

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 16 April 2013

Board Paper No. 13/17

NURSE DIRECTOR

QUARTERLY REPORT ON COMPLAINTS: 1 OCTOBER – 31 DECEMBER 2012

Recommendations:

The NHS Board is asked to:-

- (a) note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 October – 31 December 2012; and
- (b) note the extracts from the ISD Annual Report 2011/12. *[See Appendix 5]*

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 October – 31 December 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 third 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 (now including Acute Directorates and hospital locations and Partnership geographical areas as well as their associated services areas) and what improvements have been brought about to services as a result of complaints. Future complaints reports will continue to be refined. We will also reflect, in subsequent reports, how feedback, comments and concerns are captured to help improve service delivery.

1. Local Resolution : 1 October – 31 December 2012

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 October – 31 December 2012 and for comparison 1 July – 30 September 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 October – 31 December 12 | | 1 July – 30 September 12 | |
|---|--|-----------------|--|-----------------|
| | <u>Partnerships/ Board (exc FHS)</u> | <u>Acute</u> | <u>Partnerships/ Board (exc FHS)</u> | <u>Acute</u> |
| (a) Number of complaints received | 76 | 392 | 63 | 425 |
| (b) Number of complaints received and completed within 20 working days [<i>national target</i>] | 60 (79%) | 276 (70%) | 53 (84%) | 324 (76%) |
| (c) Number of complaints completed | 72 | 398 | 56 | 415 |
| (d) Outcome of complaints completed:- | | | | |
| ➤ Upheld | 22 | 81 | 20 | 72 |
| ➤ Upheld in part | 19 | 133 | 16 | 143 |
| ➤ Not Upheld | 25 | 157 | 16 | 177 |
| ➤ Conciliation | 0 | 0 | 0 | 0 |
| ➤ Irresolvable | 3 | 0 | 0 | 0 |
| (e) Number of complaints withdrawn | 3 ¹ | 27 ² | 4 ³ | 23 ⁴ |
| (f) Number of complaints declared vexatious | 0 | 0 | 0 | 0 |

| 1 October – 31 December 2012 | | | | |
|------------------------------|--------------|----------------------------|---|--------------|
| | <i>Total</i> | <i>No Consent Received</i> | <i>Complainants no longer wished to proceed</i> | <i>Other</i> |
| 1 | 3 | 2 | 1 | 0 |
| 2 | 27 | 16 | 11 | 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> |
| 3 | 4 | 2 | 2 | 0 |
| 4 | 23 | 11 | 10 | 2 |

This gives an overall NHS GG&C complaints handling performance of 72%, which is above the target of responding to 70% of complaints within 20 working days.

2. Format of Report

The Chief Executive raised, at the October 2012 NHS Board Seminar, the intention to provide additional levels of detail on complaints handling and this third report highlights the complaints per Acute Directorate and CH(C)P within NHSGGC then goes on to look at complaints per hospital location and CH(C)P service areas. The intention in future will be to provide further details in order to present information that shows 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. Section 3 below shows progress, so far, in breaking down the completed complaints for the quarter.

3. Breakdown of Completed Complaints

Table 2 – Breakdown of Completed Complaints by Directorate/CH(C)P

Detailed below is Directorate/CH(C)P breakdown of completed complaints within NHSGGC for the period 1 October – 31 December 2012. No comparisons are yet available as this is the first time we have presented the statistics this way.

| | 1 October – 31 December 2012 | |
|-----------------------------|---------------------------------------|--------------------|
| | <u>Number of Completed Complaints</u> | <u>% (rounded)</u> |
| Acute Directorate | | |
| Surgery & Anaesthetics | 103 | 26 |
| Facilities | 82 | 21 |
| Women & Childrens | 67 | 17 |
| Emergency Care & Medical | 42 | 10 |
| Regional | 37 | 9 |
| Rehabilitation & Assessment | 24 | 6 |
| Diagnostics | 23 | 6 |

| | <u>1 October – 31 December 2012</u> | |
|-------------------------------|---------------------------------------|--------------------|
| | <u>Number of Completed Complaints</u> | <u>% (rounded)</u> |
| HI&T | 12 | 3 |
| Other | 8 | 2 |
| Sub-Total | 398 | 100 |
| CH(C)P | | |
| East Dunbartonshire | 3 | 4 |
| East Renfrewshire | 0 | 0 |
| Glasgow City - Corporate * | 16 | 22 |
| North East | 14 | 20 |
| North West | 10 | 14 |
| South | 6 | 8 |
| Inverclyde | 3 | 4 |
| Renfrewshire | 5 | 7 |
| West Dunbartonshire | 2 | 3 |
| Hosted Services - Partnership | 13 | 18 |
| Sub-Total | 72 | 100 |
| Grand Total | <u>470</u> | |

* Covers Forensic Services and Prison Healthcare.

