

## Greater Glasgow NHS Board

### Board Meeting

Tuesday, 16 December 2003

Board Paper No. 03/80

### HEAD OF BOARD ADMINISTRATION AND TRUST CHIEF EXECUTIVES

## QUARTERLY REPORTS ON COMPLAINTS : JULY - SEPTEMBER 2003

### Recommendation

The Board is asked to note the quarterly report on NHS complaints in Greater Glasgow for the period 1 July to 30 September 2003;

#### 1. Greater Glasgow NHS Board

There were no Local Resolution complaints received this quarter.

There were no requests for an Independent Review this quarter.

#### 2. Trust Performance

The information contained in the Complaints Report forms part of the Performance Assessment Framework (PAF) and in the new year will be reported in future to the Performance Review Group.

##### (a) July - September 2003

Shown below are the performances of each Trust against the national target of 70% of written Local Resolution Complaints to be completed within 20 working days of receipt:-

	<u>No. of Complaints</u>	<u>No. Completed Within 20 Working Days</u>	<u>As Shown as %</u>
North Trust	203	144	71%
South Trust	164	122	74%
Yorkhill Trust	41	16	39%
PCT Trust (excluding FHS)	12	3	25%

##### (b) Further Breakdown of Trust Performance

For ease of reference Trust performance against the national target has been summarised to show the last four quarters as indicated overleaf:-

**EMBARGOED UNTIL DATE OF MEETING**

	<u>01/07/03</u> <u>30/09/03</u>	<u>01/04/03 -</u> <u>30/06/03</u>	<u>01/01/03</u> <u>31/03/03</u>	<u>01/10/02</u> <u>31/12/02</u>
North Trust	71%	64%	84%	62%
South Trust	74%	75%	75%	54%
Yorkhill Trust	39%	49%	53%	42.5%
PCT Trust (excluding FHS)	25%	55%	56%	31%

**3. Themes and Trends**

Trust Chief Executives may wish to expand, at the meeting, on any themes or trends noticed with regard to complaints handling at their Trust. For the purposes of an NHS Greater Glasgow analysis, the following three areas attracted the most number of complaints:-

- Clinical Treatment
- Waiting Times
- Attitude/Behaviour.

Action taken and lessons learned for patient care as a result of complaints completed this quarter are as follows:-

North Trust	<ul style="list-style-type: none"> <li>➤ Difficulties regarding patients’ own medication brought into hospital have been highlighted through one complaint. Staff have been instructed to fully complete nursing documentation relating to patients’ own medication on admission. Staff were also requested to read and remind themselves of the hospital policy on medications brought into hospital and will sign to say they have done so.</li> <li>➤ Another complaint highlighted the need to ensure that formal home discharge documentation is implemented. This has resulted in a Check List and Home Plan being developed which will be required to be completed by nursing staff at the time of discharge and signed by the patient or relative. This move will ensure that nursing staff discuss home arrangements with patients and families, and also ensure that cannulae are removed prior to discharge and appropriate medication is ordered and received by the patient.</li> </ul>
South Trust	<p>Communication issues continue to be an area resulting in complaints. Nursing and medical staff have been reminded of the necessity for effective and appropriate communication with patients and relatives/carers at all times.</p> <ul style="list-style-type: none"> <li>➤ Following a minor injury to a patient during transfer, a protocol and formal reporting procedure to be adopted whereby such incidents are recorded within the portering department for future reference.</li> <li>➤ New “shop guide” being introduced by Podiatry to assist clients by advising where to purchase appropriate footwear.</li> <li>➤ Admission letter in ENT advising patients of arrangements for admission to be reviewed by Consultants regarding the potential delays in the admission process itself.</li> </ul>

**EMBARGOED UNTIL DATE OF MEETING**

South Trust (Cont'd)	<ul style="list-style-type: none"> <li>➤ Consultant surgeon introduced a policy for surgical locum or SHO staff to consult with senior colleagues before discharging patients.</li> <li>➤ Diabetic Clinics at Victoria now to have a clear note of medical staff working in the Clinic for the benefit of the patients.</li> </ul>
Yorkhill Trust	The Trust continues to improve communication between staff and between staff and parents.
PCT Trust (excluding FHS)	<ul style="list-style-type: none"> <li>➤ As a result of an immunisation error, the Trust's policy on immunisation has been reinforced to all nurses within a particular LHCC. The specific incident was also fed into a project reviewing immunisation services across the Trust.</li> <li>➤ Clinical staff in a particular sector have been reminded that all verbal referrals should be followed up by letter.</li> <li>➤ A detailed action plan has been put in place following a serious incident and subsequent complaint. The action plan covers a range of issues including the development of assertive outreach/home support services for adolescents and a protocol governing the admission of adolescents to adult wards.</li> </ul>

