

# NHS Greater Glasgow and Clyde

Board Meeting  
Tuesday, 21 April 2009

Board Paper No. 09/23

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

## QUARTERLY REPORT ON COMPLAINTS : 1 OCTOBER – 31 DECEMBER 2008

### 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 2008.

### Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period October - December 2008. 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 October – 31 December 2008

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 October – 30 December 2008 and for comparison 1 July – 30 September 2008. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	<u>1 Oct – 31 December 08</u>		<u>1 July – 30 September 08</u>	
	<u>Partnerships/ MHP/Board (exc FHS)</u>	<u>Acute</u>	<u>Partnerships/ MHP/Board (exc FHS)</u>	<u>Acute</u>
(a) Number of complaints <b>received</b>	38	371	48	315
(b) Number of complaints received and completed within 20 working days <i>[national target]</i>	26 (68%)	270 (73%)	28 (58%)	182 (58%)
(c) Number of complaints <b>completed</b>	35	365	42	345
(d) Outcome of complaints completed:-				
➤ Upheld	7	95	8	74
➤ Upheld in part	14	97	12	102
➤ Not Upheld	13	150	18	150
➤ Conciliation	0	0	0	0
➤ Irresolvable	1	23*	2	4
(e) Number of complaints withdrawn	0	4	2	15
(f) Number of complaints declared vexatious	0	0	0	0

This gives an overall NHSGG&C complaints handling performance of 72.4% - above the national target of responding to 70% of complaints within 20 working days – a welcome improvement.

\* The 23 Acute cases withdrawn can be broken down as follows:

- irrisolvable complaints expectations            3
- no consent received                                    19
- other    1

## 2. Ombudsman : 1 October – 31 December 2008

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 we 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 is being conducted	0	2	0
(b) Investigations Report received.	0	3	0

In accordance with the Ombudsman’s monthly reporting procedure, three reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; two cases were summarised in the October 2008 commentary and one in the December 2008 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 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 three NHS Greater Glasgow and Clyde cases for this quarter are described as follows:-

### October 2008

1. The complainant complained about the lack of clinical follow-up for his ear, nose and throat complaint and that a Consultant Surgeon did not refer him for a further clinical opinion. He also complained that the Board took over three months to respond to his formal complaint.

*[The Ombudsman upheld two elements of the complaint and did not uphold one element. The Ombudsman recommended that the Board:-*

- *remind the Consultant of the importance of clear communication with patients, to assist their understanding of any potential diagnosis or otherwise, when symptoms are still present;*

- *ensure that staff clearly record the outcome of a clinical decision regarding a second opinion; and*
- *review their internal procedure for investigating and resolving complaints and consider ways to improve their response times to complaints.*

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

2. The complainant raised a number of concerns about the care and treatment provided to his mother at Monklands Hospital and the Beatson Oncology Centre.

*[With regard to the Beatson Oncology Centre, the Ombudsman partially upheld the one element of the complaint and recommended that the Board apologise to the complainant for the fact that his mother's prognosis was not adequately explained to the family and review the way that a poor prognosis is explained to patients and their families.*

*The Ombudsman will send a copy of this report to SIGN for their consideration when Guideline 61 on post-menopausal bleeding is reviewed later this year].*

#### November 2008

None

#### December 2008

The complainant raised a number of concerns regarding the clinical treatment that his father received whilst under the care of the Board. He believed that staff at the Victoria Infirmary failed to give due consideration to his father's previous medical history and that, had they done so, his death in December 2006 could have been avoided. He also complained that the medication prescribed for another of his father's conditions was unsuitable and that it potentially contributed to his deterioration.

*[The Ombudsman upheld three elements of the complaint and did not uphold two elements. The Ombudsman recommended that the Board:-*

- *formally apologise to the Complainant and his family;*
- *remind all staff of the importance of sourcing and reviewing historical clinical records;*
- *review their record-keeping practices and introduce procedures to ensure the prompt identification, sourcing and provision of historical clinical records;*
- *consider ways to promptly source specific records relating to relevant information raised by patients and their families; and*
- *ask the Clinical Team to review the circumstances of this case to see if there are any lessons that can be learned regarding the diagnosis and treatment of organising pneumonia.*

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

### **3. Parliament to Approve Nomination of New Ombudsman**

The Scottish Parliament approved the nomination of Mr Jim Martin as the new Scottish Public Services Ombudsman (SPSO) and this recommendation went to Her Majesty the Queen for formal appointment. This followed an open recruitment process to find a successor to Professor Alice Brown who was stepping down from the role. The appointment process reflects the independence of the Ombudsman's post from both the Parliament and the Scottish Government.