Table 3 – Breakdown of Completed Complaints by Acute Hospital Location

Detailed below is an Acute Hospital location breakdown of completed complaints within NHSGGC for the period 1 October – 31 December 2012. No comparisons are yet available as this is the first time we have presented the statistics this way.

| | <u>1 October – 31 December 2012</u> |
|--|---------------------------------------|
| Acute Hospital Location | <u>Number of Completed Complaints</u> |
| Beatson West of Scotland Cancer Centre | 14 |
| Homeopathic Hospital | 2 |
| Hearing Aid Clinic | 1 |
| Drumchapel Hospital | 1 |
| Gartnavel General Hospital | 31 |
| Glasgow Royal Infirmary | 80 |
| Inverclyde Royal Hospital | 19 |
| Larkfield Unit | 3 |
| Mansionhouse Unit | 2 |
| Breast Screening Service | 2 |
| Anticoagulant Service | 1 |
| Out of Hours Service | 7 |
| Princess Royal Maternity Hospital | 8 |
| Royal Alexandra Hospital | 45 |
| Southern General Hospital | 63 |
| Stobhill ACH | 10 |
| Victoria Infirmary | 32 |
| Victoria ACH | 6 |
| Vale of Leven Hospital | 12 |
| Western Infirmary | 30 |
| Yorkhill Hospital | 19 |
| Other | 10 |
| Total | <u>398</u> |

Table 4 – Breakdown of Completed Complaints by CH(C)P Service Areas

Detailed below is a CH(C)P service area breakdown of completed complaints within NHSGGC for the period 1 October – 31 December 2012. No comparisons are yet available as this is the first time we have presented the statistics this way.

| | 1 October – 31 December 12 No of Completed Complaints |
|---|--|
| Glasgow City CHP - Corporate | 16 |
| Health & Community Care (Note 1) | 0 |
| HMP Barlinnie | 4 |
| HMP Low Moss | 10 |
| HMP Greenock | 0 |
| Mental Health Services (Note 2) | 1 |
| Rowanbank Forensic Medium Secure | 0 |
| Health Improvement | 1 |
| Glasgow City CHP - North East Sector | 14 |
| Children & Family Services | 0 |
| Health & Community Care | 3 |
| Specialist Children's Services | 3 |
| Skye House Adolescent Unit | 0 |
| Mental Health Services | 2 |
| Stobhill Hospital | 3 |
| Parkhead Hospital | 0 |
| Addictions Services | 3 |
| Glasgow City CHP - North West Sector | 10 |
| Children & Family Services | 0 |
| Health & Community Care | 0 |
| Mental Health Services | 5 |
| Gartnavel Royal Hospital | 3 |
| Sexual Health/Sandyford | 2 |
| Glasgow City CHP - South Sector | 6 |
| Children & Family Services | 0 |
| Health & Community Care | 4 |
| Mental Health Services | 1 |
| Leverndale Hospital | 1 |
| East Dunbartonshire CHP | 3 |
| Health & Community Care | 2 |
| Mental Health | 1 |
| West Dunbartonshire CH(C)P | 9 |
| Health & Community Care | 7 |
| Mental Health | 1 |
| Joint Hospital Dumbarton | 1 |
| Inverclyde CHP | 3 |
| Health & Community Care | 1 |
| Mental Health | 1 |
| Ravenscraig Hospital | 1 |
| East Renfrewshire CH(C)P | 0 |
| Renfrewshire CHP | 11 |
| Health & Community Care | 7 |
| Mental Health | 1 |
| Dykebar Hospital | 2 |
| Children & Family Services | 1 |
| Totals: | 72 |

Note 1 – Prison Health Care None for Community are otherwise covered by Corporate

Note 2 – Predominately Forensic and Learning Disabilities

4. Ombudsman : 1 October – 31 December 2012

Where a complainant remains dissatisfied with a Local Resolution response, they may write to the Ombudsman. Table 5 below reports statistics on the points that the NHS Board may become aware of the Ombudsman's involvement in a case.

