

## North Lanarkshire CHP / South Lanarkshire CHP Complaints Annual Report 2009/10

### 1 Executive Summary

North Lanarkshire and South Lanarkshire CHPs actively encourage patients, their relatives and visitors to provide feedback so there is a better understanding of what we have done well, which is often demonstrated by the various expressions of thanks received. The vast majority of staff contact with patients and their relatives is considered to have been provided in a caring and professional way.

Throughout 2009/10, the Patient Services Department has been working closely with CHP staff, Acute Services colleagues and other partner organisations, such as advocacy, to proactively encourage feedback from patients/relatives during the course of the patient's journey. Importantly, this enables staff to learn of any concerns before these escalate, thus providing the opportunity to resolve satisfactorily and quickly. Our experience, which is shared nationally, is the longer it takes to resolve these types of concerns, the more likely a formal complaint will follow.

On the occasions when expected standards of care and treatment are not met and the patient/relative is dissatisfied with the attempt to locally resolve their concern and wishes to pursue further or the patient/relative considers the matter so serious that they wish to immediately raise the matter to a higher level, a formal written complaint is made.

This report reviews performance in managing the formal complaints received during 2009/10 and compares with the previous years performance. Data is also given on informal complaints the Patient Services Department has received, which have then been responded to in writing.

During 2009/10, the principal issues raised in **138** formal Hospital and Community Health Service (HCHS) complaints, the same figure as last year: North **-75** and South **-63**, last year and **44** informal HCHS complaints, an increase of **4** compared to last year, continue to reflect the national experience and principally relate to clinical treatment; staff attitude, behaviour or communication, both oral and written. It is clear that poor oral / written communication between staff and patient/relatives, and between the various members of the clinical team, is a common factor. The focus on "good customer care" features at induction and in training and awareness sessions available to staff, regardless of their grade and/or experience.

**99%** of HCHS complaints were acknowledged within the national target of 3 working days. Occasionally, there is a delay in a letter of complaint being forwarded to the Patient Services Department when this has been sent directly to an individual member of staff. However, this is becoming less and less common as there is a better understanding that all complaint letters must be forwarded to the Patient Services Department without delay.

Anxiety and frustration on the part of the complainant rises when there is a delay in responding to their formal complaint. However, the speed of that response must be balanced with the degree of investigation required and the availability of staff to comment. The national target for responding to formal complaints is 20 working days. This was achieved in **91 %** of complaint responses, an increase of **9%** compared to 2008/09. The national average response time within 20 working days for each of the NHS Boards was **68.4%**.

The Patient Services Department continued to work with Localities to ensure that all reviews / investigations are thorough and forwarded timeously. Where performance has not been satisfactory, the Patient Services Department works with those services to improve overall complaint management performance.

When a complainant is unhappy with the response, we welcome the opportunity to resolve any outstanding issues by offering a meeting with senior staff and/or the Locality General Manager providing a further written response.

When a complainant remains dissatisfied with our response during local resolution, they have the option of referring any outstanding issues of complaint to the Scottish Public Services Ombudsman (SPSO). During 2009/10, the SPSO's office did not uphold a complaint in regard to a North Lanarkshire CHP patient not receiving care home costs via NHS Lanarkshire. A complaint against various Eastvale Resource Centre staff is ongoing and two GP practice complaints were not upheld that involved a patient being removed from the practice list and a practice's poor communication with a patient around their care and treatment.

When there were highlighted action(s) within Locality General Manager's responses they are required to report on the outcomes and whether there are any further recommendations. This provides valuable learning opportunities to share across the organisation as appropriate that removes or reduces the risk of a similar situation arising.

Since 1 September 2006 an agreement has been in place with a consortium of local Citizens Advice Bureaux (CABx) for the provision of an independent advice and support service (IASS) for individuals with queries or complaints who may feel unable to raise the matter with us directly. NHS Lanarkshire complaints management staff and the IASS caseworkers have continued to meet quarterly to review any trends and learning points. The caseworkers have also attended meetings with staff to raise the profile of the service they offer and have attended meetings between their clients and staff. Uptake of the service, which was established by NHS Boards at the request of the Scottish Government, has been slowly increasing; a pattern replicated in other NHS Board areas as the service becomes more locally established.

