

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 17 December 2013

Board Paper No. 13/62

NURSE DIRECTOR

QUARTERLY REPORT ON COMPLAINTS: 1 JULY – 30 SEPTEMBER 2013

Recommendations:

The NHS Board is asked to:-

- (a) note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 July – 30 September 2013;
- (b) note the extracts from the ISD Annual Report 2012/13 [*See Appendix 5*]; and
- (c) note the extracts from the SPS0 Annual Letter 2012/13 [*See Appendix 6*]

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 July – 30 September 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 include more detailed reporting about complaints including those made about primary care contractors. This report includes the presentation of more detailed information on where complaints have been raised (including Acute Directorates and hospital locations, Partnership geographical areas as well as their associated services areas and independent contractor information for the first time) 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 a future report in early 2014, how feedback, comments and concerns are captured to help improve service delivery.

1. Local Resolution : 1 July – 30 September 2013

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 July – 30 September 2013 and for comparison 1 April – 30 June 2013. Thereafter, the statistics in Table 1 relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

| | 1 July – 30 Sept 2013 | | 1 April – 30 June 2013 | |
|---|----------------------------------|-----------------|----------------------------------|-----------------|
| | Partnerships/ Board (exc FHS) | Acute | Partnerships/ Board (exc FHS) | Acute |
| (a) Number of complaints received | 298 | 408 | 84 | 410 |
| (b) Number of complaints received and completed within 20 working days [<i>national target</i>] | 165 (55%) | 288 (71%) | 66 (79%) | 293 (71%) |
| (c) Number of complaints completed | 180 | 420 | 85 | 405 |
| (d) Outcome of complaints completed:- | | | | |
| ➤ Upheld | 36 | 108 | 14 | 116 |
| ➤ Upheld in part | 43 | 155 | 22 | 130 |
| ➤ Not Upheld | 99 | 132 | 38 | 131 |
| ➤ Conciliation | 0 | 0 | 0 | 1 |
| ➤ Irresolvable | 0 | 4 | 0 | 0 |
| (e) Number of complaints withdrawn | 2 ¹ | 21 ² | 11 ³ | 27 ⁴ |
| (f) Number of complaints declared vexatious | 0 | 0 | 0 | 0 |

| 1 July – 30 September 2013 | | | | |
|----------------------------|-------|---------------------|--|-------|
| | Total | No Consent Received | Complainants no longer wished to proceed | Other |
| 1 | 2 | 1 | 1 | 0 |
| 2 | 21 | 10 | 10 | 1 |

| 1 April – 30 June 2013 | | | | |
|------------------------|-------|---------------------|--|-------|
| | Total | No Consent Received | Complainants no longer wished to proceed | Other |
| 3 | 11 | 3 | 8 | 0 |
| 4 | 27 | 14 | 13 | 0 |

For this quarter this gives an overall NHSGG&C complaints handling performance for complaints received and completed of 64% which is below the target of 70%. The Partnerships' performance would be 74% if prisoner complaints were excluded. See Table 2 on Partnerships and explanation for the rise in complaints from prisoners. Table 4 sets out the numbers per prison.

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. 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 July – 30 September 2013 and for comparison 1 April – 30 June 2013.

| | 1 July – 30 September 13 | | 1 April – 30 June 13 | |
|-----------------------------|--------------------------------|-------------|--------------------------------|-------------|
| | Number of Completed Complaints | % (rounded) | Number of Completed Complaints | % (rounded) |
| Acute Directorate | | | | |
| Surgery & Anaesthetics | 138 | 33 | 121 | 30 |
| Emergency Care & Medical | 89 | 21 | 97 | 24 |
| Women & Childrens | 65 | 15 | 46 | 11 |
| Regional | 34 | 8 | 34 | 8 |
| Facilities | 29 | 7 | 34 | 8 |
| Rehabilitation & Assessment | 25 | 6 | 31 | 8 |
| HI&T | 21 | 5 | 23 | 6 |
| Diagnostics | 13 | 3 | 14 | 4 |

| | <u>1 July – 30 September 13</u> | | <u>1 April – 30 June 13</u> | |
|-------------------------------|---------------------------------------|--------------------|---------------------------------------|--------------------|
| | <u>Number of Completed Complaints</u> | <u>% (rounded)</u> | <u>Number of Completed Complaints</u> | <u>% (rounded)</u> |
| Other | 6 | 2 | 5 | 1 |
| Sub-Total | 420 | 100 | 405 | 100 |
| CH(C)P | | | | |
| NHS Board | 0 | 0 | 1 | 1 |
| East Dunbartonshire | 3 | 2 | 3 | 4 |
| East Renfrewshire | 5 | 3 | 0 | 0 |
| Glasgow City - Corporate * | 127 | 71 | 27 | 32 |
| North East | 14 | 8 | 12 | 14 |
| North West | 11 | 6 | 16 | 19 |
| South | 16 | 9 | 13 | 15 |
| Inverclyde | 1 | 0 | 4 | 5 |
| Renfrewshire | 2 | 1 | 2 | 2 |
| West Dunbartonshire | 1 | 0 | 5 | 6 |
| Hosted Services - Partnership | 0 | 0 | 2 | 2 |
| Sub-Total | 180 | 100 | 85 | 100 |
| Grand Total | | | <u>490</u> | |

* Covers Forensic Services and Prison Healthcare.

Following the introduction of a new complaints form and flow chart by the Scottish Government earlier this year inviting prisoners to indicate whether they wished to provide "Feedback" or "Complaint"; almost all prisoners ticked "Complaint" on the form when submitting it. This triggers a full investigation and response, hence the numbers of complaints rose significantly (as did complaints from prisoners in every other Board in Scotland which hosts a prison).

As a result, representatives from the Scottish Government and SPSO were invited to a National Prisoner Healthcare Network meeting to discuss the issues further with Boards. During discussion, it was apparent that the process of trying to resolve complaints locally within 3 days was still very much part of the procedure. NHSGGC has therefore developed a revised flow chart and implemented a new form for staff to use when they discuss the issues/complaints with prisoners. The form is in a "you said - we did" format, whereby the issues are recorded on the top part and the agreed resolution is recorded on the lower part. Both prisoner and a nurse/doctor sign it. The revised process has only been implemented since early November, however we are resolving a large number of prisoner complaints locally and within three days. There will still be some that cannot be resolved in this timeframe due to their complexity.

It is hoped also that the introduction of patient information leaflets, tighter prescribing guidelines and evidence based assessment tools will also lead to fewer complaints around medication in the future.

