

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 24 June 2014

Board Paper No. 14/43

NURSE DIRECTOR

QUARTERLY REPORT ON COMPLAINTS: 1 JANUARY – 31 MARCH 2014

Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 January – 31 March 2014.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 January – 31 March 2014. 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 January – 31 March 2014

Table 1 shows the number of complaints *received* across NHS Greater Glasgow and Clyde between 1 January – 31 March 2014 and for comparison 1 October – 31 December 2013. Thereafter, the statistics in Table 1 relate to those complaints *completed* in the quarter so that outcomes can be reported.

Table 1

	1 January – 31 March 2014		1 October – 31 December 2013	
	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>
(a) Number of complaints received	473	438	415	391
(b) Number of complaints received and completed within 20 working days [<i>national target</i>]	382 (81%)	306 (70%)	374 (90%)	276 (70%)
(c) Number of complaints completed	456	435	481	394
(d) Outcome of complaints completed:-				
➤ Upheld	79	94	72	102
➤ Upheld in part	89	147	98	135
➤ Not Upheld	280	172	303	126
➤ Conciliation	0	0	0	0
➤ Irresolvable	0	0	0	0
➤ Unreasonable Complaint	1	0	1	1
➤ Transferred to another unit	1	4	0	0
(e) Number of complaints withdrawn	6 ¹	18 ²	7 ¹	30 ²
(f) Number of complaints declared vexatious	0	0	0	0

<i>1 January – 31 March 2014</i>				
	<i>Total</i>	<i>No Consent Received</i>	<i>Complainants no longer wished to proceed</i>	<i>Other</i>
1	6	1	4	1
2	18	10	8	0

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

For this quarter this gives an overall NHSGG&C complaints handling performance for complaints received and completed of 75.5% 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 the Acute Directorates and CH(C)Ps breakdown for completed complaints.

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 January – 31 March 2014 and for comparison 1 October – 31 December 2013.

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

	1 January – 31 March 2014		1 October – 31 December 13	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
Acute Directorate				
Surgery & Anaesthetics	142	32	152	38
Emergency Care & Medical	111	26	77	19
Women & Childrens	51	12	42	11
Regional	32	7	28	7
Facilities	37	9	28	7
Rehabilitation & Assessment	36	8	29	7
HI&T	13	3	21	5
Diagnostics	8	2	12	3
Other	5	1	5	3
Sub-Total	435	100	394	100
CH(C)P				
NHS Board	0	0	0	0
East Dunbartonshire	0	0	1	0
East Renfrewshire	4	1	10	2
Glasgow City - Corporate *	398	87	418	87
North East	18	4	16	4
North West	9	2	14	3
South	12	3	10	2
Inverclyde	2	0	2	0
Renfrewshire	4	1	5	1
West Dunbartonshire	6	1	2	0
Hosted Service (Podiatry)	3	1	3	1
Sub-Total	456	100	481	100
Grand Total	891		875	

* 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 January – 31 March 2014 and for comparison 1 October – 31 December 2013.

Table 3 – Breakdown of Completed Complaints by Acute Hospital Location

	<u>1 Jan – 31 Mar 14</u>	<u>1 Oct – 31 Dec 13</u>
Acute Hospital Location	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Beatson West of Scotland Cancer Centre	3	8
Homeopathic Hospital	0	1
Gartnavel General Hospital	28	33
Glasgow Royal Infirmary	78	79
Inverclyde Royal Hospital	21	18
Larkfield Unit	2	3
Lightburn Hospital	3	1
Mansionhouse Unit	6	4
Mearnskirk Hospital	2	0
Nelson Mandela Place (Breast Screening Service)	1	1
Out of Hours Service	9	3
Princess Royal Maternity Hospital	7	10
Royal Alexandra Hospital	66	61
Southern General Hospital	65	51
Stobhill ACH	24	18
Victoria Infirmary	37	30
Victoria ACH	12	7
Vale of Leven Hospital	9	9
Western Infirmary	43	30
Yorkhill Hospital	12	17
Other	11	10
Total	<u>435</u>	<u>394</u>

