

# NHS Greater Glasgow and Clyde

Board Meeting  
Tuesday, 20 December 2011

Board Paper No. 11/60

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

## QUARTERLY REPORT ON COMPLAINTS : 1 JULY – 30 SEPTEMBER 2011

### 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 2011.

### Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period July - September 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 July – 30 September 2011

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 July – 30 September 2011 and for comparison 1 April – 30 June 2011. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	1 Jul – 30 Sept 11		1 Apr – 30 Jun 11	
	Partnerships/ MHP/Board (exc FHS)	Acute	Partnerships/ MHP/Board (exc FHS)	Acute
(a) Number of complaints <b>received</b>	86	402	71	423
(b) Number of complaints received and completed within 20 working days [ <i>national target</i> ]	64 (74%)	304 (76%)	60 (85%)	295 (70%)
(c) Number of complaints <b>completed</b>	84	392	72	399
(d) Outcome of complaints completed:-				
➤ Upheld	26	88	23	104
➤ Upheld in part	17	128	19	122
➤ Not Upheld	33	153	28	137
➤ Conciliation	0	0	0	2
➤ Irresolvable	1	0	0	0
(e) Number of complaints withdrawn	7 <sup>1</sup>	23 <sup>2</sup>	2 <sup>3</sup>	34 <sup>4</sup>
(f) Number of complaints declared vexatious	0	0	0	0

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

1 April – 30 June 11				
	Total	No Consent Received	Complainants no longer wished to proceed	Transferred to another unit
1	7	1	6	0
2	23	8	14	1

1 April – 30 June 11				
	Total	No Consent Received	Complainants no longer wished to proceed	Transferred to another unit
3	2	1	1	0
4	34	16	17	1

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

In accordance with the Ombudsman's monthly reporting procedure, two reports have been laid before the Scottish Parliament concerning an NHS Greater Glasgow and Clyde cases; one case was summarised in the July 2011 commentary and the other case was summarised in the September 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 is included in a report to the Quality and Performance Committee and locally an Action Plan is developed showing how each recommendation 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 two NHS Greater Glasgow and Clyde cases for this quarter were described as follows:-

### July 2011

The complainant raised concerns about the care and treatment provided by a general practitioner from the out-of-hours service to her husband on 2 August 2010. She complained that the GP failed to diagnose her husband with ischaemic heart disease and admit him to hospital. The complainant's husband died of a heart attack several hours after the GP's visit.

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

- *ensure that the failings identified in this report are raised with the GP during his next appraisal, to ensure that lessons have been learned from this case; and*
- *apologise to the complainant for the failures identified in this report.*

*The Board confirmed in writing on 15 August 2011 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].*

### August 2011

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September 2011

The complainant raised concerns on behalf of her mother regarding the treatment that she received from the Board. The complainant's mother attended the Victoria Infirmary after breaking her ankle. She was treated for this but subsequently experienced severe pain and blistering around the ankle where she was later found to have a second fracture, which had previously been undetected. The complainant complained about the Board's failure to diagnose the second fracture and about the initial treatment that her mother received, which she believed caused her blistering.

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

- *present the complainant's mother's case and this report's findings to Orthopaedic, A&E and complaint handling staff at a suitable staff forum, such as a mortality and morbidity meeting;*
- *review their procedures for assessing patients' suitability for discharge to ensure that social and medical considerations are given the appropriate consideration; and*
- *consider providing further training to staff on patient discharge eligibility assessment.*

*The Ombudsman had requested that the Board provide the actions taken in light of the recommendations contained within the report by 30 December 2011].*

There were also five Decision Letters issued (two 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 comments made about the complainant in the records of a support group, which resulted in the complainant being banned from the group, were inappropriate (**not upheld**).

### **Decision Letter 2**

The complaint was that the complainant was unreasonably detained under the Mental Health Act by a doctor working for the Board (**Complaint not within the jurisdiction of the Scottish Public Service Ombudsman**).

## Acute Service Division

### Decision Letter 3

The complaints investigated were that the Board:-

- unreasonably discharged Mr W from the Glasgow Dental Hospital's care (**not upheld**);
- failed to adequately communicate with him and his dentist regarding the reasons for discharge and the treatment plan remaining (**upheld**).

*[The Ombudsman recommended that the Board:-*

- (i) revisit their records and, if necessary, contact Mr W's dentist to discuss his remaining treatment plan and any amendments required; and*
- (ii) remind staff of the importance of ensuring that the outstanding treatment plan as noted in the records is accurately conveyed to the dental practitioner and, if there is any difference between the treatment plan as noted in the patient's records and the treatment plan communicated to the dentist, the reasons for this are noted on the records.*

*The Board confirmed in writing on 15 June 2011 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].*

### Decision Letter 4

The complaints investigated were that :-

- the level of medical treatment which was provided by staff at the RAH to Mrs P was inadequate (**not upheld**); and
- there was a lack of access and consultation between the doctors and nurses and the family (**not upheld**).

