NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 26 June 2007 **Board Paper No. 07/32**

HEAD OF BOARD ADMINISTRATION,
CHIEF OPERATING OFFICER, ACUTE
LEAD DIRECTOR, CHCP (GLASGOW)

QUARTERLY REPORT ON COMPLAINTS :
1 JANUARY – 31 MARCH 2007

Recommendations:

The NHS Board is asked to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 January to 31 March 2007.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period January – March 2007. 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 January – 31 March 2007

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 January – 31 March 2007. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	Partnerships/ MHP/Board (NHSGG) (exc FHS)	Partnerships/ MHP (Clyde) (exc FHS)	Acute
(a) Number of complaints **received**	36	19	380
(b) Number of complaints received and completed within 20 working days *[national target]*	23 (64%)	7 (37%)	172 (45%)
(c) Number of complaints **completed**	30	20	381
(d) Outcome of complaints completed:-			
➢ Upheld	5	2	82
➢ Upheld in part	10	4	128
➢ Not Upheld	11	10	138
➢ Conciliation	0	1	0
➢ Irresolvable	1	1	2
(e) Number of complaints withdrawn:-	3	2	31
(d) Number of complaints declared vexatious	0	0	0

2. Ombudsman : 1 January – 31 March 2007

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

Table 2

	Partnerships/ MHS (NHSGG) (exc FHS))	Partnerships/ MHS (Clyde) (exc FHS)	Acute	FHS
(a) Request for file/records/information received	2	0	11	0
(b) Notification received that an investigation is being conducted	0	0	1	0
(c) Investigations Report received.	1	0	10	0

In accordance with the Ombudsman's monthly reporting procedure, 11 reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; one of these cases was summarised in the January 2007 commentary, one in the February 2007 commentary and nine in the March 2007 commentary.

The Ombudsman's office requires the NHS Board to write and confirm the steps taken to implement the 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 submitted to the Clinical Governance Committee with an Action Plan showing how each has been taken forward or how they will be taken forward. The Clinical Governance 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 11 NHS Greater Glasgow and Clyde cases for this quarter are described as follows:-

January 2007

The complainant raised a number of concerns that her mother had not been properly supervised by staff in the Southern General Hospital resulting in a number of falls which were not properly recorded or notified and also that she was not properly notified of her mother's death and that the NHS Board failed to respond properly to her complaints.
[The Ombudsman did not uphold any aspects of the complaint and made no recommendations].

February 2007

The complainant raised a number of concerns about the treatment his wife received at the Western Infirmary in January 2005, including the failure of staff to take a wound swab and that the complaint was not dealt with through proper channels.
[The Ombudsman upheld the complaint and recommended that the Board:-

- *monitor compliance of the amended handover procedure to ensure that staff read patient documentation in addition to receiving a verbal report;*

- *review their guidance on discharge procedures to ensure that planned care has been provided prior to discharge; and*

- *remind staff when receiving letters direct from patients to clarify and record whether they are making an enquiry or a formal complaint.*

The Board has accepted the recommendations and will act on them accordingly].

March 2007

1. The complainant, supported by her family, raised a number of concerns about specific elements of the care and treatment of her mother in two NHS hospital settings and the overall care provided by an independent care home where she was a fully-funded NHS Continuing Care patient. The complainant also questioned the oversight of the care provided in the care home by the NHS staff responsible for her mother. The complainant was dissatisfied with the quality of the Board investigation into her complaint and the number of bodies she had to raise a complaint with in order to address all her concerns
   [The Ombudsman partially upheld two elements of Mrs C's complaint and fully upheld the third element. The Ombudsman recommended that the Board:-

   - *use this case to learn lessons about the use of observations and comments made by relatives in decisions about case management and treatment plans;*

   - *ensure that procedures are in place to inform relatives about how to make contact with medical staff; and*

   - *consider adopting a policy of informing the family of continuing care patients of the current system of proactive clinical review and invite their input as appropriate. The policy should also indicate how families can contact the appropriate clinician in-between reviews.*

   The Board has accepted the recommendations and will act on them accordingly].

