

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 17 April 2012

Board Paper No. 12/17

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

QUARTERLY REPORT ON COMPLAINTS : 1 OCTOBER 2011 – 31 DECEMBER 2011

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 2011. The Board is also asked to note changes associated with complaints handling to be implemented in accordance with the Patients Rights (Scotland) Act 2011.

Introduction

This report provides a commentary and statistics on complaints handling throughout NHS Greater Glasgow and Clyde for the period October - December 2011. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman and identified areas of service improvements and ongoing developments. This report includes commentary on the Ombudsman's Annual Report 2010/11, ISD's Annual Report 2010/11 and changes to complaints handling as introduced by the Patients Rights (Scotland) Act 2011.

1. Local Resolution : 1 October – 31 December 2011

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

Table 1

	<u>1 Oct – 31 Dec 11</u>		<u>1 Jul – 30 Sept 11</u>	
	<u>Partnerships/ Board (exc FHS)</u>	<u>Acute</u>	<u>Partnerships/ Board(exc FHS)</u>	<u>Acute</u>
(a) Number of complaints received	76	371	86	402
(b) Number of complaints received and completed within 20 working days [<i>national target</i>]	57 (75%)	264 (71%)	64 (74%)	304 (76%)
(c) Number of complaints completed	77	346	84	392
(d) Outcome of complaints completed:-				
➤ Upheld	19	60	26	88
➤ Upheld in part	18	120	17	128
➤ Not Upheld	32	147	33	153
➤ Conciliation	0	2	0	0
➤ Irresolvable	3	0	1	0
(e) Number of complaints withdrawn	5 ¹	35 ²	7 ³	23 ⁴
(f) Number of complaints declared vexatious	0	0	0	0

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

<u>1 October – 31 December 2011</u>				
	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>	<u>Transferred to another unit</u>
1	5	3	2	0
2	35	22	12	1

<u>1 July – 30 September 2011</u>				
	<u>Total</u>	<u>No Consent Received</u>	<u>Complainants no longer wished to proceed</u>	<u>Transferred to another unit</u>
3	7	1	6	0
4	23	8	14	1

Responsibility for prison healthcare transferred to the NHS on 1 November 2011. Complaints received from Barlinnie and Greenock are included in the overall Partnerships figure as their handling sits with Glasgow City CHP. From March 2012, Low Moss complaints will also be included but this prison has been closed for rebuild and re-opened in March 2011. To put their statistics in context, however, there have been no prison healthcare complaints received from 1 November – 31 December 2012.

2. Ombudsman : 1 October – 31 December 2011

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

Table 2

	<u>Partnerships (inc FHS) Board (NHSGGC)</u>	<u>Acute</u>
(a) Notification received that an investigation is being conducted	0	3
(b) Notification received that an investigation is not being conducted	0	1
(c) Investigations Report received.	0	0
(d) Decision Letters received (Often the first indication in respect of FHS Complaints).	6	13

In accordance with the Ombudsman’s monthly reporting procedure, no reports have been laid before the Scottish Parliament concerning any NHS Greater Glasgow and Clyde cases.

There were, however, 19 Decision Letters issued (six related to Partnerships and 13 to the Acute Services Division). These letters were not published in the Scottish Public Services Ombudsman’s monthly commentary; however within the Partnerships/Acute Services Division they were dealt with as though they could contain recommendations. The definition surrounding a Decision Letter is set out below for information:-

A Decision Letter sets out the background to the complaint, the evidence that the reviewer has gathered and their analysis and conclusions. It is a letter from the reviewer to the complainant, although they also let the Board know about the complaint and the conclusion they have reached.

The Ombudsman will issue a Decision Letter if:-

- the organisation accepted there were failings, apologises and takes action to prevent the problem from happening again;
- from the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure);
- the Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations.

Of the 19 Decision Letters, there were 22 issues upheld and 22 issues not upheld. The detail of each case can be made available to members if required.

The 27 recommendations made from the Decision Letters are submitted to the Quality and Performance Committee for monitoring purposes.

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

Clinical treatment, attitude/behaviour and date for appointment are the three issues again attracting most complaints this quarter. There is a slight increase in the number of complaints received this quarter for clinical treatment. The numbers for the two other categories remain consistent with last quarter.

