

# NHS Greater Glasgow and Clyde

Board Meeting  
Tuesday, 15 April 2014

Board Paper No. 14/15

NURSE DIRECTOR

## QUARTERLY REPORT ON COMPLAINTS: 1 OCTOBER – 31 DECEMBER 2013

### Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 October – 31 December 2013.

### Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 October – 31 December 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) and what improvements have been brought about to services as a result of such complaints.

Future complaints reports will continue to be refined. We will also reflect how feedback, comments and concerns are captured to help improve service delivery.

### 1. Local Resolution: 1 October – 31 December 2013

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 October – 31 December 2013 and for comparison 1 July – 30 September 2013. Thereafter, the statistics in Table 1 relate to those complaints completed in the quarter so that outcomes can be reported.

**Table 1**

	<u>1 October – 31 December 2013</u>		<u>1 July – 30 Sept 2013</u>	
	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>
(a) Number of complaints <b>received</b>	415	391	298	408
(b) Number of complaints received and completed within 20 working days [ <i>national target</i> ]	374 (90%)	276 (70%)	165 (55%)	288 (71%)
(c) Number of complaints <b>completed</b>	481	394	180	420
(d) Outcome of complaints completed:-				
➤ Upheld	72	102	36	108
➤ Upheld in part	98	135	43	155
➤ Not Upheld	303	126	99	132
➤ Conciliation	0	0	0	0
➤ Irresolvable	0	0	0	4
➤ Unreasonable Complaint	1	1		0
(e) Number of complaints withdrawn	7 <sup>1</sup>	30 <sup>2</sup>	2 <sup>1</sup>	21 <sup>2</sup>
(f) Number of complaints declared vexatious	0	0	0	0

<u>1 October – 3.1 December 2013</u>				
	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>	<u>Other</u>
1	7	2	5	0
2	30	9	21	0

<u>1 July – 30 September 2013</u>				
	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>	<u>Other</u>
1	2	1	1	0
2	21	10	10	1

For this quarter this gives an overall NHSGG&C complaints handling performance for complaints received and completed of 80% which is above the target of 70%.

## 2. Format of Report

The Chief Executive confirmed his intention to provide additional levels of detail on complaints handling. The intention 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

Detailed below in Table 2 is a Directorate/CH(C)P breakdown of completed complaints within NHSGGC for the period 1 October – 31 December 2013 and for comparison 1 July – 30 September 2013.

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

	<u>1 October – 31 December 13</u>		<u>1 July – 30 September 13</u>	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
<b>Acute Directorate</b>				
Surgery & Anaesthetics	152	38	138	33
Emergency Care & Medical	77	19	89	21
Women & Childrens	42	11	65	15
Regional	28	7	34	8
Facilities	28	7	29	7
Rehabilitation & Assessment	29	7	25	6
HI&T	21	5	21	5
Diagnostics	12	3	13	3
Other	5	3	6	2
<b>Sub-Total</b>	<b>394</b>	<b>100</b>	<b>420</b>	<b>100</b>
<b>CH(C)P</b>				
NHS Board	0	0	0	0
East Dunbartonshire	1	0	3	2
East Renfrewshire	10	2	5	3
Glasgow City - Corporate *	418	87	127	71
North East	16	4	14	8
North West	14	3	11	6
South	10	2	16	9
Inverclyde	2	0	1	0
Renfrewshire	5	1	2	1
West Dunbartonshire	2	0	1	0
Hosted Services	3	1	0	0
<b>Sub-Total</b>	<b>481</b>	<b>100</b>	<b>180</b>	<b>100</b>
<b>Grand Total</b>	<b>875</b>		<b>600</b>	

\* Covers Forensic Services and Prison Healthcare.

Detailed below in Table 3 is an Acute Hospital location breakdown of completed complaints within NHSGGC for the period 1 October – 31 December 2013 and for comparison 1 July – 31 September 2013.

