

# NHS Greater Glasgow and Clyde

Board Meeting  
Tuesday, 18 October 2011

Board Paper No. 11/52

HEAD OF BOARD ADMINISTRATION,  
CHIEF OPERATING OFFICER, ACUTE  
DIRECTOR GLASGOW CITY CHP

## QUARTERLY REPORT ON COMPLAINTS : 1 APRIL – 30 JUNE 2011

### 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 2011.

### Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period April - June 2011. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman and identifies areas of service improvements and ongoing developments.

### 1. Local Resolution : 1 April – 30 June 2011

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 April – 30 June 2011 and for comparison 1 January – 31 March 2011. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	1 Apr – 30 Jun 11		1 Jan – 31 Mar 11	
	Partnerships/ MHP/Board (exc FHS)	Acute	Partnerships/ MHP/Board (exc FHS)	Acute
(a) Number of complaints <b>received</b>	71	423	64	399
(b) Number of complaints received and completed within 20 working days [national target]	60 (85%)	295 (70%)	43 (67%)	278 (70%)
(c) Number of complaints <b>completed</b>	72	399	55	405
(d) Outcome of complaints completed:-				
➤ Upheld	23	104	10	96
➤ Upheld in part	19	122	18	127
➤ Not Upheld	28	137	23	153
➤ Conciliation	0	2	0	0
➤ Irresolvable	0	0	4	0
(e) Number of complaints withdrawn	2 <sup>1</sup>	34 <sup>2</sup>	0 <sup>3</sup>	29 <sup>4</sup>
(f) Number of complaints declared vexatious	0	0	0	0

This gives an overall NHSGG&C complaints handling performance of 72%, above the national target of responding to 70% of complaints within 20 working days.

1 April – 30 June 11				
	Total	No Consent Received	Complainants no longer wished to proceed	Transferred to another unit
1	2	1	1	0
2	34	16	17	1

1 January – 31 March 11				
	Total	No Consent Received	Complainants no longer wished to proceed	Transferred to another unit
3	0	0	0	0
4	29	16	10	3

## 2. Ombudsman : 1 April – 30 June 2011

Where a complainant remains dissatisfied with a Local Resolution response, they may write to the Ombudsman. Table 2 below reports statistics on the two junctures that the NHS Board may become aware of the Ombudsman's involvement in a case.

Table 2

	<u>Partnerships/ MHP/Board (NHSGGC)</u>	<u>Acute</u>	<u>FHS</u>
(a) Notification received that an investigation <b>is</b> being conducted	0	5	0
(b) Notification received that an investigation <b>is not</b> being conducted	0	2	0
(c) Investigations Report received.	1	3	0

In accordance with the Ombudsman's monthly reporting procedure, four reports have been laid before the Scottish Parliament concerning an NHS Greater Glasgow and Clyde cases; one case was summarised in the May 2011 commentary and three cases were summarised in the June 2011 commentary.

The Ombudsman's office requires the NHS Board to write and confirm the steps taken to implement their actions/recommendations and any other action taken as a result of the Ombudsman's report. In each case it is also necessary to notify the Chief Executive, NHS Scotland, of the actions taken in connection with their possible attendance at the Scottish Parliament Health Committee who scrutinise each Ombudsman's report and seek assurances on the changes that have been brought to the NHS as a result of the Ombudsman's investigations.

In addition, each recommendation made by the Ombudsman is included in a report to the Quality and Performance Committee and locally an Action Plan is developed showing how each recommendation has been taken forward or how they will be taken forward. The Quality and Performance Committee has the responsibility, on behalf of the Board, to ensure that each recommendation is implemented in the interests of effective and safe care delivered to the population served. It also ensures that where lessons learned require to be disseminated across the organisation that this is carried out. The Ombudsman's office is also advised on the steps taken in implementing each recommendation.

