

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 25 June 2013

Board Paper No. 13/31

NURSE DIRECTOR

QUARTERLY REPORT ON COMPLAINTS: 1 JANUARY – 31 MARCH 2013

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 2013.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 January – 31 March 2013. 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 fourth 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 January – 31 March 2013

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 January – 31 March 2013 and for comparison 1 October – 31 December 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 January – 31 March 13		1 October – 31 December 12	
	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>
(a) Number of complaints received	70	490	76	392
(b) Number of complaints received and completed within 20 working days [<i>national target</i>]	58 (83%)	342 (70%)	60 (79%)	276 (70%)
(c) Number of complaints completed	67	502	72	398
(d) Outcome of complaints completed:-				
➤ Upheld	15	144	22	81
➤ Upheld in part	21	141	19	133
➤ Not Upheld	23	189	25	157
➤ Conciliation	0	0	0	0
➤ Irresolvable	1	0	3	0
(e) Number of complaints withdrawn	7 ¹	28 ²	3 ³	27 ⁴
(f) Number of complaints declared vexatious	0	0	0	0

<i>1 January – 31 March 2013</i>				
	<i>Total</i>	<i>No Consent Received</i>	<i>Complainants no longer wished to proceed</i>	<i>Other</i>
1	7	3	4	0
2	28	9	18	1

<i>1 October – 31 December 2013</i>				
	<i>Total</i>	<i>No Consent Received</i>	<i>Complainants no longer wished to proceed</i>	<i>Other</i>
3	3	2	1	0
4	27	16	11	0

For this quarter this gives an overall NHSGG&C complaints handling performance for complaints received and completed of 71% which is above the target of 70%.

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 January – 31 March 2013 and for comparison 1 October – 31 December 2012.

	1 Jan – 31 Mar 13		1 Oct – 31 Dec 12	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
Acute Directorate				
Surgery & Anaesthetics	154	31	103	26
Facilities	127	25	82	21
Women & Childrens	66	13	67	17
Emergency Care & Medical	28	6	42	10
Regional	47	9	37	9
Rehabilitation & Assessment	35	7	24	6
Diagnostics	16	3	23	6

	<u>1 Jan – 31 Mar 13</u>		<u>1 Oct – 31 Dec 12</u>	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
HI&T	23	5	12	3
Other	6	1	8	2
Sub-Total	502	100	398	100
CH(C)P				
NHS Board	1	2	0	0
East Dunbartonshire	2	3	3	4
East Renfrewshire	0	0	0	0
Glasgow City - Corporate *	20	30	16	22
North East	10	15	14	20
North West	15	21	10	14
South	8	12	6	8
Inverclyde	3	5	3	4
Renfrewshire	4	6	5	7
West Dunbartonshire	2	3	2	3
Hosted Services - Partnership	2	3	13	18
Sub-Total	67	100	72	100
Grand Total	<u>569</u>		<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 January – 31 March 2013 and for comparison 1 October – 31 December 2012.

Acute Hospital Location	<u>1 Jan – 31 Mar 13</u>	<u>1 Oct - 31 Dec 12</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Beatson West of Scotland Cancer Centre	8	14
Blawarthill Hospital	1	0
Clydebank Health Centre	1	0
Homeopathic Hospital	0	2
Dumbarton Health Centre (Hearing Aid Clinic)	1	1
Drumchapel Hospital	1	1
Gartnavel General Hospital	39	31
Glasgow Royal Infirmary	100	80
Inverclyde Royal Hospital	29	19
Larkfield Unit	2	3
Lightburn Hospital	2	0
Mansionhouse Unit	5	2
Mearnskirck Hospital	1	0
Nelson Mandela Place (Breast Screening Service)	2	2
New Sneddon Street (Anticoagulant Service)	0	1
Out of Hours Service	13	7
Princess Royal Maternity Hospital	9	8
Royal Alexandra Hospital	73	45

	<u>1 Jan – 31 Mar 13</u>	<u>1 Oct - 31 Dec 12</u>
Acute Hospital Location	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Southern General Hospital	66	63
Stobhill ACH	16	10
Victoria Infirmary	40	32
Victoria ACH	20	6
Vale of Leven Hospital	11	12
Western Infirmary	37	30
Yorkhill Hospital	20	19
Other	5	10
Total	<u>502</u>	<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 January – 31 March 2013 and for comparison 1 October – 31 December 2012.

