

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 20 August 2013

Board Paper No. 13/40

NURSE DIRECTOR

QUARTERLY REPORT ON COMPLAINTS: 1 APRIL – 30 JUNE 2013

Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 April – 30 June 2013.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 April – 30 June 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 fifth 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.

1. Local Resolution : 1 April – 30 June 2013

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 April – 30 June 2013 and for comparison 1 January – 31 March 2013. 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 April – 30 June 13		1 January – 31 March 2013	
	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>
(a) Number of complaints received	84	410	70	490
(b) Number of complaints received and completed within 20 working days [<i>national target</i>]	66 (79%)	293 (71%)	58 (83%)	342 (70%)
(c) Number of complaints completed	85	405	67	502
(d) Outcome of complaints completed:-				
➤ Upheld	14	116	15	144
➤ Upheld in part	22	130	21	141
➤ Not Upheld	38	131	23	189
➤ Conciliation	0	1	0	0
➤ Irresolvable	0	0	1	0
(e) Number of complaints withdrawn	11 ¹	27 ²	7 ³	28 ⁴
(f) Number of complaints declared vexatious	0	0	0	0

1 April – 30 June 2013				
	<i>Total</i>	<i>No Consent Received</i>	<i>Complainants no longer wished to proceed</i>	<i>Other</i>
1	11	3	8	0
2	27	14	13	0

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

For this quarter this gives an overall NHSGG&C complaints handling performance for complaints received and completed of 73% 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 April – 30 June 2013 and for comparison 1 January – 31 March 2013.

	1 April – 30 June 13		1 Jan – 31 Mar 13	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
Acute Directorate				
Surgery & Anaesthetics	121	30	154	31
Emergency Care & Medical	97	24	127	25
Women & Childrens	46	11	66	13
Regional	34	8	28	6
Facilities	34	8	47	9
Rehabilitation & Assessment	31	8	35	7
HI&T	23	6	23	5

	<u>1 April – 30 June 13</u>		<u>1 Jan – 31 Mar 13</u>	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
Diagnostics	14	4	16	3
Other	5	1	6	1
Sub-Total	405	100	502	100
CH(C)P				
NHS Board	1	1	1	2
East Dunbartonshire	3	4	2	3
East Renfrewshire	0	0	0	0
Glasgow City - Corporate *	27	32	20	30
North East	12	14	10	15
North West	16	19	15	21
South	13	15	8	12
Inverclyde	4	5	3	5
Renfrewshire	2	2	4	6
West Dunbartonshire	5	6	2	3
Hosted Services - Partnership	2	2	2	3
Sub-Total	85	100	67	100
Grand Total	<u>490</u>		<u>569</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 April – 30 June 2013 and for comparison 1 January – 31 March 2013.

	<u>1 Apr – 30 June 13</u>	<u>1 Jan – 31 Mar 13</u>
Acute Hospital Location	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Beatson West of Scotland Cancer Centre	13	8
Blawarthill Hospital	0	1
Clydebank Health Centre	0	1
Homeopathic Hospital	1	0
Dumbarton Health Centre (Hearing Aid Clinic)	0	1
Drumchapel Hospital	0	1
Gartnavel General Hospital	39	39
Glasgow Royal Infirmary	72	100
Inverclyde Royal Hospital	30	29
Larkfield Unit	0	2
Lightburn Hospital	1	2
Mansionhouse Unit	6	5
Mearnskirck Hospital	0	1
Nelson Mandela Place (Breast Screening Service)	0	2
New Sneddon Street (Anticoagulant Service)	0	0
Out of Hours Service	7	13
Princess Royal Maternity Hospital	6	9
Royal Alexandra Hospital	55	73

	<u>1 Apr – 30 June 13</u>	<u>1 Jan – 31 Mar 13</u>
Acute Hospital Location	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Southern General Hospital	59	66
Stobhill ACH	13	16
Victoria Infirmary	24	40
Victoria ACH	32	20
Vale of Leven Hospital	8	11
Western Infirmary	26	37
Yorkhill Hospital	11	20
Other	2	5
Total	<u>405</u>	<u>502</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 April – 30 June 2013 and for comparison 1 January – 31 March 2013.

