

# NHS Greater Glasgow and Clyde

Board Meeting  
Tuesday, 28 June 2011

Board Paper No. 11/31

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

## QUARTERLY REPORT ON COMPLAINTS : 1 JANUARY – 31 MARCH 2011

### Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 January – 31 March 2011.

### Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period January – March 2011. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman and identifies areas of service improvements and ongoing developments.

### 1. Local Resolution : 1 January – 31 March 2011

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 January – 31 March 2011 and for comparison 1 October – 31 December 2010. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	1 Jan – 31 Mar 11		1 Oct – 31 Dec 10	
	Partnerships/ MHP/Board (exc FHS)	Acute	Partnerships/ MHP/Board (exc FHS)	Acute
(a) Number of complaints <b>received</b>	64	399	56	322
(b) Number of complaints received and completed within 20 working days [national target]	43 (67%)	278 (70%)	35 (63%)	243 (75%)
(c) Number of complaints <b>completed</b>	55	405	55	319
(d) Outcome of complaints completed:-				
➤ Upheld	10	96	11	70
➤ Upheld in part	18	127	13	121
➤ Not Upheld	23	153	27	106
➤ Conciliation	0	0	0	0
➤ Irresolvable	4	0	1	0
(e) Number of complaints withdrawn	0 <sup>1</sup>	29 <sup>2</sup>	3 <sup>3</sup>	22 <sup>4</sup>
(f) Number of complaints declared vexatious	0	0	0	0

This gives an overall NHSGG&C complaints handling performance of 69%, just below the national target of responding to 70% of complaints within 20 working days.

1 January – 31 March 11				
	Total	No Consent Received	Complainants no longer wished to proceed	Transferred to another unit
1	0	0	0	0
2	29	16	10	3

1 October – 31 December 10				
	Total	No Consent Received	Complainants no longer wished to proceed	Transferred to another unit
3	3	3	0	0
4	22	10	10	2

## 2. Ombudsman : 1 January – 31 March 2011

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	1	0
(b) Notification received that an investigation <b>is not</b> being conducted	0	1	0
(c) Investigations Report received.	0	0	1

In accordance with the Ombudsman's monthly reporting procedure, one report was laid before the Scottish Parliament concerning an NHS Greater Glasgow and Clyde case; this was summarised in the March 2011 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 will be submitted to the Quality and Performance Committee with an Action Plan showing how each has been taken forward or how they will be taken forward. The Quality and Performance 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 one NHS Greater Glasgow and Clyde case for this quarter was described as follows:-

### March 2011

The complainant complained about the treatment for a nut allergy provided to her daughter by a GP, prior to her daughter's death from anaphylaxis. In particular, the complainant complained that an EpiPen (an auto injector of adrenaline) had not been prescribed to her daughter. She also complained about the tone and manner of the GP when she telephoned four days after her daughter's death.

*[The Ombudsman upheld one element of the complaint and did not uphold the other element. The Ombudsman recommended that the GP write to the complainant to apologise for failing to discuss the letter of 1 August 2007 with her].*

### Further Action from Ombudsman

Faced with the lack of national guidance on adrenaline auto injector prescription, there is a danger of inconsistency in approach with potentially devastating consequences. Introducing national guidance could be a safeguard against this. A national paediatric allergy network that has been set up could take this forward and build upon the work already done by Greater Glasgow and Clyde NHS Board. The Ombudsman will draw this matter to the attention of the Scottish Government Health and Social Care Directorate.

There were also six Decision Letters issued (three related to Partnerships and three to the Acute Services Division). These letters were not published in the Scottish Public Services Ombudsman's monthly commentary; however within the Partnerships/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.

## **Partnerships**

### **Decision Letter 1**

The complaint investigated was that:-

- the Practice failed to refer the complainant to hospital within a reasonable time (**not upheld**).

*[The Ombudsman made no recommendations].*

### **Decision Letter 2**

The complaints investigated were that the Practice:-

- wrongly accused the complainant of lying (**not upheld**);
- failed to deal with the complaint properly (**upheld**).
- Forced the complainant to remove himself from the Practice's patient list (**not upheld**).

*[The Ombudsman made one recommendation that staff at the Practice are reminded to act in accordance with the timescales as set out in the NHS Complaints Procedure. The recommendation was carried out by the Practice within the timescales laid down by the Ombudsman's office].*

### **Decision Letter 3**

The complaints investigated were that the GP:-

- failed to treat the complainant's late mother properly (**not upheld**);
- inappropriately asked the family to chase up his referral letter to the hospital (**upheld**).

*[The Ombudsman made two recommendations. The Ombudsman recommended that the GP:-*

- (i) maintain his records in accordance with the standard set out by the General Medical Council and provide the Ombudsman with confirmation that he will do so.*
- (ii) apologise to the complainant for inappropriately asking the family to chase up his referral letter.*

*The recommendations were carried out by the Practice within the timescales laid down by the Ombudsman's office].*

### **Acute Service Division**

#### **Decision Letter 4**

The complaints investigated were:-

- a delay in providing an appointment date for the complainant's mother after receiving GP referral (**not upheld**); and
- Accident and Emergency doctors failed to conduct thorough investigations (**not upheld**).

