

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 21 April 2015

Board Paper No. 15/19

NURSE DIRECTOR

QUARTERLY REPORT ON COMPLAINTS: 1 OCTOBER – 31 DECEMBER 2014

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 2014.

Introduction

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

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

Table 1

	1 October – 31 December 2014		1 July – 30 September 2014	
	Partnerships/ Board (exc FHS)	Acute	Partnerships/ Board (exc FHS)	Acute
(a) Number of complaints received	520	438	562	436
(b) Number of complaints received and completed within 20 working days [<i>national target</i>]	489 (94%)	313 (71%)	527 (94%)	304 (70%)
(c) Number of complaints completed	534	437	541	413
(d) Outcome of complaints completed:-				
➤ Upheld	56	109	98	101
➤ Upheld in part	65	151	78	136
➤ Not Upheld	397	140	352	146
➤ Conciliation	1	0	0	1
➤ Irresolvable	1	1	0	0
➤ Unreasonable Complaint	0	0	0	0
➤ Transferred to another unit	0	1	1	4
(e) Number of complaints withdrawn	14 ¹	35 ²	12 ¹	25 ²
(f) Number of complaints declared vexatious	0	0	0	0

1 October – 31 December 2014				
	Total	No Consent Received	Complainants no longer wished to proceed	Other
1	14	3	11	0
2	35	22	13	0

1 July – 30 September 2014				
	Total	No Consent Received	Complainants no longer wished to proceed	Other
1	12	1	11	0
2	25	16	9	0

For this quarter this gives an overall NHSGG&C complaints handling performance for complaints received and completed of 78.5% 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 October to 31 December 2014 and for comparison 1 July to 30 September 2014.

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

	1 October – 31 December 2014		1 July – 30 September 2014	
	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>	<u>Number of Completed Complaints</u>	<u>% (rounded)</u>
Acute Directorate				
Surgery & Anaesthetics	151	35	124	30
Emergency Care & Medical	103	24	98	24
Women & Childrens	48	11	53	13
Regional	43	10	51	12
Facilities	24	5	21	5
Rehabilitation & Assessment	34	8	25	6
HI&T	7	1	18	4
Diagnostics	19	4	10	3
Other	8	2	13	3
Sub-Total	437	100	413	100
CH(C)P				
NHS Board	2	0	1	0
East Dunbartonshire	1	0	1	0
East Renfrewshire	2	0	2	0
Glasgow City - Corporate *	468	87	474	88
North East	19	4	19	4
North West	9	2	11	2
South	21	4	16	3
Inverclyde	3	1	4	1
Renfrewshire	2	0	8	1
West Dunbartonshire	3	1	0	0
Hosted Service (Podiatry)	4	1	5	1
Sub-Total	534	100	541	100
Grand Total	971		954	

* 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 July to 30 September 2014 and for comparison 1 April to 30 June 2014.

Table 3 – Breakdown of Completed Complaints by Acute Hospital Location

Acute Hospital Location	<u>1 Oct – 31 Dec 2014</u>	<u>1 July – 30 Sept 2014</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Beatson West of Scotland Cancer Centre	9	13
Homeopathic Hospital	1	1
Gartnavel General Hospital	25	29
Health Centres / Clinics	1	3
Glasgow Royal Infirmary	77	70
Inverclyde Royal Hospital	34	24
Larkfield Unit	2	2
Lightburn Hospital	1	1
Mansionhouse Unit	3	4
Mearns Kirk Hospital	1	2
Nelson Mandela Place (Breast Screening Service)	1	1
Out of Hours Service	13	5
Princess Royal Maternity Hospital	4	9
Royal Alexandra Hospital	53	52
Southern General Hospital	88	80
Stobhill ACH	17	17
Victoria Infirmary	45	30
Victoria ACH	12	11
Vale of Leven Hospital	4	6
Western Infirmary	24	33
Yorkhill Hospital	15	9
Other	7	11
Total	<u>437</u>	<u>413</u>

Detailed below in Table 4 is a CH(C)P service area breakdown of completed complaints within NHSGGC for the period 1 October to 31 December 2014 and for comparison 1 July to 30 September 2014.

