

# NHS Greater Glasgow and Clyde

Board Meeting  
Tuesday, 21 October 2014

Board Paper No. 14/59

NURSE DIRECTOR

## QUARTERLY REPORT ON COMPLAINTS: 1 APRIL – 30 JUNE 2014

### Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 April – 30 June 2014.

### Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period 1 April – 30 June 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 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 made 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 April – 30 June 2014

Table 1 shows the number of complaints *received* across NHS Greater Glasgow and Clyde between 1 April – 30 June 2014 and for comparison 1 January – 31 March 2013. Thereafter, the statistics in Table 1 relate to those complaints *completed* in the quarter so that outcomes can be reported.

**Table 1**

	<u>1 April – 30 June 2014</u>		<u>1 January – 31 March 2014</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>	564	422	473	438
(b) Number of complaints received and completed within 20 working days [ <i>national target</i> ]	502 (89%)	308 (73%)	382 (81%)	306 (70%)
(c) Number of complaints <b>completed</b>	596	420	456	435
(d) Outcome of complaints completed:-		120		
➤ Upheld	130	130	79	94
➤ Upheld in part	53	144	89	147
➤ Not Upheld	404	0	280	172
➤ Conciliation	0	0	0	0
➤ Irresolvable	0	2	0	0
➤ Unreasonable Complaint	0	1	1	0
➤ Transferred to another unit	1	2	1	4
(e) Number of complaints withdrawn	8 <sup>1</sup>	21 <sup>2</sup>	6 <sup>1</sup>	18 <sup>2</sup>
(f) Number of complaints declared vexatious	0	0	0	0

<u>1 April – 30 June 2014</u>				
	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>	<u>Other</u>
1	8	2	5	1
2	21	15	6	0

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

For this quarter this gives an overall NHSGG&C complaints handling performance for complaints received and completed of 81% 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 April – 30 June 2014 and for comparison 1 January – 31 March 2014.

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

	1 April – 30 June 2014		1 January – 31 March 2014	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
<b>Acute Directorate</b>				
Surgery & Anaesthetics	128	30	142	32
Emergency Care & Medical	117	28	111	26
Women & Childrens	52	12	51	12
Regional	29	7	32	7
Facilities	28	6	37	9
Rehabilitation & Assessment	29	7	36	8
HI&T	8	2	13	3
Diagnostics	21	5	8	2
Other	8	3	5	1
<b>Sub-Total</b>	<b>420</b>	<b>100</b>	<b>435</b>	<b>100</b>
<b>CH(C)P</b>				
NHS Board	0	0	0	0
East Dunbartonshire	1	0	0	0
East Renfrewshire	2	0	4	1
Glasgow City - Corporate *	525	88	398	87
North East	16	3	18	4
North West	17	3	9	2
South	11	2	12	3
Inverclyde	7	1	2	0
Renfrewshire	9	2	4	1
West Dunbartonshire	5	1	6	1
Hosted Service (Podiatry)	3	0	3	1
<b>Sub-Total</b>	<b>596</b>	<b>100</b>	<b>456</b>	<b>100</b>
<b>Grand Total</b>	<b>1016</b>		<b>891</b>	

\* Covers Forensic Services and Prison Healthcare.

Detailed below in Table 3 is an Acute Hospital location breakdown of completed complaints within NHS GGC for the period 1 April – 30 June 2014 and for comparison 1 January – 31 March 2014.