Mr Martin is currently the Police Complaints Commissioner for Scotland which was set up and established in 2007.

Mr Eric Drake (SPSO Director of Investigations) has assumed the role of Acting Ombudsman from 1 April 2009, at the request of the Scottish Parliamentary Corporate Body. He will carry out the role until the newly appointed Ombudsman, Mr Jim Martin, formally takes office. This is expected to be in May 2009.

#### **4. 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, communication and attitude/behaviour are the categories attracting most complaints this quarter.

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

##### Acute

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

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

#### **5. Service Improvements**

Mr Kevin Woods, Director – General Health and Chief Executive NHS Scotland, wrote to all Boards on 17 February 2009 reiterating the importance in making the necessary connections in addressing the fundamental principles outlined in Ombudsman's reports to practical solutions to ensure staff were equipped with the necessary knowledge and skills to fulfil their diverse roles.

The Head of Board Administration is picking this up with Complaints Managers especially with regard to the training modules for staff currently being developed in complaints handling.

The training comprises a suite of 4 modules. The Level 1 Induction Module is now available through the e-learning induction programme on the intranet. Level 2, aimed at anyone who interacts with a patient, carer or relative, is complete and available for use. Level 2 is designed to be delivered by local managers to their own staff. The Level 3 Module is aimed at local managers and will equip them to deliver Level 2, as well as focusing on their wider responsibilities for dealing with complaints. Work on Level 3 has recently been completed and initial training has been provided by Learning & Education to enable some key complaints staff to deliver the module. Learning & Education will continue for a period to support these key staff through some practical “hands on” training. Level 4, for middle and senior managers is still under development.

Further consideration is now required in relation to targeting the training across the organisation and how demand may be met.

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

##### Partnerships/Mental Health Services

- In one clinic a review of administrative pathways was undertaken to ensure that follow up appointment letters are sent at the same time as GP letters.
- In one Community Mental Health Team, information provided to patients regarding initial assessment following referral has been improved, and staff have been reminded to ensure

information regarding the outcome of assessment is discussed in person with the patient before being passed to others.

- In one area the need for additional training on the Adults with Incapacity legislation has been reviewed.

#### Acute

- An information folder will be developed which will contain all the necessary details to make a referral to the Mental Health/Addiction Team more efficient.
- As a result of a complaint at the Southern General Hospital, chest x-ray reports will now be attached to casenotes when sent back for review. If the printed report has not been received by the time of dictation of clinic letter then the report will be searched for on computer. A Red Flag system is being looked into.
- A new computer will be purchased within Medicine, specifically designated for use by Junior Doctors for checking reports. This will be available in the secretarial office where most Junior Doctors do dictation.
- As result of a complaint regarding lack of communication within Surgical Ward at Victoria Infirmary, the Sister will look at ensuring that all nursing staff go round the ward during visiting, asking visitors if they have any issues that they wish to discuss.

### **6. Ongoing Developments**

- Implementation of DATIX within Partnerships/Mental Health Services - The Datix complaints module has been upgraded, enabling the Board to meet the requirements of the new ISD dataset. The new dataset was applicable from 1 January 2009. The upgrade enables the electronic transfer of data direct to ISD, using the ISD SWIFT system.
- Review of the NHSGGC Complaints Handling Policy - The Clinical Governance Support Unit and Partnerships are contributing to the review of the NHSGGC Complaints Handling Policy. Partnerships currently have in place their own local processes and procedures which underpin both the NHSGGC policy and the national guidance, and which set out how complaints will be dealt with by the Partnership. These may require to be reviewed when the Policy is finalised.
- Equality Impact Assessment (EQIA) - The Clinical Governance Support Unit is currently undertaking an Equality Impact Assessment in relation to local complaints handling processes with a view to measuring how inequalities sensitive local practice is. The Clinical Governance Support Unit is being supported by the Equality & Diversity team in this process. A session to support the EQIA process and facilitated by the Equality & Diversity team, has taken place. The session was well attended, the majority of Partnerships being represented and contributing to the discussion. The process continues, with the aim ultimately being to identify good practice, and highlight areas for improvement.

### **7. Independent Advice and Support Service (IASS) : 1 October – 31 December 2008**

The undernoted table shows the number of health cases received across NHS Greater Glasgow and Clyde between 1 October – 31 December 2008. Thereafter, the statistics relate to those cases completed in the quarter so that outcomes can be reported. At the moment, due to the limitations of the software used by Citizens Advice Scotland, a breakdown of outcomes in the Partnerships/Acute cannot yet be provided. It is hoped this reporting will improve in the future.