Table 3 – Breakdown of Completed Complaints by Acute Hospital Location

Detailed overleaf is an Acute Hospital location breakdown of completed complaints within NHSGGC for the period 1 July – 30 September 2013 and for comparison 1 April – 30 June 2013.

| | <u>1 July – 30 Sept 13</u> | <u>1 April – 30 June 13</u> |
|--|---------------------------------------|---------------------------------------|
| Acute Hospital Location | <u>Number of Completed Complaints</u> | <u>Number of Completed Complaints</u> |
| Beatson West of Scotland Cancer Centre | 14 | 13 |
| Bridgeton Health Centre | 1 | 0 |
| Homeopathic Hospital | 0 | 1 |
| Gartnavel General Hospital | 38 | 39 |
| Glasgow Royal Infirmary | 76 | 72 |
| Inverclyde Royal Hospital | 25 | 30 |
| Larkfield Unit | 1 | 0 |
| Lightburn Hospital | 0 | 1 |
| Mansionhouse Unit | 3 | 6 |
| Mearnskirck Hospital | 3 | 0 |
| Nelson Mandela Place (Breast Screening Service) | 2 | 0 |
| Out of Hours Service | 5 | 7 |
| Princess Royal Maternity Hospital | 5 | 6 |
| Royal Alexandra Hospital | 54 | 55 |
| Southern General Hospital | 59 | 59 |
| Stobhill ACH | 16 | 13 |
| Victoria Infirmary | 29 | 24 |
| Victoria ACH | 21 | 32 |
| Vale of Leven Hospital | 10 | 8 |
| Western Infirmary | 29 | 26 |
| Yorkhill Hospital | 22 | 11 |
| Other | 7 | 2 |
| Total | <u>420</u> | <u>405</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 July – 30 September 2013 and for comparison 1 April – 30 June 2013.

| | 1 July – 30 Sept 13 Number of Completed Complaints | 1 April – 30 June 13 Number of Completed Complaints |
|---|---|--|
| Glasgow City CHP - Corporate | 127 | 27 |
| <u>Health & Community Care</u> | | |
| - HMP Barlinnie | 75 | 3 |
| - HMP Low Moss | 19 | 13 |
| - HMP Greenock | 30 | 6 |
| Mental Health Services (See Note) | 3 | 4 |
| Rowanbank Forensic Medium Secure | 0 | 0 |
| Health Improvement | 0 | 0 |
| Other | 0 | 1 |
| Glasgow City CHP - North East Sector | 14 | 12 |
| Children & Family Services | 0 | 0 |
| Health & Community Care | 1 | 1 |
| Homelessness Services | 1 | 0 |
| Specialist Children's Services | 1 | 2 |
| Skye House Adolescent Unit | 2 | 1 |
| Mental Health Services | 4 | 3 |
| Stobhill Hospital | 4 | 3 |
| Parkhead Hospital | 1 | 1 |

| | 1 July – 30 Sept 13 Number of Completed Complaints | 1 April – 30 June 13 Number of Completed Complaints |
|---|--|---|
| Planning and Health Improvement | 0 | 1 |
| Glasgow City CHP - North West Sector | 11 | 16 |
| Children & Family Services | 0 | 0 |
| Health & Community Care | 1 | 4 |
| Mental Health Services | 2 | 7 |
| Gartnavel Royal Hospital | 1 | 0 |
| Sexual Health/Sandyford | 7 | 5 |
| Glasgow City CHP - South Sector | 16 | 13 |
| Children & Family Services | 0 | 0 |
| Health & Community Care | 6 | 5 |
| Mental Health Services | 3 | 5 |
| Leverndale Hospital | 7 | 3 |
| East Dunbartonshire CHP | 3 | 3 |
| Health & Community Care | 2 | 1 |
| Mental Health | 1 | 2 |
| West Dunbartonshire CH(C)P | 1 | 5 |
| Health & Community Care | 1 | 3 |
| Mental Health | 0 | 1 |
| Children & Family Services | 0 | 1 |
| Inverclyde CHP | 1 | 4 |
| Health & Community Care | 0 | 1 |
| Mental Health | 1 | 2 |
| Children & Family Services | 0 | 1 |
| East Renfrewshire CH(C)P | 5 | 0 |
| Mental Health | 2 | 0 |
| Health & Community Care | 1 | 0 |
| Rehabilitation & Assessment | 1 | 0 |
| Specialist Children's Services | 1 | 0 |
| Renfrewshire CHP | 2 | 2 |
| Health & Community Care | 0 | 0 |
| Mental Health | 2 | 2 |
| Hosted | 0 | 2 |
| Podiatry | 0 | 2 |
| NHS Board | 0 | 1 |
| Other | 0 | 1 |
| Totals: | <u>180</u> | <u>85</u> |

Note – Predominately Forensic and Learning Disabilities

***Bold** entries denote mental health hospital services managed by CH(C)Ps*

4. Complaints Received By Doctors, Dentists And Community Pharmacists And Opticians

The Patient Rights (Scotland) Act 2011 came into force 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 healthcare. An important part of the Act was to ensure that patients' feedback, comments, concerns and/or complaints were more actively collected, monitored and used to improve services. Sections 10 and 11 of the Directions issued to support the Act in this area placed a requirement on NHS Boards to publish an Annual Report summarising the handling of feedback, comments, concerns and complaints and of the action which has been taken, or is to be taken, to improve services as a result. NHSGGC's first Annual Report was published at the end of June 2013. The Scottish Government Health Department feedback on the Annual Report is awaited.

The Act also required for the first time additional monitoring and reporting requirements including more detailed reporting about complaints made about primary care contractors (GPs, dentists, community pharmacists and opticians).

Given this, all independent primary care contractors are now required to provide their complaints information to the NHS Board. In order to receive this information from over 1,000 primary care contractors and ensure that we aligned our processes to allow national comparisons, a small working group was established to determine the best and most effective method to do this electronically. The conclusion was that this data would be collected via Survey Monkey – an on-line survey tool. Practices were asked to provide us quarterly with statistical information and an outline of lessons learned and action taken as a result of their complaints received. This was carried out for the first time in collecting the annual data in spring 2013 for 2012/13 and the information was then used in the Annual Report. It is now routinely collected quarterly from primary care contractors and this quarterly information is included in this Quarterly Report for the first time.

Practices are sent an email informing them the survey is open and those that don't respond will be sent up to a further two reminder emails. Once the survey is closed, the information is collated and separated into spreadsheets, one for each of the CH(C)Ps. Each spreadsheet is sent to the relevant CH(C)P Director, Head of Primary Care & Community Services and the Clinical Director for review.

It was agreed at the Clinical Governance Forum that the returns should be discussed at the local level, GP locality groups and GP Forum, who would agree how take issues forward, linking with education and training. The first step was to improve the return rate and improve the quality of returns and the learning at practice level. The next step is to look at the common themes and consider training for practice staff. Examples of the actions taken are:

- Clinical Treatment - encourage Significant Event Analysis to review complaint and share learning from this.
- Practice Systems - share learning and view how other practices cope.
- Staff Attitude - training can be arranged either in-house or via CH(C)P.
- Treatment Rooms - referred to Treatment Room Group for discussion.

Below are the details of the complaints received for the first two quarters (April to June 2013 and July to September 2013) and performance of each contractors group.