Table 3 – Breakdown of Completed Complaints by Acute Hospital Location

	<u>1 April – 30 June</u>	<u>1 Jan – 31 Mar 14</u>
<b>Acute Hospital Location</b>	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Beatson West of Scotland Cancer Centre	4	3
Homeopathic Hospital	1	0
Gartnavel General Hospital	27	28
Glasgow Royal Infirmary	68	78
Inverclyde Royal Hospital	22	21
Larkfield Unit	3	2
Lightburn Hospital	0	3
Mansionhouse Unit	3	6
Mearns Kirk Hospital	1	2
Nelson Mandela Place (Breast Screening Service)	1	1
Out of Hours Service	5	9
Princess Royal Maternity Hospital	7	7
Royal Alexandra Hospital	56	66
Southern General Hospital	76	65
Stobhill ACH	13	24
Victoria Infirmary	40	37
Victoria ACH	13	12
Vale of Leven Hospital	11	9
Western Infirmary	46	43
Yorkhill Hospital	15	12
Other	8	11
<b>Total</b>	<b><u>420</u></b>	<b><u>435</u></b>

Detailed below in Table 4 is a CH(C)P service area breakdown of completed complaints within NHSGGC for the period 1 April – 30 June 2014 and for comparison 1 January – 31 March 2014.

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

	<u>1 April – 30 June 14</u>	<u>1 Jan – 31 Mar 14</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
<b>Glasgow City CHP – Corporate</b>	<b>525</b>	<b>398</b>
Health & Community Care:-		
• HMP Barlinnie	372	205
• HMP Low Moss	118	179
• HMP Greenock	33	13
• Police Custody Healthcare	0	0
Mental Health Services (See Note)	1	1
Other (Health Improvement)	1	1
<b>Glasgow City CHP - North East Sector</b>	<b>16</b>	<b>18</b>
Health & Community Care	2	3
Homelessness Services	0	0
Specialist Children's Services	2	6
<b>Skye House Adolescent Unit</b>	0	0
Mental Health Services	11	6
<b>Stobhill Hospital</b>	0	2
<b>Parkhead Hospital</b>	1	1
<b>Glasgow City CHP - North West Sector</b>	<b>17</b>	<b>9</b>
Children & Family Services	1	0
Health & Community Care	6	3
Mental Health Services	4	1
<b>Gartnavel Royal Hospital</b>	2	2
<b>Eriskay House</b>	0	0
Sexual Health/Sandyford	4	3
<b>Glasgow City CHP - South Sector</b>	<b>11</b>	<b>12</b>
Health & Community Care	6	7
Mental Health Services	2	3
<b>Leverndale Hospital</b>	3	2
<b>East Dunbartonshire CHP</b>	<b>1</b>	<b>0</b>
Health & Community Care	1	0
Mental Health	0	0
<b>West Dunbartonshire CH(C)P</b>	<b>5</b>	<b>6</b>
Health & Community Care	5	6
Children & Family Services	0	0

	<u>1 April – 30 June 14</u>	<u>1 Jan – 31 Mar 14</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
<b>Inverclyde CH(C)P</b>	<b>7</b>	<b>2</b>
Mental Health	2	2
Children & Family Services	1	0
Larkfield Unit	0	0
Ravenscraig Hospital	1	0
Community Care	1	0
Other	2	0
<b>East Renfrewshire CH(C)P</b>	<b>2</b>	<b>4</b>
Mental Health	2	1
Health & Community Care	0	3
Rehabilitation & Assessment	0	0
Specialist Children's Services	0	0
Children and Family Services	0	0
<b>Renfrewshire CHP</b>	<b>9</b>	<b>4</b>
Health & Community Care	5	2
Mental Health	2	0
<b>Dykebar Hospital</b>	<b>2</b>	<b>2</b>
<b>Hosted Service - Renfrewshire CHP – Podiatry</b>	<b>3</b>	<b>3</b>
<b>NHS Board</b>	<b>0</b>	<b>0</b>
Totals:	<b><u>596</u></b>	<b><u>456</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 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 Forums, 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 NHSGGC for the period 1 April – 30 June 2014 and for comparison 1 January – 31 March 2014.

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

	<u>1 April – 30 June 2014</u>				<u>1 January – 31 March 2014</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	285	277 (97%)	0	27	280	268 (96%)	0	22
Dentists	26	26 (100%)	0	4	40	38 (95%)	0	2
Opticians	57	57 (100%)	0	1	24	24 (100%)	0	0
Community Pharmacists	125	123 (98%)	0	0	133	117 (88%)	0	9

\* Alternate Dispute Resolution

We need to work closer with the independent contractors and teams to get a more consistent response to the completion of the information sent to us. Different interpretations are still taking place.

