

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 18 December 2012

Board Paper No. 12/58

**NURSE DIRECTOR
CHIEF OPERATING OFFICER, ACUTE
DIRECTOR GLASGOW CITY CHP**

QUARTERLY REPORT ON COMPLAINTS : 1 JULY – 30 SEPTEMBER 2012

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 2012.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 July – 30 September 2012. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman and identifies areas of service improvements and ongoing developments.

As Members will be aware the Patient Rights (Scotland) Act 2011 was introduced from 1 April 2012 with the aim of improving patients experiences of using health services and to support people to become more involved in their health and health care. An important part of the Act was to ensure that patients' feedback, comments, concerns and complaints were more actively monitored and used to improve services. This has led to additional reporting requirements which will, in future, include more detailed reporting about complaints including those made about primary care contractors. This report is the second report where changes have been introduced to the style of reporting and includes the presentation of more detailed information on where complaints have been raised and what improvements have been brought about to services as a result of complaints. Future complaints reports will have further refinements. We will also reflect in subsequent reports how feedback, comments and concerns are captured to help improve service delivery.

1. Local Resolution : 1 July – 30 September 2012

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 July – 30 September 2012 and for comparison 1 April - June 2012. Thereafter, the statistics in Table 1 relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1 (see overleaf)

Table 1

	1 July – 30 September 12		1 April – 30 June 12	
	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>
(a) Number of complaints received	63	425	65	468
(b) Number of complaints received and completed within 20 working days [<i>national target</i>]	53 (84%)	324 (76%)	51 (78%)	354 (76%)
(c) Number of complaints completed	56	415	84	465
(d) Outcome of complaints completed:-				
➤ Upheld	20	72	14	127
➤ Upheld in part	16	143	26	148
➤ Not Upheld	16	177	38	167
➤ Conciliation	0	0	0	1
➤ Irresolvable	0	0	1	0
(e) Number of complaints withdrawn	4 ¹	23 ²	5 ³	22 ⁴
(f) Number of complaints declared vexatious	0	0	0	0

1 July – 30 September 2012				
	<i>Total</i>	<i>No Consent Received</i>	<i>Complainants no longer wished to proceed</i>	<i>Other</i>
1	4	2	2	0
2	23	11	10	2

1 April – 30 June 2012				
	<i>Total</i>	<i>No Consent Received</i>	<i>Complainants no longer wished to proceed</i>	<i>Other</i>
3	5	1	4	0
4	22	17	4	1

This gives an overall NHS GG&C complaints handling performance of 77%, which is above the target of responding to 70% of complaints within 20 working days.

2. Further Breakdown of Received Complaints by Acute Directorate/CH(C)Ps

Detailed overleaf is a Directorate/CH(C)P breakdown of received complaints within NHS GGC for the period 1 July – 30 September 2012 and for comparison 1 April – 30 June 2012.

The Chief Executive raised, at the October 2012 NHS Board Seminar, the intention to provide additional levels of detail on complaints handling and this second report highlights the complaints per Acute Directorate and CH(C)P within NHS GGC. The intention will be to provide further details in order to present information that shows complaints per site and, ultimately, the number of complaints per specialty/ward area together with any requirement for exception reporting to explain any anomalies or actions undertaken as a result of highlighting where specific problems may have arisen.

Table 2 – Further Breakdown of Received Complaints by Directorate/CH(C)P (see overleaf)

Table 2

	<u>1 July – 30 Sept 12</u>		<u>1 Apr – 30 June 12</u>	
	<u>Number of received Complaints</u>	<u>% (rounded)</u>	<u>Number of received Complaints</u>	<u>% (rounded)</u>
Acute Directorate				
Surgery & Anaesthetics	118	28	117	25
Facilities	36	8	52	11
Women & Childrens	65	15	64	14
Emergency Care & Medical	97	23	110	24
Regional	38	9	47	10
Rehabilitation & Assessment	33	8	42	9
Diagnostics	23	5	11	2
HI&T	11	3	17	4
Other	4	1	8	1
Sub-Total	425	100	468	100
CH(C)P				
East Dunbartonshire	3	5	2	3
East Renfrewshire	0	0	2	3
Glasgow City - Corporate *	4	6	6	9
North East	13	21	14	22
North West	9	14	8	12
South	9	14	13	20
Inverclyde	5	8	0	0
Renfrewshire	8	13	12	19
West Dunbartonshire	11	17	8	12
Hosted Services - Partnership#	1	2	0	0
Sub-Total	63	100	65	100
Grand Total	<u>488</u>		<u>533</u>	

* Covers Forensic Services and Prison Healthcare.