Table 6 - Complaints received by Doctors, Dentists, Community Pharmacists and Opticians

| | <u>1 April – 30 June 2013</u> | | | | <u>1 July – 30 September 2013</u> | | | |
|----------------------|----------------------------------|--|------------------|-------------------|-----------------------------------|--|------------------|-------------------|
| | <u>No of Complaints Received</u> | <u>Responded to Within 20 Working Days and (%)</u> | <u>ADR* Used</u> | <u>Still Open</u> | <u>No of Complaints Received</u> | <u>Responded to Within 20 Working Days and (%)</u> | <u>ADR* Used</u> | <u>Still Open</u> |
| GP | 213 | 212 (99%) | 6 | 14 | 293 | 290 (99%) | 13 | 65 |
| Dentist | 212 | 212 (100%) | 0 | 1 | # | - | - | - |
| Optician | 34 | 18 (53%) | 4 | 11 | 54 | 54 (100%) | 7 | 1 |
| Community Pharmacist | 90 | 84 (93%) | 0 | 0 | 92 | 88 (96%) | 0 | 3 |

* Alternate Dispute Resolution (the use of this service is being queried with the GPs and opticians).

Due to an error in sending the survey to General Dental Practitioners for the quarter July – September 2013; it has had to be re-sent. These figures will therefore be included in the next report to the NHS Board.

Table 7 - Returns received by Doctors, Dentists, Community Pharmacists and Opticians

| | 1 April – 30 June 2013 | | | 1 July – 30 September 2013 | | |
|----------------------|-------------------------------|------------------------|------------------------|-------------------------------|------------------------|------------------------|
| | <u>No of Surveys Received</u> | <u>Return Rate (%)</u> | <u>No of Practices</u> | <u>No of Surveys Received</u> | <u>Return Rate (%)</u> | <u>No of Practices</u> |
| GP | 206 | 80 | 258 | 188 | 73 | 258 |
| Dentist | 215 | 80 | 267 | - | - | 267 |
| Optician | 164 | 80 | 205 | 189 | 94 | 202 |
| Community Pharmacist | 312 | 99 | 313 | 310 | 98 | 314 |

Local contractor teams are taking steps to improve the response rate from contractors in order to achieve a 100% return rate from all four groups. This is a contractual responsibility for all contractors and therefore those not responding will be contacted to ensure future compliance.

Below is an indication of the themes of the complaints and lessons learned / action taken to avoid a recurrence for the quarter April – June 2013.

Service Improvements from Complaints : April – June 2013

Dental Complaints

Key themes included payment issues, unhappiness with treatment and communication. The communication issues related mainly to costs of treatment and ensuring the patient was aware in advance of the treatment plan and associated costs. In terms of numbers of complaints these were small. Out of the practices who reported complaints had been received, the actual number of complaints were on average 1 per practice so not indicative of major issue in any particular practice.

The Oral Health Directorate will, however, report and discuss results at the General Dental Services (GDS) Clinical Governance Group which is populated with GDP, GDP-sub and Dental Practice Advisers (DPA) representatives to ascertain if any action is necessary at this stage.

Action taken in response in some instances involved scheduled staff training.

Ophthalmic Complaints

Optician 1 - Four complaints received from patients finding it difficult to adjust to their new prescriptions, and one complaint in respect of the thickness of their lens.

GP Complaints

Practice 1 - Patient complaining about changes to repeat prescription telephone answering machine opening times - Patient education regarding practice systems.

Practice 2 - Attitude of reception staff - In house staff training.

Practice 3 - Patient was unhappy about the manner in which she was spoken to by one of our locum doctors. Patient also made reference to the home visit policy - Home visit policy is now displayed in the waiting area.

Practice 4 - Appointment System - Patient experienced difficulty booking return appointment due to two week ahead only booking system. Advised staff to open appointment system rather than asking patient to phone back next day if return appointment.

Practice 5 - A patient wanted a hand x-ray. The doctor advised on examination that there was no clinical evidence to support the need for an x-ray and advised that the patient should see a physician instead, or be referred to orthopaedics if this did not produce the desired resolution of his pain. Patient phoned to complain that the doctor had trivialised the complaint and should have arranged for an x-ray - the patient may have expectations from websites regarding the clinical management of a condition, whereas the General Practitioner had to assess the individual patient and decide on the most appropriate course of action in each case.

Practice 6 - Prescription errors. Breach of Confidentiality - Staff to mark date prescription printed in prescription posted book. Staff not to hand over prescription for other family members unless asked to do so by patient.

Service Improvements from Complaints : July – September 2013

This information has not yet been made available for the second quarter: July – September 2013. There are some teething problems in introducing the next system relating to independent contractor groups and it is hoped to iron these out at a meeting arranged early in the New Year for that purpose. The information in relation to service improvements will therefore be included in the next report to the NHS Board.

5. Ombudsman : 1 July – 30 September 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 | 0 |
| (d) Decision Letters received (Often the first indication in respect of FHS Complaints) | 4 | 6 | 12 |

In accordance with the Ombudsman’s monthly reporting procedure no reports had been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases.

The details of the NHSGGC Decision Letters for the second quarter of 2013/14 and are attached as Appendix 1.

6. 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 (including prescribing issues), attitude and behaviour and waiting times for date for appointment. These issues are consistent with previous quarters, however, due to the increase in formal complaints received from the Prison Services this quarter, the number for each of these categories are significantly higher.

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

Acute

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

7. 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 July – 30 September 2013.

8. Patient Advice and Support Service (PASS) : 1 July – 30 September 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:-

- 106 clients were helped with 282 enquiries
 - 13% of enquiries were dealt with by Generalist Advisers
 - 96% 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.

- The most frequently recorded feedback, comments, concerns and complaints are listed below:
 - Service Area: 48% were about Hospital Acute Services
 - Hospitals/Localities: 58% were about Emergency Care & Medical Services.
 - Community Health Partnerships/Community Health and Care Partnerships: 47% were about West Dunbartonshire CH(C)P
 - Staff Group: 52% were about Hospital Consultants/Doctors
 - NHS Advice Code: 33% 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 now meets quarterly - furthermore the Head of Board Administration is now a member of the National Advisory Group (NAG). The first meeting on 5 December 2013 was postponed due to the inclement weather.

9. The Patient Right’s Scotland Act

The Patient Right’s (Scotland) Act 2011 aims to improve patient’s experiences of using health services and support people to become more involved in their health and health care. The Act will help us to meet our aspirations for an NHS which respects the rights of both patients and staff, and it gives patients among other things:

- The right that the health care they receive should consider their needs, consider what would be of optimum benefit to them, encourage them to take part in decisions about their health and wellbeing, and provide information and support for them to do so.
- Provides a right to give feedback (both positive and negative) or comments, or raise concerns or complaints about the health care they have received.

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 | 4% | Encourage clients to articulate their concerns and form goals. |
| 3 | 96% | Explore options, give advice and initiate action, such as, letters and 3 rd party contact. |
| 4 | 0% | Special support and complex casework, including accompanying clients to meetings and working jointly with partner organisations. |

- Provides access for patients and members of the public to the independent 'Patient and Advice Support Service' (PASS) which provides support and assistance as well as understanding their rights and responsibilities when using health services. PASS will also help support patients to give feedback about their health care and direct them to other types of support, such as advocacy or communication support services.