2. The complainants considered that the Board failed to provide their father with adequate clinical care and treatment at the Accident and Emergency Department at Inverclyde Royal Hospital during his admission following a fall on 29 April 2004.
   [The Ombudsman did not uphold one element and fully upheld three elements of the complaint and recommended that the Board:-

   - *perform a full audit of A&E nursing records in the next three months and provide the Ombudsman's office with the results of this audit;*

   - *take further action to ensure that the failings in the nursing documentation and communication the investigation identified are addressed and that the details of who will take responsibility for this and what action will be taken be provided to the Ombudsman's office;*

   - *provide evidence of educational programmes and systems of competency-base measurement for A&E nursing staff in relation to triage performance, record-keeping, nursing assessment, care planning and discharge planning;*

   - *review their complaints handling; and*

   - *write to the complainants to apologise for the Board's failure to address their concerns satisfactorily.*

   The Board has accepted the recommendations and are already acting on them].

3. The complainant raised a number of concerns about the treatment she received at the Victoria Infirmary in July 2005 following an operation to remove her appendix.
[The Ombudsman did not uphold one element and fully upheld one element of the complaint and recommended that the Board gives consideration to providing telephone or electronic updates to out-patient clinics when discharge letters for in-patient stays will not be ready prior to the next out-patient appointment.

The Board has accepted the recommendations and will act on them accordingly].

4. The complainant raised a number of concerns about the treatment her late husband received at the Royal Alexandra Hospital from 1 August to 15 October 2005. She had concerns about his clinical treatment; lack of communication between medical and surgical staff and the family and inadequate complaints handling.
[The Ombudsman partially upheld two elements of the complaint and the other element was not upheld. The Ombudsman recommended that the Board:-

- *remind staff of the importance of communication with family members;*
- *conduct an audit to ensure that responses to complaints are within NHS Complaints Procedure Guidelines; and*
- *conduct an investigation into the circumstances which led to a letter being issued to Mr C nearly three months after his death enquiring whether he wished to remain on the waiting list for orthopaedic surgery and offer a sincere apology to Mrs C for the distress which was caused.*

The Board has accepted the recommendations and will act on them accordingly].

5. The complainant raised a number of concerns about the treatment her mother received in the Vale of Leven Hospital prior to her death.
[The Ombudsman partially upheld one element of the complaint and the other three elements were not upheld. The Ombudsman recommended that the Board emphasise to staff the importance of communicating with relatives and of keeping an appropriate note of what was said. The Board has accepted the recommendations and will act on them accordingly].

6. The complainant was concerned that the failure of the Southern General Hospital to diagnose a trapped nerve in his neck caused him pain and stress that could have been avoided.
[The Ombudsman did not uphold the complaint and had no recommendations to make].

7. The complainant raised concerns that the contents of a psychological report which had been completed regarding his son contained unverified and incorrect information and included a section which was not relevant to the actual diagnosis.
[The Ombudsman did not uphold the complaint and had no recommendations to make].

8. The complainant raised concerns about the number of times her mother had been moved while a patient at the Vale of Leven Hospital where some of her personal belongings had been mislaid and wondered whether staff had taken into account that the moves would affect her psychological and physical care.
[The Ombudsman did not uphold the complaint and had no recommendations to make].

9. The complainant raised a number of concerns about the treatment her late father received at the Royal Alexandra Hospital from 2 July to 11 July 2005. This included whether it was appropriate for staff to prescribe oral rather than intravenous antibiotics and whether account was taken of Mr A's pre-existing medical condition prior to the hospital admission.
[The Ombudsman partially upheld the complaint and recommended that the Board consider the development of Board-wide bereavement guidance and inform her of the outcome of the audit of nursing records.

The Board has accepted the recommendations and will act on them accordingly].