*[The Ombudsman made no recommendations].*

### Decision Letter 5

The complaints investigated were that:-

- there was poor cardiac follow up from April 2008 (**not upheld**);
- there was a lack of coordination between Cardiology and Haematology (**not upheld**);
- there was poor management of the first transfusion in Ward G North in July 2008 and assessment of the dose of diuretic (**not upheld**);
- there was poor management of myelodysplasia (**not upheld**);
- there was a lack of information or explanation, particularly regarding referrals to other departments (**not upheld**);
- there was poor medical care provided to Mr C during his admission in October 2009 (**not upheld**);
- there was poor nursing care by ward G South during Mr C's admission in October 2009 (**not upheld**); and

- there was poor complaint handling by the Board as they did not address all the issues and the responses were inconsistent (**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 in this quarter. Date for appointment has replaced communication in the top three categories for the last two quarters. Although remaining in the top three this quarter, the number of complaints received for date for appointment has gone down this quarter.

**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 complainant having to wait several hours to be seen at a walk in clinic, and taking account of the findings of an ongoing review of the service, it had been agreed that there would be changes made to the appointment system. Clients at the clinic will now also be able to book appointments.
- Recent changes that had been made to ward visiting arrangement were reviewed due to a complaint about privacy from a relative and negative feedback from visitors. Ward staff have now received positive feedback from visitors on the revised arrangements.
- It was identified as a result of a complaint about Electro-convulsive therapy (ECT) treatment that there are different systems in operation across the city, regarding the prescribing and recording of ECT treatment. A forum of meetings for ECT staff will be introduced across the city to standardise recording and prescribing systems. Standards of care and practice will be discussed and scrutinised to ensure the optimum level of care is provided to patients who receive ECT treatment.
- Although not directly as a result of a complaint about the lengthy wait to be seen by the treatment room nurse, the response highlighted plans to make changes from open access appointments to an appointment system.
- In response to a complaint about waiting time for community mental health service the complainant was advised that the Partnership had recently implemented a system of self referral and telephone assessment to reduce waiting times. This has resulted in reducing assessment

waiting time from 24 weeks to 3 weeks and treatment waiting time from over six months to five months. This is continuing to be monitored and the aim is to reduce waiting times for treatment to eight weeks.

- A complainant who complained about waiting times for physiotherapy was advised that the Partnership is participating in a review and redesign of Physiotherapy service with the aim of reducing waiting time and of ensuring best use of resources and targeting of services of those with the highest medical need.

#### Acute

- In response to a complaint regarding the waiting time for a patient to be seen by an Orthopaedic Consultant after seeing an extended scope Physiotherapist, there was a review of the referral process. An acknowledgement will now be sent to the referrer to confirm that the request has been received.
- Action was taken following a complaint from a relative, after a patient who had passed away was sent two appointment cards, and the process has been reviewed. Local systems changes were made and staff reminded of the correct process to be followed.
- A complaint was received from the family of a lady who was diabetic, who was to undergo an abdominal scan before she was discharged, but this did not take place. The patient was later diagnosed with abdominal cancer. The Diabetic Team have now changed their processes to ensure that patients who meet specific criteria will be scanned prior to discharge.
- Part of a patient complaint was in respect of advice and communication from Assisted Conception Services in relation to the definition of first cycle IVF treatment. The information leaflet was amended to make it clear how patients move through the service in respect of first and subsequent IVF cycles.
- A number of complaints were received in respect of a lack of information provided with appointment letters for the Southern General Hospital, to indicate changes in the location of clinics during the building works currently underway. A leaflet was drawn up and is now included with appointment letters to assist patients. In addition, records staff have been reminded that Facilities have put in place an internal hospital transport service, so that records staff on site can direct patients to this service - this will help patients with mobility difficulties cope with any changes made to the location of their clinic.

## **5. Ongoing Developments**

### SPSO Good Complaints Handling and Investigation Skills Training

One further session has been delivered for Partnerships, and more are being planned for 2012 to meet anticipated ongoing demand. The most recent two sessions have included staff from the Prison Service, as will future sessions in 2012. Training in Partnerships has now covered 130 staff over 10 sessions.