Following a request from Greater Glasgow Health Council, the outcome of complaints completed at Local Resolution, in terms of number upheld, number upheld in part and number not upheld have been analysed as indicated below:-

	<u>July - September 2003</u>			
	<u>Complaints Completed</u>	<u>Upheld</u>	<u>Upheld in Part</u>	<u>Not Upheld</u>
North Trust	203	61 (30%)	59 (29%)	83 (41%)
South Trust	164	46 (28%)	36 (22%)	82 (50%)
Yorkhill Trust	41	8 (24%)	23 (56%)	10 (20%)
PCT Trust (excluding FHS)	12	4 (33.33%)	4 (33.33%)	4 (33.33%)

#### **4. Conciliation**

Within this quarter, no requests were received for a conciliator.

#### **5. Scottish Executive Complaints Consultation**

The Scottish Executive Health Department (SEHD) wrote to NHS Board Chairmen to advise that over 150 responses had been received to the consultation on reforming the NHS complaints procedure. Scottish Health Feedback (SHF), an independent organisation, had analysed the responses and the full SHF report is available on [www.show.scot.nhs.uk/complaints](http://www.show.scot.nhs.uk/complaints). The SEHD is now in the process of developing an implementation plan based on the findings from responses, the main themes of which are as follows:-

- (a) Local Resolution should be enhanced with recognition of the need to ensure that individuals are appropriately trained for effective local resolution.

## EMBARGOED UNTIL DATE OF MEETING

- (b) The replacement of the Independent Review stage by the earlier involvement of the Ombudsman. SEHD agreed that this was the simplest and most robust approach to the final stage of the complaints process and guaranteed independence, although they recognised that this shall require more resources for the Ombudsman's office and this is now being explored.
- (c) The introduction of new arrangements to support individuals in the complaints process, recognising the proposed restructuring of Local Health Councils.
- (d) The development of the notion of a Liaison Officer (not to replace part of the Complaints Officer) but rather support frontline staff in resolving matters quickly and easily. Also the intention to introduce proposals for "facilitation" in the Family Health Services.
- (e) The Scottish Executive intend to issue guidance and information for the NHS and public on the new Complaints Procedure and further discussions are underway on these transitional arrangements and timescale for the introduction of the new Complaints Procedure.

The Head of Board Administration and Secretariat Manager have already met with the Complaints Officers within NHS Greater Glasgow to discuss the new arrangements and a further meeting has been planned for the turn of the year to prepare new local procedures, guidance and training in line with the new proposals from the Scottish Executive Health Department.

### **6. Report Distribution**

The quarterly Complaints Report continues to be circulated to Conveners, Lay Chairmen and Members, Trust Complaints Officers, as well as Conciliators for their information.

**North Glasgow University Hospitals NHS Trust**

**Local Resolution**

(a)	Number of complaints completed at Local Resolution (all complainants)	203
(b)	Number of complaints completed at Local Resolution within 20 working days	144
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	71%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	61
	Number upheld in part	59
	Number not upheld	83

**Independent Review**

(a)	Number of requests for Independent Review <u>received</u>	3
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	1
	Number refused	1
	Number proceeding	0
	Decision Awaited	1
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

**Ombudsman**

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

**Habitual and/or Vexatious Complaints**

Number of complaints declared habitual and/or vexatious within quarter	0
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**Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter**

Difficulties regarding patients' own medication brought into hospital have been highlighted through one complaint. Staff have been instructed to fully complete nursing documentation relating to patients' own medication on admission. Staff were also requested to read and remind themselves of the hospital policy on medications brought into hospital and will sign to say they have done so.

