NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 20 April 2010 **Board Paper No. 10/16**

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

QUARTERLY REPORT ON COMPLAINTS : 1 OCTOBER – 31 DECEMBER 2009

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 2009.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period October - December 2009. 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 2009

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 October – 31 December 2009 and for comparison 1 July – 30 September 2009. Thereafter, the statistics relate to those complaints completed in the quarter so that outcomes can be reported.

Table 1

	1 Oct – 31 Dec 09		1 July – 30 Sept 09	
	Partnerships/ MHP/Board (exc FHS)	Acute	Partnerships/ MHP/Board (exc FHS)	Acute
(a) Number of complaints **received**	56	373	49	393
(b) Number of complaints received and completed within 20 working days *[national target]*	38 (68%)	272 (73%)	35 (71%)	283 (72%)
(c) Number of complaints **completed**	69	370	46	378
(d) Outcome of complaints completed:-				
➢ Upheld	12	75	20	94
➢ Upheld in part	22	132	16	135
➢ Not Upheld	27	132	9	124
➢ Conciliation	0	2	0	2
➢ Irresolvable	4	0	0	0
(e) Number of complaints withdrawn	4[1]	29[2]	1[3]	23[4]
(f) Number of complaints declared vexatious	0	0	0	0

	Total	*No Consent Received*	*Complainants no longer wished to proceed*	*Claim for negligence intimated*
1	*4*	*1*	*3*	*0*
2	*29*	*19*	*9*	*1*

	Total	*No Consent Received*	*Complainants no longer wished to proceed*	*Claim for negligence intimated*
3	*1*	*0*	*1*	*0*
4	*23*	*15*	*7*	*1*

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.

2. Ombudsman : 1 October – 31 December 2009

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

	Partnerships/ MHP/Board (NHSGGC)	Acute	FHS
(a) Notification received that an investigation is being conducted	0	4	0
(b) Investigations Report received.	0	6	0

In accordance with the Ombudsman's monthly reporting procedure, six reports have been laid before the Scottish Parliament concerning NHS Greater Glasgow and Clyde cases; four cases were summarised in the October 2009 commentary, one case was summarised in the November 2009 commentary and one case in the December 2009 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 six NHS Greater Glasgow and Clyde cases for this quarter are described as follows:-

October 2009

1. The Ombudsman received a complaint from a member of the public who complained that her husband had not received the appropriate treatment further to a telephone call to the out-of-hours emergency medical services provided jointly between NHS 24 and Greater Glasgow and Clyde NHS Board, during which time it was stated by the family they had been unable to get the service to accept their description of her husband's illness. He had been out early in the evening and returned home complaining of a headache. Initially the complainant's husband had been advised to take medication available in the house, rest and let NHS 24 know if there was no improvement. He was admitted to the Southern General Hospital the following morning and died eight days later of subarachnoid haemorrhage. The complainant complained that there was a delay of 12 hours without treatment for her husband.
   [The Ombudsman upheld both elements of the complaint and recommended that the Board:-

   - *provide an apology to the complainant and her family for the delay in picking up on the clinical symptoms described by her husband and his family;*

- *undertake a further review of the triage doctor's clinical practice in order to ensure their understanding of the signs and symptoms of a subarachnoid haemorrhage; and*

- *ensure the triage doctor reflects on the lessons of the case, shares it with his appraiser during his next appraisal and is aware of the possibilities of rare diagnoses such as subarachnoid haemorrhage for future work.*

The Board confirmed in writing on 29 December 2010 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

2. The complainant raised concerns about the care and treatment which his late wife, who had severe Multiple Sclerosis, received from Greater Glasgow and Clyde NHS Board during her time in hospital for treatment of her painful right hip. He complained that, whilst in hospital, the Board failed to feed his wife, who required to be fed via a percutaneous endoscopic gastrostomy tube, in a sufficiently upright position, which caused food to pass into her lungs. The complainant said he believed that the Board failed to notice that his wife had then developed a chest infection and provide necessary treatment and that this had resulted in her death.
[The Ombudsman partially upheld one element of the complaint and did not uphold the other element. The Ombudsman recommended that the Board:-