Detailed below in Table 6 is an indication of the surveys returned by of each contractor groups for the period 1 April – 30 June 2014 and for comparison 1 January – 31 March 2014.

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

	<u>1 April – 30 June 2014</u>			<u>1 January – 31 March 2014</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	236	97	242	233	90	259
Dentists	116	45	259	243	89	274
Opticians	162	87	186	161	78	205
Community Pharmacists	291	100	291	312	100	312

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

Strenuous efforts have been made by the Pharmacy Team and the Primary Care Support Team to ensure Community Pharmacists, GPs and Opticians return their quarterly information in relation to their Practices' complaints handling. The Pharmacy Team has again achieved a 100% return and this has been achieved by individual personal contact with contractors to ensure all returns were submitted. In relation to Opticians, the two main reasons given for a non response was that those Practices had been unaware of the need to submit a nil return or they had not realised the survey was quarterly. Letters have now been sent to all Practices reinforcing the message that surveys are quarterly and nil returns are required and, as

this is a contractual requirement. Consideration will be given to possible sanctions if some Practices continue not to respond to the request for this quarterly information.

In relation to Dental Practices, further messages will be sent to Dental Practitioners about the need to comply however, some technical issues with Survey Monkey did occur.

In relation to GP Practices, the reasons given for a non response had been some technical issues with the Survey Monkey and some Practices had overlooked the need to submit a nil return. The Survey Monkey issues have now been resolved and Primary Care Development Office contacted those Practices who had not responded and late returns were accepted and manually recorded. One Practice had not realised the contractual requirement of submitting their quarterly complaints data and have indicated they will do so in the future. The improvement in the return rates has been hugely welcomed.

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

There were 5 key trends/themes in relations to complaints/issues raised against General Practitioners:-

1. Clinical Treatment/Issues – 37. Steps taken to make improvements have included:-

- A number of patients were given face to face meetings with GP's to discuss issues, treatment and possible diagnosis;
- Issues raised by patients discussed at GP Practice/Clinical Meetings to review GP handling of specific cases;
- Patient given access to medical records and then facility to discuss with GP to reassure them of diagnosis/treatment options.
- Some trainings issues identified for doctors in training taken on board;
- Reviews of procedures and protocols amended following discussions with patients following a meeting with the Practice Managers.

2. Appointment Issues – 34. Steps taken to make improvements have included:-

- Greater explanation of the types of appointments available at Practices including home visits only being arranged on urgent cases;
- Changes to an appointment system not communicated adequately to patients causing misunderstanding about the appointments process;
- Receptionists to keep patients up to date on surgery running times, especially when running late;
- Requirement for staff to accurately take down requests for appointments and house calls;
- The introduction of a call logging system in order to review how best to handle patient calls to the practice.

3. Staffing Issues – 28. Steps taken to make improvements have included:-

- Training offered in communication skills for Practice Staff;
- Medical advice only to be given out by GP's/Nursing Staff;
- Staff reminded of Practice Policy that all patients and staff to be treated courteously and with respect;
- GP Practice Team discussion to learn from complaints and suggestions raised by patients;
- GP Reception staff provided additional training on dealing with patients on the telephone and when they arrive at the Practice;
- High standard of Customer Care emphasised to GP administrative staff;
- The reiteration of GP Practice's Policy on handling violent/aggressive behaviours.