Last year was the first year the Board produced its annual report summarising the actions which had been taken or about to be taken to improve services as a result of feedback, comments and concerns received in the year.

The Quality Policy Development Group (QPDG) reviewed the contribution from across NHSGGC in relation to the content of our first annual report. Whilst the group noted the good work carried out to date, the contribution from across the system was variable with some areas not even contributing. The Nurse Director therefore wrote to all Directors aimed at reminding services of what is required of them to enable the Board to fulfil its requirements.

The Nurse Director has recently written to Board members setting out the new and developing arrangements for collecting feedback from the Acute Services Division and Partnerships. The web-based feedback process was launched on 18 November 2013 (*see item 11 below*) and the date and information collected for all forms of feedback for the quarter 1 January 2013 – 31 March 2014 will be submitted in the first quarterly report to the NHS Board in early 2014/15.

10. National Education Scotland Masterclass in Handling Complaints – 25 October 2013

Below reproduces the text from the paper to last month's Quality and Performance Committee:-

“As part of the Education and Training Project for handling and learning from feedback and complaints (outlined in CEL (2012) 08 and the associated good practice guidance issued in March 2012 http://www.sehd.scot.nhs.uk/mels/CEL2012_08.pdf), NHS Education for Scotland (NES) and the Scottish Public Services Ombudsman's (SPSO) office developed a 'Masterclass' for Executive and Non-Executive Board members. This focused on corporate responsibility and governance for the handling of feedback and complaints

The Vice Chair, two Non Executive Directors, Nursing Director and the Head of Administration (Acute Services) attended the NES Masterclass Friday 25 October 2013; the first of a series of three sessions being held in locations throughout Scotland. This first Masterclass was held in Glasgow, and was attended by around 25 Executive and Non Executive Directors from a range of NHS Boards. The session concentrated on complaints but discussions did also encapsulate feedback in its widest sense.

There were three main Panel speakers and the session was chaired by Mr Malcolm Wight, Chief Executive, NHS Education for Scotland. On the panel were Ms Mairi Macpherson, Head of the Person-Centred Team at Scottish Government, Mr Jim Martin, Scottish Public Services Ombudsman, and Ms Maureen Dowden, Assistant Director Of Community Engagement and Governance at the Glasgow Housing Association(GHA).

Ms Macpherson reported that her remit had only very recently been expanded to incorporate complaints and feedback, and she was joined in her presentation by Mr Richard Norris, Chief Executive, Scottish Health Council, to outline the Government's approach to using complaints and feedback to improve standards.

Mr Martin provided a very thought provoking presentation in which he highlighted that he had been both an Executive and a Non Executive Director in public and private sector settings, which gave him a unique insight into these roles and responsibilities. His key theme was good governance, and he referred to the Francis Report and a soon to emerge Parliamentary Select Committee report on Complaint Handling, as key recent drivers to improving governance. Mr Martin also referred to the Model Complaints Handling Procedures and the 'Can I Help You?' guidance issued by his office, both of which he singled out as excellent approaches, embraced fully by the NHS. Mr Martin provided a number of challenges to Executive and Non Executive Directors to look beyond the performance management issues surrounding complaints, and to identify trends and service improvements driven by

complaint resolution. Mr Martin referred to complaints as a positive source of feedback and that complaints should be embraced as an opportunity to learn, improve and engage with the public.

Ms Dowden provided a very positive presentation and took colleagues on the very difficult journey from the inception of the Glasgow Housing Association (GHA) to today, and the very clear and conscious leadership and a cultural shift to embrace complaints, effect early resolution and improve tenant satisfaction. It was clear from the list of accolades attracted by the GHA in recent years that the journey had been very successful, and she provided day to day examples of how services were far more responsive, less defensive, and more pro active. Mr Dowden also provided an overview of the governance arrangements in place and the reporting structure across the Association. It was noted that the GHA deals with around 6,000 complaints per annum, although her team only deal with difficult cases, undertake spot audits and Stage 2 complaints. These audits involve the Directors reviewing complaints and sitting down with tenants to review their satisfaction with the response received”.

The Nurse Director and Head of Board Administration met with Ms Dowden on 5 December 2013 to pursue further some of the very innovative practices described in the presentation. The outcome will be written up for the Corporate Management Team, considered as part of the review of structures and discussed with Board members in the New Year.

11. Improving the Patient Experience at Forefront of NHSGGC Priorities as New Patient Feedback System Launched At Annual Review

Working with our patients to improve services and “the patient experience” is at the forefront of NHS Greater Glasgow and Clyde’s (NHSGGC) priorities.

One of the best ways to do this is to capture comments from our patients, relatives, service users, staff and volunteers. To increase detailed feedback that will be used to influence change NHSGGC launched an online Patient Feedback system to enhance existing methods of capturing patient views which already include face to face patient interviews, discharge survey forms and a host of patient forum groups.

Hosted on the Board’s website www.nhsggc.org.uk/patientfeedback patient comments will be fed directly to frontline service providers to flag up issues where we can improve services and where services have worked really well and could be emulated elsewhere.

The new system was unveiled at NHSGGC’s Annual Review which was attended by more than 200 patients and members of the public.

12. Current Issues

As a result of the consideration of a number of improvements to the current complaints handling processes, following the Gap Analysis undertaken of the Francis Report and the identified need to improve the quality of responses at Local Resolution, the following initial actions have been undertaken:-

- the Nurse Director has written to the Acute Services Division and the six Partnerships seeking greater emphasis on a quality assurance process for improving final responses to complainants;
- the Nurse Director has asked Acute Services and the six Partnerships to undertake peer reviews of second episode complaints (where the complainant has remained unhappy) where service failings are alleged.
- the National Education for Scotland (NES) five training nodules were launched on LearnPro via StaffNet. A Core Brief was issued to staff encouraging frontline staff and any staff member involved in complaints or feedback, to complete the on-line training as soon as possible. Regulatory monitoring would be undertaken in order to target further messages to the Key Staff Group;
- revisit reporting arrangements to the Board to ensure greater details of where complaints originate from (specialties, directorates etc) and identify trends and service improvements. For independent

contractors, commence complaints reporting; future reporting to come on feedback and how this has led to service improvement; and

- a revision of the Complaints Policy is now underway and members would be advised of progress and the first draft Policy.

Further discussions on issues to be considered in terms of improving complaints handling will be reviewed further and discussed with members, including discussions at the Away Session in February 2014.

13. 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 below is the complaints completed pro rata for the period for 1 July – 30 September 2013 and for comparison 1 April – 30 June 2013.

| | |
|--------------------------|----------------------|
| 1 July – 30 September 13 | 1 April – 30 June 13 |
| 1:825 | 1:832 |

14. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 July – 30 September 2013 and to agree the changes implemented in accordance with the Patient Rights (Scotland) Act 2011.