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 [1] / Mental Health Services (NHSGG)

Clinical treatment, attitude/behaviour and communication are the categories attracting most complaints this quarter. This is broadly consistent with previous quarters.

Annex 1 provides a comprehensive breakdown of the complaint categories for Glasgow Partnerships.

Partnerships [2] / Mental Health Services (Clyde)

Clinical treatment, attitude/behaviour and, jointly, policy and commercial decisions, NHS Board purchasing and others are the categories attracting most complaints this quarter.

Annex 2 provides a comprehensive breakdown of the complaint categories for Clyde Partnerships/ Mental Health Services.

Acute

Clinical treatment, attitude/behaviour and waiting times are the categories attracting most complaints this quarter.

Annex 3 provides a comprehensive breakdown of the complaint categories for Acute.

4. Service Improvements

Noted below are some examples of service improvements made as a result of complaints completed this quarter:-

Partnerships [3] / Mental Health Services (NHSGG)

- In one area a review of annual leave and patterns of work will be undertaken to ensure there are sufficient nursing staff to manage wards effectively.
- Telephone system in one area has been reviewed to ensure clients are informed and diverted during periods of staff annual leave.
- In one area changes have been made to staffing to ensure clinics run on time.
- In one administrative area, staff are to receive training on the complaints procedure to ensure complaints are handled correctly at a local level.
- In a specific hospital a review of communication procedures between ward staff and advocacy will take place.

[1] West Glasgow CHCP, East Glasgow CHCP, North Glasgow CHCP, South West Glasgow CHCP, South East Glasgow CHCP, East Dunbartonshire CHP, *East Renfrewshire CHCP, *West Dunbartonshire CHP
* Former Greater Glasgow area.
[2] Renfrew CHP, Inverclyde area.
[3] West Glasgow CHCP, East Glasgow CHCP, North Glasgow CHCP, South West Glasgow CHCP, South East Glasgow CHCP, East Dunbartonshire CHP, *East Renfrewshire CHCP, *West Dunbartonshire CHP
* Former Greater Glasgow area.

- In one CHCP area an audit of school records to review children's health services will be undertaken.

- As a result of a complaint from a patient with hearing impairment, awareness sessions are to take place to ensure new staff are aware of how the loop system operates. In addition, contingency plans have been put in place to ensure the loop system is operational and available for patients.

- Appointment times at one clinic have been reorganised to align them better with the hours the reception area is staffed.

Partnerships [4]/ Mental Health Services (Clyde)

- Continuity of care regarding lack of speech therapy for a child within a child development centre experiencing difficulties with developmental delay, co-ordination and sensory problems was criticised due to consultant being on sick leave. As a result the Centre has to ensure that care is continuous and no patient's care will be compromised as a result of sickness as their care will be allocated to another professional.

- Referrals to be checked more closely to ensure that the family of said child understood the reason for the referral into Speech and Language Therapy. Changes now introduced to ensure that families are fully appraised of the reason for referral and the next stages of the appointment process.

Acute

- Pharmacy Stobhill: Delays with discharge medication resulted in Ward Manager raising the issue at multidisciplinary meeting and further training to be provided for junior medical staff to ensure discharge letters/prescriptions are available on day of patients discharge.

- Stobhill Hospital: Ward Manager discussed with nursing staff and emphasised the importance of highlighting problems to her at an earlier stage where she could intervene and possibly resolve before the situation became a formal complaint.

- Glasgow Royal Infirmary: As a result of poor communication with a patient attending the Orthotic Department and non-adherence to the protocol whereby all patients contact/telephone calls are recorded, remedial action was taken, including retraining, to regularly monitor adherence to all protocols within the department. The failings in this case were discussed at the department meeting to ensure all staff were made aware of the impact of their actions on patients.

- Princess Royal Maternity Hospital: Following medication error, the procedure regarding administration of intravenous drugs in the post natal ward was reviewed through the Risk Management Group and discussion took place with all staff involved to formulate a plan to minimise the risk of such an incident recurring. The orientation programme for all new staff within the unit was reviewed to ensure staff are aware of current practices within each department of the PRM.