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

	<u>1 Oct – 31 Dec 2014</u>	<u>1 July - 30 Sept 14</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
Glasgow City CHP – Corporate	468	474
Health & Community Care:-		
• HMP Barlinnie	289	342
• HMP Low Moss	147	93
• HMP Greenock	31	37
• Police Custody Healthcare	0	1
Mental Health Services (See Note)	1	1
Other (Health Improvement)	0	0
Glasgow City CHP - North East Sector	19	19
Health & Community Care	0	2
Homelessness Services	4	0
Specialist Children's Services	4	6
Skye House Adolescent Unit	2	1
Mental Health Services	3	7
Stobhill Hospital	3	3
Parkhead Hospital	2	0
Eriskay House	1	0
Glasgow City CHP - North West Sector	9	11
Children & Family Services	1	0
Health & Community Care	4	4
Mental Health Services	0	2
Gartnavel Royal Hospital	0	2
Sexual Health/Sandyford	3	3
Other (Human Resources)	1	0
Glasgow City CHP - South Sector	21	16
Health & Community Care	11	8
Mental Health Services	6	3
Leverndale Hospital	4	5
East Dunbartonshire CHP	1	1
Health & Community Care	1	0
Mental Health	0	0
Children and Family Services	0	1

	<u>1 Oct – 31 Dec 2014</u>	<u>1 July - 30 Sept 14</u>
	<u>Number of Completed Complaints</u>	<u>Number of Completed Complaints</u>
West Dunbartonshire CH(C)P	3	0
Health & Community Care	1	0
Children and Family Services	0	0
Other (Health & Information Technology/Other Directorate)	2	0
Inverclyde CH(C)P	3	4
Mental Health	1	1
Children & Family Services	0	1
Larkfield Unit	0	1
Ravenscraig Hospital	0	1
Community Care	1	0
Specialist Children Services	1	0
East Renfrewshire CH(C)P	2	2
Mental Health	1	2
Health & Community Care	0	0
Rehabilitation & Assessment	0	0
Specialist Children's Services	0	0
Children and Family Services	1	0
Renfrewshire CHP	2	8
Health & Community Care	1	4
Mental Health	0	2
Dykebar Hospital	1	2
Hosted Service - Renfrewshire CHP – Podiatry	4	5
NHS Board	2	1
Totals:	<u>534</u>	<u>541</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 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 October to 31 December 2014 and for comparison 1 July to 30 September 2014.

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

	<u>1 October – 31 December 2014</u>				<u>1 July – 30 September 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	253	245	0	8	223	220 (99%)	0	3
Dentists	43	40	0	3	54	51 (94%)	0	3
Opticians	62	62	0	0	51	51 (100%)	0	0
Community Pharmacists	127	125	0	0	120	118 (98%)	0	1

* 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 October to 31 December 2014 and for comparison 1 July to 30 September 2014.

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

	<u>1 October – 31 December 2014</u>			<u>1 July – 30 September 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	230	95	242	229	95	242
Dentists	211	81	261	236	91	260
Opticians	150	82	183	153	82	186
Community Pharmacists	291	100	291	290	100	290

Local contractor teams continue to take steps to improve the response rate from contractors in order to achieve a 100% return rate. 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)P's discuss the complaints reported and lessons learned by Practices at their Clinical Governance Groups, GP Forum, Locality Groups and Practice Managers Forums. The data received from the 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 relation to complaints/issues raised against General Practitioners:-

1. Prescribing issues – 33. Steps taken to make improvements have included:-

- GP to take more care in selecting dosage of medications.
- Better communication between pharmacy and medical practice.
- Provide full explanation to patients as to why an antibiotic is not always required.
- New process introduced with regards to prescription requests and website upgraded to be more user friendly; with patient participation agreed in making changes to the website.
- Practice prescribing policy tightened to ensure new prescriptions only added after written instruction obtained.
- Staff training conducted on customer service skills.
- Should awareness of patient's personal circumstances; patient had insufficient storage for 3 weeks of prescribed aides.
- New Practice policy of copying Pharmacist into discharge letters containing script changes.

2. Appointment Issues 32. Steps taken to making improvements have included:-

- GP has reviewed his procedures for keeping up to date with house calls allocated to him.
- Reception staff to keep patients informed when surgery was running late.
- Not all patients are satisfied with discussing issues on the 'phone with GP's.
- Appointment audit highlighted demand outstripping appointment availability – Practice have adjusted the range of appointments made available, especially after normal working hours.
- Policy on late patients reviewed to take account of reason being out with the patient's control i.e. bus break down.

3. Clinical Treatment/Issues 26. Steps taken to make improvements have included:-

- Clinical learning from outcome of initial diagnosis to further diagnosis and advising patient.
- GP wrote to patient explaining why they were being referred back to specialists care as this would access better clinical expertise in delaying with the complex issues which the patient has.
- Reception staff informed of the importance of having pre chemo blood tests carried out on the same day.