Table 3 – Breakdown of Completed Complaints by Acute Hospital Location

	<u>1 Oct – 31 Dec 13</u>	<u>1 July – 30 Sept 13</u>
<b>Acute Hospital Location</b>	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Beatson West of Scotland Cancer Centre	8	14
Bridgeton Health Centre	0	1
Homeopathic Hospital	1	0
Gartnavel General Hospital	33	38
Glasgow Royal Infirmary	79	76
Inverclyde Royal Hospital	18	25
Larkfield Unit	3	1
Lightburn Hospital	1	0
Mansionhouse Unit	4	3
Mearnskirk Hospital	0	3
Nelson Mandella Place (Breast Screening Service)	1	2
Out of Hours Service	3	5
Princess Royal Maternity Hospital	10	5
Royal Alexandra Hospital	61	54
Southern General Hospital	51	59
Stobhill ACH	18	16
Victoria Infirmary	30	29
Victoria ACH	7	21
Vale of Leven Hospital	9	10
Western Infirmary	30	29
Yorkhill Hospital	17	22
Other	10	7
<b>Total</b>	<b><u>394</u></b>	<b><u>420</u></b>

Detailed below in Table 4 is a CH(C)P service area breakdown of completed complaints within NHSGGC for the period 1 October – 31 December 2013 and for comparison 1 July – 31 December 2013.

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

	<u>1 Oct – 31 Dec 13</u>	<u>1 July – 30 Sept13</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
<b>Glasgow City CHP – Corporate</b>	<b>418</b>	<b>127</b>
<u>Health &amp; Community Care</u>		
- HMP Barlinnie	186	75
- HMP Low Moss	206	19
- HMP Greenock	26	30
Mental Health Services (See Note)	0	3
<b>Glasgow City CHP - North East Sector</b>	<b>16</b>	<b>14</b>
Health & Community Care	3	1
Homelessness Services	0	1
Specialist Children's Services	2	1
<b>Skye House Adolescent Unit</b>	<b>1</b>	<b>2</b>
Mental Health Services	7	4
<b>Stobhill Hospital</b>	<b>3</b>	<b>4</b>
<b>Parkhead Hospital</b>	<b>0</b>	<b>1</b>
<b>Glasgow City CHP - North West Sector</b>	<b>14</b>	<b>11</b>
Children & Family Services	1	0
Health & Community Care	4	1
Mental Health Services	1	2
<b>Gartnavel Royal Hospital</b>	<b>2</b>	<b>1</b>
<b>Eriskay House</b>	<b>1</b>	<b>0</b>
Sexual Health/Sandyford	5	7
<b>Glasgow City CHP - South Sector</b>	<b>10</b>	<b>16</b>
Health & Community Care	6	6
Mental Health Services	3	3
<b>Leverndale Hospital</b>	<b>1</b>	<b>7</b>
<b>East Dunbartonshire CHP</b>	<b>1</b>	<b>3</b>
Health & Community Care	0	2
Mental Health	1	1
<b>West Dunbartonshire CH(C)P</b>	<b>2</b>	<b>1</b>
Health & Community Care	2	1
Children & Family Services	0	0

	<u>1 Oct – 31 Dec 13</u>	<u>1 July – 30 Sept13</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
<b>Inverclyde CHP</b>	<b>2</b>	<b>1</b>
Mental Health	0	1
Children & Family Services	0	0
Larkfield Unit	1	0
Ravenscraig Hospital	1	0
<b>East Renfrewshire CH(C)P</b>	<b>10</b>	<b>5</b>
Mental Health	2	2
Health & Community Care	5	1
Rehabilitation & Assessment	0	1
Specialist Children's Services	0	1
Children and Family Services	3	0
<b>Renfrewshire CHP</b>	<b>5</b>	<b>2</b>
Health & Community Care	2	0
Mental Health	1	2
<b>Dykebar Hospital</b>	<b>2</b>	<b>0</b>
<b>Hosted</b>	<b>3</b>	<b>0</b>
Podiatry	3	0
<b>NHS Board</b>	<b>0</b>	<b>0</b>
Totals:	<b><u>481</u></b>	<b><u>180</u></b>

*Note – Predominately Forensic and Learning Disabilities*

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

#### 4. Complaints Received by Doctors, Dentists, Community Pharmacists and Opticians

The Patient Rights (Scotland) Act 2011 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.