- Western Infirmary: As a direct result of a complaint from patients about waiting time for admission for a surgical procedure - the Lead Nurse will review the time patients are being given for their admission on an individual basis. A pre-assessment clinic started at the Western Infirmary in February 2007 which will allow patients to attend for pre-assessment 2 - 3 weeks prior to admission to have the necessary blood tests completed prior to admission and therefore the time of arrival to the hospital for admission can be much later.

[4] Renfrew CHP, Inverclyde area.

- Western Infirmary: The department will review the preparation information for certain procedures to minimise any delays for patients in future. The Central Booking Office staff have been told that in future, all patients must be made aware of and confirm their availability for any change to their planned appointment time, before the Ultrasound department are advised to amend the appointment. The reception desk should be manned at all times to receive patients and we will ensure that this happens in future.

- Western Infirmary: Staff reminded to use blue communication book to thoroughly document any incident in ward to ensure relatives made aware. Complaints training to be incorporated into staff Personal Development Plans .

- Western Infirmary: Following complaint and additional distress, medical staff reminded of the responsibility and importance of prompt and efficient completion of paperwork for deceased patients to minimise further distress for bereaved families.

- Royal Alexandra Hospital: Complaint received regarding arrangements in place for relatives to view deceased patients in Mortuary. Directorate reviewed arrangements and procedures in place and action plan submitted to review parking space around the Mortuary, review the practices in place for preparing and presenting the deceased for viewing, redecoration of the viewing room and for general estate improvements to be carried out including the removal of graffiti from the Mortuary signage.

- Royal Alexandra Hospital: Working group developed to review car parking and the implementation of NHS Greater Glasgow & Clyde's policy on car parking. Two inter-hospital bus services developed in conjunction with Strathclyde Passenger Transport and improved road marking to improve traffic flow.

- Royal Alexandra Hospital: Following complaints regarding nursing care within A&E, it was clear there was an issue around the maintenance of nursing records which did not comply with national guidelines. Working group developed to review the nursing records, develop and act on an action plan regarding the development and improvement of records.

- Royal Alexandra Hospital: Complaint relating to Disability Discrimination Act resulted in a meeting being held with MSP and other relevant bodies resulting in an action plan to review parking arrangements, education issues around DDA requirements, proposal for the purchase of more specialised equipment to assist with caring for health impaired patients, working group to review documentation and manage patient/relative expectations.

- Yorkhill Hospital: Plaster room staff to be advised that they should demonstrate use of the vibrating edge of the plaster cutting tool to reassure anxious patients that the tool will not cut them. This has been incorporated into Plaster Room staff training.

- Yorkhill Hospital: Staff reviewing whether it is possible to provide more appropriate attire than nightgowns for children waiting in the A&E Department.

5. Ongoing Developments

Partnerships [5] / Mental Health Services (NHSGG)

A decision has been reached to transfer responsibility for the provision of complaints support for Clyde CHPs and Clyde mental health services to the complaints office in the Clinical Governance Support Unit which previously supported only the Glasgow partnerships. Arrangements were put in place to secure the smooth transition from the Clyde office to the CGSU office, including the commissioning of

[5] West Glasgow CHCP, East Glasgow CHCP, North Glasgow CHCP, South West Glasgow CHCP, South East Glasgow CHCP, East Dunbartonshire CHP, *East Renfrewshire CHCP, *West Dunbartonshire CHP
* Former Greater Glasgow area.

revised leaflets to signpost Clyde patients, relatives, carers etc. to the correct office. These are currently awaited and will be distributed widely as soon as they are available. Training of complaints has been provided for managers and professional staff within Renfrewshire CHP with plans under discussion to roll this out to more staff.

Partnerships [6] / Mental Health Services (Clyde)

Complaint handling for CHCP/MHP transferred to the Board Clinical Governance Unit from 1 April 2007 under the Complaints Manager.