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

Acute

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

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

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

4. Service Improvements

Partnerships

- As a result of a complaint from a patient about the standard of nursing care on discharge from hospital, a robust wound management protocol is to be developed, following guidance provided by the Practice Development Nurse.
- As a result of a complaint from a patient, who received an initial visit from a member of staff from a community team and did not know how to contact the Team again, staff will now check at the initial visit that patients on discharge from hospital have received a Team Leaflet with their contact details.
- As a result of a complaint from a parent about various aspects of her child's speech and language therapy, all speech and language therapists will undertake an update on the use of episode of care paperwork which was used to record and communicate objectives and outcomes of therapy. This will be supported by a comprehensive audit programme to support the development of best practice. Arrangements are also being made to undertake an audit of implementation and outcomes achieved. Therapists have recently been provided with guidelines on discharge planning. The ongoing implementation of these guidelines will support parents through the process of ending therapy and provide them with information on other support agencies and services. The use of these guidelines will be audited and formally reported.
- As a result of a complaint from a complainant who had travelled some considerable distance to visit a friend in hospital and was advised when she arrived on the Ward mid morning that the visiting time was mid afternoon, a memo has been drafted to all staff reminding them of the need to be flexible to the individual needs of our patients and visitors.
- To address the waiting times within the Physiotherapy Service one Partnership was utilising cancelled appointments for patient assessments, and ensuring best use of their gym facilities for group treatment sessions rather than one to one sessions. Waiting times are being monitored weekly and patients are being offered the alternative of attending sites where there are lower waiting times

Acute

- In light of a complaint when an appointment was sent out to patient who was deceased, an electronic booking system had now been implemented. Staff have been reminded of the need to appropriately record on electronic systems when a patient has died to ensure no further appointments are sent.
- A complaint regarding communication / nursing issues resulted in training being delivered to nursing staff and nursing notes were reviewed to ensure evidence of communication. Training was provided by a Practice Development Nurse and the importance of maintaining dignity and respect for all patients, staff were also reminded of the requirement to ensure appropriate orientation and welcome in the ward to new patients.
- As a result of a complaint about orthopaedic treatment, the referral system to occupational health was being reviewed.
- As a result of a complaint, the referral pathway within the Multi Disciplinary Team process was reviewed and it was agreed to introduce a standardised approach to sharing information across hospital sites. In addition the Lead Clinical Nurse Specialist ensured that staff were reinforcing to patients and relatives that chemotherapy cannot be considered before a tissue diagnosis was confirmed.
- Following a complaint from a disabled patient which outlined difficulties encountered when opening the doors at the Victoria ACH, "door openers" will be fitted which will result in the doors remaining open allowing easy access for disabled patients, but these will close automatically in the event of a fire.

5. Ongoing Developments

SPSO Good Complaints Handling and Investigation Skills Training

Training sessions are continuing in 2012 for Partnership staff to meet any ongoing demand with a further two sessions delivered over February and March 2012. Training in Partnerships has now covered in excess of 150 staff.

Patients Rights (Scotland) Act 2011

The Act received Royal Assent on 31 March 2011 and it focuses on patient's rights and responsibilities. From 1 April 2012, the aim is to support the development of a culture that values and listens to the views of patients, carers and service users to help inform and improve the development and delivery of person-centred quality health care.

Revised good practice guidance for handling and learning from feedback, comments, concerns or complaints was issued by the Scottish Government Health Department on 28 March 2012 and this will be helpful in reviewing the NHS Board's Complaints Policy, guidance, operational procedures and establishing handling procedures for collecting and reviewing feedback, comments and concerns received about the services.

The necessary Statutory Instruments and Directions were approved and issued in March 2012 and the new national "Can I help you" guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services had been issued. This can be accessed at: www.scotland.gov.uk/Resource/0039/00390974.pdf.

In addition, the Scottish Government Health Department has launched a consultation until 30 June 2012 seeking views on the draft of the Charter of Patient Rights and Responsibilities. It is intended to publish the Charter on 1 October 2012.

The Patients Rights (Treatment Time Guarantee) (Scotland) Regulations 2012, to support the provision of the 12 weeks Treatment Time Guarantee, have been drafted and are being finalised with the intention of coming into force on 1 October 2012.

The Patient Advice and Support Service (PASS) - The Scottish Government advised, on 24 February 2012, that NHS National Services Scotland (NSS) had completed its negotiations for the provision of the Patient Advice and Support Service (PASS). The contract has been awarded to Citizens Advice Scotland (CAS) and will commence with effect from 1 April 2012 for a period of three years. The commissioning process had taken much longer than anticipated. A launch event is being considered, in conjunction with CAS, and is likely to take place in late April 2012.

The Statement of Requirements sets out the role of NHS Boards in relation to the PASS. This includes co-operation with the service provider, promoting awareness of the service and contributing to the induction and training of the contractor's staff. The Scottish Health Council (SHC) will have a role in monitoring PASS to help ensure that the service is delivered in line with the Service specification and to help NHS Boards judge whether the services being provided are in accordance with the appropriate standards and that they are being provided effectively and equitably across Scotland. To help support this it is proposed that the SHC will Chair a PASS Advisory Group with membership from CAS/CAB and NHS Boards.