Practices are sent an email informing them the survey is open and those who do not 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 local level; GP locality groups and GP Forum, who would agree how to 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.

Detailed below in Table 5 is a breakdown of complaints received by Doctors, Dentists, Community Pharmacists and Opticians within NHSGGC for the period 1 October – 31 December 2013 and for comparison 1 July – 31 September 2013.

**Table 5 - Complaints received by Doctors, Dentists, Community Pharmacists and Opticians**

	<u>1 October – 31 December 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>
GPs	337	335 (99%)	0	7#	293	290 (99%)	13	65
Dentists	32	32 (100%)	0	4	27	27 (100%)	0	0
Opticians	48	47 (98%)	0	1	54	54 (100%)	7	1
Community Pharmacists	121	118 (97%)	0	3	92	88 (96%)	0	3

\* Alternate Dispute Resolution

# This figure has decreased as a result of the GPs having a better understanding of the criteria for first episode complaints.

Detailed below in Table 6 is an indication of the surveys returned by of each contractor groups for the period 1 October – 31 December 2013 and for comparison 1 July – 31 September 2013.

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

	<u>1 October – 31 December 2013</u>			<u>1 July – 30 September 2013</u>		
	<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>
GPs	241	94	257	188	73	258
Dentists	181	68		188	71	264
Opticians	185	90	205	189	94	202
Community Pharmacists	313	100	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 / service improvements to avoid a recurrence:-

### GP Complaints

**Please note the information below for GP complaints refers to complaints received in the previous quarter July – September 2013**

The main themes of GP complaints relate to staff attitude, Practice systems and prescribing. Actions taken as a result of these complaints include staff training, changes to protocols, systems revised for ordering medication and improvements to communication skills. Individual examples are shown below of service improvements as a direct result of complaints to GP Practices:-

- Patient complained about the attitude of a member of staff. Practice Manager met with patient to diffuse the situation and apologised to patient and staff will receive training to improve communication skills.
- Patient complained about the difficulty he had in obtaining blood results. Changes were made by the Practice to increase the times patients can telephone for blood results and more guidance given to staff with regard the information they can give over the telephone to patients.
- Patient complained about not receiving his repeat prescription. Practice made changes to their ordering system to ensure this will not happen again.
- Patient who recently moved out of the Practice catchment area complained when he received letter removing him from the Practice list. Practice will now contact patients who no longer live in their catchment area prior to sending a letter to advise them and explain reasons why it would be best for them to move to a Practice nearer their new home.
- Patient complained he was not advised he would be charged for a private form he requested to be signed by one of the GPs. GPs and Practice staff will now advise patients at the outset when a charge is liable.

The CH(C)Ps discuss the complaints reported and lessons learned by Practices at their Clinical Governance Groups, GP Forum, Locality Groups and Practice Manager's Forum. The data received from Practices is analysed for trends and the Clinical Governance Groups use the information to determine continued programme of protected learning and education for Practices

### Dental Complaints

The main theme of dental complaints relate to charges/issues and communication. Actions taken as a result of these complaints include staff training and provision of improved patient information re patient charges. These recommendations will be reviewed by the GDS Clinical Governance Committee to recommend any action to take.

### Pharmacist Complaints

The majority of complaints (60) recorded by community pharmacies for the period relate to medication errors. Set against a background of more than 1 million prescriptions dispensed each month, this represents a very small percentage and significant underreporting which may be addressed as this recently introduced requirement becomes more established.

NHS Greater Glasgow and Clyde places patient safety at the forefront of its objectives and encourages its community pharmacies to do likewise. Community pharmacists are required to take all necessary actions to ensure that patient safety in the delivery of pharmaceutical care is given the highest priority. The Pharmacy and Prescribing Support Unit operates a medication incident reporting system to promote quality and reduce risk ultimately safeguarding patient safety. The system is anonymised to create a culture of open reporting, learning and ongoing service improvement.