Another complaint highlighted the need to ensure that formal home discharge documentation is implemented. This has resulted in a Check List and Home Plan being developed which will be required to be completed by nursing staff at the time of discharge and signed by the patient or relative. This move will ensure that nursing staff discuss home arrangements with patients and families, and also ensure that cannulae are removed prior to discharge and appropriate medication is ordered and received by the patient.

**Breakdown of the Three Issues Attracting Most Complaints this Quarter and the Reasons for this**

1. Clinical Treatment
2. Waiting Times (Out-patient appointments for orthopaedic and audiology. Admissions for orthopaedic).
3. Communication.

**Trends of Complaints Noticed this Quarter**

The highest number of complaints on any one issue this quarter relate to the waiting time for outpatient appointments. Complaints continue to be particularly high in relation to Orthopaedic services and this is closely followed by the waiting time for admission.

We continue to receive complaints for Audiology Services in relation to the waiting time for hearing assessment and fitting of hearing aids. This is particularly so at the Royal Infirmary, partly due to long term sickness of Audiology staff and the recent retiral of the Senior Chief Audiologist. Referrals to Audiology Services increased significantly following the announcement by the government that digital hearing aids would be available on the NHS. Although additional funding has been received to improve Audiology Services in relation to new equipment, no funding has been allocated for digital aids. Audiology staff continue to work hard to see as many patients as possible in an effort to reduce these figures.

We continue to receive a significant number of letters from MSPs/MPs in relation to waiting times for both outpatient appointments and dates for admission.

**Specific Service Improvements Made as a Result of Complaints Completed**

In relation to complaints received relating to Attitude and Behaviour of Staff and Communication, discussions have taken place at Director level with the result that steps are being taken to provide a more comprehensive training programme for all staff. The Training Department have been tasked to develop a new 'Customer Care' programme and enlisted the help of the Divisional Nurses to identify any problem areas within the Trust in order to pilot the new programme. A Short life Working Group is being established who will take this development forward.

**COMPLAINT CATEGORIES**

**ISSUES RAISED**

**NUMBER**

**Staff**

Attitude/behaviour

46

Medical/Dental

Nursing

PAMS

Ambulance (& paramedics)

Administration

Other

• Complaint handling

1

• Communication (written/oral)

39

• Shortage/availability

3

**Waiting times for**

• Date for admission/attendance

17

• Date for appointment

39

• Result of tests

12

**Delays in/at**

• Admission/transfer/discharge procedures

10

• Outpatient and other clinics

14

• A & E

0

**Environment/domestic**

• Aids & appliances, equipment, premises (including access)

16

• Catering

6

• Cleanliness/laundry

8

• Patient privacy/dignity

6

• Patient property/expenses

0

• Patient status/discrimination (e.g. race, gender, age)

0

• Personal records (including medical, complaints)

2

• Shortage of beds

0

**ISSUES RAISED**

**NUMBER**

**Procedural issues**

• Failure to follow agreed procedure

1

• Policy and commercial decisions (of trusts)

3

• NHS Board commissioning

0

• Mortuary/post mortem arrangements

0

• *Code of Openness* complaints

0

**Treatment**

• Clinical treatment (all aspects)

97

Medical/Dental

Nursing

Other Staff

• Consent

0

• **Transport Arrangements (including ambulances)**

4

• **Other** (where no definition applies)

8

**South Glasgow University Hospitals NHS Trust**

**Local Resolution**

(a)	Number of complaints completed at Local Resolution (all complainants)	164
(b)	Number of complaints completed at Local Resolution within 20 working days	122
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	74%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	46
	Number upheld in part	36
	Number not upheld	82

**Independent Review**

(a)	Number of requests for Independent Review <u>received</u>	1
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	1
	Number refused	5
	Number proceeding	1
	Decision Awaited	0
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

**Ombudsman**

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

**Habitual and/or Vexatious Complaints**

Number of complaints declared habitual and/or vexatious within quarter	0
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**Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter**

Communication issues continue to be an area resulting in complaints. Nursing and medical staff reminded of the necessity for effective and appropriate communication with patients and relatives/carers at all times.