4. Clinical Issues 26. Steps taken to make improvements have included:-

- Ensure information provided to patients is checked, up to date and still relevant.
- Advise patients when they are booking an appointment that it would be a locum doctor they would see.
- GP Practice now has access to A & E notes on portal.
- Reception staff refer to next day appointments as cancellations which were misleading to patients.
- Trainee GP to reflect on a particular consultation with a patient and to add to their e portfolio of learning.
- Improve communications and recording of events/discussions.
- Patients encouraged to bring issues to the Practice direct when dissatisfied.

5. Staffing Issues:-

- Staff reminded of the protocol for answering the telephone in relation to providing the patient with results.
- Improve communication and recording of events and ensure that the patient understands outcome of discussion.
- Recognition that patients can be very ill and therefore may not always behave the way they normally would do when making appointment or attending the GP Practice.
- GP Practice now has a regular Tuesday staff lunch time meeting when patient feedback is shared and discussed – a major improvement in the areas discussed has been noted.

These matters will be shared with the CH(C) P Clinical Directors for wider consideration/sharing within their own areas and discussing with relevant GP Practice during Practice visits. In addition the other areas in which complaints were received about GP Practices included administration, communication, out of area patient issues, patient attitude, confidentiality issues and referral arrangements to hospital specialist services.

Optometry Complaints

As usual with complaints against Opticians the issue most raised was the problem with glasses/lenses accounting for 46 of the 62 issues raised.

The actions taken have led to ensuring that accuracy checks are carried out on each dispense (with 2 people checking it); checking the supplier tracker on a daily basis to ensure they were up to date with any delays/cancellations; ensure accuracy of what has been ordered and additional staff training on dispensing. The other areas included clinical issues, waiting times, communications, cost of lenses and service issues, all of which were low numbers.

Dental Complaints

The results of the GDP complaints survey are reported at the GDP Sub Committee of the NHSGGC Area Dental Committee.

The common themes/trends are reviewed by the GDS Clinical Governance Committee and follow-up action will be taken if necessary. Common themes include concerns with treatment costs, treatment outcomes/ dental appliances and waiting times.

Action taken includes review and update of protocols regarding treatment plans and cost estimates, customer care courses arranged for staff and waiting time protocols established.

Given the numbers of patients registered to practices, the overall number of complaints is relatively low.

N.B. NHS treatment costs are determined nationally and individual GDPs cannot vary from these patient charges.

Pharmacist Complaints

Of the complaints recorded for this period, 59 related to medication incidents. While this represents 46% of the total complaints received, it is the single largest reason for complaint. Set against a background of more than 1.5 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 October to 31 December 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	1	0	1
(b) Notification received that an investigation is not being conducted	1	4	0
(c) Investigations Report received	0	1	2
(d) Decision Letters received (Often the first indication in respect of FHS Complaints)	1	8	11

In accordance with the Ombudsman's monthly reporting procedure, three 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 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, staff attitude/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 October to December 2014.

8. Patient Advice and Support Service (PASS): 1 October to 31 December 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 (although now within NHS Lanarkshire, the PASS service will continue to be delivered through the Glasgow Consortium throughout the term of the extension to the existing contract).

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 120 new clients
- There were 489 new enquiries
- 5% of enquiries were dealt with by Generalist Advisers and 95% dealt with by Patient Advisers
- 97% 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 Personal Independence Payment/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	43% were about Hospital Acute Services
Hospitals/Localities	54% were about Emergency Care & Medical Services
Community Health Partnerships/Community Health and Care Partnerships	21% were about Renfrewshire CHP
Staff Group	55% were about Hospital Consultants/Doctors
NHS Advice Code	43% 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 and Complaints 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 have joined the LAG. The newly constituted LAG met for the first time on 2 December 2014.

NHSGGC is represented on the National Monitoring and Evaluation Group for the PASS by the Head of Board Administration. At the most recent meeting in Edinburgh last month, members of the Group were advised that the current 3 year national contract for the PASS (from 1 April 2013 – 31 March 2015) would be extended for a further year and a communication would be sent to confirm that extension. That would allow further time to assess the local and national evaluation reports of the PASS and see what changes / improvements may be needed to a re-tendered service from 1 April 2016.

On 18 March 2015, the NHS Board's Secretariat and Complaints Manager attended a national PASS / NCPAS (NHS Complaints Personnel Association Scotland) event. Presenters included the General Medical Council (who provided an overview on the role of the GMC and its complaints procedure), the Scottish Health Council (who provided an update on A Stronger Voice) and the Scottish Government (who provided an update on proposed changes to the NHS Complaints handling procedure).

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 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 October and 31 December 2014, 302 individuals provided feedback via this online system of which 184 were comments / suggestions about our services and 118 were praise for the care received.

