

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 19 April 2011

Board Paper No. 11/18

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

QUARTERLY REPORT ON COMPLAINTS : 1 OCTOBER – 31 DECEMBER 2010

Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 October – 31 December 2010.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period October - December 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 October – 31 December 2010

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

Table 1

	1 Oct – 31 Dec 10		1 July – 30 Sept 10	
	Partnerships/ MHP/Board (exc FHS)	Acute	Partnerships/ MHP/Board (exc FHS)	Acute
(a) Number of complaints received	56	322	49	386
(b) Number of complaints received and completed within 20 working days [national target]	35 (63%)	243 (75%)	35 (71%)	269 (70%)
(c) Number of complaints completed	55	319	46	382
(d) Outcome of complaints completed:-				
➤ Upheld	11	70	11	76
➤ Upheld in part	13	121	8	153
➤ Not Upheld	27	106	23	133
➤ Conciliation	0	0	0	0
➤ Irresolvable	1	0	0	0
(e) Number of complaints withdrawn	3 ¹	22 ²	4 ³	20 ⁴
(f) Number of complaints declared vexatious	0	0	0	0

This gives an overall NHSGG&C complaints handling performance of 74%, above the national target of responding to 70% of complaints within 20 working days.

1 October – 31 December 10				
	Total	No Consent Received	Complainants no longer wished to proceed	Transferred to another unit
1	3	3	0	0
2	22	10	10	2

1 July – 30 September 10				
	Total	No Consent Received	Complainants no longer wished to proceed	Transferred to another unit
3	4	2	2	0
4	20	13	7	0

2. Ombudsman : 1 October – 31 December 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	1	0
(b) Notification received that an investigation is not being conducted	0	1	0
(c) 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 October - December. Although no final reports were received for this period, four 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 could contain recommendations. The definition surrounding a Decision Letter is set out below for information:-

A Decision Letter sets out the background to the complaint, the evidence that the reviewer has gathered and their analysis and conclusions. It is a letter from the reviewer to the complainant, although they also let the Board know about the complaint and the conclusion they have reached.

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 1

The complaints investigated were that:-

- the treatment which the complainant received from the Urology Department at the Southern General Hospital was inappropriate (**not upheld**); and
- the treatment which the complainant received from the Spinal Injuries Unit at the Southern General Hospital was inappropriate (**not upheld**).

The Ombudsman made no recommendations.

Decision Letter 2

The complaints investigated were that:-

- the complainant considered that he was discharged from the Royal Alexandra Hospital with no information about his condition (**no finding**); and
- the complainant felt that there had been communication issues around prescribed medication (**not upheld**).

The Ombudsman made no recommendations.

Decision Letter 3

The complaints investigated were that:-

- the Board failed to appropriately care for and treat the complainant's foot injury between September 2008 and April 2009 (**not upheld**); and
- the attitude displayed by medical staff was unreasonable (**not upheld**).

The Ombudsman made no recommendations.

Decision Letter 4

The complaints investigated were that:-

- the treatment the complainant received from the Dermatology Department at the Vale of Leven Hospital was inadequate in that there was no sound basis for the diagnosis made (**not upheld**); and
- the treatment the complainant received from the Neurology Department at the Vale of Leven Hospital was inadequate in that a full investigation was not carried out to establish if the complainant was suffering from small fibre neuropathy (**not upheld**).

The Ombudsman made no recommendations.

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 date for appointment are the three issues attracting most complaints during this quarter. Whilst clinical treatment and communication are categories consistent with previous quarters, date for appointment is slightly unusual. This category is reported by five different partnerships and service areas and show no significant pattern.

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 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 a complaint where a patient had a wait of several weeks to have a continence assessment, patients will now be contacted by letter, rather than by telephone, advising them of date and time of appointment.
- As a result of poor communication within a Community Mental Health Team, a review of assessment clinics and communication with the clients will take place.
- As a result of a complaint from a patient who found a procedure she received distressing, an information leaflet has been rewritten to ensure patients are fully informed. Patients who experience complications following this procedure will now be contacted to see how they are.
- As a result of a lengthy wait for a patient to be seen by psychology service, internal processes have been changed to ensure patients receive appointment for service as soon as possible.