	1 Apr – 30 June 13 Number of Completed Complaints	1 Jan – 31 Mar 13 Number of Completed Complaints
Glasgow City CHP - Corporate	27	20
Health & Community Care (Note 1)	0	0
HMP Barlinnie	3	3
HMP Low Moss	13	13
HMP Greenock	6	2
Mental Health Services (Note 2)	4	2
Rowanbank Forensic Medium Secure	0	0
Health Improvement	0	0
Other	1	0
Glasgow City CHP - North East Sector	12	10
Children & Family Services	0	0
Health & Community Care	1	0
Specialist Children's Services	2	2
Skye House Adolescent Unit	1	2
Mental Health Services	3	3
Stobhill Hospital	3	2
Parkhead Hospital	1	1
Planning and Health Improvement	1	0
Glasgow City CHP - North West Sector	16	15
Children & Family Services	0	2
Health & Community Care	4	4
Mental Health Services	7	4
Gartnavel Royal Hospital	0	1
Sexual Health/Sandyford	5	4
Glasgow City CHP - South Sector	13	8
Children & Family Services	0	0
Health & Community Care	5	5
Mental Health Services	5	2
Leverndale Hospital	3	1

	1 Apr – 30 June 13 Number of Completed Complaints	1 Jan – 31 Mar 13 Number of Completed Complaints
East Dunbartonshire CHP	3	2
Health & Community Care	1	1
Mental Health	2	1
West Dunbartonshire CH(C)P	5	2
Health & Community Care	3	0
Mental Health	1	2
Children & Family Services	1	0
Inverclyde CHP	4	3
Health & Community Care	1	1
Mental Health	2	2
Children & Family Services	1	0
East Renfrewshire CH(C)P	0	0
Renfrewshire CHP	2	4
Health & Community Care	0	1
Mental Health	2	3
Hosted	2	2
Podiatry	2	2
NHS Board	1	1
Other	1	1
Totals:	<u>85</u>	<u>67</u>

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

Note 2 – Predominately Forensic and Learning Disabilities

4. Ombudsman : 1 April – 30 June 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	0	0	0
(b) Notification received that an investigation is not being conducted	0	0	0
(c) Investigations Report received	0	0	3
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	3	8	11

In accordance with the Ombudsman's monthly reporting procedure three report had been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; no cases were summarised in the April 2013 commentary, two in the May 2013 commentary and one was summarised in the June 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 NHSGGC 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 waiting times for date of admission/attendance. There is a slight rise in the number of complaints for clinical treatment 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 April – 30 June 2013. Following a recent complaint about smoking outside hospital entrances and the failures identified, the attached **Appendix 4(a)** shows in more detail the service improvements and changes which resulted from this complaint.

7. Patient Advice and Support Service (PASS) : 1 April – 30 June 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:-

- 115 clients were helped with 759 enquiries
 - 32% of enquiries were dealt with by Generalist Advisers
 - 95% 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 April - June 2013, there were 11 supplementary categories were recorded including advice on benefits, legal, debt, finance health and relationships.

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	5%	Encourage clients to articulate their concerns and form goals.
3	62%	Explore options, give advice and initiate action, such as, letters and 3 rd party contact.
4	33%	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: 42% were about Hospital Acute Services
 - Hospitals/Localities: 55% were about Emergency Care & Medical Services.
 - Community Health Partnerships/Community Health and Care Partnerships: 23% were about Renfrewshire CHP
 - Staff Group: 53% were about Consultants/Doctors
 - NHS Advice Code: 36% 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.