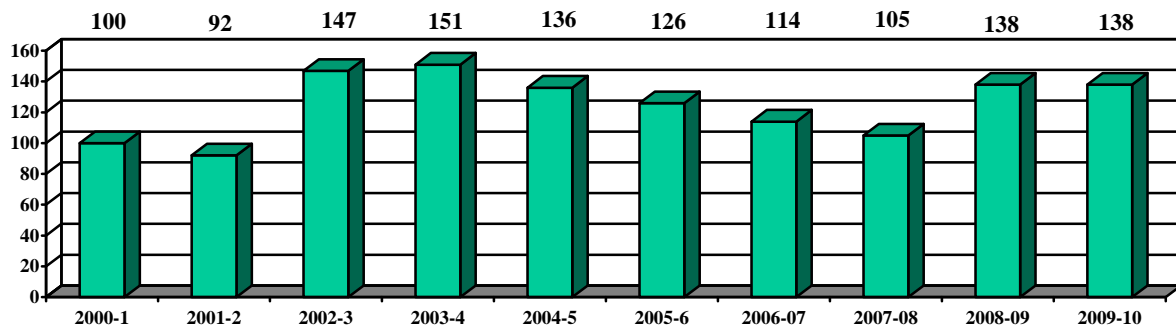
The Patient Services Manager has been representing NHS Lanarkshire on the IASS Stats Working Group, which has NHS Board and Citizens Advice Scotland representatives. A new data collection system to ensure consistent recording of IASS information on activity and performance has now been developed. All IASS caseworkers were trained by Citizens Advice Scotland and the new system was implemented on 1st April 2010.

A service expectations template has been developed in collaboration with our local IASS, which will support and build upon the existing good working relationship.

## 2 Hospital and Community Health Services (HCHS)

### 2.1 Formal Complaints Received

A total of **138** formal HCHS complaints (the same figure as last year) were received between 1 April 2009 and 31 March 2010. There were no particular trends. In regard to the national standard that HCHS complaints should be acknowledged within 3 working days, **100%** of North CHP and **98%** of South CHP were acknowledged within this timescale. Regardless of where formal complaints are received within either CHP, this is when the complaints timescale commences. Therefore, Localities continue to be encouraged to forward all complaint correspondence to the Patient Services Department without delay to improve our acknowledgement performance. Where there has been a delay, this is raised with the Locality directly.



The table below provides the number of formal HCHS complaints made against each Locality.

Hospital & Community Health Services			
North Lanarkshire CHP		South Lanarkshire CHP	
<b>Airdrie</b>	<b>8 (11%)</b>	<b>Cam/Glen</b>	<b>2 (3%)</b>
<b>Bellshill</b>	<b>7 (8%)</b>	<b>Clydesdale</b>	<b>30 (48%)</b>
<b>Coatbridge</b>	<b>11 (15%)</b>	<b>East Kilbride</b>	<b>16 (25%)</b>
<b>Motherwell</b>	<b>11 (15%)</b>	<b>Hamilton</b>	<b>15 (24%)</b>
<b>North</b>	<b>17 (23%)</b>		
<b>Wishaw</b>	<b>21 (28%)</b>		
<b>Total</b>	<b>75 (100%)</b>	<b>Total</b>	<b>63 (100%)</b>

#### 2.1.1 Issues Raised

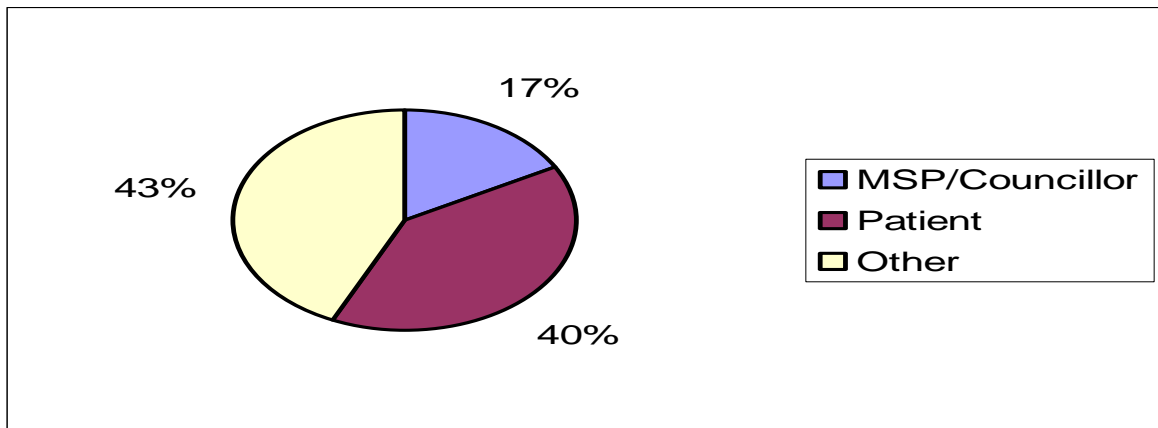
For national statistical purposes, a maximum of three “issues” may be recorded for each HCHS complaint received. The table below details the principal issue raised in each of the 8 main ISD categories. A more detailed breakdown can be found in Appendix I.

