

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 26 June 2012

Board Paper No. 12/31

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

QUARTERLY REPORT ON COMPLAINTS : 1 JANUARY – 31 MARCH 2012

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 2012.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period January – March 2012. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman and identified areas of service improvements and ongoing developments.

1. Local Resolution : 1 January – 31 March 2012

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 January – 31 March 2012 and for comparison 1 October – 31 December 2011. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	1 Jan – 31 Mar 12		1 Oct – 31 Dec 11	
	Partnerships/ Board (exc FHS)	Acute	Partnerships/ Board(exc FHS)	Acute
(a) Number of complaints received	75	451	76	371
(b) Number of complaints received and completed within 20 working days [national target]	60 (80%)	340 (75%)	57 (75%)	264 (71%)
(c) Number of complaints completed	56	463	77	364
(d) Outcome of complaints completed:-				
➤ Upheld	9	102	19	60
➤ Upheld in part	15	149	18	120
➤ Not Upheld	24	186	32	147
➤ Conciliation	0	1	0	2
➤ Irresolvable	2	3	3	0
(e) Number of complaints withdrawn	6 ¹	22 ²	5 ³	35 ⁴
(f) Number of complaints declared vexatious	0	0	0	0

This gives an overall NHSGG&C complaints handling performance of 76%, above the target of responding to 70% of complaints within 20 working days.

1 January – 31 March 2012				
	Total	No Consent Received	Complainants no longer wished to proceed	Claim for Negligence Intimated
1	6	3	3	0
2	22	10	11	1

1 October – 31 December 2011				
	Total	No Consent Received	Complainants no longer wished to proceed	Transferred to another unit
3	5	3	2	0
4	35	22	12	1

Responsibility for prison healthcare transferred to the NHS on 1 November 2011. Complaints received from the prisons at Barlinnie and Greenock are included in the overall Partnerships figure as their handling sits with Glasgow City CHP. From March 2012, the new Low Moss Prison complaints are also included. This prison had been closed for rebuild and re-opened in March 2011.

2. Ombudsman : 1 October – 31 December 2011

Where a complainant remains dissatisfied with a Local Resolution response, they may write to the Ombudsman. Table 2 below reports statistics on the points that the NHS Board may become aware of the Ombudsman's involvement in a case.

Table 2

	<u>Partnerships/ Board (NHSGGC)</u>	<u>Acute</u>	<u>FHS</u>
(a) Notification received that an investigation is being conducted	1	4	0
(b) Notification received that an investigation is not being conducted	1	0	0
(c) Investigations Report received	0	2	0
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	3	8	2

In accordance with the Ombudsman's monthly reporting procedure, two reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; one case was summarised in the January 2012 commentary and the other case was summarised in the February 2012 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:-

January 2012

The complainant raised a number of concerns that in August 2010, the Board failed to properly identify her late father's health complications, provide adequate post-operative nursing care and failed to communicate with her about his care.

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

- *provide evidence of the measures in place to address the failures identified within this report in the Modified Early Warning Score (MEWS) system;*
- *confirm to the Ombudsman that they will raise this report with the junior doctor in their annual appraisal;*

- *bring this report to the attention of the relevant staff; and*
- *apologise to the complainant for the failures identified.*

The Board confirmed in writing on 13 February 2012 and 7 March 2012 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

February 2012

The complainants raised a number of concerns about the treatment that the complainant's mother received when staying in the Southern General Hospital between 6 October 2009 and 4 February 2010. They complained that staff of the Board failed to monitor the complainant's mother's condition properly or provide her with effective treatment and raised further concerns about staff communication, record-keeping, a lack of patient dignity and a failure to provide stimulation for patients with dementia. *[The Ombudsman upheld the all four elements of the complaint and recommended that the Board:-*

- *apologise to the complainants for the issues highlighted in this report; and*
- *provide the Ombudsman with a report on the improvements made within the older people's unit as a result of their action plan, including details of how the National Dementia Strategy is being implemented by the Hospital.*

The Board confirmed in writing on 3 May 2012 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

March 2012

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There were 13 Decision Letters issued, five related to Partnerships and eight 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.