There is no comparison for “Hosted Services – Partnerships” as the figures for these were included last quarter in the individual CH(C)Ps. These include complaints in relation to Allied Health Profession Services which are hosted by individual CH(C)Ps. They can, from now on, however, be listed separately.

3. Ombudsman : 1 July – 30 September 2012

Where a complainant remains dissatisfied with a Local Resolution response, they may write to the Ombudsman. Table 3 overleaf reports statistics on the points that the NHS Board may become aware of the Ombudsman’s involvement in a case.

Table 3

	<u>Partnerships/ Board (NHSGGC)</u>	<u>FHS</u>	<u>Acute</u>
(a) Notification received that an investigation is being conducted	0	0	2
(b) Notification received that an investigation is not being conducted	0	0	0
(c) Investigations Report received	0	2	0
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	2	3	16

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 July 2012 commentary and one was summarised in the August 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 detail of the two NHSGGC cases for the second quarter of 2012/13 and other issues are attached as **Appendix 1**.

4. 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 date for appointment are the three issues attracting most complaints. Although the issues are the same as last quarter the number of complaints regarding these three issues has gone down considerably as indicated below:-

	<u>1 July – 30 Sept 12</u>	<u>1 Apr – 30 June 12</u>
Clinical Treatment	14	39
Attitude and Behaviour	14	20
Date for Appointment	7	11

Appendix 2 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.

Appendix 3 provides a comprehensive breakdown of the complaint categories for Acute.

5. Service Improvements

One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve future services for patients. As part of this particular focus and improved reporting, attached as **Appendix 4** are those services improvements highlighted by the Partnerships and Acute Services Division in relation to complaints completed from 1 July – 30 September 2012.

6. Ongoing Developments

Partnerships

- As a consequence of the implementation of the Patients Rights (Scotland) Act, Partnerships have initiated a review of the on-line training resources for staff. A new module is to be developed on the overall requirements in relation to the obligations under the Patients Rights Act. A general guidance module on the process for processing complaints will be developed. Additionally in association with the Heads of Administration for the six CH(C)Ps, Partnerships are looking at a training module which will be targeted at front line clinical and reception staff on how feedback, comments, concerns and complaints are collated so that staff are better able to assist patients who wish to raise issues.
- Within Glasgow City CHP a review of internal reporting on complaints through Clinical Governance and Management Structures has been undertaken putting greater emphasis in ensuring that there are systems in place to record and learn from complaints and other forms of feedback.

7. Patient Advice and Support Service (PASS) : 1 July – 30 September 2012

The Patient Advice and Support Service (PASS) was established through the Patient Rights (Scotland) Act and is part of the Scottish Citizens Advice Bureau (CAB) Service. The service is independent and provides free, confidential information, advice and support to anyone who uses the NHS in Scotland. It aims to support patients, their carers and families in their dealings with the NHS and in other matters affecting their health.

The service promotes an awareness and understanding of the rights and responsibilities of patients. It also advises and supports people who wish to give feedback, make comments, raise concerns or make a complaint about treatment and care provided by the NHS in Scotland.

PASS will:

- help clients understand their rights and responsibilities as patients;
- provide information, advice and support for those wishing to give feedback or comments, raise concerns or make complaints about health care delivered by NHS Scotland;
- ensure clients feel listened to, supported, and respected when raising concerns about difficult experiences; and

- work with the NHS to use feedback to improve NHS service provision.

This covers concerns and complaints raised via the PASS.

PASS statistics are gathered centrally by Citizens Advice Scotland (CAS) to provide evidence of what has been delivered in each Health Board area in Scotland. They contain detailed statistical information on the work of bureaux and demonstrate the depth and range of advice work undertaken by advisers.

Locally, 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 public can access the PASS in a number of ways:-

- 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.

The key PASS findings for NHSGGC for the period were as follows:-

- 81 clients were helped with 175 enquiries
 - 9 clients had one enquiry
 - The remaining clients had an average of 2.2 enquiries each
 - 14% of enquiries were dealt with by CAB advisers
 - 85% of enquiries were at case work level 3 or above *[see below for full description]*¹
- The most frequently recorded feedback, comments, concerns and complaints are listed below:
 - Service Area: 55% were about Hospital Acute Services
 - Staff Group: 58% were about Consultants/Doctors
 - NHS Advice Code: 34% were about Clinical Treatment
 - 100% of referrals in were from NHS Complaints staff.

PASS leaflets are sent to all complainants with the NHS Board's acknowledgement letters, and posters have been placed in patient and clinic areas. PASS case workers have developed good contacts and connections with hospital and CH(C)P staff and receive a lot of referrals from having made these contacts.