The four NHS Greater Glasgow and Clyde cases for this quarter were described as follows:-

### May 2011

The complainants raised a number of concerns about the midwifery care and treatment provided to one of the complainants from 15 January 2009, prior to her admission to the Southern General Hospital on 17 January 2009. Following admission later that day, their baby daughter was stillborn.

*[The Ombudsman upheld both elements of the complaint. The Ombudsman recommended that the Board:-*

- *conduct an audit of the telephone triage system introduced in January 2010, to ensure its effectiveness;*
- *remind midwifery staff of the need to fully record and document all telephone contacts to ensure continuity of care when more than one telephone contact is made and more than one member of staff has been involved in handling the calls;*
- *conduct an audit to ensure appropriate midwifery staffing levels are being maintained;*

- *consider amending the Review to take into account the Adviser's comments; and provide a full apology to the complainants for the failures identified in this report.*

*The Board confirmed in writing on 18 August 2011 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].*

### June 2011

1. The complainant raised a number of concerns about the prescription of antipsychotic drugs to his mother, failures in record-keeping and failures in communication by the Board from late 2008 until February 2010.

*[The Ombudsman upheld all aspects of the complaint. The Ombudsman recommended that the Board:-*

- *undertake an external peer review in the Vale of Leven Hospital and the Joint Hospital, on the implementation of the Adults with Incapacity Act and SIGN Guideline 86 for patients with dementia with particular reference to assessment of capacity within 72 hours of admission wherever practicable and report back to the Ombudsman on the findings;*
- *carry out an audit of their: record-keeping to ensure it is in accordance with the national guidelines with particular reference to care planning practice; practice relating to the storage of patients' medical records to ensure it accords with the Scottish Government Records Management: NHS Code of Practice (Scotland); and report back to the Ombudsman on the findings;*
- *develop a policy on meeting the communication needs of patients with dementia which includes having an identifiable and agreed relatives' communication or participation strategy as a core aspect of the care plan; and*
- *apologise to the complainant for the failures identified in this report.*

*The Board confirmed in writing on 21 September 2011 to the Ombudsman that recommendations 2 and 4 have been implemented and that good progress was being made in relation to recommendations 1 and 3 with a view to concluding within the timescales identified by the Ombudsman].*

2. The complainant raised a number of concerns about the care and treatment provided to her aunt including failures in communication. The complainant was also concerned about the way the Board dealt with her complaint.

*[The Ombudsman upheld all aspects of the complaint. The Ombudsman recommended that the Board:-*

- *review their procedures to ensure they deal with complaints in accordance with the NHS complaints procedure; and*
- *apologise to the complainant for the failures identified in this report*

*The Board confirmed in writing on 18 July 2011 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].*

3. The complainant made a complaint that her daughter had not received reasonable care and treatment from the Board.

*[The Ombudsman upheld the complaint but made no recommendations]*

There were also seven Decision Letters issued (four related to Partnerships and three 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 set out below for information:-

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.

## **Partnerships**

### **Decision Letter 1**

The complaints investigated against the Pharmacy were:-

- that the pharmacy locked a set of doors over a two week period, causing a health and safety risk to patients (**out of Ombudsman's jurisdiction**); and
- that the pharmacy's automatic entry doors did not work for two weeks, causing access difficulties for many patients (**out of Ombudsman's jurisdiction**).

The complaint investigated against the Board was:-

- that the Board failed to respond to complainant's correspondence regarding the report the complainant provided (**upheld**)

Although the Ombudsman upheld this complaint he did not consider that any recommendations were required. The Board had already identified that the complainant's letter was not responded to, provided an explanation for this, apologised and responded to complainant.

## **Family Health Services**

### **Decision Letter 2**

The complaint investigated was that the Practice removed the complainant and her baby from the practice list without prior discussion, warning or reasonable explanation (**upheld**).