*[The Ombudsman made no recommendations].*

#### **Decision Letter 5**

The complaint investigated was that:-

- the Board failed to properly investigate a complaint about a Secretary's attitude towards the complainant with the Board's findings containing untruths (**not upheld**).

*[The Ombudsman made no recommendations].*

#### **Decision Letter 6**

The complaints investigated were that:-

- on 3 December 2009 the complainant's father was inappropriately put on the Liverpool Care Pathway (LCP) (**not upheld**); and
- the family was not informed (**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**

Attitude/behaviour, clinical treatment and communication are the three issues attracting most complaints during this quarter. Although clinical treatment which featured in the top three last quarter has 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, 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 in one area about waiting time for a podiatry appointment, staff at the call centre will receive training. This will ensure that patients who are experiencing problems, with pain or infection, are referred to the Podiatry Manager who will contact the patients and clinically assess whether the patient's condition requires an earlier appointment.
- As a result of complaint about non delivery of continence products which had previously been arranged, the Attends Healthcare Delivery Protocol will be distributed to all District Nursing teams to inform practice. District Nursing teams will be updated regarding assessment of continence and record keeping in the management of continence activities. This will include the audit of records to ensure good practice.
- As a result of a complaint about distress caused to a patient, as a result of having to be restrained, the Hospital Manager has reviewed nursing practice. This will ensure that all patients have access to an appropriate member of staff to discuss why restraint has had to be used and when best this discussion can be undertaken.
- As a result of a complaint about lack of information a patient received about a clinical procedure, staff will be reminded of the importance of explaining to patients, provisions that need to be made by patients in advance of having the procedure. The service website will also be changed to ensure this information is more prominent and easier for patients to find.

##### Acute

- As a result of a complaint from a patient in relation to a delay in admission and lack of communication regarding bed availability at Glasgow Royal Infirmary, the Surgical Directorate introduced a designated admission room for patients waiting for a bed for surgery and the nurse staffing the unit liaises between the trauma team and patients waiting for admission to improve communication.
- As a result of a complaint about a patient being given an appointment for the incorrect procedure, the appointment processes have been reviewed and all repeat procedures are arranged by one designated individual to avoid this situation happening again.
- Following a complaint about the delay in transferring between hospitals, and a lack of assistance to help with basic healthcare needs, and lack of locker space, local staff have been reminded of the need to proactively communicate with relatives around transfer arrangements, and their responsibilities in relation to providing assistance to patients. Extra locker equipment was identified by ward staff as being required and this was purchased.
- Following a complaint about the lack of feeding assistance, and communication issues within the ward, staff were reminded of the red mat system to identify patients who required feeding assistance, reminded to accurately complete food and fluid charts, and the importance of proactively communicating with patients and relatives was emphasised. The importance of communicating with relatives was also highlighted in a revision of the ward information leaflet.
- A complaint was received from a patient who underwent a Position Emission Tomography (PET) CT procedure during which they must lie still for a prolonged period (1 hour) as part of the clinical investigation. During the procedure patients must lie still in a darkened room, and cannot have jewellery (such as a watch), or video or auditory stimulation. As a result of a suggestion

from the patient concerned, a clock was installed so that patients can at least keep track of time during the procedure.

- A patient complained that they were left waiting for 45 minutes for a photographer from Medical Illustration while attending the Plastic Surgery Out-Patient Clinic. The investigation determined that the patient had been overlooked and, as a result of the complaint, the Medical Illustration Department/Clinic have put in place a standard operating procedure to ensure that this situation does not happen again.

## **5. Ongoing Developments**

### SPSO Good Complaints Handling and Investigation Skills Training

The first of the Investigation Skills Training courses for Acute Division staff took place on 15 June and staff from the Surgical and Anaesthetic and Medical Directorates participated. These are being rolled out across all Directorates in 2011.

A further course has now been delivered predominantly to staff working in mental health services and a further two sessions are scheduled for June. These sessions are now being extended to all NHS Greater Glasgow & Clyde Partnerships. The feedback from these sessions remains very positive.

### Scottish Prison Service – Clinical Complaints

- As part of the preparation and planning for the transfer of responsibility for health care services in prisons from the Scottish Prison Service (SPS) to Health Boards, Glasgow City CHP is looking at how complaints relating to these services will be managed locally by NHS Greater Glasgow & Clyde.
- The SPS currently operates a clinical complaints system – a system distinct from that which deals with non-clinical complaints – which will require to be changed in order to be consistent with the existing NHS Complaints Procedure. The SPSO will become the final stage of the complaints process for dealing with prison health complaints, as is the case with existing NHS complaints, and response timescales will also need to be aligned.
- The Scottish Government Health Directorate is scheduling a meeting with key SPS staff and NHS staff who will be involved in the management of prison health complaints in the Health Boards that are assuming responsibility for prison health services, in order to support initial implementation. The Head of Administration for Mental Health Services will participate in this.