   - *apologise to the complainant for failing to notice that his wife had developed a chest infection on 16 February 2007 and provide appropriate treatment at that time and for failing to produce a care pathway for his wife when the course of her treatment changed;*

   - *feed back the adviser's views on what the Ombudsman considered would have been the appropriate course of treatment for the complainant's wife on 16 February 2007, to the staff involved in cases of this type and in his wife's care, in particular;*

   - *provide training to staff to ensure that, in all appropriate cases, where the direction of a patient's treatment changes, a new care pathway is devised - this could be by introducing a multi-disciplinary record or audit of documentation;*

   - *ensure the staff involved in the complainant's wife's care are made aware of the need to record accurate information on patient mobility in their records;*

   - *review our current policy on the use of special mattresses and beds, incorporating the NHS QIS standards and flowchart; and*

   - *provide feedback to the staff involved in the complainant's wife's care on the importance of seeking guidance from a more senior member of the medical team on appropriate treatment and/or to ask technical staff for assistance, in cases where the accuracy of medical equipment, such as a pulse oximeter, is in question.*

   The Board confirmed in writing on 14 December 2009 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

3. The complainant was admitted to the Southern General Hospital in the area of Greater Glasgow and Clyde NHS Board in September 2007 and October 2007 with possible cauda equina syndrome (CES). She complained that the decision not to operate near the start of the first admission seriously compromised her condition and that, despite ongoing symptoms and inability to manage her daily life, her discharge home did not include adequate follow-up support
[The Ombudsman upheld the complaint and recommended that the Board:-

   - *apologise to the complainant for not having operated earlier;*

   - *reflect on the report's conclusions and take appropriate action in respect of each;*

   - *satisfy ourselves that the consultant in question had an appropriate understanding of CES; and*

- *update the Ombudsman's office on the main audit findings and main plans regarding after-discharge support.*

The Board confirmed in writing on 5 January 2010 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

4. The complainant, who is an advice caseworker, raised a number of concerns on behalf of her client about the treatment which her client had received at the Department of Urogynaecology at the Southern General Hospital, Glasgow. Her client had undergone surgery in 2007 and since then has suffered with incontinence, urinary infections, loss of lower body sensation, vaginal discharge and severe pain.
[The Ombudsman upheld two elements of the complaint and did not uphold the other element. The Ombudsman recommended that the Board:-

   - *review our consent process, to ensure that patients have enough time to digest the information provided by staff and in information leaflets and that sufficient space is available on the consent forms to list what has been discussed;*

   - *share the report with the staff involved and ask them to reflect on the advisers' comments about considering alternative procedures prior to surgery; and*

   - *apologise to the complainant's client for the failings which had been identified in the report.*

   The Board confirmed in writing on 17 December 2009 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

<u>November 2009</u>

The complainant complained that Greater Glasgow and Clyde NHS Board did not correctly diagnose her misplaced vertebra when she attended the Western Infirmary with back pain and 'neurological symptoms'. She was further concerned that the Board did not offer treatment once her condition was diagnosed and was also disappointed by the Board's handling of her complaint.
[The Ombudsman did not uphold the complaints but recommended that the Board consider:-

- *reviewing the complainant's case with a view to identifying any aspects of the communication between consultants and her GP that could be improved; and*

- *how NHS Scotland's publication: "Can I help you? Learning from Comments Complaints and Suggestions" should be taken into account when making decisions on complaint time limits.*

The Board confirmed in writing on 26 January 2010 to the Ombudsman that actions had been taken in light of the recommendations contained within the report].

