	Scientific/Technical	1
05	Communication (oral)	72	05	Ambulance	1
07	Competence	14	06	Ancillary Staff/Estates	25
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	28
11	Date of admission/attendance	12	08	GP	0
12	Date for appointment	26	09	Pharmacists	0
13	Test Results	7	10	Dental	7
	<b>Delays in/at</b>		11	Opticians	0
21	Admissions/transfers/discharge procedure	4	12	Other	0
22	Out-patient and other clinics	19		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	28
29	Premises	17		Hospital Acute Services	433
30	Aids/appliances/equipment	0		Care of the Elderly	19
32	Catering	1		Rehabilitation	19
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	5		Maternity Services	3
35	Patient property/expenses	1		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	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	1		Administration	0
	<b>Procedural issues</b>			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	0
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	0			
	<b>Treatment</b>				
51	Clinical treatment	196			
52	Consent to treatment	0			
61	<b>Transport</b>	10			
71	<b>Other</b>	11			



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

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

<b>Enquiries by IASS Adviser</b>	527
<b>Enquiries by CAB Adviser</b>	65

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.

<b>NHS Advice Code</b>	<b>Total</b>	<b>% of Total</b>
Aids, appliances & equipment	12	3.18%
Bed shortages	4	1.06%
Catering	5	1.33%
Cleanliness / laundry	1	0.27%
Clinical Treatment	118	31.30%
Consent to treatment	5	1.33%
Delays in admissions/transfers/discharge/procedures	15	3.98%
Delays at outpatient + other clinics	3	0.80%
Failure to follow agreed procedures	8	2.12%
Hospital Acquired infection	5	1.33%
Mixed accommodation	0	0.00%
Mortuary/post mortem arrangements	1	0.27%
NHS Board purchasing	0	0.00%
Patient privacy/dignity	8	2.12%
Patient property/expenses	2	0.53%
Patient status/discrimination (e.g. race, gender, age)	2	0.53%
Personal records (medical, complaints files)	9	2.39%
Policy + commercial decisions (of NHS Board)	4	1.06%
Premises (including access)	1	0.27%
Staff - attitude/behaviour	35	9.28%
Staff - competence	50	13.26%
Staff - complaint handling	5	1.33%
Staff - communication (oral)	13	3.45%
Staff - communication (written)	2	0.53%
Staff - shortage / availability	1	0.27%
Transport	5	1.33%
Waiting for date of admission/attendance	2	0.53%
Waiting for date of appointment	11	2.92%
Waiting for test results	1	0.27%
Other	49	13.00%
<b>Total</b>	<b>377</b>	<b>100.00%</b>

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	0.06%
Case papers preparation	12	0.75%
CFG calculation	2	0.13%
Client assisted to access & review medical records	3	0.19%
Client assisted with appeal against discharge from medical care	0	0.00%
Client assisted with letter to professional regulatory body	2	0.13%
Client assisted with letter to SPSO	8	0.50%
Client assisted with meeting NHS staff	12	0.75%
Client assisted with raising issue but not against NHS	3	0.19%
Client given information, to take action on own behalf	11	0.69%
Client wants to remain anonymous but raise concern with NHS	0	0.00%
Completed form with client	0	0.00%
Draft letter for client	6	0.38%
Formal complaint letter drafted with client. Client to send & come back if necessary	4	0.25%
Formal complaint letter drafted, adviser to send on client's behalf	79	4.95%
Informal contact with NHS staff	86	5.39%
Information / action requested from non NHS third party	4	0.25%
Information to client	426	26.71%
Information to third party	21	1.32%
Request(ed) information / action of client	52	3.26%
Request(ed) information / action of third party	63	3.95%
Review case	95	5.96%
Satisfaction / outcome client survey	1	0.06%
2nd Tier Support	704	44.14%
<b>Total</b>	<b>1595</b>	<b>100.00%</b>

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	178	19.98%
2. Apology or explanation received	2	0.22%
3. Case closed - death or illness	5	0.56%
4. CFG	2	0.22%
6. No further contact from client	3	0.34%
7. No further contact from third party	693	77.78%
8. Not known	8	0.90%
<b>Total</b>	<b>891</b>	<b>100.00%</b>