Category	Hospital & Community Health Services (HCHS)	
	North CHP	South CHP
<b>STAFFING</b>	<b>29 (38%)</b>	<b>21 (33%)</b>
<b>WAITING TIMES</b>	<b>6 (8%)</b>	<b>6 (10%)</b>
<b>DELAYS</b>	<b>5 (7%)</b>	<b>5 (8%)</b>
<b>ENVIRONMENT/ DOMESTIC</b>	<b>4 (6%)</b>	<b>2 (3%)</b>
<b>PROCEDURAL ISSUES</b>	<b>0 (0%)</b>	<b>0 (0%)</b>
<b>TREATMENT</b>	<b>31(41%)</b>	<b>29 (46%)</b>
<b>TRANSPORT</b>	<b>0 (0%)</b>	<b>0 (0%)</b>
<b>OTHER</b>	<b>0 (0%)</b>	<b>0 (0%)</b>
<b>TOTALS</b>	<b>75 (100%)</b>	<b>63 (100%)</b>

The principal issues of complaint remain as in previous years, namely staffing, which includes attitude/behaviour and written/oral communication, and all aspects of clinical treatment. A detailed breakdown is in Appendix 1.

### 2.1.2 Correspondent

The graph below illustrates the source of complaints by correspondent.



The majority of formal complaints were received by someone other than the patient closely followed by the patient. Regardless of who raises a complaint on behalf of a patient, consent is always obtained from the patient prior to the commencement of any investigation. If the patient is deceased or is incapable of giving consent, consent was then sought from the next of kin, before the complaint was investigated.

## 2.2 Informal Complaints Received

When someone verbalises a concern that they do not wish to pursue through the formal complaints procedure, the Patient Services Department will co-ordinate a verbal response unless this is requested in writing. To reduce the risk of an informal complaint becoming formal, every endeavour is made to respond timeously. It should be noted that there are many more informal complaints that are satisfactorily resolved at a local level.

Only those Informal complaints that were received verbally have been included within this report (in line with Acute Services). There has been a slight increase in number of informal complaints received compared to last year.

The table below provides the number of informal HCHS complaints made against each Locality.

<b>Hospital &amp; Community Health Services</b>			
<b>North Lanarkshire CHP</b>		<b>South Lanarkshire CHP</b>	
<b>Airdrie</b>	<b>3 (14%)</b>	<b>Cam/Glen</b>	<b>0 (0%)</b>
<b>Bellshill</b>	<b>3 (14%)</b>	<b>Clydesdale</b>	<b>3 (13%)</b>
<b>Coatbridge</b>	<b>3 (14%)</b>	<b>East Kilbride</b>	<b>7 (30%)</b>
<b>Cumbernauld</b>	<b>2 (10%)</b>	<b>Ham/Blantyre</b>	<b>13 (57%)</b>
<b>Motherwell</b>	<b>2 (10%)</b>		
<b>Wishaw</b>	<b>8 (38%)</b>		
<b>Total</b>	<b>21 (100%)</b>	<b>Total</b>	<b>23 (100%)</b>