Table 5

| | <u>Partnerships/ Board (NHSGGC)</u> | <u>FHS</u> | <u>Acute</u> |
|---|---|------------|--------------|
| (a) Notification received that an investigation is being conducted | 0 | 0 | 3 |
| (b) Notification received that an investigation is not being conducted | 0 | 0 | 0 |
| (c) Investigations Report received | 2 | 0 | 2 |
| (d) Decision Letters received (Often the first indication in respect of FHS Complaints) | 8 | 0 | 7 |

In accordance with the Ombudsman's monthly reporting procedure four reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; one case was summarised in the October 2012 commentary, one was summarised in the November 2012 commentary and two were summarised in the December 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**.

5. 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, date for appointment attitude and behaviour are the three categories attracting most complaints this quarter.

Appendix 2 provides a comprehensive breakdown of the complaint categories for Partnerships.

Acute

Clinical treatment, communication and attitude/behaviour continue are the three 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.

6. 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 October – 31 December 2012.

7. Ongoing Developments

Partnerships

West Dunbartonshire CHCP proposes to commence complaints training for managers and staff and plan to do this in an integrated manner. This will include both West Dunbartonshire Council and NHS Greater Glasgow and Clyde policies, procedures, their similarities and differences. It will outline how complaints, including complex complaints should be managed in this context.

Acute

- Following receipt of a complaint about correspondence being sent to patient's former GP, the system for changing GP address details has been reviewed and the correct checking processes reinforced.
- After receiving a complaint about a patient's discharge arrangements from a ward, the discharge planning team are delivering a training session with ward staff to ensure that all discharge planning aspects are covered appropriately in future.
- A complaint about the treatment of a patient who had been experiencing repeated falls was reviewed, and the Senior Charge Nurse in the ward reiterated with colleagues the requirement to adhere to the protocols in place when dealing with the safe moving and handling of patients.
- The provision / recording of oxygen therapy led to a complaint by a patient, and, upon review of the circumstances, a clearer system of recording and checking of oxygen provided to patients was introduced. In addition, a further local training session on oxygen therapy has been provided.

8. Patient Advice and Support Service (PASS) : 1 October – 31 December 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:-

- 109 clients were helped with 631 enquiries
 - 1 client had one enquiry
 - The remaining clients had an average of 5.8 enquiries each
 - 3% of enquiries were dealt with by Generalist 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
 - Hospitals/Localities: 54% were about Emergency Care & Medical Services.
 - Community Health Partnerships/Community health and Care Partnerships: 44% were about East Glasgow CHCP.
 - Staff Group: 53% were about Consultants/Doctors
 - NHS Advice Code: 45% were about Clinical Treatment
 - 5 Non NHS Advice Codes were recorded.
 - 100% of recorded Referrals in were from NHS Complaints staff.
 - Four external organisations were contacted in support of clients.

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.

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. |

9. 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 October – 31 December 2012 and for comparison 1 July – 30 September 2012.

| 1 October – 31 December 12 | 1 July – 30 September 2012 |
|----------------------------|----------------------------|
| 1: 2015 | 1: 1670 |

10. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 October – 31 December 2012 and to agree the changes implemented in accordance with the Patient Rights (Scotland) Act 2011.

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**SCOTTISH PUBLIC SECTOR OMBUDSMAN REPORTS –
1 OCTOBER – 31 DECEMBER 2012**

October 2012

The complainant raised a concern that undue pressure was put on her to take prophylactic antibiotics during her labour by staff at the Southern General Hospital.

[The Ombudsman recommended that the Board:-

- (i) bring this report to the attention of relevant staff including the second registrar to ensure lessons are learned and highlight the relevant guidelines and guidance on group B streptococcus and consent;*
- (ii) review the guidance on group B streptococcus to clarify the limited circumstances where a child protection order should be considered;*
- (iii) consider a multi-disciplinary approach involving obstetricians and paediatricians when a patient refuses treatment in similar situations; and*
- (iv) apologise to the complainant.*

The Board confirmed in writing on 2 November and 24 December 2012 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

November 2012

The complainant complained about the lack of communication with her family after her mother was admitted to the Emergency Department in the Victoria Infirmary in Glasgow. The complainant's mother was 84 years old and had a history of dementia. The family were not told that the complainant's mother's condition in the hospital had deteriorated. The complainant's mother subsequently died and the complainant considers that the family lost the opportunity of being with her at the end of her life.