*[The Ombudsman made three recommendations. The Ombudsman recommended that the Practice:-*

- (i) apologise for removing the complainant and her baby from the practice list without any prior warning, discussion or reasonable explanation;*
- (ii) provide the Ombudsman with a copy of the revised protocol for removing both new and existing patients from the practice list in situations where appointments are not kept and adequate cancellation notice is not given; and*
- (iii) review their systems for documenting when appointments have been made, in particular when they are made at the patient's request, to ensure they are robust and accurate*

*The recommendations were carried out by the Practice within the timescales laid down by the Ombudsman's office].*

### **Decision Letter 3**

The complaint investigated was that the GP failed to adequately assess the complainant's medical condition in a telephone conversation (**upheld**).

*[The Ombudsman recommended that the Practice write to the complainant and apologise for the failings which have been identified. The recommendation was carried out by the Practice within the timescale laid down by the Ombudsman's office].*

### **Decision Letter 4**

The complaint investigated was that the Practice failed to respond appropriately to the complainant's request for a repeat prescription (**upheld**).

*[The Ombudsman recommend that the Practice:-*

- (i) apologise to the complainant for the way they dealt with his request; and*
- (ii) conducts a Significant Event Analysis of this incident by 30 September 2011.*

*A letter of apology has been sent by the Practice and the Practice are conducting a SEA].*

### **Acute Service Division**

### **Decision Letter 5**

The complaints investigated were that:-

- NHS staff failed to communicate with the complainant and his son about his suitability for, and the implications of, an Intrathecal Phenol Injection (**upheld**);
- Intrathecal Phenol Injection was not an appropriate treatment option for the patient (**not upheld**); and
- The care and treatment provided to the patient whilst in the Southern General Hospital, following the Intrathecal Phenol Injection, was inadequate (**not upheld**).

*[The Ombudsman recommended that the Board:-*

- (i) apologise to the complainants for our failure to ensure NHS Scotland guidance on obtaining consent was properly followed; and*
- (ii) consider, as a matter of good practice, providing supplementary, written information to patients about the use and possible side effects of Intrathecal Phenol Injections.*

*The Board confirmed in writing on 6 May 2011 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].*

### **Decision Letter 6**

The complaints investigated were:-

- the Endocrinology Consultant Physician (Consultant 1) behaved aggressively and rudely towards the complainant (**not upheld**);
- a Rheumatology Department Sister was unfriendly and uncooperative when the complainant attended an appointment. She believed this was because of a letter in her records written by the Consultant (**not upheld**);

- Consultant 1 incorrectly suggested to the complainant that it was unlikely that she was lactose intolerant (**not upheld**); and
- Consultant 1 explained that an appointment had been made for the patient at the Beatson West of Scotland Cancer Centre, when this was not the case (**not upheld**).

*[The Ombudsman made no recommendations].*

### **Decision Letter 7**

The complaint investigated was that: the Board had delayed unreasonable since October 2010 in performing a sperm retrieval operation (**resolved**).

*[The Ombudsman made no recommendations].*

### **3. 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:-

#### Partnerships/ Mental Health Services

Clinical treatment, date for appointment and attitude/behaviour are the three issues attracting most complaints during this quarter. Date for appointment has replaced communication again this quarter in the top three categories. This category had 15 complaints, seven from Specialist Children's Service (hosted service) and four from Podiatry services across two partnerships.

**Annex 1** provides a comprehensive breakdown of the complaint categories for Partnerships/Mental Health Services.

#### Acute

Clinical treatment, communication and attitude/behaviour continue to be the categories attracting most complaints this quarter.

Communication issues are mainly related to verbal communication between staff and patients and/or relatives and often come down to differences in interpretation of what was said and what was understood. These are often linked to complaints about staff attitude – in many cases the complaints about attitude is linked to a perception of whether or not information was appropriately communicated, or received.

**Annex 2** provides a comprehensive breakdown of the complaint categories for Acute.

### **4. Service Improvements**

#### Partnerships/ Mental Health Services

- As a result of complaints about waiting times for Specialist Children's Services, clinics were planned to run over July and August to address waiting times.
- As a result of a complaint about complainant finding staff rude and unhelpful, training in customer service techniques being arranged for staff.
- As a result of a complaint from family having difficulty accessing the out of hours District Nursing service, the nurse in charge each evening and night shift shall carry a dedicated mobile which families of palliative care patients can call if they have any concerns. It has also been suggested that the land line be diverted to the mobile number, when nursing staff are out on visits, to ensure that all calls are picked up timeously. Review to take place in three months' time.