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

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

	<u>1 Jan – 31 Mar 14</u>	<u>1 Oct – 31 Dec 13</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Glasgow City CHP – Corporate	398	418
Health & Community Care	0	0
HMP Barlinnie	205	186
HMP Low Moss	179	206
HMP Greenock	13	26
Mental Health Services (See Note)	1	0
Glasgow City CHP - North East Sector	18	16
Health & Community Care	3	3
Homelessness Services	0	0
Specialist Children's Services	6	2
Skye House Adolescent Unit	0	1
Mental Health Services	6	7
Stobhill Hospital	2	3
Parkhead Hospital	1	0
Glasgow City CHP - North West Sector	9	14
Children & Family Services	0	1
Health & Community Care	3	4
Mental Health Services	1	1
Gartnavel Royal Hospital	2	2
Eriskay House	0	1
Sexual Health/Sandyford	3	5
Glasgow City CHP - South Sector	12	10
Health & Community Care	7	6
Mental Health Services	3	3
Leverndale Hospital	2	1
East Dunbartonshire CHP	0	1
Health & Community Care	0	0
Mental Health	0	1
West Dunbartonshire CH(C)P	6	2
Health & Community Care	6	2
Children & Family Services	0	0

	<u>1 Jan – 31 Mar 14</u>	<u>1 Oct – 31 Dec 13</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Inverclyde CHP	2	2
Mental Health	2	0
Children & Family Services	0	0
Larkfield Unit	0	1
Ravenscraig Hospital	0	1
East Renfrewshire CH(C)P	4	10
Mental Health	1	2
Health & Community Care	3	5
Rehabilitation & Assessment	0	0
Specialist Children's Services	0	0
Children and Family Services	0	3
Renfrewshire CHP	4	8
Health & Community Care	2	2
Mental Health	0	1
Dykebar Hospital	2	2
Hosted Service - Renfrewshire CHP – Podiatry	3	3
NHS Board	0	0
Totals:	<u>456</u>	<u>481</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, 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.

Practices are sent an email informing them that the information will be collected via Survey Monkey. Those who do not respond are 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.

Detailed below in Table 5 is a breakdown of complaints received by Doctors, Dentists, Community Pharmacists and Opticians within NHS GGC for the period 1 January – 31 March 2014 and for comparison 1 October – 31 December 2013.

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

	<u>1 January – 31 March 2014</u>				<u>1 October – 31 December 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	280	268 (96%)	0	22	337	335 (99%)	0	7
Dentists	40	38 (95%)	0	2	32	32 (100%)	0	4
Opticians	24	24 (100%)	0	0	48	47 (98%)	0	1
Community Pharmacists	133	117 (88%)	0	9	121	118 (97%)	0	3

* Alternate Dispute Resolution

Detailed below in Table 6 is an indication of the surveys returned by of each contractor groups for the period 1 January – 31 March 2014 and for comparison 1 October – 31 December 2013.

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

	<u>1 January – 31 March 2014</u>			<u>1 October – 31 December 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	233	90	259	241	94	257
Dentists	243	89	274	181	68	265
Opticians	161	78	205	185	90	205
Community Pharmacists	312	100	312	313	100	313

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

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 uses the information to determine continued programme of protected learning and education for Practices.

The main issues raised in this quarter related to the following:-

- i. Appointment issues
- ii. Clinical treatment
- iii. Prescribing
- iv. GP issues (including GP Practice staff attitude)

They each are in turn:-

i. Appointments (48): Main areas of service improvements were:-

- Piloting a new electronic check-in system;
- Advising patients regularly when GP clinics running late;
- Better staff awareness of utilising emergency/urgent appointments for patients.

ii. Clinical Treatment (38): Main areas of service improvements were:-

- Information to be provided on disease specific clinics;
- Better procedures around obtaining informed consent in relevant situations;
- Encouraging discussions with patients and family when complex matters and complaints are being considered;
- MDDUS advice proved very helpful in dealing with a complex issue.

iii. Prescribing (34): Main areas of service improvement were:-

- Reviewing and better communicating of practice prescribing policies;
- Better information on system to order repeat prescriptions, re-ordering and collection times;
- Staff encouraged to record accurately messages from patients on requests for prescriptions.

iv. GP Issues (including GP staff attitude): Main areas of service improvement were:-

- GPs to be more receptive to patients concerns when clinics running late;
- More empathy for patients during consultations;
- Staff reminded to maintain high standards of behaviour when dealing with distressed and concerned patients;
- Staff reminded to acknowledge patients arriving at reception desk.

The remaining issues were predominantly matters of communication, confidentiality, practice systems and administrative matters.