The Local Advisory Group (LAG) has been formed, with representation from the Scottish Health Council, GGC CAB Consortium and NHSGGC (Head of Board Administration and Secretariat Manager) in order to monitor and ensure continued publicity of the PASS. The Group's Role and Remit was approved at their last meeting held on Friday 9 August 2013 and discussion took place on the Health Council's Stakeholder Feedback and PASS' contacts with the local services and CH(C)Ps and Acute Services.

9. Current Issues

(a) Annual Report 2012/13

The Directions which supported the implementation of the Patient Rights (Scotland) Act 2011 required NHS Boards to publish an Annual Report for 2012/13 by 30 June 2013 on feedback, comments, concerns and complaints. NHSGGC's Annual Report was published on the website on 30 June 2013 and a copy sent to the Scottish Government Health Department, Healthcare Improvement Scotland and the Scottish Health Council as well as being widely circulated across the organisation including to NHS Board members.

(b) Scottish Public Services Ombudsman's (SPSO) Annual Report 2012/13

The SPSO Annual Report 2012/13 was published recently. The format has been changed and no longer has a section on the NHS and is written in a way to cover all the public sector organisations under the remit of the SPSO office.

The NHS complaints rose most sharply (28% increase) across the public sector organisations, which the Ombudsman acknowledged are often amongst the most complex and time consuming they handle. The launch of the Patient Rights Act and Patient Charter is likely to have increased awareness of the complaints processes within the NHS.

The Ombudsman comments that their research tells them that people are less concerned about their timescales than they are about the thoroughness of their investigation.

Once the SPSO themed report on health is received a note detailing analysis of NHSGGC's position will be produced for members.

10. Complaints Seminar : 14 August 2013

Following discussions at the NHS Board and Quality and Performance Committee about some of the concerns expressed by the Ombudsman's office in relation to complaints handling, and, in particular, the number of "upheld" issues identified by the Ombudsman following investigation, a complaints session was organised for the afternoon of 14 August 2013. The purpose was to improve complaints handling at the Local Resolution stage, bring a focus to valuing complaints and being open and honest when responding to complaints and promoting a more empathetic, compassionate and less defensive approach. The attendees include Directors, General Managers, Heads of Service, Lead Nurses, Complaints Officers and others involved in the complaints process. A copy of the programme is

attached as **Appendix 5** : as can be seen presentations were given by the Chief Executive, Nurse Director, Ombudsman's office and the Director of the Scottish Mediation Network.

12. 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 April – 30 June 2013 and for comparison 1 January – 31 March 2013.

1 April – 30 June 13	1 January – 31 March 13
1:832	1:1627

13. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 April – 30 June 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 APRIL – 30 JUNE 2013

April 2013

-

May 2013

1. The complainant, together with other members of her family, raised a number of concerns with Greater Glasgow and Clyde NHS Board (the Board) concerning the care and treatment their mother received while a patient in the Victoria Infirmary, Glasgow between September and November 2010. The complainant's mother died in hospital on 13 November 2010.

[The Ombudsman recommended that the Board:-

- (i) provide the Ombudsman with evidence that the Board's current policies and procedures regarding the prevention, management, monitoring, education and training of pressure ulcers is in line with national guidance and best practice;*
- (ii) take steps to put in place an action plan to address the shortcomings identified in this report in relation to pressure ulcer management and share this action plan with both the Ombudsman and the complainant;*
- (iii) review how in-patient units communicate with each other about the decision making capacity of patients requiring procedures as in-patients, to ensure that a patient who is being managed under the terms of the Adults With Incapacity (Scotland) Act 2000, is known to be so by any other team undertaking a procedure that would normally require written consent;*
- (iv) consider whether the use of treatment plans (recommended for patients with complex care needs) might support the effective use and validity of Certificates of Incapacity in terms of Section 47 of the Adults With Incapacity (Scotland) Act 2000;*
- (v) review how clinicians document the fact that capacity may be lacking for one specific intervention but present for other investigations and treatments if they believe this to be the case;*
- (vi) ensure that family and carers are appropriately involved and informed of the consideration of use of the Adults With Incapacity legislation in the care of a patient and to document this clearly on the Certificate of Incapacity;*
- (vii) apologise to the complainant and other members of the family for the failings identified in complaint the care and treatment provided to the complainant's mother, including the management of her pressure ulcer and the use of a Certificate of Incapacity;*
- (viii) with reference to the Ombudsman's Adviser's comments under paragraph 84 of this report, consider auditing the precise location of death of their in-patients and whether any system of prioritisation for single rooms across units might minimise this;*
- (ix) seek to ensure that any discussion that a member of staff has with a patient's family is recorded in the patient's medical records; and*
- (x) apologise to the complainant and other members of the family for the failings in communication between Board staff and the family.*