4. Prescribing Issues – 27. Steps taken to make improvements have included:-

- Staff reminded to check prescription collection location when prescriptions ordered;
- Prescribing protocol on maximum amount explained to patient;
- Protocols tightened in relation to discharge slips;
- Staff reminded of process around prescription requests following out with 24/48 hour collection service to avoid stress and upset for patients and staff;

5. Communication Issues – 22. Steps taken to make improvements have included:-

- Staff reminded to listen to the details provided by patients to ensure correct information on appointment times and reason for requesting an appointment;
- Acknowledgement letters/complaints reviewed and sensitive dealing with the patients' relatives in relation to consent issues;
- Practice Policy reiterated to all staff in relation to a request for urgent appointments made in the afternoon.
- Reception staff to introduce themselves to patients when they 'phone/arrive at the Surgery.
- Arrangements made for patient with mobility issues to communicate with the Practice via e mail.
- Clearer lines of communication established between hospital ward staff, the GP Practice and Practice Manager.

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.

#### Optometry Complaints

As usual with complaints against Opticians the issue most raised was problems with glasses/lenses accounting for the vast majority of complaints; on this occasion 35.

The actions taken have led to glasses/lenses being adjusted or remade; some patients were reassured about their use of the glasses/lenses and on one occasion, the patient was refunded the cost of the lenses. The remaining issues related to the need for improvements in communications between Opticians and patients around waiting times, appointment issues and costs.

#### Dental Complaints

The main theme of the complaints were treatment and fees. In addition, there was one complaint each regarding the dentist not keeping to appointment times, a practice not providing appointment times that suited the patient and one on confidentiality.

Actions learned from the complaints:-

- appointment times discussed
- Reinforce current procedures and protocols
- ensure patients were made aware of the payment policy and charges for missed appointments

#### Pharmacist Complaints

The majority of complaints (62) recorded by community pharmacies for the period 1 April 2014 to 30 June 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.

## 5. Ombudsman (SPSO): 1 April – 30 June 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 <b>is</b> being conducted	1	0	2
(b) Notification received that an investigation <b>is not</b> being conducted	2	0	0
(c) Investigations Report received	0	0	0
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	2	4	14

In accordance with the Ombudsman's monthly reporting procedure, no reports were 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 were clinical treatment, date for appointment and staff attitude / behaviour.

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

### Acute

The three issues attracting most complaints this quarter were 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 April – June 2014.

## **8. Patient Advice and Support Service (PASS): 1 April – 30 June 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 151 new clients
- There were 595 new enquiries
- 14% of enquiries were dealt with by Generalist Advisers and 86% dealt with by Patient Advisers
- 85% 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	49% were about Hospital Acute Services
Hospitals/Localities	56% were about Emergency Care & Medical Services
Community Health Partnerships/Community Health and Care Partnerships	33% were about Renfrewshire CHP
Staff Group	49% were about Hospital Consultants/Doctors
NHS Advice Code	32% 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, following a recruitment process undertaken by the Scottish Health Council (SHC) and Consortium lead of PASS, two lay representatives will join the LAG at its next meeting. Induction and training will be offered to both by the SHC.

#### **9. 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 1 April and 30 June 2014, 157 individuals provided feedback via this new online system of which 93 were comments / suggestions about our services and 64 were praise for the care received.

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

Community	9
In-Patient	89
Out-Patient	44
Other	15

#### **10. 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 second Annual Report was published at the end of July 2014 and the link to the report is:-

[http://library.nhsggc.org.uk/mediaAssets/library/nhsggc\\_annual\\_report\\_fccc\\_2013-2014\\_summary.pdf](http://library.nhsggc.org.uk/mediaAssets/library/nhsggc_annual_report_fccc_2013-2014_summary.pdf)

Corporate Communications also produced a seven page summary of the Annual Report in user friendly language and this has also now been distributed widely and it has been well received and welcomed as easy to read and informative.

Following the discussions at the June and October NHS Board Seminars on the proposals for restructuring, including reviewing the complaints function, the Interim Director of Corporate Affairs has been involved in scoping out the current processes and routes into the organisation for complaints and will prepare proposals discussion on a more effective and patient-centred process for members' consideration later in the year.

## **11. Conclusion**

The NHS Board is asked to note the quarterly complaints report for the period 1 April – 30 June 2014.