These matters will be shared with the CH(C)P Clinical Directors for wide consideration/sharing within their own areas and discussing with relevant GP Practices during practice visits.

Dental Complaints

The majority of complaints relate to treatment costs and charges. A few relate to communication, waiting times and practice facilities. However, given the number of patients registered to practices the overall number of complaints is very low. The results from the complaints analysis are reported through the General Dental Services Clinical Governance Committee and any necessary follow-up action will be progressed.

Pharmacist Complaints

The majority of complaints (65) recorded by community pharmacies for the period 1 January 2014 to 31 March 2014 related to medication incidents. 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 & 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.

Optometry Complaints

The majority of complaints this quarter (15) related to patients experiencing problems with their glasses. In all instances the difficulties were resolved, including allowing patients to choose new frames, glasses re-made and patient received a voucher as a goodwill gesture. The remaining handful of complaints related to staff attitude and handling difficult situations. Training was undertaken to try and improve these matters for the future.

5. Ombudsman (SPSO): 1 January – 31 March 2014

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 is being conducted	0	0	0
(b) Notification received that an investigation is not being conducted	0	0	0
(c) Investigations Report received	0	2	0
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	5	6	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 and behaviour.

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

Acute

The three issues attracting most complaints this quarter are clinical treatment, attitude and behaviour and communication (oral).

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 January – March 2014.

8. Patient Advice and Support Service (PASS): 1 January – 31 March 2014

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 168 new clients
- There were 495 new enquiries
- 16% of enquiries were dealt with by Generalist Advisers
- 92% 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	47% were about Hospital Acute Services
Hospitals/Localities	61% were about Emergency Care & Medical Services
Community Health Partnerships/Community Health and Care Partnerships	31% were about East Renfrewshire CHCP
Staff Group	46% were about Hospital Consultants/Doctors
NHS Advice Code	35% 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.

9. Improving Our Complaints Handling

- a) Work is ongoing to bring about improvements in handling complaints particularly at local resolution level. A corporate session for Directors, Lead Nurses, clinical staff and those involved in complaints was held on 25 March 2014. The Ombudsman, Mr Jim Martin, the CEO, Robert Calderwood and the Nurse Director, Rosslyn Crocket, gave talks to those present emphasizing the need to reflect on how we sensitively handle complaints and embed the messages from the event into the workplace and daily routine when handling any complaint. The Ombudsman highlighted the good work of NHSGGC in handling complaints and he encouraged staff and managers to admit failings when they occur and for the Board to bring a strong person-centred approach to dealing with complaints. The session finished with a question and answer session and a write up of the event is available should any member wish to receive a copy.
- b) National Education Scotland (NES), launched in May 2014, a new e-learning module aimed directly at staff who investigate complaints or have to write statements for NHS complaints. The module is known as “The Complaints Investigation Skills” module. It will be made available on LearnPro shortly for staff to access.

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 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 1 January and 31 March 2014, 204 individuals provided feedback via this new online system of which 117 were comments / suggestions about our services and 87 were praise for the care received.

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

Community	17
In-Patient	92
Out-Patient	71
Other	24

11. Current Issues

NHS Boards are required 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 last year’s 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

The SHC met the Nurse Director and those involved in complaints, feedback and person-centred care on 11 February 2014 to discuss the arrangements in NHSGGC and lessons learned. The SHC met all NHS Boards in Scotland and submitted recommendations to the SGHD on what improvements could be made to the 2013/14 Annual Reports. SGHD issued this guidance to NHS Boards on 21 May 2014 and this will determine the format, style and information to be contained in the 2013/14 Annual Report. In addition, the SHC issued, on 28 April 2014, a report entitled “Listening and Learning – How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland”. The report sets out findings and recommendations designed to assist improve how NHS Scotland listens to what people say about their experiences in using healthcare services. The Nurse Director has arranged for key officers to bring forward proposals for implementing the recommendations contained in this report.

NHS Board members had a chance at the June NHS Board Seminar to discuss the proposals for restructuring and this included the complaints function. The Nurse Director and colleagues will work through the detail and flesh out the proposals for further discussion with members.

12. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 January – 31 March 2014.

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**SCOTTISH PUBLIC SERVICES OMBUDSMAN REPORTS –
1 JANUARY – 31 MARCH 2014**

There were 2 **Investigation Reports** published by the Ombudsman in this quarter in relation to NHSGGC. Both related to GP practices. Of these, 3 issues were investigated; all 3 issues were upheld with 8 recommendations made to the practices. These were considered by the Board's Quality and Performance Committee at its meeting held in May 2014.