Rosslyn Crocket
Nurse Director
0141 201 4408

Shirley Gordon
Secretariat and Complaints Manager
0141 201 4477

**SCOTTISH PUBLIC SERVICES OMBUDSMAN REPORTS –
1 JULY – 30 SEPTEMBER 2013**

There were no Investigation Reports published by the Ombudsman in this quarter in relation to NHSGGC.

There were 22 Decision Letters issued, four related to Partnerships, six to Family Health Services (*five GPs and one dentist*) and 12 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 11 issues upheld and 25 issues not upheld. The detail of each case can be made available to members if required.

The 19 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 | 33 | 01 | Consultants/Doctors | 19 |
| 02 | Complaint handling | 0 | 02 | Nurses | 66 |
| 03 | Shortage/availability | 3 | 03 | Allied Health Professionals | 13 |
| 04 | Communication (written) | 0 | 04 | Scientific/Technical | 0 |
| 05 | Communication (oral) | 8 | 05 | Ambulance | 0 |
| 07 | Competence | 2 | 06 | Ancillary Staff/Estates | 1 |
| | Waiting times for | | 07 | NHS Board/hospital admin staff/members (exc FHS administrative) | 9 |
| 11 | Date of admission/attendance | 0 | 08 | GP (Salaried) | 93 |
| 12 | Date for appointment | 19 | 09 | Pharmacists | 0 |
| 13 | Test Results | 1 | 10 | Dental (Salaried) | 4 |
| | Delays in/at | | 11 | Opticians (Salaried) | 2 |
| 21 | Admissions/transfers/discharge procedure | 1 | 12 | Other | 7 |
| 22 | Out-patient and other clinics | 1 | | Service Area | |
| | Environmental/domestic | | | Accident and Emergency | 0 |
| 29 | Premises | 1 | | Hospital Acute Services | 0 |
| 30 | Aids/appliances/equipment | 0 | | Care of the Elderly | 3 |
| 32 | Catering | 0 | | Rehabilitation | 7 |
| 33 | Cleanliness/laundry | 0 | | Psychiatric/Learning Disability Services | 44 |
| 34 | Patient privacy/dignity | 0 | | Maternity Services | 0 |
| 35 | Patient property/expenses | 0 | | Ambulance Services | 0 |
| 36 | Patient status | 0 | | Community Hospital Services | 2 |
| 37 | Personal records | 0 | | Community Health Services - not elsewhere specified | 27 |
| 38 | Bed Shortages | 0 | | Continuing Care | 0 |
| 39 | Mixed accommodation | 0 | | Purchasing | 1 |
| 40 | Hospital Acquired Infection | 0 | | Administration | 2 |
| | Procedural issues | | | Unscheduled Health Care | 0 |
| 41 | Failure to follow agreed procedure | 6 | | Family Health Services | 0 |
| 42 | Policy and commercial decisions of NHS Board | 1 | | Prison | 128 |
| 43 | NHS Board purchasing | 0 | | Other | 0 |
| 44 | Mortuary/post mortem arrangements | 0 | | | |
| | Treatment | | | | |
| 51 | Clinical treatment | 135 | | | |
| 52 | Consent to treatment | 0 | | | |
| 61 | Transport | 0 | | | |
| 71 | Other | 3 | | | |

**ACUTE
APPENDIX 3**

| <u>Code</u> | | <u>Code</u> | |
|-------------------------------|---------------|---|---------------|
| ISSUES RAISED | NUMBER | STAFF GROUP | NUMBER |
| Staff | | Staff Group | |
| 01 | 104 | 01 | 312 |
| 02 | 0 | 02 | 155 |
| 03 | 1 | 03 | 17 |
| 04 | 41 | 04 | 4 |
| 05 | 58 | 05 | 0 |
| 07 | 6 | 06 | 44 |
| Waiting times for | | 07 | 116 |
| 11 | 26 | (exc FHS administrative) | |
| 12 | 48 | 08 | 0 |
| 13 | 13 | 09 | 4 |
| Delays in/at | | 10 | 2 |
| 21 | 13 | 11 | 0 |
| 22 | 18 | 12 | 12 |
| Environmental/domestic | | Service Area | |
| 29 | 38 | Accident and Emergency | 30 |
| 30 | 2 | Hospital Acute Services | 605 |
| 32 | 5 | Care of the Elderly | 19 |
| 33 | 6 | Rehabilitation | 9 |
| 34 | 3 | Psychiatric/Learning Disability Services | 3 |
| 35 | 1 | Maternity Services | 0 |
| 36 | 0 | Ambulance Services | 0 |
| 37 | 2 | Community Hospital Services | 0 |
| 38 | 0 | Community Health Services - not elsewhere specified | 0 |
| 39 | 0 | Continuing Care | 0 |
| 40 | 0 | Purchasing | 0 |
| Procedural issues | | Administration | 0 |
| 41 | 1 | Unscheduled Health Care | 0 |
| 42 | 9 | Family Health Services | 0 |
| 43 | 0 | Prison | 0 |
| 44 | 2 | Other | 0 |
| Treatment | | | |
| 51 | 258 | | |
| 52 | 1 | | |
| 61 | 5 | | |
| 71 | 4 | | |

SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS
1 JULY – 30 SEPTEMBER 2013

Partnerships

Following a complaint regarding incorrect information being provided in relation to drop-in clinics for Sandyford Services, the Business Administration Manager is instigating a training programme for administration staff to ensure correct information relating to certain aspects of clinics are provided to clients.

As a result of various complaints from prisoners regarding medication issues, a review of pharmacy process has been undertaken to ensure that medications are dispensed timeously and also that prisoners are made aware of the process for re-ordering medication.

Acute

- As a result of complaint about general surgery, a patient's case was discussed at the Hospital Consultants meeting where it was recognised that medical staff may have considered sooner the possibility of an anastamotic leak, given the patient's clinical findings. In light of this, the Lead Consultant for General Surgery is reviewing the guidelines on scanning to ensure this is carried out sooner should a similar situation arise in future.
- Due to missing case notes, a patient's ophthalmology care did not proceed as planned. The process for reconciling casualty notes with the main medical record folder was reviewed in order to prevent similar problems (of the two not marrying) occurring in future. In addition, staff have been reminded of the need to follow up problems of missing documentation, escalating matters to supervisors where necessary, before patients attend for their appointments.
- Following a complaint from a patient who was given inaccurate information about their waiting time for surgery, the service has put in place a secondary checking process to help prevent this error occurring again.
- PASS wrote to the Board on behalf of patient who was asked to lie on a trolley which had blood from a previous patient on it. As a result of this complaint the correct processes and procedures to be followed have been highlighted to all relevant staff to ensure that all trolleys are checked and cleaned when a patient is finished with the trolley, before being offered to the next patient. In addition, all trolley mattresses are now routinely checked daily, and weekly, in the department.
- Following a complaint from a patient who was unhappy with the delay in diagnosis and treatment of a pulmonary embolism, the service undertook a complete review of the anti-coagulation referral process. This led to the removal of all old posters/booklets, which were replaced with up to date, accurate posters. In addition, junior doctors are now instructed to ensure that in Immediate Discharge Letters, the follow up details of the anti coagulation appointment is typed in the Letter to ensure that the patient and the GP is made aware of the arrangement.
- A patient complained as she was unhappy with the way she was spoken to by a member of staff whilst she was searching for the correct area for her appointment at the Princess Royal maternity Hospital. The member of staff who was approached for directions was spoken to, and the signage for patients attending the particular department were reviewed (by walking the route taken), and additional signs have been put in place to make way finding easier.