PASS (as opposed to IASS) information will start to be reported to the NHS Board in October 2012, reporting on its first quarter April – June 2012.

In terms of taking forward the Statement of Requirements with the PASS in NHSGGC, this will be conducted jointly by Board/PASS representatives and led by the Head of Board Administration. The first meeting was held on 20 March 2012.

6. Independent Advice and Support Service (IASS) : 1 October – 31 December 2011

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

The consortium of Citizen Advice Bureaux (CAB) for the Greater Glasgow & Clyde area comprises:-

Bridgeton CAB, Castlemilk CAB, Drumchapel CAB, Dumbarton CAB, East Dunbartonshire CAB, Easterhouse CAB, East Renfrewshire CAB, Glasgow Central CAB, Greater Pollok CAB, Maryhill CAB, Parkhead CAB, Renfrewshire CAB, and Rutherglen & Cambuslang CAB.

The service was introduced in December 2006 and all caseworkers were in post by April 2007. There are three caseworkers for the GG&C area operating a peripatetic service. The Service Level Agreement was extended to the end of March 2012 to take account of the proposals within the Patients' Rights Bill to introduce a Patients Advice and Support Service (PASS) to replace IASS. The purpose of the extension was to allow National Services Scotland (NSS) to continue with the current negotiations for the provision of PASS discussed in more detail at Section 7 below.

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

- Through a central telephone line where they can obtain information about the service, and if necessary an appointment can be made for them to be seen by an advice worker at their local bureau.
- Direct contact with their local CAB either by telephone, appointment or drop in.

- Within the Patient Information Centres (PICs) in the new Stobhill and Victoria Hospitals as follows:-

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

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

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

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

	1 Oct – 31 Dec 11			1 Jul – 30 Sept 11		
	Total	Partnerships/ MHP/Board (including FHS)	Acute	Total	Partnerships/ MHP/Board (including FHS)	Acute
(a) Number of health cases received	429	173	256	384	139	245
Of these - number of case workers cases	116			120		
(b) Number of health cases completed	22			30		
(c) Outcome of health cases completed						
➤ Apology or explanation received	10			6		
➤ Case closed – death or illness	0			0		
➤ Enquiry not resolved – no further action taken	1			2		
➤ No further contact from client	0			1		
➤ No further contact from third party	11			3		
➤ Not known	0			6		
➤ Other	0			12		

7. Patient Opinion

The Scottish Government Health Department (SGHD) has financed a pilot until June 2012 which NHSGGC was asked to be part of, which allows patients and carers to share their experiences of accessing health services via a public website. The individual postings are then forwarded to the relevant NHS body for a response and it allows health service staff to interact with these patients to help improve care. The public can view all postings and responses. Postings do not identify individuals or their confidential health information but provide instant feedback on their views on the service they have received.

Patient Opinion launched in NHSGGC in January 2012 and to date over 90 postings have been made about our services. It has been particularly marketed at the new Victoria Hospital where the Patient Information Centre and the IASS service are located. Of the 90 postings, only 5% have been critical of services and upwards of 60% have not been critical or have praised the staff and services provided.

The Head of Board Administration spoke at the National Patient Opinion Learning and Sharing Event on 14 March 2012 on the experiences within NHSGGC to date.

The NHSGGC Quality and Development Group will receive a report after the end of the pilot to assess whether this service should continue to be provided locally. This is because, although the pilot is funded by the SGHD, continuation of the service would require to be funded by individual NHS Boards.

9. Scottish Public Services Ombudsman's (SPSO) Annual Report 2010/11

The 2010/11 SPSO Annual Report was launched 5 October 2011. Its key message was that the public sector needs to improve standards of complaints handling. The report was widely disseminated to Complaints Officers, Managers and key staff.

The report focused on the SPSO's two key roles - handling unresolved complaints about public services, and improving how public bodies dealt with complaints.

The SPSO made a total of 490 recommendations for redress and improvement, some of which included changes to national guidance.

The SPSO took on responsibility for handling complaints about Scottish Prisons during the year (amounting to an additional 295 complaints).

NHS made up 22% of the total contacts received, a slight increase on 2009/10 (21.5%). Health complaints formed the second largest part of SPSO's caseload and the highest proportion of their investigation reports. In 2010/11, 38 (66%) of the 58 reports that were laid before the Parliament were about health. These reports are in the public domain and generate a much higher level of press attention than any other sector. SPSO believes that there are two main reasons that a high proportion of health cases reach investigation stage. Firstly the law allows SPSO to look at the clinical decisions that led to a complaint. In other sectors their powers do not extend to judging decisions because they are barred from examining the merits of 'a discretionary decision taken without maladministration'.