Acute

- As a direct result of complaints from patients/visitors at the Royal Alexandra Hospital about litter lying at the entrance way, local procedures were changed to ensure that a member of the Facilities Team inspects the area first thing every morning to ensure that it is clear of litter at the start of the day.
- Following a complaint from a patient who had mobility difficulties at the new Plastic Surgery Out Patient Department at Glasgow Royal Infirmary, local staff now advise that patients can be dropped off at the rear entrance and staff will take patients to the clinic while their escort parks the car. This information will be given to patients/relatives on discharge from Plastic Surgery wards, with plans to produce a formal leaflet with this information.
- A complaint was received from the family of a patient admitted to the Burns Unit, Glasgow Royal Infirmary, identifying potential service improvements. This included issues around the escort policy, which has now been formalised, directing staff to assess whether a patient requires an escort and what type of escort is required, ie trained or untrained staff. If a relative wishes to escort a patient, staff will contact the relevant department and request permission for the relative to be present.
- As a result of a complaint from relatives regarding the journey for a patient returning home to the Isle of Barra, educational sessions were held with nursing staff to remind staff of the procedures in place when ordering long distance return ambulance journeys, to ensure all measures regarding patient care are covered on discharge.
- A complaint was received from a patient who previously had hip surgery, but after a subsequent fall did not have an x ray carried out. Emergency staff used the complaint as an example during teaching sessions for junior doctors, and reminded all staff of need to consider an x-ray if a patient has had hip replacement and suffers a fall.
- As a result of a complaint within Theatres, the practice that saw patients who had suffered a miscarriage being treated in the same area as women who were having terminations of pregnancy has stopped.

- As a result of complaint within audiology, from a patient who is deaf, a dedicated email address has been set up and also the telephone number of the clinic at the Ambulatory Care Hospital was added to Board's website.

5. Ongoing Developments

Complaints Policy and Staff Guidance

The revised Complaints Policy and Staff Guidance documents were highlighted in the February Team Brief and these, and other useful resources, are on the Board's StaffNet site and the Board's website. Supplies of revised leaflets have been distributed throughout the Board area. The web site also provides up to date contact details of all key complaints staff throughout the Board.

Partnerships are in the process of producing local Operational Procedures under the Policy and submit these to the Complaints Manager at the Clinical Governance Support Unit, prior to these being placed on StaffNet.

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

The automated complaints telephone line (0141 201 4500) is in place, along with the single email account complaints@ggc.scot.nhs.uk. To date, the email account is attracting two to three formal complaints or enquiries per day. This facility replaced the web feedback form, and the number of complaints being submitted via this email account is consistent with the numbers submitted previously via the on line form

Only short print runs of the leaflet are being placed until the outcome of the commissioning of the new Patient Advice and Support Service (PASS) is clear. This is expected to be in place from 1 July 2011 (see below for further details).

Patients Rights (Scotland) Act - Update

The Patients Rights (Scotland) Act was passed on 24 February 2011, and the main provisions are:-

- A 12 week treatment time guarantee.
- Provision of a Patient Advice and Support Service (PASS).
- A legal right to complain.
- A duty on Ministers to publish a Charter of Patients Rights and Responsibilities.

By way of update, in relation to the PASS provision, this service is currently delivered by the Independent Advice and Support Service, known as IASS. It was hoped that PASS would replace IASS from 1 April 2011, however delays in the national commissioning arrangements will now mean that the existing IASS arrangements will continue for another three months, until the end of June 2011.

Other aspects of the legislation will be brought into force at different times, and further consultation on the details around these provisions will be undertaken over the summer months.

Time Limits

As part of the Scottish Public Services Ombudsman's quality assurance process, they recently conducted a small study to examine complaints that were affected by their own time limit. The Ombudsman cannot normally look at complaints more than 12 months after the complainant became aware of the matter that they want to complain about.

The study found that, in around a third of the sample, authorities were not publicising the SPSO time limits to complainants in final responses, or in leaflets. The Ombudsman has reminded all authorities that there is a statutory requirement to supply this information.

The Board's leaflet and local policies and procedures are being reviewed in the light of this new guidance, and changes will be incorporated as required.

SPSO Good Complaints Handling and Investigation Skills Training

The Scottish Public Services Ombudsman delivers training on complaint handling to front line and investigative staff across a number of Scottish Public Sector organisations.

However, as they are a relatively small team and can only train small groups of people at a time, they have devised (in conjunction with the Scottish Nurse Directors network) a programme to train 'trainers' from each of the geographic and special health boards throughout Scotland who will then be able to deliver their training course (SPSO Good Complaints Handling and Investigation Skills) to staff in their own Board area. A group of seven Staff in NHS Greater Glasgow & Clyde attended this training with a view to rolling out the SPSO training across the Board area and using on an ongoing basis.