- As a result of a complaint about a delay in supplying and adapting garment for patient, department procedures have been reviewed and improved to ensure delays do not happen again.

### Acute

- A complaint highlighted that incorrect information was contained in an in-patient information leaflet within the Maternity service - "a member of staff will accompany the mother to the car and carry the baby". This is not the case, and this practice ceased 2 years ago. Part of the complaint made was around the expectation that this would happen, when in fact it did not. Leaflets are now being reviewed and amended as appropriate, and in the interim, the inappropriate section has been removed from the current leaflets.
- Following a request made by in-patients at an adult mental health facility, catering staff were asked to consider a request to change from sandwich lunches to hot meal provision, and after consultation with patients and staff, hot meal provision was put in place.
- A patient complained about the length of time it took to access her details on a Hospital PC when either calling at the clinic or contacting the department by phone. The complaint was upheld and an apology offered. The departmental Operation Manual has been updated with a procedure for dealing with similar issues in future. In addition training is scheduled for administrative staff to highlight the difficulties encountered and the updated procedure.
- In response to a complaint that a "Do Not Attempt Resuscitate" (DNAR) order was placed in patient's case note with no discussion with the family, the DNAR protocol was re-issued to all staff in the unit and further training carried out on adherence to the protocol.
- In light of complaint when there was a delay in trained staff changing a patient's indwelling catheter, local staff devised a protocol, with input from relevant specialities, to ensure this process can be carried out appropriately and quickly.

## **5. Ongoing Developments**

### SPSO Good Complaints Handling and Investigation Skills Training

Courses continue to be delivered throughout NHS Greater Glasgow & Clyde. Partnerships are now being invited to attend. The feedback from these sessions remains very positive. It is anticipated that the training needs for staff in Partnerships will continue to be delivered on an ongoing basis to meet demand. Training in Partnerships has so far covered 114 staff over nine sessions. In the Acute Services Division two pilot sessions were provided in June 2010, with the support of the staff from the Ombudsman's office, and three further sessions are planned for November 2011, and for March 2012 to roll out this training to key Acute Services Division staff.

### Revision of Complaints Policy & Supporting Guidance to Staff and Local Operating Procedures

Following investigation of a NHS GGC complaint in June this year, the SPSO recommended that we review our complaints procedures to ensure complaints are dealt with in accordance with the NHS Complaints Procedure. Although the complaint itself related to events that occurred prior to the 2010 revision of the Complaints Policy and supporting guidance; a further review was undertaken to ensure that the Policy and procedures were as robust as possible in view of the specific criticisms made by the Ombudsman. As a result of the review some revisions were made to the Policy and guidance. The Corporate Management Team approved these changes at its meeting held on 18 August 2011 for implementation from 1 September 2011. The Acute Services Division and Partnerships are now amending their standard operating procedures accordingly.

## Patient Rights (Scotland) Act 2011 – Consultation on Secondary Legislation

The Patient Rights (Scotland) Act 2011 provides for the right of every patient to make complaints, provide feedback and have access to support to do so. Secondary legislation has been drafted in relation to three aspects of the Act, one specific aspect being the right of patients to complain and provide feedback. The Scottish Government has a consultation underway in relation to the secondary legislation and staff involved in the management of complaints and complaints policy are currently reviewing this with a view to providing the necessary feedback to the Government.