Of the 13 Decision Letters, there were 16 issues upheld and 23 issues not upheld. The detail of each case can be made available to members if required.

The five recommendations made from the Decision Letters are submitted to the Quality and Performance Committee for monitoring purposes.

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

Clinical treatment, attitude and behaviour and waiting times for date of appointment are the three issues attracting most complaints. Although these issues remain in the top three the numbers for all three categories have gone down again this quarter.

Annex 1 provides a comprehensive breakdown of the complaint categories for Partnerships.

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

- As a result of a complaint from a patient and one of their parents, who were dissatisfied with the advice the patient received from a consultant when he requested a Benzodiazepine detoxification, a patient information leaflet regarding Benzodiazepine detoxification will be developed.
- As the result of a patient having to wait 45 minutes for an appointment, clinical staff will liaise more closely with the reception staff to ensure all patients are seen timeously. When the clinicians come into the waiting area to collect patients they will also ask who is waiting for the service to ensure no patient is left waiting.
- As a result of a complaint from a parent who was concerned with the way their telephone call had been handled, it will now be standard practice if the case holder is unavailable for another member of staff to contact the caller on their behalf. In addition, the Service have also reviewed the information they share with all patients and their families regarding what actions they could take, both within, and outwith normal service hours, should families have an escalation of concern for their child.
- As a result of complaints about the waiting time in the South of Glasgow for assessment for children to receive a diagnosis, a waiting list initiative has commenced to reduce current waiting times

Acute

- As a result of a complaint in surgery (Victoria Infirmary), the Clinical Services Manager and Site Health Records Manager are reviewing the administration of consultant clinics.
- As result of a complaint about the pain clinic (Stobhill Hospital), local managers are reviewing the written information provided to patients / GPs about medication trials, to ensure that there is greater clarity for patients, in order to ensure that misunderstandings do not occur.

- In light of a complaint at the Royal Alexandra Hospital, prior to boarding a patient to another ward, discharge drugs will be checked to ensure that the discharge prescription is up to date.
- A complaint was received regarding a patient who had been under the Greater Glasgow and Clyde, who also attended the Golden Jubilee National Hospital, and, as a result of inadequate communication, the patient continued on their medication for a longer period than was planned. Staff from both services met to discuss the case and ensure there is a clearer communication pathway to avoid a similar situation arising again.
- Following a complaint about the condition of a patient's leg on discharge, a competency assessment audit and training was undertaken for all ward staff; this was carried out by the Tissue Viability Nurse and overseen by Lead Nurse and Head of Nursing.

5. Ongoing Developments

Work is continuing to review and revise the Complaints Policy and Guidance and to establish procedures for the collecting and reviewing of feedback, comments and concerns. It is hoped to submit initial proposals to the Corporate Management Team in July 2012. The Patient Rights (Scotland) Act 2011 and associated regulations and directions relating to complaints also place a significant increase in the duty to collect and report information on Family Health Services complaints and feedback. Family Health Services practices will now be required to report a more extended dataset on a quarterly, rather than annual, basis. Work is underway, involving the relevant primary care services support teams for the four FHS contractor professions, to establish procedures for doing this.

6. Independent Advice and Support Service (IASS) : 1 January – 31 March 2012

The Independent Advice and Support Service (IASS) was part of the Scottish Citizens Advice Bureau Service. It aimed 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, offered 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 aimed 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 was extended to the end of March 2012 to take account of the proposals within the Patient Rights Act to introduce a Patients Advice and Support Service (PASS) to replace IASS effective from 1 April.

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

- Through a central telephone line where they could 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 January – 31 March 2012 and for comparison 1 October – 31 December 2011. Citizens Advice Scotland have assured the consortium that all statistics will be more reliable going forward as they have undertaken to collect the data from all bureaux for both systems. Furthermore, the consortium will provide the Board with a textual update each quarter giving some facts and figures regarding awareness of the service and also a couple of case examples.