The training is a one day course, comprises a series of sessions and uses real examples of complaints that have reached the Ombudsman's office as case studies. The day is designed to be as interactive and experiential as possible.

Four sessions have now been delivered to 39 staff working within mental health services by the Complaints Manager (Clinical Governance) and Head of Administration, Mental Health Partnership. A further course is scheduled for 4 May with 12 persons registered to attend. The feedback from these sessions has been very positive and the intention is to roll this out more widely to staff within CH(C)Ps and the Acute Services Division over the coming months.

6. Independent Advice and Support Service (IASS) : 1 October – 31 December 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 the end of June 2011 to take account of the proposals within the Patients' Rights Bill to introduce a Patients Advice and Support Service to replace IASS (as mentioned earlier).

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. Citizens Advice Scotland collate the information and provide a National Report for the Scottish Government. Unfortunately their new software does not issue quarterly statistical information but rather rolling data from 1 April each year and continued difficulties with data collection remain unresolved. Due to this, the Greater Glasgow and Clyde Citizens Advice Bureau Consortium have provided the following information in relation, specifically, to the reporting quarter of 1 October to 31 December 2010.

	<u>1 October – 31 December 10</u>		
	<u>Total</u>	<u>Partnerships/ MHP/Board (including FHS)</u>	<u>Acute</u>
(a) Number of health enquiries received	217	78	139
Of these - number of case workers cases	107		
(b) Number of health cases completed	131		
(c) Outcome of health cases completed			
➤ Apology or explanation received	69		
➤ Case closed – death or illness	0		
➤ Enquiry not resolved – no further action taken	4		
➤ No further contact from client	4		
➤ No further contact from third party	2		
➤ Not known	42		
➤ Other	10		

For information the IASS Annual Report 2009/2010 has also been circulated with the Board papers.

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

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: 2401.

9. Conclusion

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

John C Hamilton
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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	10	01	Consultants/Doctors	15
02	Complaint handling	0	02	Nurses	21
03	Shortage/availability	0	03	Allied Health Professionals	10
04	Communication (written)	2	04	Scientific/Technical	1
05	Communication (oral)	1	05	Ambulance	0
07	Competence	2	06	Ancillary Staff/Estates	0
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	3
11	Date of admission/attendance	1	08	GP	1
12	Date for appointment	9	09	Pharmacists	0
13	Test Results	0	10	Dental	0
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	0	12	Other	10
22	Out-patient and other clinics	5		Service Area	
	Environmental/domestic			Accident and Emergency	0
29	Premises	2		Hospital Acute Services	0
30	Aids/appliances/equipment	1		Care of the Elderly	0
32	Catering	0		Rehabilitation	1
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	25
34	Patient privacy/dignity	0		Maternity Services	0
35	Patient property/expenses	0		Ambulance Services	0
36	Patient status	0		Community Hospital Services	1
37	Personal records	0		Community Health Services - not elsewhere specified	29
38	Bed Shortages	0		Continuing Care	1
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	3
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	4		Family Health Services	1
42	Policy and commercial decisions of NHS Board	0		Other	0
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	20			
52	Consent to treatment	0			
61	Transport	0			
71	Other	6			

**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	48	01	Consultants/Doctors	214
02	Complaint handling	0	02	Nurses	96
03	Shortage/availability	1	03	Allied Health Professionals	15
04	Communication (written)	18	04	Scientific/Technical	2
05	Communication (oral)	55	05	Ambulance	1
07	Competence	3	06	Ancillary Staff/Estates	11
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	24
11	Date of admission/attendance	13	08	GP	0
12	Date for appointment	29	09	Pharmacists	0
13	Test Results	9	10	Dental	9
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	10	12	Other	63
22	Out-patient and other clinics	5		Service Area	
	Environmental/domestic			Accident and Emergency	18
29	Premises	26		Hospital Acute Services	379
30	Aids/appliances/equipment	2		Care of the Elderly	28
32	Catering	2		Rehabilitation	8
33	Cleanliness/laundry	5		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	1		Maternity Services	0
35	Patient property/expenses	3		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	0		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
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	0		Family Health Services	0
42	Policy and commercial decisions of NHS Board	4		Other	2
43	NHS Board purchasing	1			
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	182			
52	Consent to treatment	1			
61	Transport	8			
71	Other	8			