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. Appended overleaf is the complaints completed pro rata for the period for 1 July – 30 September 2012 and for comparison 1 April – 30 June 2012.

¹

Case Work Level	Percentage of Enquiries	Definition of Case Work Level
1	1%	Give access to information, such as leaflets, help-line numbers and website addresses.
2	14%	Encourage clients to articulate their concerns and form goals.
3	23%	Explore options, give advice and initiate action, such as, letters and 3 rd party contact.
4	62%	Special support and complex casework, including accompanying clients to meetings and working jointly with partner organisations.

1 July – 30 September 2012	1 April – 30 June 2012
1: 1670	1: 1632.

9. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 July – 30 September 2012 and to agree the changes implemented in accordance with the Patient Rights (Scotland) Act 2011.

Rosslyn Crocket
Nurse Director
0141 201 4408

Shirley Gordon
Secretariat and Complaints Manager
0141 201 4477

**SCOTTISH PUBLIC SECTOR OMBUDSMAN REPORTS –
1 JULY – 30 SEPTEMBER 2012**

July 2012

The complainant raised concerns about the failure by the medical practice to diagnose that he had Crohn's disease. He said that the Practice failed to carry out appropriate investigations, despite his regular visits complaining about stomach problems.

[The Ombudsman recommended that the Practice:-

- (i) issue a written apology to the complainant for the failure to carry out further investigations and/or make a referral when he attended with ongoing bowel symptoms in March and April 2009;*
- (ii) apologise to the complainant for the failure to take steps to try to obtain his full medical records in order that they could respond to his complaint in full; and*
- (iii) make relevant staff aware of our finding on this matter.*

The Practice confirmed in writing on 14 August 2012 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

August 2012

The complainant raised a number of concerns about the diagnosis of her brother's cancer. She complained that the GP practice her brother attended failed to take complaints of back pain and reduced mobility seriously and that their lack of proactive investigation of his symptoms meant that his diagnosis was delayed. She also complained about the Practice's handling of her formal complaint.

[The Ombudsman recommended that the Practice:-

- (i) consider the complainant's brother's case with a view to improving their procedures for proactively ensuring the completion of diagnostic investigations which have been identified as necessary for their patients;*
- (ii) draw all GPs' attention to the Adviser's comments regarding record-keeping;*
- (iii) review the outcome of this complaint alongside their complaint procedure to avoid similar situations recurring; and*
- (iv) apologise to the complainant and her family for the failings identified in this report.*

The Practice confirmed in writing on 20 September 2012 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

September 2012

None.

There were 21 Decision Letters issued, two related to Partnerships, three to Family Health Services and 16 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 overleaf 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 21 Decision Letters, there were 13 issues upheld and 36 issues not upheld. The detail of each case can be made available to members if required.

The 13 recommendations made from the Decision Letters are submitted to the Quality and Performance Committee for monitoring purposes.

PARTNERSHIPS
APPENDIX 2

<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	13
02	Complaint handling	0	02	Nurses	20
03	Shortage/availability	0	03	Allied Health Professionals	13
04	Communication (written)	0	04	Scientific/Technical	0
05	Communication (oral)	1	05	Ambulance	0
07	Competence	1	06	Ancillary Staff/Estates	0
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	7
11	Date of admission/attendance	0	08	GP	0
12	Date for appointment	7	09	Pharmacists	0
13	Test Results	0	10	Dental	0
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	1	12	Other	6
22	Out-patient and other clinics	5		Service Area	
	Environmental/domestic			Accident and Emergency	0
29	Premises	1		Hospital Acute Services	0
30	Aids/appliances/equipment	0		Care of the Elderly	1
32	Catering	0		Rehabilitation	7
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	17
34	Patient privacy/dignity	2		Maternity Services	0
35	Patient property/expenses	1		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	0		Community Health Services - not elsewhere specified	32
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	0
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	6		Family Health Services	0
42	Policy and commercial decisions of NHS Board	1		Prison	1
43	NHS Board purchasing	0		Other	1
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	14			
52	Consent to treatment	0			
61	Transport	0			
71	Other	5			