### Prison Complaints

From 1 November 2011 the NHS will accept responsibility for provision of healthcare within the Prison Service. Initially this will affect Barlinnie and Greenock Prisons in Greater Glasgow & Clyde and subsequently Low Moss Prison when it re-opens (April 2012). Management of this service will be via the Glasgow City CHP and liaison is taking place with the Prison Service and the Scottish Government to effect the transfer of responsibility. Prisoners will be entitled to make complaints against the service provided by the NHS in the same way as other patients, with an emphasis on securing local resolution at Prison Health Centre level. Statistics on complaints received will be aggregated into the future reports to the Board.

## **6. Independent Advice and Support Service (IASS) : 1 April – 30 June 2011**

The Independent Advice and Support Service (IASS) is part of the Scottish Citizens Advice Bureau Service. It aims to support patients, user of services, their carers and relatives in their dealings with the NHS and in other matters affecting their health. The Bureaux in the Greater Glasgow & Clyde Area, funded by NHS Greater Glasgow and Clyde, offer help and support to patients/service users to raise concerns with their NHS service provider guiding them through the formal complaints procedure when required. The service also aims to assist patients with information or dealing with the consequences of ill-health or disability, for example accessing appropriate benefits.

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 service was introduced in December 2006 and all caseworkers were in post by April 2007. There are three caseworkers for the GG&C area operating a peripatetic service. The Service Level Agreement has been extended to the end of March 2012 to take account of the proposals within the Patients' Rights Bill to introduce a Patients Advice and Support Service (PASS) to replace IASS. The purpose of the extension is to allow National Services Scotland (NSS) to continue with the current negotiations for the provision of PASS. The aim is to complete these negotiations and agree a framework for the delivery of the service for commencement of the new service on 1 April 2012. If this is not possible, NSS propose to revisit the Statement of Requirements in consultation with Health Boards and reconsider the model of delivery with a view to retendering. The aim would still be for the PASS service to commence on 1 April 2012.

The public can access the service in a number of ways:-

- Through a central telephone line where they can obtain information about the service, and if necessary an appointment can be made for them to be seen by an advice worker at their local bureau.
- 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 as follows:-

Victoria PIC : Monday: 10.00am – 12 noon and Wednesday: 10.00am – 12 noon.

Stobhill PIC : Monday: 10.00am – 12 noon and Thursday: 10.00am – 12 noon.

CAB staff deliver information, advice and support with specialist caseworkers undertaking those cases where ongoing negotiations and in depth casework is required.

As reported previously, new software was introduced nationally by Citizens Advice Scotland to ensure consistent recording of IASS information on activity and performance and help demonstrate impact and value for money. It was also intended to provide detailed feedback on the issues raised by patients and carers to inform improvement planning. As well as capturing the data for complaints, it would capture general feedback raised by clients which did not go on to become formal complaints. This would, therefore, be useful in showing areas where concerns were repeatedly raised. The system was implemented from 1 April 2010. Citizens Advice Scotland collates the information and provide a National Report for the Scottish Government. Unfortunately, their new software does not issue quarterly statistical information but rather rolling data from 1 April each year and continued difficulties with data collection remain unresolved. The ongoing difficulties are largely due to CABx within the consortium working with different case recording systems. It is hoped that as the electronic case management system continues to be rolled out across Scotland this issue will be resolved, as the statistics will all be gathered electronically. Additionally, Citizens Advice Scotland is currently reviewing the reporting systems used to allow for easier interpretation of the National reports produced for IASS. These frustrations have been discussed at regular meetings between the NHS Board representatives (Head of Board Administration and Secretariat Manager) and CAB consortium representatives and, as such, the Greater Glasgow and Clyde Citizens Advice Bureau Consortium have provided the following information in relation, specifically, to the reporting quarter of 1 April – 30 June 2011 and for comparison 1 January – 31 March 2011.