<u>December 2009</u>

The Ombudsman received a complaint from an advice worker on behalf of a member of the public. The member of the public's daughter had a narrowing of the main artery from her heart which needed surgical repair. The member of the public complained that the surgery had left her child paralysed. She also complained about what she considered was poor communication from Greater Glasgow and Clyde NHS Board.
[The Ombudsman did not uphold any aspect of the complaint and had no recommendation to make].

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

Attitude/behaviour, clinical treatment and communication are the categories attracting most complaints this quarter. Broadly speaking, this is consistent with previous statistics.

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 are 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 a complaint concerning a mental health ward, consideration is being given to the procurement of furnishings and items to soften the image of the ward for next upgrade. In the interim, some funds have been made available to purchase items to improve the ambiance of the ward. In addition, the patient information leaflet has been reviewed to include a section on responsibility and acceptable behaviours within the ward and within group activity situations; the protocol on access to bedded area during the day is to be reviewed; and there will be communication with Multidisciplinary Team with regard to the creation and maintenance of weekly activity plans.

- In one CH(C)P work has been carried out by the Service Improvement Manager to ensure that a number of service improvements are in place that impact positively on waiting times for occupational therapy. In the short term, two locums have been secured until the end of the financial year to work on the longest waiting time to reduce the list.

- As a result of a complaint regarding delays and miscommunication in one area, the service concerned have reviewed the case records of all patients referred to the particular clinic over the previous six months to ensure no other similar delays or miscommunications have occurred.

- In one area, the process for issuing appointment letters has been revised, to ensure letters clearly indicate which doctor the patient can expect to see.

- In one CH(C)P, the communication process surrounding the transfer of patients is being reviewed.

- As a result of a complaint about scalding water in a ward area in one CH(C)P, systems and procedures have been put in place to ensure patients' safety, ensuring faults are recorded, reported and dealt with timeously.

Acute

- Following complaints from patients/families about the lack of availability of parking places on major sites, attendants will more proactively identify those cars parked for longer than 4 hours and issue parking fines. It is hoped that this will assist in making parking spaces more readily available across major sites.

- A complaint was received from the family of a patient who was admitted via A&E at the Victoria Infirmary, but later transferred to a ward at a different hospital. When the family called to determine the patient's whereabouts they were provided with a ward number, but switchboard staff failed to explain that this was in another hospital. Action has been taken to ensure that switchboard and health records admissions desk staff make ward and hospital location information clear in dealing with patient enquiries of this nature.

- Health records received a complaint from a patient that their faith was not recognised and included in the patient administration system. As a direct result of this complaint, faith is now included in the reference files for all patient administration systems across NHS GG&C.

- Complaints received from patients who attended as a day case for chemotherapy were analysed and found that they experienced a delay waiting for treatments to be prepared by pharmacy. To allow time for the pharmacy to prepare these treatments (some of which needed to be made up on the day of treatment), patients should have been appointed for later slots in the day. Some had been booked in for appointments too early in the day, meaning that they had to wait for preparations to be made. In direct response to these complaints, the appointment system has been changed to ensure that staff will check with both clinical and pharmacy staff before appointing patients for chemotherapy, to ensure that it is possible to have the chemotherapy prepared and available at the appointment time, thereby reducing the likelihood of delay.

- Instructions given to a parent of child leaving the Royal Hospital for Sick Children Emergency Department led to the parent thinking that they had to fast the child overnight in preparation for theatre the next day when this had not been the case. As a direct result of this complaint, and to ensure that this situation does not arise again, written fasting instructions have been developed and implemented in the Emergency Care Department.

- A root cause analysis undertaken to determine lessons to be learned after a child was referred to Yorkhill Hospital following a burn, which was initially treated and reviewed again at A&E at another hospital, led to the development of a protocol to ensure that any child with burns who returned to any A&E department, is reviewed by a Consultant. In addition, advice cards for parents have been developed to provide information on the possible dangers of infection and toxic shock syndrome, including what symptoms to look out for. The complainant wrote to the local newspaper to praise the response to their complaint.