**ACUTE
APPENDIX 3**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	78	01	Consultants/Doctors	259
02	Complaint handling	0	02	Nurses	143
03	Shortage/availability	0	03	Allied Health Professionals	21
04	Communication (written)	23	04	Scientific/Technical	1
05	Communication (oral)	54	05	Ambulance	2
07	Competence	3	06	Ancillary Staff/Estates	35
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	73
11	Date of admission/attendance	14	08	GP	0
12	Date for appointment	37	09	Pharmacists	03
13	Test Results	9	10	Dental	30
	Delays in/at		11	Opticians	200
21	Admissions/transfers/discharge procedure	8	12	Other	20
22	Out-patient and other clinics	18		Service Area	
	Environmental/domestic			Accident and Emergency	38
29	Premises	32		Hospital Acute Services	491
30	Aids/appliances/equipment	3		Care of the Elderly	17
32	Catering	4		Rehabilitation	11
33	Cleanliness/laundry	1		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	2		Maternity Services	0
35	Patient property/expenses	5		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	3		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	2		Family Health Services	0
42	Policy and commercial decisions of NHS Board	12		Prison	0
43	NHS Board purchasing	0		Other	2
44	Mortuary/post mortem arrangements	1			
	Treatment				
51	Clinical treatment	235			
52	Consent to treatment	3			
61	Transport	4			
71	Other	4			

SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS
1 JULY – 30 SEPTEMBER 2012

Partnerships

- As the result of a complaint about a Community Mental Health Team, a review of the care pathway for referral, diagnosis and treatment of dementia in the under 65 age group is being carried out. The outcome of which will reduce barriers and delays and also ensure compliance with the 18 week referral to treatment target.
- As the result of a podiatry complaint, the service will introduce consistent methodology of dealing with domiciliary assessments to ensure that these are carried out following treatment and that, if carers or family are involved, the outcome of the assessment is communicated with them prior to implementation. The result of this will lead to improved communication with carers and families.
- As a result of a number of complaints about the appointment booking arrangements for Musculoskeletal (MSK) physiotherapy services, a local review has been carried out which has improved these arrangements in particular locations. This will improve administration procedures around the booking of MSK Physiotherapy appointments in those locations.
- A case within Children's Mental Health Service where an inconsistent appointment date was issued to a patient (day and date did not match). When the patient's parent queried date she was advised to attend on the wrong date. The staff had not highlighted on the appointment that the child was being seen outwith the normal clinic day to expedite a previously cancelled appointment that had to be cancelled due to staff absence. This has resulted in a review of systems for appointments; checks implemented to ensure correct information is issued and for clinicians to highlight any appointments outwith normal clinic times.
- A case in Children's Specialist Services where a child was given an appointment outwith the local area without knowledge of the patient. A system has been put in place to ensure that where a referral for a child is outwith normal patient postcode area, there will be consultation with the parent in advance of an appointment being made.
- A complaint was made that money and cigarettes posted to an inpatient at Leverndale Hospital had gone missing although posted by "registered" mail. As a consequence of the complaint the system for signing for mail has been revised. A designated nurse on duty will now accept mail and sign for the receipt of any registered mail and ensure it is kept secure until passed to the patient. An ex-gratia payment has been made to cover the loss.

Acute

- As a result of complaint regarding delays at the Ophthalmology Clinic at Gartnavel General Hospital, a new process has been established to avoid over-booking in order to ensure that patients are not delayed in being seen and alternative slots are available.
- As result of complaint from a patient who complained that she was contacted at short notice to make a decision on whether she wished her surgery at another hospital, and thereafter received a further phone call with another dates etc, we have changed our practice within the Breast Service. The option of having surgery/ongoing treatment at another hospital will now be discussed with patients at their consultation following diagnosis and patients will only be contacted once definitive arrangements are in place.

- Following a complaint from a patient who had been refused treatment under an exception treatment protocol, investigations showed that the doctor who had seen the patient had misinterpreted the protocol and the patient was given incorrect advice. A new consultation was arranged. The relevant Lead Consultant used this unfortunate experience as a learning opportunity with colleagues and trainees to ensure that the protocol is implemented correctly in future.
- A patient was delayed attending a Saturday appointment due to a late flight, however the patient did not have a contact number for the clinic to advise them of this delay, and when the patient arrived the clinic was closed. An apology was offered and it was agreed to refund travel and accommodation costs. The clinic letters have been reviewed to ensure that appropriate telephone contact numbers are provided for weekend clinics.
- A complaint from a patient who attended a nurse led headache clinic raised a number of issues about the organisation of the appointment process, and upon review a number of changes were put in place to improve the process.
- Following a complaint received from the husband of patient that an oxygen tank was found to be empty on more than one occasion when visiting, a clearer system of recording and checking of oxygen provided to patients was introduced. Local training was also provided on the provision of oxygen therapy.
- Following a complaint about the length of time a patient waited on a trolley at A&E, a review of the local policy regarding the triaging of patients transferred from other departments to the emergency department was completed to ensure patients should not be made to wait for a second time in a queue for assessment.
- A complaint around the needs of elderly confused patients and their relatives was discussed with staff at their regular meeting. All staff were reminded that when a patient is elderly, confused or has known dementia, wherever possible staff should attempt to have one family member with them at all times.