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

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

There were 20 **Decision Letters** issued; 2 related to Partnerships, 4 to Family Health Services (*3 GPs and 1 dentist*) and 14 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 15 issues upheld and 13 issues not upheld. The detail of each case can be made available to members if required.

The 29 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		
	<b>Staff</b>			<b>Staff Group</b>	
01	Attitude/behaviour	53	01	Consultants/Doctors	26
02	Complaint handling	7	02	Nurses	284
03	Shortage/availability	0	03	Allied Health Professionals	13
04	Communication (written)	6	04	Scientific/Technical	0
05	Communication (oral)	13	05	Ambulance	0
07	Competence	5	06	Ancillary Staff/Estates	0
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	8
11	Date of admission/attendance	0	08	GP (Salaried)	288
12	Date for appointment	100	09	Pharmacists	3
13	Test Results	1	10	Dental (Salaried)	39
	<b>Delays in/at</b>		11	Opticians	5
21	Admissions/transfers/discharge procedure	5	12	Other	9
22	Out-patient and other clinics	2		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	0
29	Premises	6		Hospital Acute Services	0
30	Aids/appliances/equipment	2		Care of the Elderly	2
32	Catering	0		Rehabilitation	6
33	Cleanliness/laundry	1		Psychiatric/Learning Disability Services	39
34	Patient privacy/dignity	3		Maternity Services	0
35	Patient property/expenses	1		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	0		Community Health Services - not elsewhere specified	36
38	Bed Shortages	0		Continuing Care	2
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	1
	<b>Procedural issues</b>			Unscheduled Health Care	1
41	Failure to follow agreed procedure	10		Family Health Services	0
42	Policy and commercial decisions of NHS Board	1		Prison	588
43	NHS Board purchasing	0		Other	4
44	Mortuary/post mortem arrangements	0			
	<b>Treatment</b>				
51	Clinical treatment	477			
52	Consent to treatment	0			
61	<b>Transport</b>	0			
71	<b>Other</b>	0			

**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	78	01	Consultants/Doctors	271
02	Complaint handling	0	02	Nurses	105
03	Shortage/availability	0	03	Allied Health Professionals	19
04	Communication (written)	18	04	Scientific/Technical	2
05	Communication (oral)	56	05	Ambulance	1
07	Competence	7	06	Ancillary Staff/Estates	31
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	82
11	Date of admission/attendance	24	08	GP (Salaried)	3
12	Date for appointment	46	09	Pharmacists	1
13	Test Results	13	10	Dental (Salaried)	10
	<b>Delays in/at</b>		11	Opticians (Salaried)	0
21	Admissions/transfers/discharge procedure	4	12	Other	5
22	Out-patient and other clinics	16		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	44
29	Premises	19		Hospital Acute Services	454
30	Aids/appliances/equipment	9		Care of the Elderly	20
32	Catering	4		Rehabilitation	10
33	Cleanliness/laundry	2		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	0		Maternity Services	0
35	Patient property/expenses	2		Ambulance Services	0
36	Patient status	1		Community Hospital Services	0
37	Personal records	2		Community Health Services - not elsewhere specified	0
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	0
	<b>Procedural issues</b>			Unscheduled Health Care	0
41	Failure to follow agreed procedure	2		Family Health Services	0
42	Policy and commercial decisions of NHS Board	7		Prison	0
43	NHS Board purchasing	0		Other	2
44	Mortuary/post mortem arrangements	1			
	<b>Treatment</b>				
51	Clinical treatment	214			
52	Consent to treatment	1			
61	<b>Transport</b>	2			
71	<b>Other</b>	2			

**SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS**  
**1 APRIL – 30 JUNE 2014**

Partnerships

**East Dunbartonshire CHP**

Health visiting team were reminded of the need to respect and support people's rights to accept or decline care while ensuring the needs of the child(ren) are being met.

Health visitors offer emotional support to families which often extend to relationship issues.

Additional training can be made available for all Health Visiting Staff.