5. Ongoing Developments

- The remaining CH(C)Ps have now received refresher training in the use of DATIX complaints module and are beginning to use the system locally. They, along with all other partnerships, will continue to be supported in the use of the system by the Clinical Governance Support Unit complaints office.

- No ISD reporting has so far taken place for 2009/2010 as a result of technical issues relating to the introduction by ISD of the new extended dataset and the DATIX capacity to support this. It is expected that these issues will be resolved very soon allowing full reporting to be undertaken.

- A review of the Board Complaints Handling Policy and Procedures is being concluded. The review takes account of comments gathered as a result of an earlier consultation process, new guidance that has emerged since the initial review, and recommendations made in the Craigforth Review, some of which are still subject to further consultation.

- As previously reported Complaints training Level 1, an e-learning based package for induction, is in place. Level 2 / 3, has been piloted and well received. This involved training complaints staff and ward and departmental managers to cascade this training to small groups of their own staff, and a classroom based session for first line managers. Full implementation of the piloted training is underway so that this programme can be rolled out across all Directorates during 2010.

- Level 3 of the complaints training modules noted in previous reports has now been tested in a CH(C)P environment. Two pilot sessions have been run and the feedback from these will now be evaluated to assess the suitability of the training.

6. Independent Advice and Support Service (IASS) : 1 October – 31 December 2009

The undernoted table shows the number of health cases received across NHS Greater Glasgow and Clyde between 1 October – 31 December 2009 and for comparison 1 July – 30 September 2009. 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 with the introduction of a new national data collection system.

The new system, which has been successfully piloted, will ensure consistent recording of IASS information on activity and performance. This will help demonstrate impact and value for money and will also provide detailed feedback on the issues raised by patients and carers to inform improvement planning. The new system is being rolled out to all IASS caseworkers and Citizens Advice Bureaux in Scotland. Training for IASS caseworkers, which began in late February and will continue in early April, is being provided by Citizens Advice Scotland. Details of the data which will be collected are:-

- Bureau providing assistance.
- The date of the enquiry.
- NHS Level 2 Advice Codes, as established by ISD.
- Advice codes for additional information, advice and support provided, eg welfare benefits, where this has an impact on patients' health and well-being.
- Health Board area.
- Hospital/Locality or CHP/CHCP
- Staff Groups (drilled down to two levels).
- Service Area.
- Activities (what was done by the CAB or IASS Adviser).
- Output (the results of the above Activities).
- Case Status (single enquiry/ongoing/closed).
- Case Work Level.

As well as capturing the data for complaints, this will capture data for concerns and general feedback raised by clients which do not go on to become formal complaints. This will be useful in showing areas where concerns are repeatedly raised.

The system will be implemented from 1 April 2010 and reports will be sent to NHS Boards on a quarterly basis. Citizens Advice Scotland will collate information and provide a National Report for the Scottish Government.

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 Service Level Agreement has been extended to March 2011.

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 Ambulatory Care Hospitals as follows:-

  Victoria PIC : Monday: 10.00 a.m – 12 noon and Wednesday: 10.00 a.m. – 12 noon.
  Stobhill PIC : Monday: 10.00 a.m. – 12 noon and Thursday: 10.00 am – 12 noon.

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

	1 Oct – 31 Dec 09			1 July – 30 Sept 09		
	Total	Partnerships/ MHP/Board (including FHS)	Acute	Total	Partnerships/ MHP/Board (including FHS)	Acute
(a) Number of health cases **received**	74	35	39	79	43	36
Of these - number of case workers cases	41			46		
(b) Number of health cases **completed**	29	-	-	24	-	-
(c) Outcome of health enquiries completed ***[Note: one health case could comprise more than one health enquiry]:-***						
➢ Social policy form completed and enquiry raised anonymously	-	-	-	-	-	-
➢ No further contact from client	3	-	-	3	-	-
➢ Enquiry resolved	18	-	-	13	-	-
➢ Further action taken	8	-	-	6	-	-
➢ Enquiry not resolved – no further action taken	-	-	-	2	-	-
➢ Appeal/case upheld	-	-	-	-	-	-
➢ Appeal/case partially upheld	-	-	-	-	-	-
➢ Appeal lost	-	-	-	-	-	-

Of the 74 health cases received, staff issues, communication and clinical treatment attracted the most enquiries this quarter.