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

Community	28
In-Patient	156
Out-Patient	80
Other	38

10. Current Issues

Review of NHS Boards' Annual Reporting on Feedback, Comments, Concerns and Complaints 2013/14

The Scottish Health Council published, on its website, a report on its Review of NHS Boards' Annual Reporting on Feedback, Comments, Concerns and Complaints 2013/14.

This has been useful in planning the content and structure of the Annual Report 2014/15. There was recognition that the SGHD Guidance issued in late 2014 was not fully reflected in the 2013/14 Annual Reports but would feature more in this years.

The Annual Report 2014/15 is due to be published by 30 June 2015; this, again, is a tight timescale to meet as the validated numbers of complaints for hospital and community health services and from GPs and other independent contractors is not available until late May 2015.

The Scottish Health Council will review and monitor the information contained in the Annual Report and scrutinise what actions have led to service improvements via the mechanisms available within the Participation Standards.

The Scottish Public Sector Ombudsman's (SPSO) Complaints Standards Authority will be working with NHS Boards and others to develop a new model complaints handling procedure for the NHS which is in line with the framework of the Patient Rights Act and supporting guidance. There will be encouragement towards earlier Local Resolution with an emphasis on a distinct 5 working day stage for early resolution and, thereafter, where this is not possible, within the 20 working days. Officers will take this into account as part of the review of the complaints function within NHS GGC.

11. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 October to 31 December 2014.

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SCOTTISH PUBLIC SERVICES OMBUDSMAN REPORTS –
1 JULY – 30 SEPTEMBER 2014

There were **three Investigation Reports** published by the Ombudsman in this quarter in relation to NHSGGC. In these, there were 8 issues upheld and no issues not upheld. The detail of each case can be made available to members if required.

There were **20 Decision Letters** issued; 1 related to Partnerships, 8 to Family Health Services (*7 GPs and 1 dentist*) and 11 to the Acute Services Division. These letters were not published in the Scottish Public Services Ombudsman's monthly commentary; however within the Partnerships/Acute Services Division they were dealt with as though they could contain recommendations. The definition surrounding a Decision Letter is 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 13 issues upheld and 8 issues not upheld. The detail of each case can be made available to members if required.

The 22 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	54	01	Consultants/Doctors	26
02	Complaint handling	4	02	Nurses	302
03	Shortage/availability	1	03	Allied Health Professionals	17
04	Communication (written)	3	04	Scientific/Technical	0
05	Communication (oral)	12	05	Ambulance	0
07	Competence	7	06	Ancillary Staff/Estates	0
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	5
11	Date of admission/attendance	0	08	GP (Salaried)	225
12	Date for appointment	145	09	Pharmacists	0
13	Test Results	7	10	Dental (Salaried)	50
	Delays in/at		11	Opticians	6
21	Admissions/transfers/discharge procedure	0	12	Other	6
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	2		Care of the Elderly	4
32	Catering	0		Rehabilitation	5
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	34
34	Patient privacy/dignity	0		Maternity Services	0
35	Patient property/expenses	3		Ambulance Services	0
36	Patient status	1		Community Hospital Services	8
37	Personal records	2		Community Health Services - not elsewhere specified	42
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	5
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	10		Family Health Services	0
42	Policy and commercial decisions of NHS Board	1		Prison	539
43	NHS Board purchasing	0		Other	3
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	385			
52	Consent to treatment	0			
61	Transport	0			
71	Other	0			

**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	95	01	Consultants/Doctors	268
02	Complaint handling	1	02	Nurses	109
03	Shortage/availability	4	03	Allied Health Professionals	12
04	Communication (written)	23	04	Scientific/Technical	1
05	Communication (oral)	50	05	Ambulance	2
07	Competence	10	06	Ancillary Staff/Estates	26
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	43
11	Date of admission/attendance	15	08	GP (Salaried)	0
12	Date for appointment	37	09	Pharmacists	1
13	Test Results	12	10	Dental (Salaried)	2
	Delays in/at		11	Opticians (Salaried)	0
21	Admissions/transfers/discharge procedure	11	12	Other	10
22	Out-patient and other clinics	16		Service Area	
	Environmental/domestic			Accident and Emergency	25
29	Premises	22		Hospital Acute Services	395
30	Aids/appliances/equipment	1		Care of the Elderly	10
32	Catering	3		Rehabilitation	9
33	Cleanliness/laundry	2		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	0		Maternity Services	0
35	Patient property/expenses	0		Ambulance Services	1
36	Patient status	0		Community Hospital Services	0
37	Personal records	1		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
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	3		Family Health Services	0
42	Policy and commercial decisions of NHS Board	7		Prison	0
43	NHS Board purchasing	0		Other	0
44	Mortuary/post mortem arrangements	1			
	Treatment				
51	Clinical treatment	212			
52	Consent to treatment	0			
61	Transport	1			
71	Other	0			

SERVICE IMPROVEMENTS AS THE RESULT OF COMPLETED COMPLAINTS
1 October – 31 December 2014

Partnerships

West Dunbartonshire CHCP

- Reminding staff of the importance of updating patients' records; this is delivered at team meetings.
- Staff are reminded of importance of client details and this is feedback at team meetings.