	1 Apr – 30 Jun 11			1 Jan – 31 Mar 11		
	Total	Partnerships/ MHP/Board (including FHS)	Acute	Total	Partnerships/ MHP/Board (including FHS)	Acute
(a) Number of health cases <b>received</b>	332	143	189	387	175	212
Of these - number of case workers cases	61			279		
(b) Number of health cases <b>completed</b>	208			168		
(c) Outcome of health cases completed						
➤ Apology or explanation received	107			107		
➤ Case closed – death or illness	0			0		
➤ Enquiry not resolved – no further action taken	6			2		
➤ No further contact from client	7			18		
➤ No further contact from third party	3			0		
➤ Not known	67			0		
➤ Other	18			41		

## 7. Complaints Completed Pro-Rata to Patient Activity Levels

This gives an approximate indication of the number of complaints completed pro rata to the patient activity levels of the Acute Services Division. Out-patient, A&E attendances, in-patient and day cases have been used in determining the activity levels. As the figures are a ratio of complaints to activity: the higher the figure the better the performance:-

**1: 1986.**

## **8. Conclusion**

The NHS Board is asked to note the quarterly complaints report for the period 1 April – 30 June 2011.

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**PARTNERSHIPS**  
**ANNEX 1**

<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	13	01	Consultants/Doctors	15
02	Complaint handling	2	02	Nurses	33
03	Shortage/availability	0	03	Allied Health Professionals	15
04	Communication (written)	2	04	Scientific/Technical	0
05	Communication (oral)	2	05	Ambulance	0
07	Competence	3	06	Ancillary Staff/Estates	0
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	5
11	Date of admission/attendance	1	08	GP	0
12	Date for appointment	15	09	Pharmacists	0
13	Test Results	0	10	Dental	0
	<b>Delays in/at</b>		11	Opticians	0
21	Admissions/transfers/discharge procedure	0	12	Other	16
22	Out-patient and other clinics	4		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	0
29	Premises	1		Hospital Acute Services	0
30	Aids/appliances/equipment	0		Care of the Elderly	1
32	Catering	0		Rehabilitation	1
33	Cleanliness/laundry	1		Psychiatric/Learning Disability Services	30
34	Patient privacy/dignity	1		Maternity Services	0
35	Patient property/expenses	3		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	0		Community Health Services - not elsewhere specified	49
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	1
	<b>Procedural issues</b>			Unscheduled Health Care	0
41	Failure to follow agreed procedure	0		Family Health Services	0
42	Policy and commercial decisions of NHS Board	1		Other	2
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	0			
	<b>Treatment</b>				
51	Clinical treatment	28			
52	Consent to treatment	0			
61	<b>Transport</b>	0			
71	<b>Other</b>	0			

**ACUTE  
ANNEX 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	65	01	Consultants/Doctors	240
02	Complaint handling	0	02	Nurses	136
03	Shortage/availability	3	03	Allied Health Professionals	16
04	Communication (written)	11	04	Scientific/Technical	1
05	Communication (oral)	54	05	Ambulance	3
07	Competence	3	06	Ancillary Staff/Estates	59
	<b>Waiting times for</b>		07	NHS Board/hospital admin staff/members (exc FHS administrative)	56
11	Date of admission/attendance	11	08	GP	0
12	Date for appointment	33	09	Pharmacists	4
13	Test Results	6	10	Dental	2
	<b>Delays in/at</b>		11	Opticians	0
21	Admissions/transfers/discharge procedure	2	12	Other	0
22	Out-patient and other clinics	17		<b>Service Area</b>	
	<b>Environmental/domestic</b>			Accident and Emergency	32
29	Premises	42		Hospital Acute Services	474
30	Aids/appliances/equipment	3		Care of the Elderly	13
32	Catering	6		Rehabilitation	14
33	Cleanliness/laundry	4		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	1		Maternity Services	0
35	Patient property/expenses	0		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	3		Community Health Services - not elsewhere specified	0
38	Bed Shortages	4		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	1		Family Health Services	0
42	Policy and commercial decisions of NHS Board	7		Other	2
43	NHS Board purchasing	8			
44	Mortuary/post mortem arrangements	0			
	<b>Treatment</b>				
51	Clinical treatment	233			
52	Consent to treatment	0			
61	<b>Transport</b>	0			
71	<b>Other</b>	0			