Acute

- Roll out of the single computerised recording system (Datix) now provisionally planned for July 2007 with complaints staff targeted to be among the first to receive the training and software thus removing the necessity for duplication of recording which has been ongoing since the restructuring.

- Transfer of responsibility for mental health and CHP complaints in Clyde to Partnership arrangements completed on 1 April 2007.

6. Complaints Completed Pro-Rata to Patient Activity Levels : 1 January – 31 March 2007

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, in-patient and day case and other treatment attendance statistics 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: 1835.

7. Conciliation

There were no requests for conciliation this quarter.

8. Independent Advice and Support Service

The Head of Board Administration and Secretariat Manager met with representatives from the Citizen's Advice Bureau on 30 May 2007. Three case workers have been appointed by the Citizen's Advice Bureau in NHSGGC's area to support the Independent Advice and Support Service (IASS). Furthermore, an 0845 telephone number has been set up for direct access to the Independent Advice and Support Service at Citizen's Advice Direct. When a patient calls this number, they can be given telephone advice there and then or an appointment can be made for their local Citizen's Advice Bureau. Direct access, if required, can be made to one of the three case workers from this telephone number and a referral can be arranged.

A leaflet summarising the purpose of IASS and contact details have been produced. 30,000 of these will be distributed throughout NHSGGC shortly. It is envisaged that usage of the service will be monitored and included in future quarterly complaints reports to the NHS Board.

[6] Renfrew CHP, Inverclyde area.

9. Scottish Public Service Ombudsman Statistics for the Year 2006 to 2007

The Scottish Public Services Ombudsman (SPSO) has published statistics for the year 2006/2007.

In terms of health cases received in 2006/07, the SPSO received 336 enquires and 497 complaints totalling 833 cases. GP and GP practice cases ranked highest with 185, followed by hospitals (general medicine) with 86 and dental and orthodontic services with 80.

In respect of NHSGGC, 95 cases were received by the SPSO in 2006/07. Hospitals (general medicine) ranked highest with 18, followed by hospitals (care of the elderly) with 11 and hospitals (other) with 10. Of the 81 health complaints closed in 2006/07, the following outcomes have been reported:-

Closure Reason	No of Complaints
Premature	19
Withdrawn/failed to provide information before investigation	13
Out of jurisdiction	12
Partially upheld	12
Not upheld	11
Discontinued before investigation	10
Fully upheld	3
Withdrawn/failed to provide information during investigation	1
Total closed	81

10. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 January – 31 March 2007.

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COMPLAINT CATEGORIES

Code	ISSUES RAISED	NUMBER
	Staff	
01	Attitude/behaviour	**12**
	➢ Medical/Dental	**2**
	➢ Nursing	**6**
	➢ AHPs	**1**
	➢ Ambulance (* paramedics)	**0**
	➢ Administration	**3**
	➢ Other	**0**
02	Complaint handling	**1**
04	Shortage/availability	**0**
05	Communication (written)	**3**
06	Communication (oral)	**5**
07	Competence	**0**
	Waiting times for	
11	Date for admission/attendance	**0**
12	Date for appointment	**3**
13	Results of tests	**0**
	Delays in/at	
21	Admission/transfer/discharge procedures	**0**
22	Outpatient and other clinics	**1**
	Environmental/domestic	
29	Premises (including access)	**0**
30	Aids & appliances, equipment	**0**
32	Catering	**0**
33	Cleanliness/laundry	**0**
34	Patient privacy/dignity	**2**
35	Patient property/expenses	**2**
36	Patient status/discrimination (eg race, gender, age)	**1**
37	Personal records(including medical, complaints files)	**0**
38	Shortage of beds	**0**
39	Mixed accommodation	**0**
40	Hospital Acquired Infection (MRSA)	**0**
	Procedural issues	
41	Failure to follow agreed procedure	**0**
42	Policy and commercial decisions (of NHS Board)	**1**
43	NHS Board purchasing	**0**
44	Mortuary/post mortem arrangements	**0**
	Treatment	
51	Clinical treatment (all aspects)	**17**
	➢ Medical/Dental	**14**
	➢ Nursing	**2**
	➢ Other Staff	**1**
52	Consent to treatment	**0**
61	**Transport arrangements (including ambulances)**	**0**
71	**Other (where no definition applies)**	**2**