[The Ombudsman recommended that the Board:-

- (i) issue a written apology to the complainant for the failure to inform her of the deterioration in her mother's condition; and*
- (ii) provide the Ombudsman with an action plan and / or steps in place to ensure communication with relatives and carers is addressed within the Emergency Department.*

The Board confirmed in writing on 31 December 2012 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

December 2012

1. The complainant raised a number of concerns against the Board that her late father had been inappropriately cared for by nursing staff in Dunrod F Ravenscraig Hospital from 2 February 2011 up to his death on 24 April 2011.

[The Ombudsman recommended that the Board:-

- (i) ensure that measures are taken to feed back the learning from this to nursing staff to avoid similar situations recurring;*

- (ii) *provide the Ombudsman with an update on the actions they have taken to ensure such an incident does not recur;*
- (iii) *ensure that communication between family members and staff are appropriately recorded;*
- (iv) *ensure that measures are taken to feed back the learning from this to complaints investigation staff to avoid similar situations recurring; and*
- (v) *apologise to the complainant for the failures identified in this report.*

The Board confirmed in writing on 16 January 2013 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

2. The complainant complained that the Board failed to take appropriate action when her family reported that her daughter was suffering from mental health problems. The complainant's daughter subsequently jumped from a window in her fourth-floor flat. She suffered serious injuries to her lower body.

[The Ombudsman recommended that the Board:-

- (i) *issue a written apology to the complainant for the failure to carry out a reasonable telephone assessment when they spoke to the complainant's daughter and for the failure to raise concerns with a Mental Health Officer;*
- (ii) *review how risk is assessed and recorded in relation to telephone assessments in such circumstances to try to ensure as far as possible that patients assessed over the telephone receive the same quality of assessment as those spoken to face-to-face; and*
- (iii) *clarify to relevant staff the criteria or threshold regarding when concerns should be raised with a Mental Health Officer.*

The Board confirmed in writing on 25 February 2013 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

There were 15 Decision Letters issued, five related to Partnerships, three to Family Health Services and seven 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 15 Decision Letters, there were 13 issues upheld and 22 issues not upheld. The detail of each case can be made available to members if required.

The 11 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 | 13 | 01 | Consultants/Doctors | 30 |
| 02 | Complaint handling | 1 | 02 | Nurses | 25 |
| 03 | Shortage/availability | 2 | 03 | Allied Health Professionals | 21 |
| 04 | Communication (written) | 1 | 04 | Scientific/Technical | 0 |
| 05 | Communication (oral) | 5 | 05 | Ambulance | 0 |
| 07 | Competence | 2 | 06 | Ancillary Staff/Estates | 0 |
| | Waiting times for | | 07 | NHS Board/hospital admin staff/members (exc FHS administrative) | 4 |
| 11 | Date of admission/attendance | 0 | 08 | GP | 2 |
| 12 | Date for appointment | 14 | 09 | Pharmacists | 0 |
| 13 | Test Results | 0 | 10 | Dental | 1 |
| | Delays in/at | | 11 | Opticians | 0 |
| 21 | Admissions/transfers/discharge procedure | 1 | 12 | Other | 6 |
| 22 | Out-patient and other clinics | 4 | | Service Area | |
| | Environmental/domestic | | | Accident and Emergency | 0 |
| 29 | Premises | 0 | | Hospital Acute Services | 0 |
| 30 | Aids/appliances/equipment | 2 | | Care of the Elderly | 1 |
| 32 | Catering | 0 | | Rehabilitation | 6 |
| 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 | 1 | | Community Health Services - not elsewhere specified | 38 |
| 38 | Bed Shortages | 0 | | Continuing Care | 1 |
| 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 | 4 | | Family Health Services | 0 |
| 42 | Policy and commercial decisions of NHS Board | 2 | | Prison | 16 |
| 43 | NHS Board purchasing | 1 | | Other | 3 |
| 44 | Mortuary/post mortem arrangements | 0 | | | |
| | Treatment | | | | |
| 51 | Clinical treatment | 31 | | | |
| 52 | Consent to treatment | 0 | | | |
| 61 | Transport | 1 | | | |
| 71 | Other | 4 | | | |