## 5. Ombudsman (SPSO): 1 October – 31 December 2013

Where a complainant remains dissatisfied with a Local Resolution response, they may write to the Ombudsman. Table 7 below reports statistics on the points that the NHS Board may become aware of the Ombudsman's involvement in a case.

Table 7

	<u>Partnerships/ Board (NHSGGC)</u>	<u>FHS</u>	<u>Acute</u>
(a) Notification received that an investigation <b>is</b> being conducted	1	0	0
(b) Notification received that an investigation <b>is not</b> being conducted	0	0	0
(c) Investigations Report received	1	0	0
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	6	4	10

In accordance with the Ombudsman's monthly reporting procedure one report was laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde.

The details of the NHSGGC Decision Letters for this 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 this quarter:-

### Partnerships

The three issues attracting most complaints this quarter are Clinical Treatment, Date for Appointment and Attitude/Behaviour. These issues are consistent with previous quarters. The number of complaints for the category clinical treatment are significantly higher again this quarter, due to the number of prison health care complaints raised about medication problems.

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

### Acute

The three issues attracting most complaints this quarter are Clinical Treatment, Date for Appointment and Attitude/Behaviour. These issues are consistent with previous quarters however there has been a drop in the absolute number of complaints about Attitude/Behaviour, and Directorates are focussed on this particular issue in relation to customer care training being undertaken throughout the Division. The number of complaints raised about Date for Appointment has risen; there is an increasing awareness on the part of patients about outpatient treatment targets which may be driving this increase

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

## 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 at **Appendix 4** are those services improvements highlighted by the Partnerships and Acute Services Division in relation to complaints completed from October - December 2013.

## **8. Patient Advice and Support Service (PASS): 1 October – 31 December 2013**

The Patient Advice and Support Service (PASS) was established through the Patient Rights (Scotland) Act 2011 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. The 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:-

- There were 172 new clients
- There were 650 new enquiries
- 16% of enquiries were dealt with by Generalist Advisers
- 95% of enquiries were dealt with at Level 3 or above (indicating more complex a case requiring more support and input)

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	44% were about Hospital Acute Services
Hospitals/Localities	64% were about Emergency Care & Medical Services
Community Health Partnerships/Community Health and Care Partnerships	29% were about Renfrewshire CHP
Staff Group	53% were about Hospital 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 caseworkers have developed good contacts and connections with hospital and CH(C)P staff and receive a lot of referrals from having made these contacts.

A Local Advisory Group (LAG) was formed in early 2013, 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 meets quarterly and has now approached patient representative groups to ensure public participation in the Group work from June 2014. The Head of Board Administration is now a member of the National Advisory Group (NAG) and attended a meeting on 30 January 2014. This Group will review the arrangements for the renewal of the national PASS contract which is due next year.

## **9. Improving Our Complaints Handling**

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](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 on 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.

Following this event, the Nurse Director and Head of Board Administration met with representatives from Glasgow Housing Association on 5 December 2013 to pursue further some of the very innovative practices described in their presentation. The outcome has been written up for the Corporate Management Team to consider as part of the review of management structures in the autumn.

## **10. 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 at the Annual Review on 18 November 2013 to enhance existing methods of capturing patient views.

Hosted on the Board's website [www.nhsggc.org.uk/patientfeedback](http://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.

Between 18 November and 31 December 2013, 131 individuals provided feedback via this new online system of which 84 were comments about our services and 47 were praise for the care received.