### Patient Rights (Scotland) Act 2011 – Consultation on Secondary Legislation

The Board has provided comment back to the Scottish Government on the secondary legislation for the Act. The final legislation and directions are awaited; however, staff involved in the management of complaints and complaints policy have commenced planning for the implications of the Act and associated legislation/directions, expected to be effective from April 2012.

### Prison Complaints

Responsibility for prison healthcare transfers to the NHS from 1 November 2011. Future reports will capture information of complaints received.

## 6. Independent Advice and Support Service (IASS) : 1 July – 30 September 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 March 2012 to take account of the proposals within the Patients' Rights Bill to introduce a Patients Advice and Support Service (PASS) to replace IASS. The purpose of the extension is to allow National Services Scotland (NSS) to continue with the current negotiations for the provision of PASS. The aim is to complete these negotiations and agree a framework for the delivery of the service for commencement of the new service on 1 April 2012. If this is not possible, NSS propose to revisit the Statement of Requirements in consultation with Health Boards and reconsider the model of delivery with a view to retendering. The aim would still be for the PASS service to commence on 1 April 2012.

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 collates 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 July – 30 September 2011 and for comparison 1 April – 30 June 2011.

	<u>1 Jul – 30 Sep 11</u>			<u>1 Apr – 30 Jun 11</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>	384	139	245	332	143	189
Of these - number of case workers cases	120			61		
(b) Number of health cases <b>completed</b>	30			208		
(c) Outcome of health cases completed						
➤ Apology or explanation received	6			107		
➤ Case closed – death or illness	0			0		
➤ Enquiry not resolved – no further action taken	2			6		
➤ No further contact from client	1			7		
➤ No further contact from third party	3			3		
➤ Not known	6			67		
➤ Other	12			18		

## 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: 894**

## 8. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 July – 30 September 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	22	01	Consultants/Doctors	27
02	Complaint handling	1	02	Nurses	45
03	Shortage/availability	1	03	Allied Health Professionals	7
04	Communication (written)	0	04	Scientific/Technical	0
05	Communication (oral)	3	05	Ambulance	0
07	Competence	4	06	Ancillary Staff/Estates	2
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	3
11	Date of admission/attendance	2	08	GP	2
12	Date for appointment	8	09	Pharmacists	0
13	Test Results		10	Dental	0
	<b>Delays in/at</b>		11	Opticians	0
21	Admissions/transfers/discharge procedure	0	12	Other	14
22	Out-patient and other clinics	2		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	0
29	Premises	2		Hospital Acute Services	0
30	Aids/appliances/equipment	1		Care of the Elderly	3
32	Catering	0		Rehabilitation	1
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	42
34	Patient privacy/dignity	1		Maternity Services	0
35	Patient property/expenses	0		Ambulance Services	0
36	Patient status	1		Community Hospital Services	2
37	Personal records	0		Community Health Services - not elsewhere specified	44
38	Bed Shortages	0		Continuing Care	2
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	2
	<b>Procedural issues</b>			Unscheduled Health Care	0
41	Failure to follow agreed procedure	6		Family Health Services	1
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	39			
52	Consent to treatment	1			
61	<b>Transport</b>	1			
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	79	01	Consultants/Doctors	224
02	Complaint handling	0	02	Nurses	118
03	Shortage/availability	1	03	Allied Health Professionals	23
04	Communication (written)	18	04	Scientific/Technical	2
05	Communication (oral)	61	05	Ambulance	2
07	Competence	0	06	Ancillary Staff/Estates	52
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	55
11	Date of admission/attendance	5	08	GP	0
12	Date for appointment	33	09	Pharmacists	0
13	Test Results	1	10	Dental	13
	<b>Delays in/at</b>		11	Opticians	0
21	Admissions/transfers/discharge procedure	3	12	Other	22
22	Out-patient and other clinics	14		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	46
29	Premises	37		Hospital Acute Services	440
30	Aids/appliances/equipment	6		Care of the Elderly	8
32	Catering	4		Rehabilitation	16
33	Cleanliness/laundry	8		Psychiatric/Learning Disability Services	1
34	Patient privacy/dignity	4		Maternity Services	0
35	Patient property/expenses	1		Ambulance Services	0
36	Patient status	1		Community Hospital Services	0
37	Personal records	4		Community Health Services - not elsewhere specified	0
38	Bed Shortages	2		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	6		Family Health Services	0
42	Policy and commercial decisions of NHS Board	17		Other	1
43	NHS Board purchasing	1			
44	Mortuary/post mortem arrangements	0			
	<b>Treatment</b>				
51	Clinical treatment	207			
52	Consent to treatment	0			
61	<b>Transport</b>	7			
71	<b>Other</b>	10			