- A complainant was unhappy that she was accidentally informed by an embryologist about the failure of embryos whilst thawing. The couple were given bad news which was meant for another couple. A full apology and an explanation was provided. The service reviewed the circumstances and have made changes to ensure that the witnessing steps have been made more robust and departmental protocols have been amended.

ISD ANNUAL REPORT 2012/13

Information Services Division (ISD) published its Annual Report on NHS Complaints for 2012/13 on 24 September 2013. 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, dental, pharmaceutical and ophthalmic 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 2012/13, for NHS Scotland there were 9,161 complaints received about hospital and community services and 3,966 complaints received about family health services.

NHS Boards and their Divisions

- There was a 13% rise in Hospital and Community complaints received with 9,161 in 2012/13 compared to 8,117 in 2011/12. This follows a rise of 15% between 2010/11 and 2011/12.
- Of the 9,161 complaints made about Hospital & Community Health Services in 2012/13, 6,964 (76%) related to the Hospital acute service group compared to 6,235 in 2011/12; this represents a 12% increase.
- The percentage of complaints acknowledged within the national target timescale of three working days from receipt was 90%, (consistent with 2011/12), while the percentage of complaints dealt with within the national target of 20 working days was 61%, slightly lower than that achieved in 2011/12 (65%).
- The median time taken to deal with complaints was 19 working days in 2012/13, consistent with 2011/12 and 2010/11.
- The most prevalent issue raised in 2012/13 complaints was 'Treatment' (38%), followed by 'Staff' (32%), 'Waiting Times' (10%) and 'Environment/domestic' (10%).
- Medical and dental staff, along with nurses, midwives and health visitors are the most prevalent groups recorded under 'Staff Issues' – both 37%.
- In 2012/13, 28% of complaints were fully upheld, 35% were partially upheld and 36% were not upheld.

Family Health Services

Five broad service types are included within the Family Health Services complaints procedure - medical, dental, pharmaceutical and ophthalmic 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. This is the first time that complaints relating to pharmaceutical and ophthalmic services have been reported.

- The number of complaints about Family Health Services in 2012/13 was 3,966. Excluding figures for Pharmaceutical and Ophthalmic complaints which were unavailable for 2011/12, there were 2,992 complaints in 2012/13 compared to 3,538 in 2011/12; a reduction of 15%. Medical complaints have reduced by 13% and Dental complaints by 30%.

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 2,183 in 2012/13 and responded to 70.6% of these within 20 working days. By way of a comparison, we received 2,023 in 2011/12 and responded to 69.7% of these within 20 working days.
- In relation to Family Health Service complaints to independent practitioners, NHSGGC received 1,012 in 2012/13 (677 medical, 83 dental, 168 pharmacist and 84 optician). Excluding figures for Pharmaceutical and Ophthalmic complaints which were unavailable for 2011/12, there were 881 complaints (718 medical and 163 dental) in 2011/12.

The full ISD Report 2012/13 can be accessed by clicking [here](#) or found at <https://isdscotland.scot.nhs.uk/Health-Topics/Quality-Indicators/Publications/2013-09-24/2013-09-24-Complaints-Report.pdf?92000979186>

**ANNUAL LETTER 2012/13 : COMPLAINTS TO THE
SCOTTISH PUBLIC SERVICES OMBUDSMAN
ABOUT NHS GREATER GLASGOW AND CLYDE**

On 11 September 2013, Mr Jim Martin, Scottish Public Services Ombudsman (SPSO), wrote to the NHS Board's Chief Executive with a Sectoral Complaint Report and statistics relating to complaints about NHS Greater Glasgow and Clyde for the 2012/13 year. This provided information about the number of complaints received by the SPSO and determined about NHSGGC. It also highlighted the number of premature complaints (those that came to his office too early before completing the NHS Board's complaints process) and those complaints that were "fit for SPSO" (ie valid for investigation by the SPSO) and their outcome.

The SPSO outlined that in the post-Francis era, complaints are an essential scrutiny mechanism for ensuring accountability and welcomed the strong commitment from many NHS Boards to improving how staff handle complaints and using the learning from them to inform improvements. The SPSO was also encouraged by the ethos of the Patient Rights Act which supports a culture of person-centeredness, transparency and candour.

However, when the SPSO looked at the health sector complaints they had investigated over the year, it was notable that they continued to find evidence that, in a generally good service, some people are experiencing significant problems. The SPSO upheld 52% of health cases investigated in 2012/13, a small decrease compared with the previous year but still high relative to other sectors.

Information about complaints handled by the SPSO for NHSGGC in 2012/13 and 2011/12 is included at the end of this Appendix. The first two tables show complaints received by main subject area by the Ombudsman over the past two years. The third and fourth tables show the outcomes of the complaints the Ombudsman handled about NHSGGC over the past two years. It also highlights the rate of premature and fully/partly upheld complaints and overall rates for NHSGGC over the past two years. The fifth and sixth table show prison complaints received by main subject area and outcomes of the complaints for 2012/13.

As a result of last year's feedback, the Ombudsman has amended the table showing complaints received. For 2012/13, these are shown ranked from the most received to the least. For comparison, the Ombudsman has added each subject's ranking in 2011/12 to the table.

The feedback included a number of questions about comparing tables 1 and 2 with 3 and 4. Tables 1 and 2 describe the subjects about which were received complaints between 1 April 2012 and 30 March 2013, while Tables 3 and 4 show information about the outcomes of the complaints that the Ombudsman handled over the same period. The two figures are unlikely to tally, especially where complaints numbers are relatively large. This is because at the end of each business year the SPSO are still working of some of the complaints received during that year.

In summary, in 2012/13, the SPSO:-

- received 1,237 complaints about the health sector (23.5% more than last year) and dealt with 1,197;
- upheld 52% of complaints, this was down from 56% last year, but still higher than the overall rate of 46%;
- fully investigated 385 complaints with 364 publically reported to parliament; and
- made 557 recommendations for redress and improvement.

In terms of the SPSO's complaints statistics for 2012/13 about NHSGGC, the following should be noted:-

- 205 complaints were received by the SPSO in 2012/13. This compares with 203 in 2011/12.
- 50% of these complaints concerned clinical treatment/diagnosis. This pattern is similar to 2011/12, whereby, 47% of complaints received by the SPSO were also about clinical treatment/diagnosis.