The Board confirmed in writing on 31 May 2013 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

2. The complainant complained about the care and treatment provided to her husband following his admission to the Vale of Leven Hospital. He was 90 years old and was admitted because he was suffering pains in his legs - prior to his hospital admission he was living independently with no other immediate health concerns. The complainant's husband developed pneumonia in hospital and while being treated for this developed diarrhoea, kidney failure, a pressure ulcer and severe oral thrush and subsequently died. The complainant felt the Hospital staff's lack of timely action had contributed to her husband's death.

[The Ombudsman recommended that the Board:-

- (i) remind staff at the hospital of the need to communicate with patients and their relatives and carers to ensure they are kept fully informed about their care and treatment, and of the importance of a proactive approach in this regard;*
- (ii) conduct an audit to ensure the timely assessment of all acute admissions by consultant medical staff;*
- (iii) review the implementation of the fluid balance chart policy, with an emphasis on the identification of the appropriate point for staff to escalate concerns to clinical staff;*
- (iv) ensure junior medical staff at the hospital receive full training on the management of elderly and acutely ill patients with the aim of preventing kidney failure;*
- (v) conduct a significant incident review with regards to the period of care from 27 March to 3 April 2012;*
- (vi) issue a reminder to all medical staff at the hospital to ensure that nursing staff are given timely notice of changes to patients' medication;*
- (vii) advise staff at the hospital that, where possible, patients and their families and carers must be able to discuss care and treatment with a named point of contact within the medical team; and*
- (viii) give a formal apology to the complainant for the shortcomings identified in this report and for the distress she has suffered.*

The Board confirmed in writing on 5 June 2013 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

June 2013

The complainant and his wife underwent a cycle of infertility treatment towards the end of 2011. This did not lead to pregnancy. Thereafter, the Board told complainant and his wife that because the hormone that indicated the complainant's wife's ovarian reserve was low, they would not be offered a further cycle of treatment using her eggs. Instead, they were offered a further cycle with a donated egg. The complainant alleged that this decision was contrary to his and his wife's right of access to NHS treatment and against guidelines on the provision of fertility treatment in Scotland. He further complained that the delays in the process reduced their chances of success.

[The Ombudsman recommended that the Board:-

- (i) apologise to the complainant for the failures identified;*
- (ii) offer the complainant £6,000 in the event that he seeks assisted conception treatment privately;*

(iii) amend their policy on assisted conception to clarify that patients may not be eligible for further NHS treatment if response to treatment is poor; and

(iv) consider introducing a protocol to fast track patients with a potentially poor ovarian reserve.;

The Board confirmed in writing on 4 July 2013 to the Ombudsman that actions have been taken in light of the recommendations contained within the report].

There were 22 Decision Letters issued, three related to Partnerships, eight to Family Health Services and 11 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 22 Decision Letters, there were 15 issues upheld and 35 issues not upheld. The detail of each case can be made available to members if required.