There were 21 **Decision Letters** issued; 5 related to Partnerships, 6 to Family Health Services (5 GPs and 1 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 21 Decision Letters, there were 12 issues upheld and 9 issues not upheld. The detail of each case can be made available to members if required.

The 31 recommendations made from the Decision Letters are submitted to the Quality and Performance Committee for monitoring purposes.

As NHS Board Members have expressed concern about the NHS Board receiving investigative reports (which can be Decision Letters and formal Investigative Reports) from the Ombudsman's Office, where some non-clinical issues have been identified as "upheld", the CEO now writes to all relevant Directors regarding any these "upheld" issues. The implication is that the NHS Board has investigated all the issue(s) at Local Resolution (which can include more than one reply, meetings and other alternative dispute resolution options such as Mediation) and somehow missed the issue(s) which the Ombudsman then found we erred on and resultantly upheld part of a complaint. This is a new part of our review of processes and intention to be more compassionate and less defensive in our approach to complaints and seek an explanation as to why we did not pick up on that issue at an earlier stage of the process and what Directors will do to reduce this happening in the future.

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	49	01	Consultants/Doctors	19
02	Complaint handling	0	02	Nurses	161
03	Shortage/availability	0	03	Allied Health Professionals	19
04	Communication (written)	3	04	Scientific/Technical	0
05	Communication (oral)	11	05	Ambulance	0
07	Competence	7	06	Ancillary Staff/Estates	0
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	9
11	Date of admission/attendance	1	08	GP (Salaried)	251
12	Date for appointment	84	09	Pharmacists	5
13	Test Results	3	10	Dental (Salaried)	39
	Delays in/at		11	Opticians	2
21	Admissions/transfers/discharge procedure	0	12	Other	15
22	Out-patient and other clinics	1		Service Area	
	Environmental/domestic			Accident and Emergency	0
29	Premises	2		Hospital Acute Services	0
30	Aids/appliances/equipment	1		Care of the Elderly	1
32	Catering	0		Rehabilitation	6
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	23
34	Patient privacy/dignity	1		Maternity Services	0
35	Patient property/expenses	1		Ambulance Services	0
36	Patient status	0		Community Hospital Services	1
37	Personal records	0		Community Health Services - not elsewhere specified	28
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	1
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	5		Family Health Services	0
42	Policy and commercial decisions of NHS Board	2		Prison	443
43	NHS Board purchasing	0		Other	3
44	Mortuary/post mortem arrangements				
	Treatment				
51	Clinical treatment	353			
52	Consent to treatment	0			
61	Transport	0			
71	Other	4			

**ACUTE
APPENDIX 3**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	100	01	Consultants/Doctors	306
02	Complaint handling	2	02	Nurses	130
03	Shortage/availability	0	03	Allied Health Professionals	5
04	Communication (written)	18	04	Scientific/Technical	0
05	Communication (oral)	48	05	Ambulance	1
07	Competence	10	06	Ancillary Staff/Estates	40
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	84
11	Date of admission/attendance	16	08	GP (Salaried)	2
12	Date for appointment	42	09	Pharmacists	1
13	Test Results	9	10	Dental (Salaried)	4
	Delays in/at		11	Opticians (Salaried)	0
21	Admissions/transfers/discharge procedure	16	12	Other	0
22	Out-patient and other clinics	20		Service Area	
	Environmental/domestic			Accident and Emergency	61
29	Premises	28		Hospital Acute Services	481
30	Aids/appliances/equipment	2		Care of the Elderly	24
32	Catering	2		Rehabilitation	9
33	Cleanliness/laundry	8		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	4		Maternity Services	0
35	Patient property/expenses	2		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	5		Community Health Services - not elsewhere specified	0
38	Bed Shortages	2		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	0
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	1		Family Health Services	0
42	Policy and commercial decisions of NHS Board	5		Prison	0
43	NHS Board purchasing	0		Other	3
44	Mortuary/post mortem arrangements	1			
	Treatment				
51	Clinical treatment	231			
52	Consent to treatment	1			
61	Transport	3			
71	Other	0			

SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS
1 JANUARY – 31 MARCH 2014

Partnerships

East Renfrewshire CHCP

Taking another look at Mental Health Counselling procedures.