- Following a minor injury to a patient during transfer a protocol and formal reporting procedure to be adopted whereby such incidents are recorded within the portering department for future reference.
- New “shop guide” being introduced by Podiatry to assist clients by advising where to purchase appropriate footwear.
- Admission letter in ENT advising patients of arrangements for admission to be reviewed by Consultants regarding the potential delays in the admission process itself.
- Consultant surgeon introduced a policy for surgical locum or SHO staff to consult with senior colleagues before discharging patients.
- Diabetic Clinics at Victoria now to have a clear note of medical staff working in the Clinic for the benefit of the patients.

**Breakdown of the Three Issues Attracting Most Complaints this Quarter and the Reasons for this**

1. Attitude and Communication
2. Waiting Times
3. Clinical Treatment.

**Trends of Complaints Noticed this Quarter**

No specific new trends.

**Specific Service Improvements Made as a Result of Complaints Completed**

As per “Themes” reporting significant areas of improvement as well as the ongoing emphasis on improvements in communication at all levels and in all areas of the Trust.

**COMPLAINT CATEGORIES**

**ISSUES RAISED**

**NUMBER**

**ISSUES RAISED**

**NUMBER**

**Staff**

Attitude/behaviour

Medical/Dental

3

Nursing

13

PAMS

1

Ambulance (& paramedics)

0

Administration

1

Other

2

• Complaint handling

0

• Communication (written/oral)

27

• Shortage/availability

0

**Waiting times for**

• Date for admission/attendance

11

• Date for appointment

31

• Result of tests

4

**Delays in/at**

• Admission/transfer/discharge procedures

1

• Outpatient and other clinics

4

• A & E

0

**Environment/domestic**

• Aids & appliances, equipment, premises (including access)

13

• Catering

1

• Cleanliness/laundry

7

• Patient privacy/dignity

0

• Patient property/expenses

1

• Patient status/discrimination (e.g. race, gender, age)

0

• Personal records (including medical, complaints)

3

• Shortage of beds

2

**Procedural issues**

• Failure to follow agreed procedure

0

• Policy and commercial decisions (of trusts)

0

• NHS Board commissioning

0

• Mortuary/post mortem arrangements

0

• *Code of Openness* complaints

0

**Treatment**

• Clinical treatment (all aspects)

29

Medical/Dental

18

Nursing

6

Other Staff

5

• Consent

0

• **Transport Arrangements (including ambulances)**

1

• **Other** (where no definition applies)

3

**Yorkhill NHS Trust**

**Local Resolution**

(a)	Number of complaints completed at Local Resolution (all complainants)	41
(b)	Number of complaints completed at Local Resolution within 20 working days	16
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	39%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	8
	Number upheld in part	23
	Number not upheld	10

**Independent Review**

(a)	Number of requests for Independent Review <u>received</u>	0
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	0
	Number refused	0
	Number proceeding	0
	Decision Awaited	0
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

**Ombudsman**

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

**Habitual and/or Vexatious Complaints**

Number of complaints declared habitual and/or vexatious within quarter	0
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**Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter**

The Trust continues to improve communication between staff and between staff and parents.

**Breakdown of the Three Issues Attracting Most Complaints this Quarter and the Reasons for this**

1. Communication (written and oral)
2. Attitude and Behaviour of Staff
3. Waiting Times for an Appointment Date (O/P).

**Trends of Complaints Noticed this Quarter**

No particular trend identified.

**Specific Service Improvements Made as a Result of Complaints Completed**

The Trust continues to improve communication between staff and between staff and parents.

**COMPLAINT CATEGORIES**

<b>ISSUES RAISED</b>		<b>NUMBER</b>	<b>ISSUES RAISED</b>		<b>NUMBER</b>
<b>Staff</b>	Attitude/behaviour		<b>Procedural issues</b>		
	Medical/Dental	9	• Failure to follow agreed procedure		0
	Nursing	2	• Policy and commercial decisions (of trusts)		0
	PAMS	2	• NHS Board commissioning		0
	Ambulance (& paramedics)	0	• Mortuary/post mortem arrangements		0
	Administration	0	• <i>Code of Openness</i> complaints		0
	Other	0			
•	Complaint handling	0	<b>Treatment</b>		
•	Communication (written/oral)	19	• Clinical treatment (all aspects)		9
•	Shortage/availability	3	Medical/Dental		7
			Nursing		1
			Other Staff		1
<b>Waiting times for</b>					
•	Date for admission/attendance	2			
•	Date for appointment	8	• Consent		0
•	Result of tests	0			
<b>Delays in/at</b>					
•	Admission/transfer/discharge procedures	0	• <b>Transport Arrangements (including ambulances)</b>		0
•	Outpatient and other clinics	0			
•	A & E	0			
<b>Environment/domestic</b>					
•	Aids & appliances, equipment, premises (including access)	2	• <b>Other</b> (where no definition applies)		2
•	Catering	0			
•	Cleanliness/laundry	2			
•	Patient privacy/dignity	1			
•	Patient property/expenses	0			
•	Patient status/discrimination (e.g. race, gender, age)	0			
•	Personal records (including medical, complaints)	1			
•	Shortage of beds	0			