	1 Jan – 31 Mar 13 Number of Completed Complaints	1 Oct – 31 Dec 12 Number of Completed Complaints
Glasgow City CHP - Corporate	20	16
Health & Community Care (Note 1)	0	0
HMP Barlinnie	3	4
HMP Low Moss	13	10
HMP Greenock	2	0
Mental Health Services (Note 2)	2	1
Rowanbank Forensic Medium Secure	0	0
Health Improvement	0	1
Glasgow City CHP - North East Sector	10	14
Children & Family Services	0	0
Health & Community Care	0	3
Specialist Children's Services	2	3
Skye House Adolescent Unit	2	0
Mental Health Services	3	2
Stobhill Hospital	2	3
Parkhead Hospital	1	0
Addictions Services	0	3
Glasgow City CHP - North West Sector	15	10
Children & Family Services	2	0
Health & Community Care	4	0
Mental Health Services	4	5
Gartnavel Royal Hospital	1	3
Sexual Health/Sandyford	4	2
Glasgow City CHP - South Sector	8	6
Children & Family Services	0	0
Health & Community Care	5	4
Mental Health Services	2	1
Leverndale Hospital	1	1
East Dunbartonshire CHP	2	3
Health & Community Care	1	2
Mental Health	1	1

	1 Jan – 31 Mar 13 Number of Completed Complaints	1 Oct – 31 Dec 12 Number of Completed Complaints
West Dunbartonshire CH(C)P	2	9
Health & Community Care	0	7
Mental Health	2	1
Joint Hospital Dumbarton	0	1
Inverclyde CHP	3	3
Health & Community Care	1	1
Mental Health	2	1
Ravenscraig Hospital	0	1
East Renfrewshire CH(C)P	0	0
Renfrewshire CHP	4	11
Health & Community Care	1	7
Mental Health	3	1
Dykebar Hospital	0	2
Children & Family Services	0	1
Hosted	2	0
Podiatry	2	0
NHS Board	1	0
Other	1	0
Totals:	<u>67</u>	<u>72</u>

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

Note 2 – Predominately Forensic and Learning Disabilities

4. Ombudsman : 1 January – 31 March 2013

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	1	0	0
(b) Notification received that an investigation is not being conducted	0	0	8
(c) Investigations Report received	0	0	1
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	4	5	6

In accordance with the Ombudsman's monthly reporting procedure one report had been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; this was summarised in the January 2013 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 one NHS GGC case for the fourth 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, attitude and behaviour and date for appointment and failure to follow agreed procedures (same number of issues) are the three categories attracting most complaints this quarter. The figures for the first two issues are similar to last quarter. Date for appointment has decreased by half this quarter.

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.

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 January – 31 March 2013.

7. Patient Advice and Support Service (PASS) : 1 January – 31 March 2013

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:-

- 101 clients were helped with 310 enquiries
 - 29 clients had one enquiry
 - The remaining clients had an average of 3.9 enquiries each
 - 10% of enquiries were dealt with by Generalist Advisers
 - 86% of enquiries were at case work level 3 or above *[see below for full description]*¹

Many of the clients who present at a CAB have more than one enquiry. The clients who present to a PASS caseworker are no different. During the course of the interview it may be brought to the attention of the PASS caseworker, that owing to ongoing health issues, the client may be eligible to claim Disability Living Allowance/Attendance Allowance and/or other related benefits. There may also be employment or debt issues that the CAB can assist with. All of the non-health related issues would be addressed by another member of CAB staff but counted as an “enquiry” for that client for the purposes of statistical reporting.

In the quarter to January to March 2013, of the 101 new clients, 29 clients had one issue. Of the remaining 72 clients, there were four supplementary categories recorded including benefits advice, legal advice, and immigration advice.

1

Case Work Level	Percentage of Enquiries	Definition of Case Work Level
1	0%	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	39%	Explore options, give advice and initiate action, such as, letters and 3 rd party contact.
4	47%	Special support and complex casework, including accompanying clients to meetings and working jointly with partner organisations.