Secondly is the effectiveness of the NHS complaints system itself. From SPSO's perspective, health service providers are well supported by the Government's coordinated approach to sharing the learning from complaints. The public also benefit from the NHS's standardised procedures – unlike other sectors, the health service provides a single procedure for all its users. The procedure involves a very simple process (attempts at resolution by frontline staff followed by a one-off in-depth investigation with senior management (CEO or Directors in NHSGG&C) sign-off) with clear timescales. The Complaints Standards Authority has taken the NHS procedure as the model for its guidance on complaints handling and is proposing a similar two stage model procedure for other sectors. The simplicity and transparency of the NHS procedure is one of the reasons for the relatively low level of premature complaints the SPSO receives. In 2010/11, the premature rate for health complaints was 31%, compared with 55% in the local government sector and 64% for housing associations.

SPSO published fewer reports on health cases – in total SPSO laid 39 reports on health cases before the Parliament, compared to 74 in the previous year. Seven reports related to NHSGG&C. However, SPSO also started to publish the recommendations made in Decision Letters and, starting in June 2011, SPSO published a report of the letters themselves. Twelve related to NHSGG&C.

In NHSGG&C the NHS Board reviews quarterly Complaints Reports (such as this one) incorporating each SPSO case and intended action. In addition each recommendation made by the SPSO is submitted to the Quality and Performance Committee with an Action Plan showing how each has been taken forward or how they will be taken forward. The Quality and Performance Committee has the

responsibility, on behalf of the Board, to ensure that each recommendation is implemented in the interests of effective and safe care delivered to the population served. It also ensures that where lessons learned require to be disseminated across the organisation that this is carried out. The Ombudsman's office (and Director General – NHS Scotland) are also advised on the steps taken in implementing each recommendation.

The top area of complaint was clinical treatment, which featured in 25 (64%) of the cases. Followed by communication and/or record-keeping (both featuring in 31% of cases); complaints handling or policy and/or administration (26% of cases); diagnosis (23% of cases), care of the elderly (18% of cases) and nursing care (15% of cases). NHS GG&C's picks up on these themes when carrying out its training sessions to staff and as a result of the Vale of Leven Inquiry criticism greater emphasis is being placed on improvements in record keeping via more audits, internal audit reviews and further managerial checking.

There are a number of measures in the Patients Rights (Scotland) Act 2011 that will impact on SPSO's work in investigating unresolved complaints about the NHS, including a 12-week treatment time guarantee, provision for a Patient Advice and Support Service, a legal right to complain and a duty on Scottish Ministers to publish a Charter of Patient Rights and Responsibilities.

The full 2010/11 Annual Report can be found at www.spsso.org.uk/media-centre/annual-reports/2010-2011-annual-report

10. ISD Annual Report 2010/11

Information Services Division (ISD) published its Annual Report on NHS Complaints for 2010/11 on 25 October 2011. NHS Boards and other NHS organisations submit summary information about complaints they receive to ISD Scotland. The data covers all formal written complaints received by Hospital and Community Services, Family Health Services and Special Health Boards. These data are validated by ISD and checked with the Boards after submission. The statistics relating to GP and dental services are collated via an aggregated annual return of the total number of complaints made against Family Health Services in the previous financial year.

In 2010/11, for NHS Scotland there were 7,055 complaints received about hospital and community services and 3,233 complaints received about family health services.

NHS Boards and their Divisions

- After a gradual rise in the number of complaints from 1999/00, this figure has been relatively stable in recent years (7,123 in 2009/10 and 7,055 in 2010/11).
- Of the 7,055 complaints made about Hospital & Community Health Services in 2010/11, 5,217 (74%) related to the Hospital acute service group.
- The percentage of complaints acknowledged within the national target timescale of three working days from receipt was 95.8%, while the percentage of complaints dealt with within the national target of 20 working days was 67.6%.
- The most prevalent issue raised in 2010/11 was 'Treatment' (36%), followed by 'Staff' (34%) and 'Environment/domestic' (11%).
- In 2010/11, 28% of complaints were fully upheld, 33% were partially upheld and 37% were not upheld.

Family Health Services

Three broad service types are included within the Family Health Services complaints procedure - medical services, dental services and complaints regarding Family Health administration. Although information is collected on complaints made about Family Health Services, it was nationally agreed

that, as Family Health Services practitioners are independent contractors, it would be less detailed than that collected on hospital and community health service complaints.