**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 | 64 | 01 | Consultants/Doctors | 252 |
| 02 | Complaint handling | 0 | 02 | Nurses | 100 |
| 03 | Shortage/availability | 0 | 03 | Allied Health Professionals | 21 |
| 04 | Communication (written) | 27 | 04 | Scientific/Technical | 1 |
| 05 | Communication (oral) | 54 | 05 | Ambulance | 0 |
| 07 | Competence | 1 | 06 | Ancillary Staff/Estates | 25 |
| | | | 07 | NHS Board/hospital admin staff/members (exc FHS administrative) | 81 |
| | Waiting times for | | 08 | GP | 3 |
| 11 | Date of admission/attendance | 8 | 09 | Pharmacists | 0 |
| 12 | Date for appointment | 46 | 10 | Dental | 5 |
| 13 | Test Results | 6 | 11 | Opticians | 0 |
| | | | 12 | Other | 26 |
| | Delays in/at | | | Service Area | |
| 21 | Admissions/transfers/discharge procedure | 4 | | Accident and Emergency | 37 |
| 22 | Out-patient and other clinics | 15 | | Hospital Acute Services | 448 |
| | Environmental/domestic | | | Care of the Elderly | 20 |
| 29 | Premises | 29 | | Rehabilitation | 6 |
| 30 | Aids/appliances/equipment | 1 | | Psychiatric/Learning Disability Services | 0 |
| 32 | Catering | 2 | | Maternity Services | 1 |
| 33 | Cleanliness/laundry | 3 | | Ambulance Services | 0 |
| 34 | Patient privacy/dignity | 4 | | Community Hospital Services | 0 |
| 35 | Patient property/expenses | 1 | | Community Health Services - not elsewhere specified | 0 |
| 36 | Patient status | 1 | | Continuing Care | 0 |
| 37 | Personal records | 1 | | Purchasing | 0 |
| 38 | Bed Shortages | 0 | | Administration | 0 |
| 39 | Mixed accommodation | 0 | | Unscheduled Health Care | 2 |
| 40 | Hospital Acquired Infection | 0 | | Family Health Services | 0 |
| | Procedural issues | | | Prison | 0 |
| 41 | Failure to follow agreed procedure | 0 | | Other | 2 |
| 42 | Policy and commercial decisions of NHS Board | 14 | | | |
| 43 | NHS Board purchasing | 1 | | | |
| 44 | Mortuary/post mortem arrangements | 1 | | | |
| | Treatment | | | | |
| 51 | Clinical treatment | 223 | | | |
| 52 | Consent to treatment | 1 | | | |
| 61 | Transport | 4 | | | |
| 71 | Other | 2 | | | |

SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS
1 OCTOBER – 31 DECEMBER 2012

Partnerships

- As a result of a complaint about car parking arrangements at a Health Centre, a review will be carried out of the CHP's website along with Greater Glasgow and Clyde's website. This will ensure there is information regarding car parking arrangements for patients and visitors.
- As a result of a complaint that there were no coat hooks in the public toilets in a newly built Health Centre, the contractors were instructed to survey the site and to supply and fit appropriate hooks within the cubicle areas.
- As a means of highlighting and beginning to address some common issues that were noted in patient feedback via complaints and through a rolling programme of patient's conversations, a Charge Nurse Development Day has been held in one Partnership. The aim of the day was to support Charge Nurses to ensure that every patient experiences quality care which is person centred, safe and effective every day and every shift.
- In reviewing the records of a patient who made a complaint about a member of staff and subsequently made a subject access request for access to her health records, it was found that there were a number of subjective comments made by staff and only limited recording of information from a telephone conversation with the patient. A review of case note recording has been undertaken and further in-service training is to be provided to the staff group aimed at improving the standard of record keeping.
- As the result of a referral letter not being made to the Acute Services, a review of admin systems within the department has been carried out. A reduction in the sharing of responsibilities between two admin staff implemented to avoid future uncertainty as to who was to make the referral. Additionally impending implementation of electronic referral system will improve reliability of the referral process and not be dependant on completion of a letter.

Acute

- Following receipt of a complaint about correspondence being sent to patient's former GP, the system for changing GP address details has been reviewed and the correct checking processes reinforced.
- After receiving a complaint about a patient's discharge arrangements from a ward, the discharge planning team are delivering a training session with ward staff to ensure that all discharge planning aspects are covered appropriately in future.
- A complaint about the treatment of a patient who had been experiencing repeated falls was reviewed, and the Senior Charge Nurse in the ward reiterated with colleagues the requirement to adhere to the protocols in place when dealing with the safe moving and handling of patients.
- The provision / recording of oxygen therapy led to a complaint by a patient, and upon review of the circumstances, a clearer system of recording and checking of oxygen provided to patients was introduced. In addition, a further local training session on oxygen therapy has been provided.
- A patient received an information leaflet prior to his surgery advising that black clear fluid could be taken up to a certain point on the morning of his surgery. However, the anaesthetist did not agree with this and patient's surgery was unfortunately postponed. As a result of this complaint, the relevant Lead Clinician for Anaesthetics, together with clinical colleagues, is reviewing the pre-operative fasting

instructions / leaflets to ensure that these properly reflect current clinical guidelines, and these will be updated as necessary.