**Greater Glasgow Primary Care NHS Trust (Community & Mental Health)**

**Local Resolution**

(a)	Number of complaints completed at Local Resolution (all complainants)	12
(b)	Number of complaints completed at Local Resolution within 20 working days	3
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	25%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	4
	Number upheld in part	4
	Number not upheld	4

**Independent Review**

(a)	Number of requests for Independent Review <u>received</u>	2
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	1
	Number refused	0
	Number proceeding	0
	Decision Awaited	1
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

**Ombudsman**

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

**Habitual and/or Vexatious Complaints**

Number of complaints declared habitual and/or vexatious within quarter	0
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**Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter**

- As a result of an immunisation error, the Trust's policy on immunisation has been reinforced to all nurses within a particular LHCC. The specific incident was also fed into a project reviewing immunisation services across the Trust.
- Clinical staff in a particular sector have been reminded that all verbal referrals should be followed up by letter.
- A detailed action plan has been put in place following a serious incident and subsequent complaint. The action plan covers a range of issues including the development of assertive outreach/home support services for adolescents and a protocol governing the admission of adolescents to adult wards.

**Breakdown of the Three Issues Attracting Most Complaints this Quarter and the Reasons for this**

1. Clinical Treatment
2. Communication
3. Attitude/Behaviour.

**Trends of Complaints Noticed this Quarter**

There was no specific trend in complaints this quarter.

**COMPLAINT CATEGORIES**

**ISSUES RAISED**

**NUMBER**

**ISSUES RAISED**

**NUMBER**

**Staff**

Attitude/behaviour

Medical/Dental

1

Nursing

2

PAMS

0

Ambulance (& paramedics)

0

Administration

0

Other

0

• Complaint handling

0

• Communication (written/oral)

4

• Shortage/availability

0

**Waiting times for**

• Date for admission/attendance

0

• Date for appointment

0

• Result of tests

0

**Delays in/at**

• Admission/transfer/discharge procedures

0

• Outpatient and other clinics

0

• A & E

0

**Environment/domestic**

• Aids & appliances, equipment, premises (including access)

1

• Catering

1

• Cleanliness/laundry

1

• Patient privacy/dignity

0

• Patient property/expenses

1

• Patient status/discrimination (e.g. race, gender, age)

0

• Personal records (including medical, complaints)

0

• Shortage of beds

0

**Procedural issues**

• Failure to follow agreed procedure

0

• Policy and commercial decisions (of trusts)

0

• NHS Board commissioning

0

• Mortuary/post mortem arrangements

0

• *Code of Openness* complaints

0

**Treatment**

• Clinical treatment (all aspects)

8

Medical/Dental

5

Nursing

3

Other Staff

0

• Consent

0

• **Transport Arrangements (including ambulances)**

0

• **Other** (where no definition applies)

5

**Greater Glasgow Primary Care NHS Trust (Family Health Service Practitioners)**

Family Health Service Practitioners (that is, doctors, dentists, pharmacists and opticians) are not required to report the number of complaints they receive at Local Resolution quarterly - they report their Local Resolution figures annually to Greater Glasgow Primary Care NHS Trust. Similarly, FHS Practitioners are not required to advise the Trust (or NHS Board) on any action taken or lessons learned as a result of Local Resolution complaints.

**Independent Review**

(a)	Number of requests for Independent Review <u>received</u>	8
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	1
	Number refused	5
	Number proceeding	0
	Decision Awaited	2
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

**Ombudsman**

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

**Habitual and/or Vexatious Complaints**

Number of complaints declared habitual and/or vexatious within quarter	0
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