The 21 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	31	01	Consultants/Doctors	15
02	Complaint handling	0	02	Nurses	45
03	Shortage/availability	1	03	Allied Health Professionals	8
04	Communication (written)	2	04	Scientific/Technical	0
05	Communication (oral)	5	05	Ambulance	0
07	Competence	5	06	Ancillary Staff/Estates	0
			07	NHS Board/hospital admin staff/members (exc FHS administrative)	4
	Waiting times for		08	GP	15
11	Date of admission/attendance	6	09	Pharmacists	0
12	Date for appointment	0	10	Dental	1
13	Test Results	0	11	Opticians	1
			12	Other	22
	Delays in/at			Service Area	
21	Admissions/transfers/discharge procedure	0		Accident and Emergency	0
22	Out-patient and other clinics	3		Hospital Acute Services	0
	Environmental/domestic			Care of the Elderly	5
29	Premises	1		Rehabilitation	2
30	Aids/appliances/equipment	0		Psychiatric/Learning Disability Services	40
32	Catering	0		Maternity Services	0
33	Cleanliness/laundry	0		Ambulance Services	0
34	Patient privacy/dignity	0		Community Hospital Services	1
35	Patient property/expenses	0		Community Health Services - not elsewhere specified	29
36	Patient status	0		Continuing Care	0
37	Personal records	0		Purchasing	0
38	Bed Shortages	0		Administration	2
39	Mixed accommodation	0		Unscheduled Health Care	0
40	Hospital Acquired Infection	0		Family Health Services	3
	Procedural issues			Prison	25
41	Failure to follow agreed procedure	5		Other	3
42	Policy and commercial decisions of NHS Board	1		Salaried GPs	1
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	47			
52	Consent to treatment	0			
61	Transport	0			
71	Other	4			

SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS
1 APRIL – 30 JUNE 2013

Partnerships

- Following a complaint being received on behalf of an in-patient within one of the Learning Disability services, and the lack of support they are given to attend health related appointments/health related therapeutic activities, and also due to activities in the patient's weekly planner being changed or cancelled at short notice due to staff issues, the services have implemented an action plan to expand the range of therapeutic activities available and improve on the activity planning schedule.
- As a result of complaint from a prisoner regarding arranging an appointment to see the optician and dentist for over a year, a review of the optician and dental waiting times will take place.

Acute

- At the Royal Hospital for Sick Children, following a complaint from a family about the co-ordination of care for their child, which highlighted poor communication, additional cardiac liaison nurses have been appointed to the paediatric service and their role redefined. These staff are now specifically tasked with liaising with the family, patient and surgeon/cardiologist as well as the local GP and other clinicians who might be involved with the patient. The primary aim is to develop engagement and ensure good and informed communication is evident between all parties. Administration services have also been reviewed with changes made in staffing, systems and processes to improve the administrative engagement between clinical teams and the patient/family.
- A concerned parent complained about having mistakenly used a fire exit stairwell to exit Gartnavel General Hospital, along with their young child. The parent was concerned about the state of repair of the area and as a result of this complaint Estates staff are putting in place a programme of works to refurbish these stairs.
- Following the review of a complaint from a family regarding the number of nursing staff on a specific ward, an audit has resulted in changes to the staffing complement within the area.
- A complaint was received from a patient's family who were unhappy with the lack of medical attention with regard to his insulin medication and poor communication with the family. Investigations found that the system to obtain insulin from the Pharmacy was not followed correctly leading to a delay in provision of insulin. The complaint and response was used as a learning event; ward staff were reminded about the on call pharmacy service at weekends, and all nursing staff in the ward completing an NHS Diabetes e-module on the safe use of insulin.
- A complaint was received from a relative who was concerned that when their elderly mother attended an out-patient appointment she had soiled clothing on her return journey, and, when asked, a nurse advised that spare clothing was not available. The complaint was upheld and staff were reminded that there is clothing available and the process by which this can be obtained.
- A patient's son raised a concern regarding ambulance drivers being giving the wrong ward information. The patient had to go to Southern General Hospital for an MRI scan but the patient missed the appointment. Contact was made with the Scottish Ambulance Service (SAS) Area Manager and the issue has been addressed by both the Division and the SAS. The delay might have been avoided had ward staff checked TrakCare. Ward staff have been reminded of need to do so when communicating with the SAS.