The figures can be further broken down to which area they specifically relate to as follows:-

Community	12
In-Patient	49
Out-Patient	52
Other	18

## 11. Current Issues

As a result of:-

- consideration of a number of improvements to the current complaints handling processes;
- the Gap Analysis undertaken of the Francis Report and an update provided to the March 2014 meeting of the Quality and Performance Committee
- 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 NHS 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 will take place later on in the year and members will be advised of progress.
- further discussions on issues to be considered in terms of improving complaints handling will be reviewed further and discussed with members, including the outcome of the Corporate Session held on Tuesday 25 March 2014. In addition to a presentation from the Chief Executive; Jim Martin (SPSO) and the Nurse Director gave presentations to the Directors and key complaints staff with the continued aim of moving more and more to a less defensive, more empathetic and compassionate approach to handling complaints. Unfortunately Maureen Dowden (Glasgow Housing Association), who was due to present at this session had to call off but has agreed to come back at a later date if a further session as being arranged. A write up of the session will be sent to all attendees and those unable to attend on the day.
- as mentioned earlier, 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 Directorates commissioned the Scottish Health Council

(SHC) to review all Annual Reports 2012/13 and provide recommendations to the Scottish Government Health Directorates in order to improve the information provided in the 2012/13 Annual Reports and bring about a more standardised approach to the information being presented. The SHC's review of last year's Annual Reports was published in February 2014 and commented favourably on NHSGGC's report. The web link to this report is:-

[http://www.scottishhealthcouncil.org/publications/research/review\\_of\\_nhs\\_feedback.aspx](http://www.scottishhealthcouncil.org/publications/research/review_of_nhs_feedback.aspx)

The SHC met the Nurse Director and those involved on complaints, feedback and person-centred care on 11 February 2014 to discuss the arrangements in NHSGGC and lessons learned. The SHC will meet each NHS Board in Scotland and then make recommendations to the SGHD on what improvements could be made to the 2013/14 Annual Reports.

## **12. Conclusion**

The NHS Board is asked to note the quarterly complaints report for the period 1 October – 31 December 2013.

**Shirley Gordon**  
**Secretariat & Complaints Manager**  
**0141 201 4477**

**SCOTTISH PUBLIC SERVICES OMBUDSMAN REPORTS –  
1 OCTOBER – 31 DECEMBER 2013**

There was one Investigation Report published by the Ombudsman in this quarter in relation to NHSGGC.

There were 20 Decision Letters issued, six related to Partnerships, four to Family Health Services (*three GPs and one dentist*) and 10 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 as follows:-

*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 20 Decision Letters, there were 10 issues upheld and 27 issues not upheld. The detail of each case can be made available to members if required.

The 23 recommendations made from the Decision Letters are submitted to the Quality and Performance Committee for monitoring purposes.

**PARTNERSHIPS**  
**APPENDIX 2**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	<b>Staff</b>			<b>Staff Group</b>	
01	Attitude/behaviour	36	01	Consultants/Doctors	26
02	Complaint handling	5	02	Nurses	122
03	Shortage/availability	0	03	Allied Health Professionals	23
04	Communication (written)	6	04	Scientific/Technical	0
05	Communication (oral)	17	05	Ambulance	0
07	Competence	0	06	Ancillary Staff/Estates	0
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	5
11	Date of admission/attendance	3	08	GP (Salaried)	262
12	Date for appointment	88	09	Pharmacists	4
13	Test Results	0	10	Dental (Salaried)	54
	<b>Delays in/at</b>		11	Opticians	3
21	Admissions/transfers/discharge procedure	0	12	Other	37
22	Out-patient and other clinics	9		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	0
29	Premises	8		Hospital Acute Services	0
30	Aids/appliances/equipment	0		Care of the Elderly	2
32	Catering	0		Rehabilitation	4
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	40
34	Patient privacy/dignity	1		Maternity Services	0
35	Patient property/expenses	1		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	2		Community Health Services - not elsewhere specified	41
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	3
	<b>Procedural issues</b>			Unscheduled Health Care	0
41	Failure to follow agreed procedure	3		Family Health Services	0
42	Policy and commercial decisions of NHS Board	1		Prison	444
43	NHS Board purchasing	0		Other	2
44	Mortuary/post mortem arrangements	0			
	<b>Treatment</b>				
51	Clinical treatment	333			
52	Consent to treatment	2			
61	<b>Transport</b>	0			
71	<b>Other</b>	15			