## **6. Independent Advice and Support Service (IASS) : 1 January – 31 March 2011**

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. Final guidance from the

Scottish Government Directorate is awaited on the implementation arrangements for the new PASS service.

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

- Through a central telephone line where they can obtain information about the service, and if necessary an appointment can be made for them to be seen by an advice worker at their local bureau.
- Direct contact with their local CAB either by telephone, appointment or drop in.
- 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 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. The ongoing difficulties are largely due to CABx within the consortium working with different case recording systems. It is hoped that as the electronic case management system continues to be rolled out across Scotland this issue will be resolved, as the statistics will all be gathered electronically. Additionally, Citizens Advice Scotland is currently reviewing the reporting systems used to allow for easier interpretation of the National reports produced for IASS. These frustrations have been discussed at regular meetings between the NHS Board representatives (Head of Board Administration and Secretariat Manager) and CAB consortium representatives and, as such, the Greater Glasgow and Clyde Citizens Advice Bureau Consortium have provided the following information in relation, specifically, to the reporting quarter of 1 January – 31 March 2011 and for comparison 1 October – 31 December 2010.

	<u>1 Jan – 31 Mar 11</u>			<u>1 Oct – 31 Dec 10</u>		
	<u>Total</u>	<u>Partnerships/ MHP/Board (including FHS)</u>	<u>Acute</u>	<u>Total</u>	<u>Partnerships/ MHP/Board (including FHS)</u>	<u>Acute</u>
(a) Number of health cases <b>received</b>	387	175	212	217	78	139
Of these - number of case workers cases	279			107		
(b) Number of health cases <b>completed</b>	168			131		
(c) Outcome of health cases completed						
➤ Apology or explanation received	107			69		
➤ Case closed – death or illness	0			0		
➤ Enquiry not resolved – no further action taken	2			4		
➤ No further contact from client	18			4		
➤ No further contact from third party	0			2		
➤ Not known	0			42		
➤ Other	41			10		

## **7. 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: 1990.**

## **8. Conclusion**

The NHS Board is asked to note the quarterly complaints report for the period 1 January – 31 March 2011

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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	20	01	Consultants/Doctors	14
02	Complaint handling	0	02	Nurses	30
03	Shortage/availability	2	03	Allied Health Professionals	15
04	Communication (written)	3	04	Scientific/Technical	0
05	Communication (oral)	7	05	Ambulance	0
07	Competence	3	06	Ancillary Staff/Estates	0
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	2
11	Date of admission/attendance	0	08	GP	0
12	Date for appointment	2	09	Pharmacists	0
13	Test Results	1	10	Dental	0
	<b>Delays in/at</b>		11	Opticians	0
21	Admissions/transfers/discharge procedure	2	12	Other	6
22	Out-patient and other clinics	5		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	0
29	Premises	1		Hospital Acute Services	0
30	Aids/appliances/equipment	1		Care of the Elderly	4
32	Catering	0		Rehabilitation	0
33	Cleanliness/laundry	1		Psychiatric/Learning Disability Services	21
34	Patient privacy/dignity	0		Maternity Services	0
35	Patient property/expenses	1		Ambulance Services	0
36	Patient status	1		Community Hospital Services	1
37	Personal records	0		Community Health Services - not elsewhere specified	35
38	Bed Shortages	0		Continuing Care	1
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	0		Family Health Services	2
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	12			
52	Consent to treatment	0			
61	<b>Transport</b>	0			
71	<b>Other</b>	5			

**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	64	01	Consultants/Doctors	281
02	Complaint handling	1	02	Nurses	138
03	Shortage/availability	4	03	Allied Health Professionals	9
04	Communication (written)	16	04	Scientific/Technical	2
05	Communication (oral)	88	05	Ambulance	1
07	Competence	8	06	Ancillary Staff/Estates	59
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	55
11	Date of admission/attendance	12	08	GP	2
12	Date for appointment	39	09	Pharmacists	0
13	Test Results	6	10	Dental	7
	<b>Delays in/at</b>		11	Opticians	1
21	Admissions/transfers/discharge procedure	10	12	Other	16
22	Out-patient and other clinics	14		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	38
29	Premises	36		Hospital Acute Services	500
30	Aids/appliances/equipment	4		Care of the Elderly	10
32	Catering	6		Rehabilitation	19
33	Cleanliness/laundry	6		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	3		Maternity Services	0
35	Patient property/expenses	2		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	4		Community Health Services - not elsewhere specified	1
38	Bed Shortages	1		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	0		Family Health Services	0
42	Policy and commercial decisions of NHS Board	10		Other	3
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	0			
	<b>Treatment</b>				
51	Clinical treatment	218			
52	Consent to treatment	1			
61	<b>Transport</b>	15			
71	<b>Other</b>	2			