LEARNING FROM COMPLAINTS

SMOKING ON HOSPITAL SITES

Background

The Facilities Directorate received a complaint in early in 2013 regarding smokers outside the Beatson West of Scotland Cancer Centre (BWOSCC) and the fact that the complainant and spouse had to walk through thick smoke to access vital cancer treatment. The complainant questioned why this was tolerated in a site that advocates 'No Smoking'. A response was sent and the complainant then wrote to the CEO about the legalities around this issue. Latterly, the complainant also raised concerns about the bins situated outside the BWOSCC being used as ashtrays.

Responses

Efforts were made to address the points raised by the complainant, however, the complainant remained concerned about the legalities of smoking outside the BWOSCC, in particular in the area that is predominately covered and which is immediately outside the entrance to the main building.

The legal position is that smoking is not permitted in spaces which are fully or substantially enclosed. As a large proportion of the entrance area to the BWOSCC does not have a wall surrounding it, it was considered not to be substantially enclosed therefore not covered by the Smoking, Health and Social Care (Scotland) Act 2005 which commenced on 26 March 2006. We did, however, consider the area to be a no smoking area under the Board's No Smoking Policy.

To help better understand the complainant's ongoing concerns, officers sought advice from the NHS Central Legal Office. The advice was that the part of the entrance area immediately outside the main BWOSCC building did in fact constitute being considered as substantially enclosed. It would therefore be illegal for anyone to smoke there. The section of the entrance which is covered by a canopy does not constitute being substantially enclosed (see Appendix 1). This was explained in full in a further letter to the complainant with a full apology that previous statements and advice had been incorrect and that this advice would be enacted in future and considered across other sites within the NHS Board's area.

Action

At the time of receiving the complaints, officers were considering an ambitious 'no tolerance' campaign to smoking on hospital sites. This included smoke wardens on hospital sites, whose role was to reinforce the 'no smoking' message, particularly at the entrance to hospital buildings. Bright red obtrusive hatching designs on the entrance floors have been introduced to make it abundantly clear that it is not permitted to smoke in these areas. Stop smoking advisors have also been made available to patients and staff, and speech pods were being trialled which emitted various messages activated by cigarette smoke on a loop system. All of the above was backed by major marketing and communications activity which supported the campaign. This work was explained to the complainant in our responses.

With regards to the bins outside the BWOSCC, the design of these meant that they were being misused as ashtrays. The bins were therefore removed in order to further discourage smokers in this area. The complainant has asked for further information on this aspect of his complaint which we are currently considering.