7. The Scottish Government Patient Rights Bill

A legal right to complain is to be introduced under a new package of measures to improve patients' rights.

The Cabinet Secretary for Health and Well-Being, Nicola Sturgeon, said improving patients' experience of using health services and ensuring that healthcare was patient-focused were the main aims of legislation published on 18 March 2010.

Measures in the Patient Rights (Scotland) Bill include:

- establishment of a patient advice and support service; and
- bringing in a legal right to complain.

Ms Sturgeon said *"Putting patients rights into law will send out a strong signal to patients, healthcare workers and NHSScotland that patients should be at the heart of everything the health service does.*

Setting up a patient advice service demonstrates the importance placed on creating an NHS which has patients at its centre.

Patients' rights are of paramount importance and they should be given the prominence and priority that primary legislation affords. The bill will ensure that patients recognise their rights and have independent support and advice to ensure these are met.

It is absolutely right that patients know what they can expect from their health service and know what recourse they have if they do not get care and treatment delivered in the way they are entitled to.

By introducing a right to make a complaint, the aim is to simplify the process and help to place the patient at the centre of this, with the reassurance that if they have concerns about care or services, they are exercising their legal right in raising a complaint.

The bill is one of a range of measures being taking forward such as the Quality Strategy, the Patient Experience Programme and elected Health Boards which will improve patients' experience of the NHS and make them partners in their own care".

The Patient Advice and Support Service (PASS) will be staffed by Patient Rights Officers who will help and support patients to make complaints, provide information about health services and direct patients to other types of support such as advocacy. Health Boards will have a duty to direct patients making a complaint to PASS and to ensure an adequate complaints process is in place.

8. Scottish Health Council : Action Plan

Six PFPI Action Points were selected by community representatives at a meeting in May 2009 held by the NHS Board chiefly to obtain comment and approval for the NHS Board's PFPI self assessment for 2008/09. The Action Points were drawn from the NHS Board's Framework for PFPI 2009/10 and one related to complaints, namely:-

- " Increase awareness of NHSGGC's complaints system and improve communications therein".

The Head of Board Administration met with the Regional Officer – West, Scottish Health Council, to obtain information as to how this Action Point would be achieved (in particular sub steps to reach the goal), what information would be provided to the Scottish Health Council in the course of the year to enable it to verify the progress made, and to discuss what support might be available from the Scottish Health Council to assist the NHS Board in achieving its goal.

Following that, a full Action Plan was drawn up outlining key steps identified. In accordance with the PFPI Self-Assessment Process, the Board is now required to provide the Scottish Health Council with an update on the progress made with the Action Plan. This will take the form of case studies and, in particular focus on the:-

- continued roll-out of staff training modules on complaints handling and good practice; and
- Introduction of IASS caseworkers at Information Points in both new Ambulatory Care Hospitals.

9. Performance Information

As reported in the previous report, 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.

10. 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: 1972.

11. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 October – 31 December 2010.

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PARTNERSHIPS
ANNEX 1

Code	ISSUES RAISED	NUMBER
	Staff	
01	Attitude/behaviour	**21**
02	Complaint handling	**0**
03	Shortage/availability	**0**
04	Communication (written)	**3**
05	Communication (oral)	**12**
07	Competence	**5**
	Waiting times for	
11	Date of admission/attendance	**1**
12	Date for appointment	**4**
13	Test Results	**0**
	Delays in/at	
21	Admissions/transfers/discharge procedure	**3**
22	Out-patient and other clinics	**8**
	Environmental/domestic	
29	Premises	**1**
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	**0**
37	Personal records	**0**
38	Bed Shortages	**0**
39	Mixed accommodation	**1**
40	Hospital Acquired Infection	**0**
	Procedural issues	
41	Failure to follow agreed procedure	**2**
42	Policy and commercial decisions of NHS Board	**1**
43	NHS Board purchasing	**0**
44	Mortuary/post mortem arrangements	**0**
	Treatment	
51	Clinical treatment	**19**
52	Consent to treatment	**0**
61	**Transport**	**0**
71	**Other**	**5**