**Renfrewshire CHP**

Podiatry - Following a complaint received from a patient after receiving nail surgery, the podiatry service has reviewed the Nail Surgery Information Booklet. This now includes information on the possibility of a minority of patients experiencing nail re-growth and the service has also improved the process for 'Informed Consent'. The additional paragraphs which will be included in the information booked are noted below:-

*'Our audits have shown that around 8% of people may experience some re-growth of nail following surgery. However, this usually does not cause any ongoing problems.'*

*Prior to the commencement of the procedure, the full details of the operation you are having done will be discussed and agreed with you. You will then be asked to give informed consent by way of a signature. If any changes are suggested at the time of the operation to the original, proposed procedure, the rationale for these will be fully discussed and agreed with you prior to gaining your informed consent.'*

Health Visiting - Following a complaint regarding poor care and communication by District Nursing Service the following service improvements have been put in place:-

- A review of the referral/communication process between GP and District Nursing services in Linwood.
- Communication with local Acute services to ensure referral processes are robust and ensure contact details for district nursing teams are widely available to facilitate patient discharge from hospital to community settings.

**Glasgow City CHP**

Within Prison healthcare there are many complaints about patients not receiving repeat prescriptions on time. It has been identified that in some cases patients are not requesting a repeat but are claiming that they have or were unaware of the procedure for doing this. A programme of information sharing has been established to ensure prisoners know of the correct timescales and procedure. Where there are repeated issues the arrangements relating to individual prisoners will be monitored.

Also within the prison healthcare system, a review of prescribing by GPs has resulted in guidance being issued over best practice when amending a current dosage or medication to ensure this is accurately recorded and ordered.

Within Children's Specialist Services there have been cases where it has been identified that the root cause of the complaint has been the lack of clarity over the child and parent's preferences over communication. This will now be specifically discussed with the patient and parents.

- A patient received a date for a Urology pre-assessment clinic and booked/paid for train tickets. The appointment was then cancelled. The patient was extremely unhappy about this and asked for reimbursement. Following receipt of the complaint, the investigation revealed that the appointment had mistakenly been made on a public holiday for doctors. The service has changed practice for noting public holidays on the calendar to ensure that this does not happen again in the future. The patient was reimbursed.
- A patient attended the Victoria ACH for cataract operation on a Saturday, and was told to report to the department at 8am and so arrived to hospital at 7.40am. When this was being arranged, patient had been advised that the main doors would be open. The patient arrived for the procedure on the day and the doors were locked, and this caused anxiety. Following receipt of the complaint, it was found that no-one had ensured that the doors would be open and that on weekends the main doors to the hospital did not open until 8am. The department made arrangements with Facilities Management for the main doors of the hospital to be open from 7.30am in the morning on weekends when surgical lists are running.
- Following a complaint about a wait of 90 minutes at an outpatient clinic, it was found that the clinic had been over-booked through a combination of a patient who had to be seen urgently, as well as a higher than anticipated number of referrals from the Emergency Department. The number of emergency patients attending was exacerbated by the public holiday on the previous day. Having reviewed the complaint and the circumstances, the service changed practice to reduce the number of routine patients appointed on the day after a public holiday to leave sufficient capacity to see emergency patients. In addition more nurse led appointments have been put in place to release medical time for patients who require a medical review. The complainant later wrote to say that his experience in clinic since the date of his complaint had improved and to thank us for improving the experience.
- Following an MRI scan, there was a delay of 3 months in transmitting the results of this via the consultant staff. Following receipt of the complaint, the investigation established that the relevant Consultant had been on leave, and the results had not been picked up within the department in their absence. As a result of this, a formal cover system has been put in place for consultant correspondence / results to ensure that it is always dealt with regardless of planned leave. In addition the department has put in place a standardised system for tracking patient results for all secretarial staff to follow, to ensure that this does not happen again.
- As a result of investigating a complaint about parenting classes, it was evident that the booking times for Parenting Classes differed between West Maternity and Maryhill Health Centre, and changes were made to the booking process so that this is standardised with all classes now being booked by a midwife at the 16 week appointment.