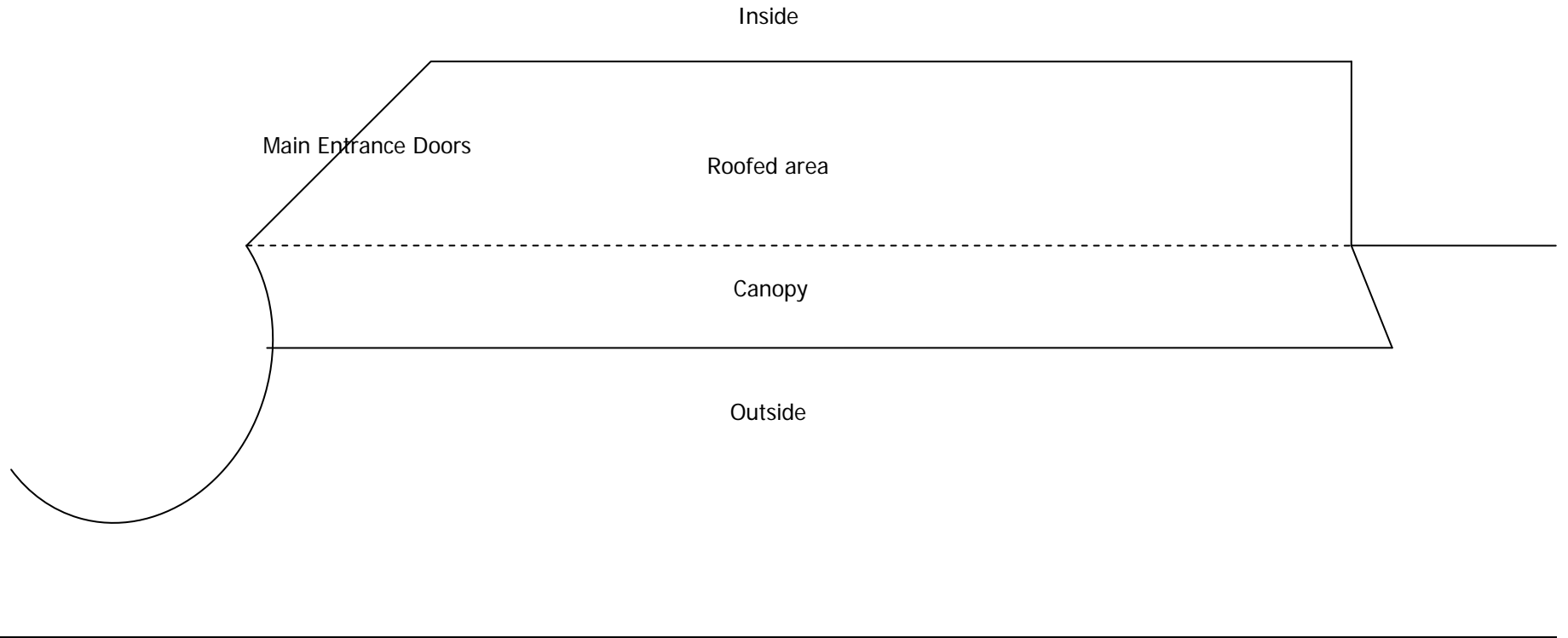
Conclusion

The original complaint was shared widely with colleagues in Facilities and the BWOSCC to ensure that the legal advice, obtained directly as a result of this complainant's concerns, on substantially enclosed areas was understood across NHSGGC hence allowing the Board to be more robust in approaching smokers in areas which are substantially enclosed. It also means that other statutory bodies – such as the Police – can be involved in tackling this issue.

Though the final monitoring regarding the recent campaign is yet to be completed, anecdotally all of the site managers report a positive impact of the campaign with a significant reduction in smoking at the entrances.

This is shared with NHS Board members in the Quarterly Complaints Report as an example of a complaint having a direct and immediate impact on improving our services to patients, carers and visitors to our hospital sites. A number of complaints have been received about smoking taking place on hospital sites and in particular entrances and that was why the "no tolerance" campaign was being developed, however this particular one questioned the legality in relation to the immediate entrance area to the BWOSCC and also the types of bins being used outside the entrance. The complainant is aware that this case study was being shared with NHS Board Members for this purpose.

Appendix 1
BWOSCC – Entrance Area



**Complaints Handling in NHS GGC
Picasso 2, Campanile Hotel, Tunnel Street, Glasgow
Wednesday 14th August, 2013**

From 12.45 Lunch and Networking

Programme

- 13.30** **Welcome, Introductions and Purpose of Today's Session**
- 13.40** **Our Current Process and Performance** **Robert Calderwood**
Chief Executive
- 14.00** **Valuing Complaints** **Emma Gray**
Head of Policy & External Communications
Dorothy Armstrong
Nurse Adviser
Scottish Public Services Ombudsman
- 14.25** **The Role of Mediation** **Graham Boyack**
Director, Scottish Mediation Network
- 14.45** **Coffee Break**
- 15.00** **Improving our Approach** **Rosslyn Crocket**
Nurse Director
- 15.10** **Making It Better**
- Group Breakout Session
- 16.00** **Feedback and plenary discussion**
- 16.20** **Review and Next Steps**