Statistics for the final quarter of IASS's operation are provided below:-

	1 Jan – 31 Mar 12			1 Oct – 31 Dec 11		
	Total	Partnerships/ MHP/Board (including FHS)	Acute	Total	Partnerships/ MHP/Board (including FHS)	Acute
(a) Number of health cases received	595	197	398	429	173	256
Of these - number of case workers cases	197			116		
(b) Number of health cases completed	138			22		
(c) Outcome of health cases completed						
➤ Apology or explanation received	29			10		
➤ Case closed – death or illness	1			0		
➤ Enquiry not resolved – no further action taken	3			1		
➤ No further contact from client	20			0		
➤ No further contact from third party	9			11		
➤ Not known	15			0		
➤ Other	61			0		

This is the last formal quarter for reporting IASS activity as the service was replaced on 1 April 2012 with the Patients Advice and Support Service (PASS). Future reports will report on activity levels of PASS and the transition arrangements.

7. Patient Opinion

The Scottish Government Health Department (SGHD) has financed a pilot until June 2012 which NHSGGC was asked to be part of, which allows patients and carers to share their experiences of accessing health services via a public website. The individual postings are then forwarded to the relevant NHS body for a response and it allows health service staff to interact with these patients to help improve care. The public can view all postings and responses. Postings do not identify individuals or their confidential health information but provide almost instant feedback on their views on the service they have received. The national evaluation will be undertaken by September 2012 and feedback given to this Board.

Patient Opinion launched in NHSGGC in January 2012 and to date over 170 postings have been made about our services. It has been particularly marketed at the new Victoria Hospital where the Patient Information Centre and the PASS service are located.

The NHSGGC Quality and Development Group will receive a report after the end of the pilot to assess the benefits of the service and its connections to the new reporting regimes required under the Patient Rights Act on feedback, comments and concerns.

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: 1694.

9. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 January – 31 March 2012.

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	14	01	Consultants/Doctors	20
02	Complaint handling	0	02	Nurses	29
03	Shortage/availability	1	03	Allied Health Professionals	4
04	Communication (written)	1	04	Scientific/Technical	0
05	Communication (oral)	6	05	Ambulance	0
07	Competence	0	06	Ancillary Staff/Estates	0
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	2
11	Date of admission/attendance	0	08	GP	2
12	Date for appointment	8	09	Pharmacists	0
13	Test Results	0	10	Dental	0
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	0	12	Other	8
22	Out-patient and other clinics	4		Service Area	
	Environmental/domestic			Accident and Emergency	0
29	Premises	0		Hospital Acute Services	1
30	Aids/appliances/equipment	1		Care of the Elderly	2
32	Catering	0		Rehabilitation	1
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	23
34	Patient privacy/dignity	0		Maternity Services	0
35	Patient property/expenses	0		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	0		Community Health Services - not elsewhere specified	30
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	1
	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	2		Prison	2
43	NHS Board purchasing	0		Other	5
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	19			
52	Consent to treatment	0			
61	Transport	0			
71	Other	7			

**ACUTE
ANNEX 2**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	69	01	Consultants/Doctors	319
02	Complaint handling	0	02	Nurses	144
03	Shortage/availability	3	03	Allied Health Professionals	22
04	Communication (written)	16	04	Scientific/Technical	3
05	Communication (oral)	80	05	Ambulance	3
07	Competence	3	06	Ancillary Staff/Estates	33
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	50
11	Date of admission/attendance	31	08	GP	0
12	Date for appointment	45	09	Pharmacists	5
13	Test Results	7	10	Dental	7
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	11	12	Other	0
22	Out-patient and other clinics	12		Service Area	
	Environmental/domestic			Accident and Emergency	38
29	Premises	30		Hospital Acute Services	522
30	Aids/appliances/equipment	11		Care of the Elderly	23
32	Catering	4		Rehabilitation	14
33	Cleanliness/laundry	4		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	4		Maternity Services	3
35	Patient property/expenses	0		Ambulance Services	0
36	Patient status	2		Community Hospital Services	0
37	Personal records	2		Community Health Services - not elsewhere specified	0
38	Bed Shortages	6		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	4		Administration	0
	Procedural issues			Unscheduled Health Care	2
41	Failure to follow agreed procedure	6		Family Health Services	0
42	Policy and commercial decisions of NHS Board	11		Prison	0
43	NHS Board purchasing	0		Other	1
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	233			
52	Consent to treatment	0			
61	Transport	7			
71	Other	3			