The Independent Advice and Support Service (IASS) is part of the Scottish Citizens Advice Bureau Service. It aims to support patients, 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 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 are:

Bridgeton CAB, Castlemilk CAB, Drumchapel CAB, Dumbarton CAB, East Dunbartonshire CAB, Easterhouse CAB, East Renfrewshire CAB, Glasgow Central CAB, Greater Pollock 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 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.

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

	<u>1 Oct - 30 December 08</u>		
	<u>Total</u>	<u>Partnerships/ MHP/Board (including FHS)</u>	<u>Acute</u>
(a) Number of health cases <b>received</b>	71	36	35
Of these - number of case workers cases	29	-	-
(b) Number of health cases <b>completed</b>	34	-	-
(c) Outcome of health enquiries completed <i>[Note: one health case could comprise more than one health enquiry]:-</i>			
➤ Social policy form completed and enquiry raised anonymously	-	-	-
➤ No further contact from client	8	-	-
➤ Enquiry resolved	24	-	-
➤ Further action taken	8	-	-
➤ Enquiry not resolved – no further action taken	-	-	-
➤ Appeal/case upheld	-	-	-
➤ Appeal/case partially upheld	-	-	-
➤ Appeal lost	-	-	-

Of the 71 health cases received, staff competence, clinical treatment (all aspects) and staff communication (written) attracted the most enquiries this quarter.

## 8. Performance Information

An increased focus and scrutiny on the Board's handling of complaints (to ensure improvement in performance) now takes place. The Performance Review Group considers quarterly the:-

- number of Complaints Investigated by the Ombudsman
- total number of issues investigated by the Ombudsman
- % of issues upheld by the Ombudsman
- % of issues not upheld by the Ombudsman

- % of issues partially upheld by the Ombudsman
- % of issues where there was no finding by the Ombudsman.

This information is contained within the quarterly Performance Report and will be monitored by the Performance Review Group.

## **9. Making It Better – A Report on Complaints and Feedback from NHS Scotland Patients and Carers**

The Head of Board Administration attended a meeting on Friday, 27 March 2009 to discuss the latest draft Craigforth Report on improving complaints handling in NHS Scotland and its draft conclusions/recommendations.

In 2008 the Scottish Health Council, at the invitation of the Scottish Government, commissioned Craigforth to review the complaints process building on earlier learning from a previous research in 2006 and, in particular, to identify what the inhibitors were for people who did not complain; how we could be more effective in getting people over the barriers which stopped them complaining; and how we encourage people in the system to change.

The survey fieldwork included a postal survey to 8,000 people across the core chosen geographical NHS Board areas, a separate postal survey issued to almost 1,000 people who made contact with the Scottish Public Services Ombudsman's office; a postal survey of almost 450 GP surgeries; a postal survey of 82 complaints handling staff and a survey issued to all NHS Boards. In addition, telephone interviews were undertaken together with focus groups particularly around those groups not well represented in the population – women from minority ethnic groups, young people, gay men, carers, people who had long term conditions and people living in remote areas.

A draft report was presented at the meeting on 27 March and it contained 13 suggested recommendations – each one was discussed in detail and Craigforth will now consider the comments from the SGHD set up to consider this document, make some drafting changes to the report and recommendations and then discuss with the Scottish Government Health Directorate the timescale and method of launch of the report. The draft recommendations are helpful and look towards a more consistent approach across NHS Boards in relation to publicity strategies for the NHS Complaints Procedure, a more consistent approach to bringing the Independent Advice and Support Service to the public's attention and the possibility of including oral complaints into the formal complaints process and also how to capture other concerns, suggestions, comments about our services – both positive and negative.

It is expected that the report and its recommendations will be launched in the Spring/Summer 2009. the review of the NHSGG&C Complaints Policy will be held in abeyance until this national report is launched.

## **10. End of Scottish Government Equality and Monitoring Pilot**

The Scottish Government has been undertaking a pilot programme of work on equalities monitoring of NHS Complaints to try to identify any trends or patterns in complaints by the statutory equality groups. This has been undertaken as part of a broader piece of work to improve the data it collects from complaints to support the Better Together national patient experience programme.

This was initially a pilot for 3 months with NHS Lothian, NHS Lanarkshire and NHS Highland. This pilot was then extended to include all NHS Boards and has been ongoing since April 2008.

For Quarters 1 and 2 in 2008, 620 forms were received which was a return rate of 16%. Out of these forms, 320 matched onto the 3687 complaints which was a matched rate of 9%.

All questions were well completed apart from the religious question with almost 200 people declining to answer this. In contrast, only 21 people declined to answer the Sexual Orientation question and 28 people declined to answer the transgender question out of the 620 responses.