- As a result of a complaint about the breast surgery service - a patient did not receive a post-operative exercise leaflet, and had to request this - the Lead Nurse for the Breast Care Team will review the process for supplying leaflets to ensure all patients receive these timeously.
- An issue was raised by patients who were attending for both a scan and clinic appointment on the same day within the Princess Royal Maternity Hospital - a small number of patients were mistakenly sent home after their scan, when they also had antenatal clinic appointment. A new system has been put in place with Health Records staff and a Healthcare Support Worker being tasked with identifying those patients who need to be scanned, and who then need to stay in department for medical review. This is reinforced by adding a marker to the patient's case notes to make this double appointment clearer to clinic staff.
- It was identified through complaints by visitors to Gartnavel General Hospital that there was an area beside the Laboratory Building which was signposted as 'no parking allowed' but did not have yellow painted lines on the ground. Visitors found this unclear and confusing and a number of tickets had been issued. Upon review all tickets issued for parking in this area were cancelled, and action was taken to ensure that double yellow lines were painted in the area.

ISD ANNUAL REPORT 2011/12

Information Services Division (ISD) published its Annual Report on NHS Complaints for 2011/12 on 25 September 2012. NHS Boards and other NHS organisations submit summary information about complaints they receive to ISD Scotland. The data covers all formal written complaints received by Hospital and Community Services, Family Health Services and Special Health Boards. These data are validated by ISD and checked with the Boards after submission. The statistics relating to GP and dental services are collated via an aggregated annual return of the total number of complaints made against Family Health Services in the previous financial year.

In 2011/12, for NHS Scotland there were 8,117 complaints received about hospital and community services and 3,538 complaints received about family health services.

NHS Boards and their Divisions

- There was a 15% rise in Hospital and Community complaints received with 8,117 in 2011/12 compared to 7,055 in 2010/11. This is the largest increase since the revision of the complaints procedure in April 2005.
- Of the 8,117 complaints made about Hospital & Community Health Services in 2011/12, 6,235 (77%) related to the Hospital acute service group.
- The percentage of complaints acknowledged within the national target timescale of three working days from receipt was 90%, (the lowest since the revision of the complaints procedure in April 2005), while the percentage of complaints dealt with within the national target of 20 working days was 65%.
- The most prevalent issue raised in 2011/12 was 'Treatment' (36%), followed by 'Staff' (33%), 'Environment/domestic' (11%). And 'Waiting Times' (10%).
- In 2011/12, 27% of complaints were fully upheld, 33% were partially upheld and 37% were not upheld.

Family Health Services

Three broad service types are included within the Family Health Services complaints procedure - medical services, dental services and complaints regarding Family Health administration. Although information is collected on complaints made about Family Health Services, it was nationally agreed that, as Family Health Services practitioners are independent contractors, it would be less detailed than that collected on hospital and community health service complaints. Complaints relating to pharmaceutical and ophthalmic services are only reported where these lead to requests for independent review (prior to April 2005).

- The number of complaints about Family Health Services in 2011/12 was 3,538. Dental complaints increased by 1% in 2011/12, while medical complaints rose by 9%.
- In 2011/12, 84% of Family Health Service complaints related to 'medical' services.

NHSGGC

Breaking the above information down into a more local level, the following is noted from ISD's Annual Report:-

- In relation to hospital and community health service complaints, NHSGGC received 2,023 in 2011/12 and responded to 69.7% of these within 20 working days. By way of a comparison, we received 1,599 in 2010/11 and responded to 68.9% of these within 20 working days.

- In relation to Family Health Service complaints to independent practitioners, NHSGGC received 881 in 2011/12 (718 medical and 163 dental) compared with 817 (667 medical and 150 dental) in 2010/11.

The full ISD Report 2011/12 can be accessed by clicking [here](#) or found at <http://www.isdscotland.org/Health-Topics/Quality-Improvement/Publications/2012-09-25/2012-09-25-Complaints-Report.pdf>