- 26.7% of complaints received by the SPSO concerning NHSGGC cases were deemed premature. This compares with 27% in 2011/12. Of those complaints fit for the SPSO, 55.6% (50.8% when GPs and dentists are excluded) were fully upheld or partly upheld. In 2010/11, 61.4% were fully upheld or partly upheld.

Comprehensive statistical information about all the sectors under the SPSO remit is available at:- www.sps.org.uk/statistics.

Health Complaints Received by Subject 2012-13

| Greater Glasgow & Clyde NHS Board Area | | | | | | | | | |
|--|-------------------------------------|-----------------------------|-------------------|------------|------|--------------------------|--------------|------|--------------------------|
| Subject | Greater Glasgow and Clyde NHS Board | Dentists & Dental Practices | GP & GP Practices | Total | Rank | Complaints as % of total | Sector Total | Rank | Complaints as % of total |
| Clinical treatment / Diagnosis | 82 | 8 | 14 | 104 | 1 | 50% | 588 | 1 | 48% |
| Communication, staff attitude, dignity, confidentiality | 10 | 0 | 6 | 16 | 2 | 8% | 105 | 2 | 8% |
| Policy/administration | 9 | 0 | 0 | 9 | 3 | 4% | 76 | 3 | 6% |
| Complaints handling | 5 | 2 | 1 | 8 | 4 | 4% | 52 | 4 | 4% |
| Appointments/Admissions (delay, cancellation, waiting lists) | 6 | 0 | 0 | 6 | 5 | 3% | 42 | 5 | 3% |
| Continuing care | 4 | 0 | 0 | 4 | 6 | 2% | 9 | 9 | 1% |
| Appliances, equipment & premises | 3 | 0 | 0 | 3 | 7 | 1% | 10 | 8 | 1% |
| Admission, discharge & transfer procedures | 2 | 0 | 0 | 2 | 8= | 1% | 21 | 6 | 2% |
| Nurses / Nursing Care | 2 | 0 | 0 | 2 | 8= | 1% | 8 | 10= | 1% |
| Other | 1 | 0 | 1 | 2 | 8= | 1% | 7 | 12 | 1% |
| Lists | 0 | 0 | 1 | 1 | 11= | 0% | 6 | 13 | 0% |
| Complaints by NHS staff | 1 | 0 | 0 | 1 | 11= | 0% | 2 | 14= | 0% |
| Hygiene, cleanliness & infection control | 1 | 0 | 0 | 1 | 11= | 0% | 2 | 14= | 0% |
| Record Keeping | 0 | 0 | 0 | 0 | - | 0% | 11 | 7 | 1% |
| Failure to send ambulance/delay in sending ambulance | 0 | 0 | 0 | 0 | - | 0% | 8 | 10= | 1% |
| Hotel services - food, laundry etc | 0 | 0 | 0 | 0 | - | 0% | 1 | 16 | 0% |
| Out Of Jurisdiction | 4 | 0 | 0 | 4 | - | 2% | 20 | - | 2% |
| Subject Unknown | 45 | 0 | 1 | 46 | - | 22% | 269 | - | 22% |
| Total | 175 | 10 | 24 | 209 | | 100% | 1,237 | | 100% |

Complaints as % of Sector Total

16.9%

Health Complaints Received by Subject 2011-12

| Greater Glasgow & Clyde NHS Board Area | | | | | | | | | |
|--|-------------------------------------|-----------------------------|-------------------|------------|------|--------------------------|--------------|------|--------------------------|
| Subject | Greater Glasgow and Clyde NHS Board | Dentists & Dental Practices | GP & GP Practices | Total | Rank | Complaints as % of total | Sector Total | Rank | Complaints as % of total |
| Clinical treatment / Diagnosis | 75 | 9 | 12 | 96 | 1 | 47% | 436 | 1 | 44% |
| Communication, staff attitude, dignity, confidentiality | 20 | 0 | 3 | 23 | 2 | 11% | 93 | 3 | 9% |
| Policy/administration | 17 | 0 | 2 | 19 | 3 | 9% | 104 | 2 | 10% |
| Complaints handling | 5 | 0 | 0 | 5 | 4 | 2% | 34 | 4 | 3% |
| Lists | 0 | 0 | 4 | 4 | 5= | 2% | 19 | 6 | 2% |
| Nurses / Nursing Care | 4 | 0 | 0 | 4 | 5= | 2% | 10 | 8= | 1% |
| Appointments/Admissions (delay, cancellation, waiting lists) | 3 | 0 | 0 | 3 | 7= | 1% | 32 | 5 | 3% |
| Admission, discharge & transfer procedures | 3 | 0 | 0 | 3 | 7= | 1% | 13 | 7 | 1% |
| Continuing care | 1 | 0 | 0 | 1 | 9= | 0% | 6 | 11 | 1% |
| Appliances, equipment & premises | 1 | 0 | 0 | 1 | 9= | 0% | 4 | 12= | 0% |
| Hotel services - food, laundry etc | 1 | 0 | 0 | 1 | 9= | 0% | 1 | 15 | 0% |
| Other | 0 | 0 | 0 | 0 | - | 0% | 10 | 8= | 1% |
| Record Keeping | 0 | 0 | 0 | 0 | - | 0% | 7 | 10 | 1% |
| Failure to send ambulance/delay in sending ambulance | 0 | 0 | 0 | 0 | - | 0% | 4 | 12= | 0% |
| Hygiene, cleanliness & infection control | 0 | 0 | 0 | 0 | - | 0% | 3 | 14 | 0% |
| Out Of Jurisdiction | 0 | 0 | 1 | 1 | - | 0% | 9 | - | 1% |
| Subject Unknown | 41 | 0 | 2 | 43 | - | 21% | 217 | - | 22% |
| Total | 171 | 9 | 24 | 204 | | 100% | 1,002 | | 100% |