**ACUTE  
APPENDIX 3**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	<b>Staff</b>			<b>Staff Group</b>	
01	Attitude/behaviour	65	01	Consultants/Doctors	263
02	Complaint handling	0	02	Nurses	110
03	Shortage/availability	2	03	Allied Health Professionals	4
04	Communication (written)	27	04	Scientific/Technical	1
05	Communication (oral)	50	05	Ambulance	1
07	Competence	5	06	Ancillary Staff/Estates	31
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	107
11	Date of admission/attendance	22	08	GP (Salaried)	2
12	Date for appointment	60	09	Pharmacists	2
13	Test Results	13	10	Dental (Salaried)	0
	<b>Delays in/at</b>		11	Opticians (Salaried)	0
21	Admissions/transfers/discharge procedure	4	12	Other	0
22	Out-patient and other clinics	17		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	21
29	Premises	19		Hospital Acute Services	481
30	Aids/appliances/equipment	1		Care of the Elderly	18
32	Catering	5		Rehabilitation	8
33	Cleanliness/laundry	10		Psychiatric/Learning Disability Services	
34	Patient privacy/dignity	0		Maternity Services	7
35	Patient property/expenses	3		Ambulance Services	
36	Patient status	0		Community Hospital Services	
37	Personal records	7		Community Health Services - not elsewhere specified	
38	Bed Shortages	0		Continuing Care	
39	Mixed accommodation	1		Purchasing	
40	Hospital Acquired Infection	0		Administration	2
	<b>Procedural issues</b>			Unscheduled Health Care	
41	Failure to follow agreed procedure	0		Family Health Services	
42	Policy and commercial decisions of NHS Board	3		Prison	
43	NHS Board purchasing	0		Other	2
44	Mortuary/post mortem arrangements	0			
	<b>Treatment</b>				
51	Clinical treatment	214			
52	Consent to treatment	0			
61	<b>Transport</b>	4			
71	<b>Other</b>	2			



**SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS**  
**1 OCTOBER – 31 DECEMBER 2013**

Partnerships

**Paisley and Neighbourhood Development and Assessment Centre (PANDA)**

Following concerns raised by service users regarding the cessation of a playgroup, a review of the playgroup at the PANDA Centre was undertaken in 2013, with the outcomes of the review reported in October 2013. The playgroup had been running for approximately 3 years and was accessed by a range of families who have children accessing more than one therapy e.g. Physiotherapy, Occupational Therapy Speech and Language therapy. Early 2013 numbers attending were low with an average of 2 – 4 families attending. Attendance dropped to zero. The review was inclusive of service users, referrers and service providers. The conclusions from the evaluation showed that while the numbers using the services had dropped, it was a valued service, and it was agreed a service should be reinstated. Work will commence early in 2014 to reinstate the group and take the opportunity to take the suggestion made by those who contributed to the review to ensure the service meets the ongoing needs of the children and their families.

**Podiatry**

As a result of concerns raised by service users regarding the podiatry appointment system, additional forward booked slots were introduced in Sandy Road Clinic as part of CCH work. We have received favourable feedback from clients since this introduction.

**Older Peoples Mental Health Service at Woodlands Resource Centre**

As the result of a complaint about waiting times, internal team processes were changed to ensure that appointments are scheduled for 6 weeks at the point of referral for a diagnostic scan, to ensure that there is no unnecessary delay.

**Barlinnie Prison**

It is often the case that prisoners fail to attend appointments due to educational or work placements or that there are no Prison Officers available to escort them to the Health Centre. Where prisoners fail to attend due to other commitments they are being asked to sign a disclaimer confirming that it was their choice not to attend the clinic appointment - which could have been utilised by another patient. Where the failure is due to availability of Prison Officers, this is to be escalated to the Duty Manager. This arrangement has the support of the Prison Governor.

**Low Moss Prison**

Due to the high demand for dental appointments the system for triaging patients has been reviewed. There is now greater liaison between dental staff, health care staff and administrative staff who list patients for appointments. New forms make it clearer which patients to prioritise.