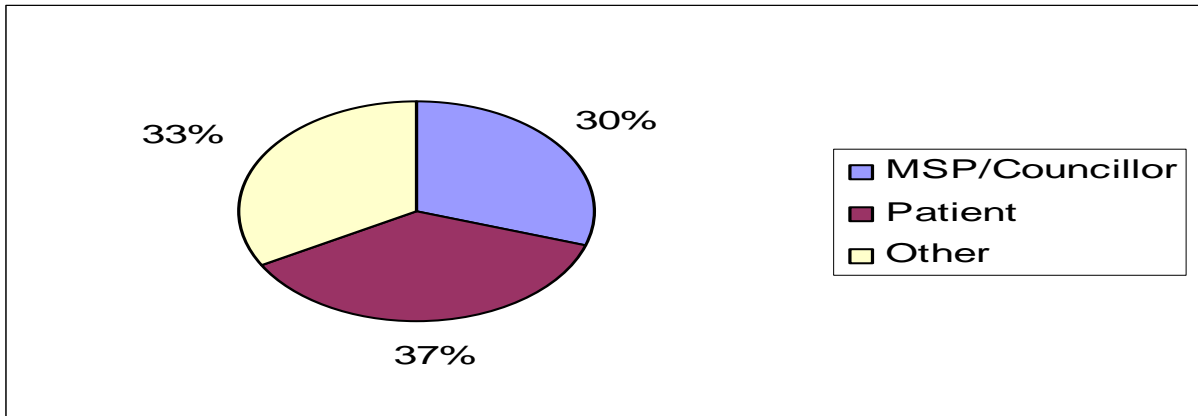
### 2.2.1 Issues Raised

Using the same ISD categories for formal complaints, the table below illustrates the principal issue raised in informal complaints. Only those informal complaints where a written response has been sent have been included. A more detailed breakdown is in Appendix II.

<b>Category</b>	<b>Hospital &amp; Community Health Services (HCHS)</b>	
	<b>North Lanarkshire CHP</b>	<b>South Lanarkshire CHP</b>
<b>STAFFING</b>	<b>12 (57%)</b>	<b>9 (39%)</b>
<b>WAITING TIMES</b>	<b>0 (0%)</b>	<b>2 (9%)</b>
<b>DELAYS</b>	<b>2 (10%)</b>	<b>1 (4%)</b>
<b>ENVIRONMENT/ DOMESTIC</b>	<b>0 (0%)</b>	<b>2 (9%)</b>
<b>PROCEDURAL ISSUES</b>	<b>0 (0%)</b>	<b>0 (0%)</b>
<b>TREATMENT</b>	<b>7 (33%)</b>	<b>9 (39%)</b>
<b>TRANSPORT</b>	<b>0 (0%)</b>	<b>0 (0%)</b>
<b>OTHER</b>	<b>0 (0%)</b>	<b>0 (0%)</b>
<b>TOTALS</b>	<b>21 (100%)</b>	<b>23 (100%)</b>

## 2.2.2 Correspondent

The graph below illustrates the source of complaints by correspondent.



Compared to formal complaints, there is a greater percentage of MSP / Councillor representations, particularly constituency office workers telephoning on behalf of a constituent.

## 3 Family Health Services (FHS)

All FHS complaints received by the Patient Services Department are logged on Datix as formal complaints as the department does not have any involvement in the investigation of the complaint. All complaints were acknowledged within 3 working days. If consent had not been given to forward to the practice/shop, this was sought first. The Patient Services Manager may facilitate local resolution in an attempt to satisfactorily resolve any outstanding issues of complaint, if both the complainant and the complained against were agreeable.

The table below details those complaints where consent was received to forward to the practice / shop. Compared to last year, there was almost a **30%** decrease in the number of North Lanarkshire CHP FHS complaints received and a **13%** reduction within South Lanarkshire CHP.

	Family Health Services	
	North Lanarkshire CHP	South Lanarkshire CHP
<b>GMP</b>	<b>37 (80%)</b>	<b>20 (50%)</b>
<b>GDP</b>	<b>6 (13%)</b>	<b>18(45%)</b>
<b>Ophthalmic</b>	<b>0 (0%)</b>	<b>0 (0%)</b>
<b>Pharmacy</b>	<b>3 (7%)</b>	<b>2 (5%)</b>
<b>Total</b>	<b>46 (100%)</b>	<b>40 (100%)</b>

### 3.1 Issues raised

ISD quarterly returns only require the number of Medical and Dental complaints received. This report includes the ISD(S)40C categories, to highlight the principal issue raised.