Complaints as % of Sector Total

20.4%

Health Complaints Determined by Outcome

2012-13

2011-12

| | | Greater Glasgow & Clyde NHS Board Area | | | | |
|-------------------------|--|--|-----------------------------|-------------------|------------|--------------|
| Stage | Outcome Group | Greater Glasgow and Clyde NHS Board | Dentists & Dental Practices | GP & GP Practices | Total | Sector Total |
| Advice | Body out of jurisdiction | 0 | 0 | 0 | 0 | 0 |
| | Matter out of jurisdiction (discretionary) | 4 | 0 | 0 | 4 | 18 |
| | Matter out of jurisdiction (non-discretionary) | 4 | 0 | 0 | 4 | 12 |
| | No decision reached | 43 | 0 | 2 | 45 | 298 |
| | Outcome not achievable | 1 | 0 | 0 | 1 | 4 |
| | Premature | 36 | 2 | 2 | 40 | 293 |
| | Total | 88 | 2 | 4 | 94 | 625 |
| Early Resolution 1 | Matter out of jurisdiction (discretionary) | 3 | 0 | 1 | 4 | 34 |
| | Matter out of jurisdiction (non-discretionary) | 5 | 0 | 1 | 6 | 20 |
| | No decision reached | 3 | 0 | 1 | 4 | 36 |
| | Outcome not achievable | 8 | 1 | 1 | 10 | 34 |
| | Premature | 15 | 1 | 2 | 18 | 63 |
| | Total | 34 | 2 | 6 | 42 | 187 |
| Early Resolution 2 | Fully upheld | 2 | 0 | 1 | 3 | 15 |
| | Partly upheld | 0 | 0 | 1 | 1 | 10 |
| | Not upheld | 5 | 0 | 2 | 7 | 57 |
| | No decision reached | 0 | 0 | 0 | 0 | 1 |
| | Outcome not achievable | 0 | 0 | 0 | 0 | 1 |
| | Total | 7 | 0 | 4 | 11 | 84 |
| Investigation 1 | Fully upheld | 7 | 3 | 3 | 13 | 60 |
| | Partly upheld | 14 | 2 | 2 | 18 | 81 |
| | Not upheld | 23 | 2 | 2 | 27 | 118 |
| | No decision reached | 2 | 0 | 0 | 2 | 8 |
| | Total | 46 | 7 | 7 | 60 | 267 |
| Investigation 2 | Fully upheld | 5 | 0 | 2 | 7 | 25 |
| | Partly upheld | 3 | 0 | 0 | 3 | 9 |
| | Not upheld | 0 | 0 | 0 | 0 | 0 |
| | No decision reached | 0 | 0 | 0 | 0 | 0 |
| | Total | 8 | 0 | 2 | 10 | 34 |
| Total Complaints | | 183 | 11 | 23 | 217 | 1,197 |

| | | Greater Glasgow & Clyde NHS Board Area | | | | |
|-------------------------|--|--|-----------------------------|-------------------|------------|--------------|
| Stage | Outcome Group | Greater Glasgow and Clyde NHS Board | Dentists & Dental Practices | GP & GP Practices | Total | Sector Total |
| Advice | Body out of jurisdiction | 0 | 0 | 0 | 0 | 1 |
| | Matter out of jurisdiction (discretionary) | 0 | 0 | 1 | 1 | 4 |
| | Matter out of jurisdiction (non-discretionary) | 1 | 0 | 1 | 2 | 14 |
| | No decision reached | 40 | 0 | 2 | 42 | 225 |
| | Outcome not achievable | 3 | 0 | 0 | 3 | 9 |
| | Premature | 39 | 0 | 6 | 45 | 259 |
| | Total | 83 | 0 | 10 | 93 | 512 |
| Early Resolution 1 | Matter out of jurisdiction (discretionary) | 5 | 0 | 1 | 6 | 29 |
| | Matter out of jurisdiction (non-discretionary) | 2 | 1 | 0 | 3 | 15 |
| | No decision reached | 7 | 0 | 1 | 8 | 38 |
| | Outcome not achievable | 3 | 0 | 0 | 3 | 16 |
| | Premature | 6 | 0 | 0 | 6 | 29 |
| | Total | 23 | 1 | 2 | 26 | 127 |
| Early Resolution 2 | Fully upheld | 2 | 0 | 2 | 4 | 11 |
| | Partly upheld | 1 | 0 | 0 | 1 | 14 |
| | Not upheld | 2 | 0 | 1 | 3 | 34 |
| | No decision reached | 3 | 0 | 1 | 4 | 8 |
| | Outcome not achievable | 0 | 0 | 0 | 0 | 1 |
| | Total | 8 | 0 | 4 | 12 | 67 |
| Investigation 1 | Fully upheld | 5 | 2 | 1 | 9 | 34 |
| | Partly upheld | 17 | 2 | 2 | 21 | 67 |
| | Not upheld | 16 | 1 | 2 | 18 | 83 |
| | No decision reached | 1 | 0 | 0 | 1 | 2 |
| | Total | 39 | 5 | 5 | 49 | 186 |
| Investigation 2 | Fully upheld | 8 | 0 | 0 | 8 | 22 |
| | Partly upheld | 0 | 0 | 0 | 0 | 18 |
| | Not upheld | 0 | 0 | 0 | 0 | 2 |
| | No decision reached | 1 | 0 | 0 | 1 | 1 |
| | Total | 9 | 0 | 0 | 9 | 43 |
| Total Complaints | | 162 | 6 | 21 | 189 | 936 |

NOTE : 'No decision reached' includes complaints not duly made, withdrawn and resolved

| | | | | | |
|---|-------|-------|-------|-------|-------|
| Total Premature Complaints | 51 | 3 | 4 | 58 | 356 |
| Premature Rate | 27.9% | 27.3% | 17.4% | 26.7% | 29.7% |
| Fit for SPSO Total (ER2, Inv1 & Inv2) | 61 | 7 | 13 | 81 | 385 |
| Total Cases Upheld / Partly Upheld | 31 | 5 | 9 | 45 | 200 |
| Uphold Rate (total upheld / total fit for SPSO) | 50.8% | 71.4% | 69.2% | 55.6% | 51.9% |

| | | | | | |
|---|-------|-------|-------|-------|-------|
| Total Premature Complaints | 45 | 0 | 6 | 51 | 288 |
| Premature Rate | 27.8% | 0.0% | 28.6% | 27.0% | 30.8% |
| Fit for SPSO Total (ER2, Inv1 & Inv2) | 56 | 5 | 9 | 70 | 296 |
| Total Cases Upheld / Partly Upheld | 33 | 4 | 5 | 43 | 166 |
| Uphold Rate (total upheld / total fit for SPSO) | 58.9% | 80.0% | 55.6% | 61.4% | 56.1% |

Prison Health Complaints Received by Subject and Authority 2012-13

| Subject | Greater Glasgow and Clyde NHS Board | Sector Total |
|--|--|---------------------|
| Appointments/admissions (delay, cancellation, waiting lists) | 1 | 2 |
| Clinical treatment / Diagnosis | 12 | 36 |
| Communication, staff attitude, dignity, confidentiality | 0 | 2 |
| Complaints handling | 1 | 15 |
| Policy/administration | 2 | 7 |
| Total Complaints | 16 | 62 |

Prison Health Complaints Determined by Outcome and Authority 2012-13

| Stage | Outcome | Greater Glasgow and Clyde NHS Board | Sector Total |
|-------------------------|--|--|---------------------|
| Advice | No decision reached | 6 | 15 |
| | Premature | 6 | 21 |
| | Total | 12 | 36 |
| Early Resolution 1 | Matter out of jurisdiction (non-discretionary) | 0 | 1 |
| | Premature | 2 | 6 |
| | Total | 2 | 7 |
| Early Resolution 2 | Complaint not upheld | 0 | 3 |
| | No decision reached | 0 | 1 |
| | Total | 0 | 4 |
| Investigation 1 | Complaint not upheld | 0 | 2 |
| | No decision reached | 0 | 1 |
| | Total | 0 | 3 |
| Total Complaints | | 14 | 50 |