The majority of people who had completed the form were: White Scottish; English speaking; between the ages of 40 to 79; heterosexual and had a health condition. Since the numbers were very low, the results may not give an accurate representation of the population so no firm conclusions could be made.

While it was difficult to draw any conclusions from the low number of completed and matched forms, people from all backgrounds were complaining about the same things with the number one issue being staff attitudes / communication, followed by treatment; environment and waiting times.

Following a meeting with representation from NHS Complaints Officers, Information Services Division (ISD) at NHS NSS and Scottish Government Analytical Services the Scottish Government has agreed that this arrangement should end on 31 March 2009. This was primarily due to; low response rates; information received not being useful enough to justify the resources involved in continuing and; the need to focus energies on meeting our Equally Well recommendation:

“NHS targets should be set to support work on patient monitoring and collection of equalities data, led by the Equality and Diversity Information Project at NHS National Services for Scotland (ISD).”

The pilot had been extremely useful in testing out approaches to equalities monitoring and has helped to inform the Better Together inpatient and GP surveys (referred to below).

Colleagues at ISD are preparing a report of the pilot which would provide more detail about what was learned. The Scottish Government will distribute this in the near future. ISD will also investigate linking CHI numbers to complaints, which would provide information for analysis on age, gender and postcode.

#### **11. Better Together : Scotland’s Patient Experience Programme - Survey**

A patient’s research organisation “Patient Perspective” has now sent out a questionnaire to over 4,500 people who were in-patients in Scotland in 2008. The survey has been ethically approved by the Multi-Centre Research Ethics Committee; the patient contact details and process was approved by the Privacy Advisory Committee of ISD and the sample has been designed to be representative of all NHS Boards in Scotland.

The survey is to confirm what aspects of healthcare are important to patients and its results will be used to inform the final version of the in-patients experience survey which will be rolled out across NHS Scotland in the Autumn.

#### **12. Conciliation**

There were no requests for conciliation this quarter.

#### **13. Conclusion**

The NHS Board is asked to note the quarterly complaints report for the period 1 October – 31 December 2008.



**PARTNERSHIPS  
ANNEX 1**

**COMPLAINT CATEGORIES**

<u>Code</u>			<u>Code</u>	
ISSUES RAISED		NUMBER	STAFF GROUP	NUMBER
<b>Staff</b>			11 Medical (inc surgical)	<b>13</b>
01	Attitude/behaviour	<b>7</b>	21 Dental (inc surgical)	<b>0</b>
	➤ Medical/Dental	<b>2</b>	31 Nursing, Midwifery, Health Visiting	<b>7</b>
	➤ Nursing	<b>3</b>	41 Professions allied to medicine	<b>5</b>
	➤ AHPs	<b>1</b>	51 Scientific/technical	<b>0</b>
	➤ Ambulance (* paramedics)	<b>0</b>	61 Ambulance (inc. paramedics)	<b>0</b>
	➤ Administration	<b>0</b>	71 Ancillary/works/trades	<b>2</b>
	➤ Other	<b>1</b>	81 NHS Board administrative staff/members (exc FHS administrative)	<b>0</b>
02	Complaint handling	<b>0</b>	91 Division/CHP/PCO administrative staff/ members	<b>6</b>
04	Shortage/availability	<b>0</b>	01 Other	<b>1</b>
05	Communication (written)	<b>4</b>		
06	Communication (oral)	<b>6</b>	<b>SERVICE AREA</b>	
07	Competence	<b>1</b>	<b>Hospital acute services</b>	
	<b>Waiting times for</b>		11 Inpatient	<b>0</b>
11	Date of admission/attendance	<b>0</b>	12 Day case	<b>0</b>
12	Date for appointment	<b>2</b>	13 Outpatient	<b>0</b>
13	Results of tests	<b>1</b>	14 Accident & emergency	<b>0</b>
	<b>Delays in/at</b>		15 Delivered in the community	<b>0</b>
21	Admission/transfer/discharge procedures	<b>1</b>		
22	Outpatient and other clinics	<b>1</b>	<b>Care of the Elderly</b>	
	<b>Environmental/domestic</b>		21 Inpatient	<b>0</b>
29	Premises (including access)	<b>1</b>	22 Day patient	<b>0</b>
30	Aids & appliances, equipment	<b>0</b>	23 Outpatient	<b>0</b>
32	Catering	<b>0</b>	24 Community	<b>0</b>
33	Cleanliness/laundry	<b>2</b>		
34	Patient privacy/dignity	<b>2</b>	<b>Psychiatric/learning disabilities</b>	
35	Patient property/expenses	<b>1</b>	31 Inpatient	<b>11</b>
36	Patient status/discrimination (eg race, gender, age)	<b>0</b>	32 Day patient	<b>0</b>
37	Personal records(including medical, complaints files)	<b>0</b>	33 Outpatient	<b>2</b>
38	Shortage of beds	<b>0</b>	34 Community	<b>6</b>
39	Mixed accommodation	<b>0</b>		
40	Hospital Acquired Infection (MRSA)	<b>0</b>	41 Maternity	<b>0</b>
	<b>Procedural issues</b>		51 Ambulance	<b>0</b>
41	Failure to follow agreed procedure	<b>0</b>	61 Community hospitals	<b>0</b>
42	Policy and commercial decisions (of NHS Board)	<b>0</b>	65 Community services – not elsewhere specified	<b>16</b>
43	NHS Board purchasing	<b>0</b>		
44	Mortuary/post mortem arrangements	<b>0</b>	72 Purchasing	<b>0</b>
	<b>Treatment</b>		73 Administration	<b>0</b>
51	Clinical treatment (all aspects)	<b>17</b>	74 <b>Unscheduled Health Care (Out of Hours)</b>	<b>0</b>
	➤ Medical/Dental	<b>9</b>		
	➤ Nursing	<b>4</b>	81 Other	<b>0</b>
	➤ Other Staff	<b>4</b>		
52	Consent to treatment	<b>0</b>		
61	<b>Transport arrangements (including ambulances)</b>	<b>2</b>		
71	<b>Other (where no definition applies)</b>	<b>7</b>		