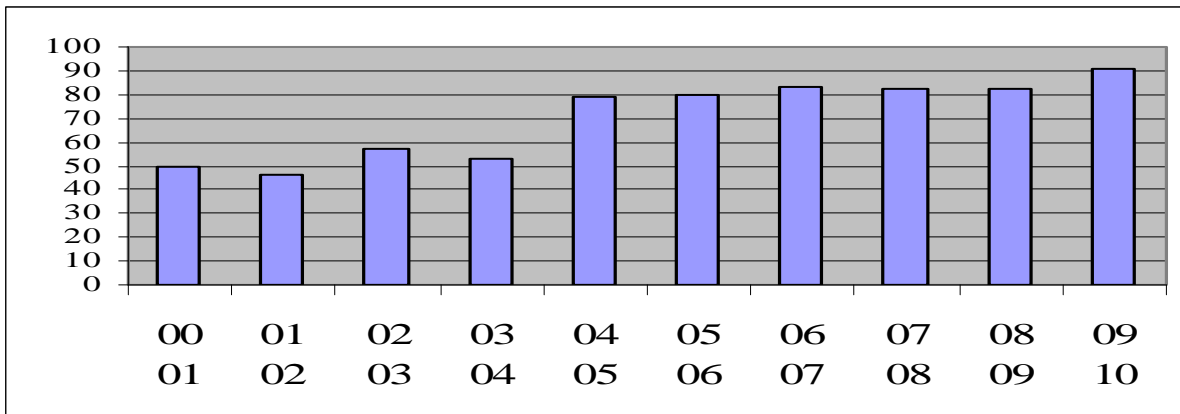
Category	Family Health Services (FHS)	
	North Lanarkshire CHP	South Lanarkshire CHP
COMMUNICATION/ ATTITUDE	16 (35%)	16(40%)
PREMISES	0 (0%)	1(2%)
PRACTICE / SURGERY MANAGEMENT	8 (17%)	6(15%)
PRIMARY CARE ADMINISTRATION	0 (0%)	0 (0%)
PURCHASING	0 (0%)	0 (0%)
CLINICAL	22 (48%)	17 (43%)
OTHER	0 (0%)	0 (%)
TOTALS	46 (100%)	40 (100%)

#### 4 Complaint Response Timescales

The national target of replying within 20 working days was achieved in **91%** of complaints responded to by North and South Lanarkshire CHPs (North – **94%** and South – **89%**), which is an increase of **9%** compared to last year. Significant effort will continue to be made to ensure investigation responses are thorough and these are forwarded to the Patient Services Department timeously. The Patient Services Department will continue to aim for a **90%** response rate and higher during 2010/11.

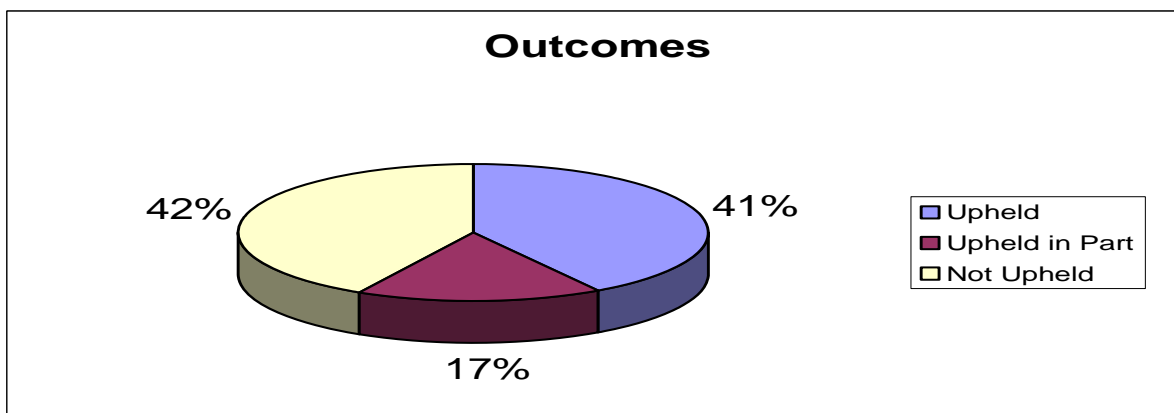
Response in days	YTD Total	
	North Lanarkshire CHP	South Lanarkshire CHP
0 – 5	7 (9%)	7 (11%)
6 – 10	17 (23%)	15 (24%)
11 – 15	18 (24%)	21 (33%)
16 – 20	29 (39%)	13 (21%)
21+	4 (5%)	7 (11%)
Total sent	75 (100%)	63 (100%)

The table below illustrates past annual response rates in percentages. Since 2007/08, North Lanarkshire and South Lanarkshire CHP's response rates have been averaged.