Changing the procedure for Mental Health Counselling services.

Looking at times of advertising to coincide when children would not be in the vicinity of specific adverts.

Renfrewshire CHP

Podiatry

Following a complaint from diabetic patient advising that, when he missed appointment due to illness, he called in at Health Centre to see if he could see a podiatrist as he was concerned about his feet. The receptionist advised him there were no appointments for 6 weeks. The service has implemented a standardised process in all of its clinical locations to ensure that high risk patients (such as diabetics) with concerns arriving at podiatry reception areas will be able to speak to a podiatrist personally. The podiatrist will discuss the problem with each patient and decide upon the most appropriate course of action. This process will be in place across the service by 14 February 2014.

A complaint regarding the accessibility of Podiatry services being limited due to restricted phone-in times was upheld. The need to increase access for all podiatry patients and their carers was recognised and work is underway to implement a new appointment process and call handling centre. This work is being led by David Wylie, Podiatry Service Manager & Professional Lead, with an expected implementation date of 30 June 2014. Patients and carers will be fully involved and consulted during the development of these new processes in order to ensure that a variety of options are available to improve access to the Podiatry Service across the NHS Greater Glasgow & Clyde area.

District Nursing

Following a complaint made regarding the inadequate supply of dressings, although DNs followed the NHSGGC guidance on the supply of dressings, the service acknowledged that due to the patient's condition more dressings should have been supplied and will now ensure that each patient is assessed on their individual needs and supplies are provided accordingly.

Glasgow City CHP

A review of prison complaints received during the quarter identified a number of re-occurring themes. Some of the examples highlighted this quarter are:-

- (a) A rationalisation of the system for ordering medication to simplify how often repeat requests are made has been implemented
- (b) Delay experienced in obtaining dental treatment raised with Oral Health – issue is about the availability of dental staff to cover clinics
- (c) System for checking patients' medication prior to entering prison reinforced to ensure information is collated from community GP
- (d) Ensuring that access to diabetic blood testing equipment is raised at induction to the prison
- (e) Review of medication Kardex cards to ensure they are accurate and current.

An example from another service related to Child and Adolescent Mental Health Services where the system for amending appointments and message taking was reviewed and improvements implemented.

Acute

- Following a complaint concerning a delay in the diagnosis of testicular torsion, in an Emergency Department, the learning points were disseminated to all staff members in all Emergency Departments, and revised guidance will be included in the Hospital ED induction handbook.
- A patient complained that when she tried to return crutches to a Minor Injuries Unit they would not accept these. In order to ensure that these are returned to the appropriate department, a leaflet detailing how to return these items will be handed to patients when issuing crutches.
- A family complained that a DNR form was completed and added to patient case notes without permission or discussion. A formal critical incident review was undertaken to ensure that this is not repeated, and was discussed at the Directorate Clinical Governance Committee to raise awareness of the issue.
- Following a complaint that a patient could not get through to a telephone number to cancel an appointment, a review of call activity was undertaken which resulted in an increase in the number of staff being available to take calls at peak times.
- A patient experienced a delay in being provided with medication and waited for several hours in the Discharge Lounge for this to be provided. An unreserved apology was provided and a 5 point action plan put in place, including encouraging doctors to write up a prescription quickly; ensuring that an estimated time for availability of prescription is communicated to patients waiting in the Discharge Lounge; ensuring that all estimates take into account the complexity of the prescription; asking that nursing staff communicate specific reasons for any delays that may occur and to provide an updated estimate to patients; asking nursing staff to escalate concerns re waiting times by telephone as early as possible; and improving the queuing procedure within the Pharmacy Department
- The mother of a young child who was in the RHSC complained that nursing staff did not check a cannula site correctly which led to complications in the delivery of the antibiotics. When intravenous fluids are being administered, it is policy that the cannula site is checked hourly. The service apologised that the Nurse looking after the patient did not do so as thoroughly as we would wish, the patients arm was only checked above the bandage site, because these examinations were distressing the patient. The Nurses in the ward have reflected on this experience and the importance attached to checking cannula sites. In addition, when this was discovered the Registrar commented that they did not know how to turn a machine off. As a result of the complaint, junior medical staff on the ward have been reminded how to access support for unfamiliar equipment, or in the case of standard equipment, shown how to switch them off.