**COMPLAINT CATEGORIES**

<u>Code</u>		<b>NUMBER</b>	<u>Code</u>		<b>NUMBER</b>
<b>ISSUES RAISED</b>			<b>STAFF GROUP</b>		
	<b>Staff</b>				
01	Attitude/behaviour	72	11	Medical (inc surgical)	298
	➤ Medical/Dental	34	21	Dental (inc surgical)	10
	➤ Nursing	26	31	Nursing, Midwifery, Health Visiting	146
	➤ AHPs	1	41	Professions allied to medicine	8
	➤ Ambulance (* paramedics)	0	51	Scientific/technical	9
	➤ Administration	0	61	Ambulance (inc. paramedics)	3
	➤ Other	11	71	Ancillary/works/trades	29
02	Complaint handling	1	81	NHS Board administrative staff/members (exc FHS administrative)	14
04	Shortage/availability	5	91	Division/CHP/PCO administrative staff/ members	9
05	Communication (written)	28	01	Other	0
06	Communication (oral)	88	<b>SERVICE AREA</b>		
07	Competence	1	<b>Hospital acute services</b>		
	<b>Waiting times for</b>		11	Inpatient	152
11	Date of admission/attendance	8	12	Day case	11
12	Date for appointment	30	13	Outpatient	123
13	Results of tests	5	14	Accident & emergency	35
	<b>Delays in/at</b>		15	Delivered in the community	1
21	Admission/transfer/discharge procedures	11	<b>Care of the Elderly</b>		
22	Outpatient and other clinics	14	21	Inpatient	6
	<b>Environmental/domestic</b>		22	Day patient	0
29	Premises (including access)	20	23	Outpatient	1
30	Aids & appliances, equipment	10	24	Community	0
32	Catering	5	<b>Psychiatric/learning disabilities</b>		
33	Cleanliness/laundry	3	31	Inpatient	0
34	Patient privacy/dignity	11	32	Day patient	0
35	Patient property/expenses	2	33	Outpatient	0
36	Patient status/discrimination (eg race, gender, age)	2	34	Community	0
37	Personal records(including medical, complaints files)	4	41	Maternity	21
38	Shortage of beds	3	51	Ambulance	0
39	Mixed accommodation	0	61	Community hospitals	0
40	Hospital Acquired Infection (MRSA)	10	65	Community services – not elsewhere specified	0
	<b>Procedural issues</b>		72	Purchasing	0
41	Failure to follow agreed procedure	0	73	Administration	2
42	Policy and commercial decisions (of NHS Board)	5	74	<b>Unscheduled Health Care (Out of Hours)</b>	6
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	0	81	Other	12
	<b>Treatment</b>				
51	Clinical treatment (all aspects)	199			
	➤ Medical/Dental	141			
	➤ Nursing	53			
	➤ Other Staff	5			
52	Consent to treatment	0			
61	<b>Transport arrangements (including ambulances)</b>	0			
71	<b>Other (where no definition applies)</b>	9			