Code	STAFF GROUP	NUMBER
	Staff Group	
01	Consultants/Doctors	**27**
02	Nurses	**26**
03	Allied Health Professionals	**16**
04	Scientific/Technical	**0**
05	Ambulance	**0**
06	Ancillary Staff/Estates	**0**
07	NHS Board/hospital admin staff/members (exc FHS administrative)	**3**
08	GP	**0**
09	Pharmacists	**0**
10	Dental	**0**
11	Opticians	**0**
12	Other	**11**
	Service Area	
	Accident and Emergency	**0**
	Hospital Acute Services	**0**
	Care of the Elderly	**3**
	Rehabilitation	**2**
	Psychiatric/Learning Disability Services	**21**
	Maternity Services	**0**
	Ambulance Services	**0**
	Community Hospital Services	**0**
	Community Health Services - not elsewhere specified	**56**
	Continuing Care	**0**
	Purchasing	**0**
	Administration	**0**
	Unscheduled Health Care	**1**
	Family Health Services	**0**
	Other	**3**

ACUTE
ANNEX 2

Code	ISSUES RAISED	NUMBER
	Staff	
01	Attitude/behaviour	**50**
02	Complaint handling	**1**
03	Shortage/availability	**0**
04	Communication (written)	**10**
05	Communication (oral)	**65**
07	Competence	**3**
	Waiting times for	
11	Date of admission/attendance	**14**
12	Date for appointment	**23**
13	Test Results	**3**
	Delays in/at	
21	Admissions/transfers/discharge procedure	**5**
22	Out-patient and other clinics	**16**
	Environmental/domestic	
29	Premises	**26**
30	Aids/appliances/equipment	**3**
32	Catering	**3**
33	Cleanliness/laundry	**9**
34	Patient privacy/dignity	**5**
35	Patient property/expenses	**2**
36	Patient status	**0**
37	Personal records	**3**
38	Bed Shortages	**0**
39	Mixed accommodation	**0**
40	Hospital Acquired Infection	**0**
	Procedural issues	
41	Failure to follow agreed procedure	**5**
42	Policy and commercial decisions of NHS Board	**0**
43	NHS Board purchasing	**0**
44	Mortuary/post mortem arrangements	**0**
	Treatment	
51	Clinical treatment	**208**
52	Consent to treatment	**1**
61	**Transport**	**7**
71	**Other**	**14**

Code	STAFF GROUP	NUMBER
	Staff Group	
01	Consultants/Doctors	**211**
02	Nurses	**141**
03	Allied Health Professionals	**15**
04	Scientific/Technical	**0**
05	Ambulance	**0**
06	Ancillary Staff/Estates	**12**
07	NHS Board/hospital admin staff/members (exc FHS administrative)	**28**
08	GP	**0**
09	Pharmacists	**3**
10	Dental	**4**
11	Opticians	**1**
12	Other	**1**
	Service Area	
	Accident and Emergency	**33**
	Hospital Acute Services	**397**
	Care of the Elderly	**2**
	Rehabilitation	**39**
	Psychiatric/Learning Disability Services	**0**
	Maternity Services	**4**
	Ambulance Services	**0**
	Community Hospital Services	**0**
	Community Health Services - not elsewhere specified	**0**
	Continuing Care	**0**
	Purchasing	**0**
	Administration	**0**
	Unscheduled Health Care	**4**
	Family Health Services	**0**
	Other	**0**