Code	STAFF GROUP	NUMBER
11	Medical (inc surgical)	**14**
21	Dental (inc surgical)	**0**
31	Nursing, Midwifery, Health Visiting	**9**
41	Professions allied to medicine	**3**
51	Scientific/technical	**0**
61	Ambulance (inc. paramedics)	**0**
71	Ancillary/works/trades	**0**
81	NHS Board administrative staff/members (exc FHS administrative)	**1**
91	Division/CHP/PCO administrative staff/ members	**7**
01	Other	**0**

SERVICE AREA

	Hospital acute services	
11	Inpatient	**0**
12	Day case	**0**
13	Outpatient	**0**
14	Accident & emergency	**0**
15	Delivered in the community	**0**
	Care of the Elderly	
21	Inpatient	**0**
22	Day patient	**0**
23	Outpatient	**0**
24	Community	**0**
	Psychiatric/learning disabilities	
31	Inpatient	**10**
32	Day patient	**0**
33	Outpatient	**2**
34	Community	**2**
41	Maternity	**0**
51	Ambulance	**0**
61	Community hospitals	**0**
65	Community services – not elsewhere specified	**15**
72	Purchasing	**0**
73	Administration	**1**
74	**Unscheduled Health Care (Out of Hours)**	**0**
81	Other	**0**

PARTNERSHIPS/CHP (CLYDE)
ANNEX 2

COMPLAINT CATEGORIES

Code	ISSUES RAISED	NUMBER
	Staff	
01	Attitude/behaviour	**3**
	➢ Medical/Dental	**0**
	➢ Nursing	**3**
	➢ AHPs	**0**
	➢ Ambulance (* paramedics)	**0**
	➢ Administration	**0**
	➢ Other	**0**
02	Complaint handling	**0**
04	Shortage/availability	**0**
05	Communication (written)	**0**
06	Communication (oral)	**0**
07	Competence	**0**
	Waiting times for	
11	Date for admission/attendance	**0**
12	Date for appointment	**0**
13	Results of tests	**0**
	Delays in/at	
21	Admission/transfer/discharge procedures	**0**
22	Outpatient and other clinics	**0**
	Environmental/domestic	
29	Premises (including access)	**0**
30	Aids & appliances, equipment	**0**
32	Catering	**0**
33	Cleanliness/laundry	**0**
34	Patient privacy/dignity	**0**
35	Patient property/expenses	**0**
36	Patient status/discrimination (eg race, gender, age)	**0**
37	Personal records(including medical, complaints files)	**0**
38	Shortage of beds	**0**
39	Mixed accommodation	**0**
40	Hospital Acquired Infection (MRSA)	**0**
	Procedural issues	
41	Failure to follow agreed procedure	**0**
42	Policy and commercial decisions (of NHS Board)	**1**
43	NHS Board purchasing	**1**
44	Mortuary/post mortem arrangements	**0**
	Treatment	
51	Clinical treatment (all aspects)	**13**
	➢ Medical/Dental	**9**
	➢ Nursing	**2**
	➢ Other Staff	**2**
52	Consent to treatment	**0**
61	**Transport arrangements (including ambulances)**	**0**
71	**Other (where no definition applies)**	**1**

Code	STAFF GROUP	NUMBER
11	Medical (inc surgical)	**10**
21	Dental (inc surgical)	**0**
31	Nursing, Midwifery, Health Visiting	**5**
41	Professions allied to medicine	**3**
51	Scientific/technical	**0**
61	Ambulance (inc. paramedics)	**0**
71	Ancillary/works/trades	**0**
81	NHS Board administrative staff/members (exc FHS administrative)	**0**
91	Division/CHP/PCO administrative staff/ members	**0**
01	Other	**1**