**Prison Complaints**

Whilst Glasgow City CHP continues to receive a significant number of complaints from patients in the three prisons at Barlinnie, Low Moss and Greenock the service has adopted a policy of seeking to resolve complaints at local level within 3 working days under the complaints procedure where a resolution can be mutually agreed with the patient. This has seen 35% of all complaints resolved locally between healthcare staff and patients.

A significant number of complaints within the prison setting relate to medication, specifically medication for the relief of pain. Many of the available drugs are specified for short term use and can be addictive. There are also concerns where pain medication is given with other prescription medication e.g. methadone. The Lead Clinician within the Prison Health Care Service, in association with the local Clinical Governance Group, has developed a series of protocols on prescribing and advice notes to patients. It is hoped that these will see a reduction in the number of complaints relating to prescribing issues.

## **Sandyford**

Review of interaction between a client and reception staff highlighted the need to be clear as to why clients could not be seen. All staff were reminded of the need to ensure that confidential information was not overheard when speaking to clients at the reception desk. Advice was provided on how best to “close down” conversations in the reception area, particularly where clients are angry or otherwise distressed. Complaints literature to be made more readily available.

## **Children’s In-patient services**

Reflection with staff about the way they had communicated with a difficult patient and how they might avoid similar problems in the future.

## **Acute**

### **Facilities**

As a result of complaint about the external condition of a window in a ward, it was explained that window cleaning would be initiated following ongoing netting measures to prevent pigeon ingress to the external balconies. In addition, following a concern about the smell from a wash hand basin, it was agreed to bring forward plans to renew the drainage system in the ward to address the issues raised about the unpleasant odour.

As a result of complaint regarding a patient in a wheelchair having difficulty in manoeuvring through fire doors at the Victoria ACH, the service confirmed that we were intending addressing this difficulty by seeking to arrange the fitment of hold open devices for the fire doors to improve access for patients/visitors. These changes have been submitted to the local authority and we await approval to proceed to adapt these doors.

### **Diagnostics**

As a result of patient’s embolisation procedure being cancelled, on two occasions, at short notice, the Interventional Service undertook a full service review to streamline processes to develop additional capacity so that the requirement to cancel procedures will be kept to an absolute minimum.

### **Medicine**

A patient was given suboptimal fluids in the first 24 hours of admission. In reviewing the care provided, the entire patient journey / pathway was reviewed which resulted in the design and implementation of a pause for transfer document with the Emergency Department, the preparation of an escalation policy for nursing staff to secure a medical review, and a review of medical staffing levels within the medical receiving unit. Senior staff also reflected on the relatives’ experience and have sought to improve communications with families around any Do Not Resuscitate decisions.

As a result of reviewing a complaint which evidenced poor nursing care and poor communication, which was fully upheld, a Nursing Information Sheet was introduced to record all telephone contacts with doctors with a prompt to record key messages and decisions on any next steps.

## **Surgery & Anaesthetics**

Following a complaint around waiting times and Treatment Time Guarantee status, it was evident that incorrect information had been conveyed to a patient about their guarantee date, and as a result of investigating the circumstances, a retraining programme was instigated to ensure that all staff were familiar with the guidance and that it was consistently communicated to patients.

Following a complaint concerning a patient fall, the service invited the Falls Co-ordinator back into the ward to refresh the nursing team's awareness of the Policy and provide training to ensure that all staff had up to date knowledge and skills in Falls Assessment Care Plans. The key lessons from the complaint were also shared with all Senior Charge Nurses across Surgical Wards to ensure that they too benefited from this learning. The Senior Charge Nurse in the specific ward also introduced an 'at a glance' mobility tool which is placed above each patient's bed to highlight any risks of falling.

As a result of investigating a delay in providing MRI results, caused by a written report not arriving with the referring clinician, the service is assessing the feasibility of using electronic processes within clinical systems to provide and track results, thus avoiding paper records being generated.

Following a complaint about three cancelled out patient appointments, we have made changes to the TrakCare system to provide a notification to booking staff of how many times any patient appointment has been rescheduled already, in order to ensure that there are no further cancellations, and afford priority to these patients in the event that clinics need to be reduced.