- The number of complaints about Family Health Services in 2010/11 was 3,233. Dental complaints decreased by 21% in 2010/11, while medical complaints continued to rise.
- In 2010/11, 84% of Family Health Service complaints related to 'medical' services.

NHSGGC

Breaking the above information down into a more local level, the following is noted from ISD's Annual Report:-

- In relation to hospital and community health service complaints, NHSGGC received 1,599 in 2010/11 and responded to 68.9% of these within 20 working days. By way of a comparison, we received 1,686 in 2009/10 and responded to 75.6% of these within 20 working days.
- In relation to Family Health Service complaints to independent practitioners, NHSGGC received 817 in 2010/11 (667 medical and 150 dental) compared with 818 (679 medical and 139 dental) in 2009/10.

The full ISD Report 2008/09 can be found at <http://www.isdscotland.org/Health-Topics/Quality-Improvement/Publications/2011-10-25/2011-10-25-Complaints-Report.pdf>

11. 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: 2230.

12. Conclusion

The NHS Board is asked to note the quarterly complaints report for the period 1 October – 31 December 2011.

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PARTNERSHIPS
ANNEX 1

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	23	01	Consultants/Doctors	17
02	Complaint handling	0	02	Nurses	35
03	Shortage/availability	3	03	Allied Health Professionals	18
04	Communication (written)	2	04	Scientific/Technical	0
05	Communication (oral)	7	05	Ambulance	0
07	Competence	1	06	Ancillary Staff/Estates	1
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	4
11	Date of admission/attendance	0	08	GP	0
12	Date for appointment	10	09	Pharmacists	0
13	Test Results	0	10	Dental	0
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	0	12	Other	11
22	Out-patient and other clinics	1		Service Area	
	Environmental/domestic			Accident and Emergency	0
29	Premises	2		Hospital Acute Services	0
30	Aids/appliances/equipment	1		Care of the Elderly	1
32	Catering	0		Rehabilitation	0
33	Cleanliness/laundry	0		Psychiatric/Learning Disability Services	29
34	Patient privacy/dignity	0		Maternity Services	0
35	Patient property/expenses	0		Ambulance Services	0
36	Patient status	0		Community Hospital Services	5
37	Personal records	0		Community Health Services - not elsewhere specified	47
38	Bed Shortages	0		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	0		Administration	1
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	1		Family Health Services	0
42	Policy and commercial decisions of NHS Board	2		Other	3
43	NHS Board purchasing	0			
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	28			
52	Consent to treatment	0			
61	Transport	0			
71	Other	5			

**ACUTE
ANNEX 2**

<u>Code</u>		<u>NUMBER</u>	<u>Code</u>		<u>NUMBER</u>
ISSUES RAISED			STAFF GROUP		
	Staff			Staff Group	
01	Attitude/behaviour	71	01	Consultants/Doctors	269
02	Complaint handling	1	02	Nurses	152
03	Shortage/availability	9	03	Allied Health Professionals	22
04	Communication (written)	22	04	Scientific/Technical	1
05	Communication (oral)	64	05	Ambulance	3
07	Competence	3	06	Ancillary Staff/Estates	44
	Waiting times for		07	NHS Board/hospital admin staff/members (exc FHS administrative)	64
11	Date of admission/attendance	17	08	GP	2
12	Date for appointment	37	09	Pharmacists	1
13	Test Results	6	10	Dental	4
	Delays in/at		11	Opticians	0
21	Admissions/transfers/discharge procedure	7	12	Other	14
22	Out-patient and other clinics	18		Service Area	
	Environmental/domestic			Accident and Emergency	50
29	Premises	26		Hospital Acute Services	503
30	Aids/appliances/equipment	10		Care of the Elderly	19
32	Catering	12		Rehabilitation	9
33	Cleanliness/laundry	4		Psychiatric/Learning Disability Services	0
34	Patient privacy/dignity	3		Maternity Services	0
35	Patient property/expenses	2		Ambulance Services	0
36	Patient status	0		Community Hospital Services	0
37	Personal records	11		Community Health Services - not elsewhere specified	0
38	Bed Shortages	1		Continuing Care	0
39	Mixed accommodation	0		Purchasing	0
40	Hospital Acquired Infection	1		Administration	0
	Procedural issues			Unscheduled Health Care	0
41	Failure to follow agreed procedure	8		Family Health Services	0
42	Policy and commercial decisions of NHS Board	11		Other	0
43	NHS Board purchasing	1			
44	Mortuary/post mortem arrangements	0			
	Treatment				
51	Clinical treatment	227			
52	Consent to treatment	1			
61	Transport	8			
71	Other	0			