- The most frequently recorded feedback, comments, concerns and complaints are listed below:
 - Service Area: 56% were about Hospital Acute Services
 - Hospitals/Localities: 73% were about Emergency Care & Medical Services.
 - Community Health Partnerships/Community Health and Care Partnerships: 22% were about East Renfrewshire Community Health and Care Partnership
 - Staff Group: 54% were about Consultants/Doctors
 - NHS Advice Code: 45% were about Clinical Treatment

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.

A Local Authority Group (LAG) has been formed, with involvement of a representative of the Scottish Health Council, in order to monitor and ensure continued publicity of the PASS service. It will meet quarterly.

8. Current Issues

National Education Scotland (NES) and the Scottish Public Services Ombudsman have developed five e-learning modules to support and enable staff (including independent contractors and their staff) to respond to feedback, comments, concerns and complaints.

The modules were launched and available on the NES website and they are to be made available shortly to NHS Boards to upload to their learning management system. The Learning and Education Adviser is assisting with arranging access to these training modules and will be available to staff via LearnPro. The modules will support NHS Boards to meet their responsibilities to ensure that all relevant staff are trained to deal with feedback, comments, concerns and complaints.

The Directions which support the implementation of the Patient Rights (Scotland) Act 2011 requires NHS Boards to publish an Annual Report for 2012/13 by 30 June 2013 on feedback, comments, concerns and complaints.

An initial draft has been prepared and the final quarter's figures (1 January – 31 March 2013) were made available in June to allow the statistical elements to be finalised. A copy of the draft Annual Report will be discussed at the Corporate Management Team on 20 June 2013 and an email copy sent thereafter to NHS Board members for comments.

The Annual Report will be published on our website on 30 June 2013 and a copy sent to the Scottish Government Health Department, Healthcare Improvement Scotland and the Scottish Health Council.

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 January – 31 March 2013 and for comparison 1 October – 31 December 2012. 2012.

1 January – 31 March 13	1 October – 31 December 12
1: 1627	1: 2015

10. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 January – 31 March 2013 and to agree the changes implemented in accordance with the Patient Rights (Scotland) Act 2011.

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**SCOTTISH PUBLIC SERVICES OMBUDSMAN REPORTS –
1 JANUARY – 31 MARCH 2013**

January 2013

The complainant raised a number of concerns about the care and treatment provided to her late husband by Greater Glasgow and Clyde NHS Board Acute Services Division.

[The Ombudsman recommended that the Board:-

- (i) make the complainant a formal apology for their shortcoming in this matter and for the distress she and her family have suffered;*
- (ii) emphasise to all the staff involved, the importance of keeping full and timely notes;*
- (iii) review the circumstances of complaint and demonstrate to the Ombudsman that they have a programme in place to prevent such a situation occurring again;*
- (iv) make specific apology to the complainant for failing to make proper arrangements for her late husband's care and support on his discharge from hospital;*
- (v) in the wards concerned, review the procedures for patients' discharge to satisfy themselves that appropriate action is taken;*
- (vi) make a specific apology for their failure to communicate adequately; and*
- (vii) taking into account the failures in communication, the Board should demonstrate to the Ombudsman the action to prevent such a situation occurring again.*

The Board confirmed in writing on 25 February 2013 and 2 April 2013 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