SERVICE AREA

	Hospital acute services	
11	Inpatient	**0**
12	Day case	**0**
13	Outpatient	**1**
14	Accident & emergency	**0**
15	Delivered in the community	**0**
	Care of the Elderly	
21	Inpatient	**1**
22	Day patient	**0**
23	Outpatient	**0**
24	Community	**0**
	Psychiatric/learning disabilities	
31	Inpatient	**8**
32	Day patient	**0**
33	Outpatient	**1**
34	Community	**3**
41	Maternity	**0**
51	Ambulance	**0**
61	Community hospitals	**0**
65	Community services – not elsewhere specified	**5**
72	Purchasing	**0**
73	Administration	**0**
74	**Unscheduled Health Care (Out of Hours)**	**0**
81	Other	**0**

COMPLAINT CATEGORIES

Code	ISSUES RAISED	NUMBER
	Staff	
01	Attitude/behaviour	**55**
	➢ Medical/Dental	**21**
	➢ Nursing	**25**
	➢ AHPs	**0**
	➢ Ambulance (* paramedics)	**0**
	➢ Administration	**3**
	➢ Other	**6**
02	Complaint handling	**0**
04	Shortage/availability	**4**
05	Communication (written)	**10**
06	Communication (oral)	**9**
07	Competence	**2**
	Waiting times for	
11	Date for admission/attendance	**9**
12	Date for appointment	**33**
13	Results of tests	**7**
	Delays in/at	
21	Admission/transfer/discharge procedures	**17**
22	Outpatient and other clinics	**5**
	Environmental/domestic	
29	Premises (including access)	**11**
30	Aids & appliances, equipment	**22**
32	Catering	**3**
33	Cleanliness/laundry	**9**
34	Patient privacy/dignity	**5**
35	Patient property/expenses	**3**
36	Patient status/discrimination (eg race, gender, age)	**2**
37	Personal records(including medical, complaints files)	**5**
38	Shortage of beds	**4**
39	Mixed accommodation	**0**
40	Hospital Acquired Infection (MRSA)	**2**
	Procedural issues	
41	Failure to follow agreed procedure	**2**
42	Policy and commercial decisions (of NHS Board)	**2**
43	NHS Board purchasing	**0**
44	Mortuary/post mortem arrangements	**0**
	Treatment	
51	Clinical treatment (all aspects)	**120**
	➢ Medical/Dental	**89**
	➢ Nursing	**23**
	➢ Other Staff	**8**
52	Consent to treatment	**0**
61	**Transport arrangements (including ambulances)**	**13**
71	**Other (where no definition applies)**	**17**

Code	STAFF GROUP	NUMBER
11	Medical (inc surgical)	**183**
21	Dental (inc surgical)	**7**
31	Nursing, Midwifery, Health Visiting	**81**
41	Professions allied to medicine	**16**
51	Scientific/technical	**14**
61	Ambulance (inc. paramedics)	**4**
71	Ancillary/works/trades	**21**
81	NHS Board administrative staff/members (exc FHS administrative)	**12**
91	Division/CHP/PCO administrative staff/ members	**19**
01	Other	**23**

SERVICE AREA

	Hospital acute services	
11	Inpatient	**152**
12	Day case	**11**
13	Outpatient	**147**
14	Accident & emergency	**37**
15	Delivered in the community	**0**
	Care of the Elderly	
21	Inpatient	**8**
22	Day patient	**0**
23	Outpatient	**0**
24	Community	**0**
	Psychiatric/learning disabilities	
31	Inpatient	**0**
32	Day patient	**0**
33	Outpatient	**0**
34	Community	**0**
41	Maternity	**6**
51	Ambulance	**2**
61	Community hospitals	**0**
65	Community services – not elsewhere specified	**0**
72	Purchasing	**0**
73	Administration	**1**
74	**Unscheduled Health Care (Out of Hours)**	**3**
81	Other	**13**