Renfrewshire CHP - Hosted Service: Podiatry

- A complaint was received from a patient who experienced difficulty when trying to make an appointment by telephoning Gourock Health Centre. The difficulty was due to the fact that there is no full time podiatry admin staff at Gourock Health Centre and calls for podiatry were only answered on certain days/times.

A call divert system has been put in place whereby patients who telephone Gourock Health Centre will automatically be transferred to Greenock Health Centre where there will be admin staff available to take calls between 9-12.30pm and 1.30-4pm Mon-Fri. This automatic divert will be in place for four months (as telecoms do not recommend it indefinitely). This will give us time to get through the majority of the caseload and give them the new information.

This is a marked increase from the 3 x 3 hour sessions which was previously available to them. We are in the process of updating the paperwork for patients to the new number so that, when the auto divert is lifted, patients will know to contact Greenock Health Centre. It's in effect, a mini call centre which we have created as appointments can now be booked remotely.

- Standard Operating Procedures have been developed for Podiatry Receptionists to ensure all areas work to the same standard and operate the same procedure when dealing with patients.

Glasgow City CHP

- Communication between healthcare staff and patients within prison healthcare is being improved with regards to appointments which have been cancelled or which need to be rescheduled. System implemented where responsibility for informing patients of cancellations and rearranged appointments sits with the medical staff.
- Review of restricted visiting times to be undertaken at Skye House (Child and Adolescent Mental Health Services). Staff to be made aware to take into consideration individual circumstances when applying rules and restrictions to visiting times and hours. Review to include views of parents and patients.
- Within the Community Health Team a message was not passed on. Changes to systems were made whereby all messages are emailed to staff this ensures there is a trail and no dubiety over whether messages have been passed on and will prevent a similar issue recurring.

- A patient complained about the length of time it took for him to have an imaging scan. This had been requested via TrakCare. However, if the Radiologist needs to request additional information from the referring clinician before proceeding, this is done by a paper request, and the scan is noted as discontinued electronically meantime. In this case the paper report was not received by the referring clinician and this only transpired when secretarial staff tried to access the scan report on the electronic system. This led to a delay in the request being resubmitted, with more information, and the patient was anxious in the meantime about his scan and result. The system has now been changed so that all secretarial staff have a work list with all patients awaiting diagnostic testing, and this is reviewed each week.
- A patient was concerned as she had been refused an endoscopy and was advised that only patients under the age of 55 years could be booked on to the Nurse Endoscopist list. There was an error on the electronic booking system stating that only patients of 55 years, or under, could be booked. This was clearly wrong and this statement has now been removed from the booking system.
- Following an attendance at A&E, after a fall, a patient repeatedly asked for emergency dental and facial treatment and was told this was not available. The patient felt that he should have had access to the appropriate treatment within 24 hours. As a result of the complaint the patient received an apology and was reassured that all staff in A&E Department would be made aware of referral pathway to Special Dental Care Department.
- Following a complaint from patient's daughter, about her mother being given another patients medication for 12 days, the service apologised and put a series of checks in place to reduce the likelihood of a reoccurrence. This included the admitting doctor checking medicines with the patient and/or family if in attendance, and MAU highlighting any immediate/soon transfers out to the link pharmacist so that medicine reconciliation can be prioritised accordingly. In addition the error was highlighted to ward staff and they were advised to check any discrepancies highlighted to them by patients/family members. In future plans to use the pharmacy module on Ward View, and the provision of 7-day pharmacy support to receiving units, will enable medicines reconciliation to be undertaken at an earlier opportunity and prevent a recurrence of incidents such as this.
- As a result of a complaint regarding smoking, we are currently piloting a scheme within one of the other sites whereby we are issuing postcards with the no smoking message to be placed at bedsides and in communal areas in wards so that patients and visitors are fully aware of the NHS Smoking Policy and if successful this will be rolled out across other sites.
- As a result of a complaint regarding the delay in completing critical illness insurance form within an acceptable timeframe, the service is working with the Health Records Manager at the Beatson to establish a clear process and timeline for staff to follow.