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

The 23 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	20	01	Consultants/Doctors	27
02	Complaint handling	4	02	Nurses	34
03	Shortage/availability	0	03	Allied Health Professionals	6
04	Communication (written)	2	04	Scientific/Technical	0
05	Communication (oral)	5	05	Ambulance	0
07	Competence	6	06	Ancillary Staff/Estates	0
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	8
11	Date of admission/attendance	1	08	GP	11
12	Date for appointment	7	09	Pharmacists	0
13	Test Results	0	10	Dental	2
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	0	12	Other	9
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	0
32	Catering	0		Rehabilitation	7
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	30
34	Patient privacy/dignity	0		Maternity Services	0
35	Patient property/expenses	0		Ambulance Services	0
36	Patient status	0		Community Hospital Services	3
37	Personal records	1		Community Health Services - not elsewhere specified	22
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	5
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	7		Family Health Services	2
42	Policy and commercial decisions of NHS Board	0		Prison	22
43	NHS Board purchasing	0		Other	6
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	33			
52	Consent to treatment	1			
61	Transport	0			
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	54	01	Consultants/Doctors	288
02	Complaint handling	0	02	Nurses	139
03	Shortage/availability	2	03	Allied Health Professionals	17
04	Communication (written)	33	04	Scientific/Technical	4
05	Communication (oral)	51	05	Ambulance	1
07	Competence	4	06	Ancillary Staff/Estates	44
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	68
11	Date of admission/attendance	15	08	GP	4
12	Date for appointment	34	09	Pharmacists	2
13	Test Results	8	10	Dental	0
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	15	12	Other	0
22	Out-patient and other clinics	12		Service Area	
	Environmental/domestic			Accident and Emergency	49
29	Premises	39		Hospital Acute Services	398
30	Aids/appliances/equipment	3		Care of the Elderly	24
32	Catering	6		Rehabilitation	11
33	Cleanliness/laundry	5		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	0		Maternity Services	2
35	Patient property/expenses	3		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	1		Community Health Services - not elsewhere specified	0
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	3		Family Health Services	0
42	Policy and commercial decisions of NHS Board	15		Prison	0
43	NHS Board purchasing	0		Other	6
44	Mortuary/post mortem arrangements	2			
	Treatment				
51	Clinical treatment	273			
52	Consent to treatment	2			
61	Transport	5			
71	Other	7			

SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS
1 JANUARY – 31 MARCH 2013

Partnerships

- As the result of a complaint about a mental health patient's discharge, the service will review the discharge planning process and discharge checklist with staff to ensure relevant information is discussed with patients and their families.
- As a result of a number of complaints from prisoners regarding access to nursing staff and complaints/feedback forms, Prison Officers have been briefed that all prisoners must be given access to a Nurse Referral form which has been redesigned to include a section for the prisoner to request complaints and/or feedback forms.

Acute

- In relation to smoking at Hospital entrances, and in recognition of the high number of complaints received over this quarter, across various NHS GG&C sites, Smoking Wardens are in place on various Hospital sites, to provide a physical presence to supplement the more prominent visual markings at Hospital entrances requesting that the No Smoking Policy be adhered to. This initiative will be formally evaluated in due course.
- Following a complaint from a patient about the signage to Ward 7 at Glasgow Royal Infirmary, a visual inspection was undertaken by the Hospital Facilities Manager who discovered that the signage on the ground floor in the middle block was incorrect. New signage has been ordered and, in the meantime, the old signage has been taken down to prevent further confusion for visitors.
- A new Patient Safety checklist has been introduced, on a trial basis, following a review of a complaint in which a patient was to have procedure following a caesarean section at Princess Royal Maternity Hospital, which was not undertaken as planned. This was despite the fact that the consent forms had been appropriately completed and signed. If the trial is successful, this will be extended to other GG&C Maternity sites.
- A patient complained that the Southern General Hospital, Labour Ward, recovery area buzzers could not be heard in the midwives/reception area. Upon review it was confirmed that these buzzers were not in the central buzzer system. This was identified as a design fault and is being rectified. In the meantime, all staff have been reminded of the need to be vigilant until a technical solution is in place.
- A patient attended an Emergency Department after falling down stairs and was discharged the same day. His condition deteriorated on return home so he returned to hospital and a CT scan was undertaken which showed a skull fracture. The patient was admitted and transferred to Neurology. The complaint was discussed with clinicians involved in caring for the patient - this was presented as an anonymised learning opportunity and used directly in the teaching of junior doctors. This was also shared across all Emergency Departments and highlighted in the Directorate Clinical Governance report.
- Following a complaint from a deceased patient's daughter with regard to poor nursing care, discharge arrangements, concerns over the death certificate and the reporting of asbestosis to the Procurator Fiscal, a local Consultant education session was delivered to remind clinical staff of the circumstances in which a report should be made to the Procurator Fiscal. This was supplemented by written guidance to all Emergency Department Middle Grade doctors, and other associated issues were discussed with nursing staff within the ward and staff reminded of the importance of ensuring a high standard of documentation at all times.