## 5 Outcomes

The outcome for all formal complaints are categorised as upheld, partly upheld or not upheld. Compared to 2008/09 there was a **10%** increase in the number of complaints upheld and a decrease in the number of complaints partially upheld. There was a slight increase in the number of complaints not upheld.



## 6 Scottish Public Services Ombudsman

The table below details the status of complaints that have been raised with the SPSO and responded to during 2009/10:

North Lanarkshire CHP	Status
NHS Continuing Care – care home costs not being funded by NHS Lanarkshire	<p>SPSO – not upheld.</p> <p>The complaint was not upheld because the patient was transferred from home into a care home. MEL 1996(22), which sets out the responsibilities of the NHS to arrange discharge from NHS care and the criteria eligibility for NHS funded continuing care, only applies to those patients discharged from NHS continuing care.</p>

<b>South Lanarkshire CHP</b>	
Eastvale Resource Centre – staff attitude and access to mental health services	<p>SPSO – ongoing.</p> <p>A complaint against several staff within Eastvale Resource Centre has been transferred from NHS GG&amp;C. Case notes and complaint correspondence were forwarded to the SPSO's office two quarters ago and to date there has been no further contact.</p>
<b>Other</b>	<b>Status</b>
GP practice – removal from practice list	<p>SPSO – not upheld</p> <p>The complainant complained on behalf of herself, her mother and father following their GP practice removing the mother from their list of patients in December 2007 because of a breakdown in their working relationship with her. Related to that decision, the practice decided the complainant and her father should also be removed. In all circumstances, the Ombudsman did not uphold the complaint.</p>
GP practice – poor communication around care and treatment	<p>SPSO – not upheld.</p> <p>The SPSO's office wrote advising that their adviser has taken an overall view of the GP practice records and has not found any evidence of avoidable delay caused by the practice and therefore the issues of complaint were not upheld.</p>

**Graeme Walsh**  
**19 July 2010**

## ALL ISSUES RAISED IN FORMAL & INFORMAL HCHS COMPLAINTS

Category	North Lanarkshire CHP		South Lanarkshire CHP	
	Formal	Informal	Formal	Informal
<b>STAFFING</b>				
Attitude/ Behaviour	16	9	13	7
Complaint Handling	0	0	0	0
Shortage/ Availability	6	1	3	2
Communication - written	5	3	2	2
Communication - oral	9	6	7	2
Competence	2	0	0	1
<b>WAITING TIMES FOR</b>				
Date for admission/ attendance	0	0	0	0
Date for appointment	6	0	6	3
Result of tests	1	0	0	0
<b>DELAYS IN/AT</b>				
Admission/transfer/ discharge procedures	0	0	0	0
Out Patient and other clinics	8	3	5	0
<b>ENVIRONMENT/ DOMESTIC</b>				
Premises (inc. access)	1	0	0	0
Aids & appliances / equipment	5	0	3	2
Catering	0	0	0	0
Cleanliness/ Laundry	0	0	0	0
Patient privacy/ Dignity	0	0	0	0
Patient property/ Expenses	0	0	0	0

Category	North Lanarkshire CHP		South Lanarkshire CHP	
	Formal	Informal	Formal	Informal
Patient status/ Discrimination	0	0	0	0
Personal records	0	0	0	0
Shortage of beds	0	0	0	0
Mixed accommodation	0	0	0	0
HAI (MRSA)	0	0	0	0
<b>PROCEDURAL ISSUES</b>				
Failure to follow agreed procedure	0	0	0	0
Policy & commercial decisions (NHS Board)	0	0	0	0
NHS Board Purchasing	0	0	0	0
Mortuary/Post Mortem arrangements	0	0	0	0
<b>TREATMENT</b>				
Clinical Treatment	39	11	33	10
Consent to Treatment	0	0	0	0
<b>TRANSPORT ARRANGEMENTS</b>	0	0	0	0
<b>OTHER</b>	0	0	0	0
<b>TOTALS</b>	<b>97</b>	<b>33</b>	<b>72</b>	<b>29</b>

## ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (April – June 2009)

## North Lanarkshire CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
6303 Geraldine Queen	Various issues around an inpatient's care and treatment	<ul style="list-style-type: none"> <li>• An ICP has been implemented to have all key partners involved in the same patient documentation, ensuring closer working between professions, with the patient and their family</li> <li>• Staff will have access to an oral health expert</li> <li>• Staff to have continence updates</li> </ul>	24/8/09	<ul style="list-style-type: none"> <li>▪ Offered family the opportunity to meet with senior staff but not taken up.</li> <li>▪ ICP fully implemented</li> <li>▪ Staff know how to access oral health support</li> <li>▪ Continence update arranged</li> </ul>	<ul style="list-style-type: none"> <li>▪ ICP developed by Clydesdale Locality</li> <li>▪ Family did not respond to two letter sent offering meeting with Senior Management</li> </ul>	31/08/09
6637 Geraldine Queen	Member of staff talking to a patient in earshot of other patients	Podiatry Team Leader will discuss with member of staff involved, as well as the staff at the other sites, to ensure discussion with patients occurs more discreetly in future.	17/8/09	<ul style="list-style-type: none"> <li>▪ Team Leader met member of staff to discuss the issue</li> <li>▪ Also raised at Team Meeting to spread learning with the team</li> </ul>	No further action required.	30/06/09
6667 Geraldine Queen	Breakdown in communication with a Public Health Nurse	All Public Health Nursing staff across the Locality are completing the UNICEF UK baby Friendly for Breastfeeding course to ensure all mothers within the are receive a consistent message	31/8/09	<ul style="list-style-type: none"> <li>▪ Complainant changed Public Health Nurse for a fresh start</li> <li>▪ Discussion held within the team to ensure consistent message is being given with regards to breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>▪ Locality is continuing to progress towards UNICEF accreditation</li> </ul>	31/07/09
6366 Geraldine Queen	No one contacted the patient to advise that the physiotherapy clinic had been cancelled at very short notice	<p>The Team Leader will review:</p> <ul style="list-style-type: none"> <li>• the processes regarding the transfer and storage of records</li> <li>• communication skills within the team to ensure all staff have an understanding of the impact that mis-information can have on patients</li> <li>• communication across the service to ensure that patient care is not compromised during times of staff absence</li> </ul>	6/7/09	<ul style="list-style-type: none"> <li>▪ Meetings held with all staff to discuss the transfer and storage of records</li> <li>▪ Mail system for the dept at Kenilworth reviewed</li> <li>▪ All staff made aware of responsibilities during times of staff absence to maintain service provision and standards</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cluster Team Leader sharing learning across cluster</li> </ul>	30/06/09

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
6550 Geraldine Queen	Concerns raised by child's mother regarding SLT provision within school.	Due to parent's holiday commitments and staff sick leave, 4 SLT appointments will be arranged for after the summer break	17/8/09	Schools have returned this week and we are currently arranging a meeting with parents and SLT to agree SLT input for the next few months.	Child has had a LADS assessment this week and we are proposing the child is seen twice a week for 8 weeks with agreed outcomes and tasks etc.	On-going
6229 Jim Wright	Various concerns regarding access to podiatry treatment	<ul style="list-style-type: none"> <li>• Patient's relative given Podiatry Department contact details</li> <li>• The Team Leader will remind all staff that they must routinely request from patients or their relatives whether there have been any medication changes, which will then be recorded. Should a patient be unclear what medication changes there have been, they will be asked to provide a prescription list via their local pharmacy, which will be placed within the patient record.</li> <li>• If a patient is routinely experiencing pain during treatment they do have the option of discussing this with their GP practice. Staff will be reminded to inform patients of this option.</li> <li>• The relative's status as her mother's registered carer will be recorded on the front page of her record.</li> <li>• In regard to being unaware there was a risk of discharge following two consecutive Did Not Attends (DNAs) or three DNAs within a year, the Podiatry Service will be reviewing the way it communicates this information to all patients.</li> </ul>	16/6/09	<p>Letter issued with correct contact number to patients daughter along with an alternative number in case of difficulty. The use of the answering machine was explained and encouraged due to the community nature of the service. Patient's daughter was reminded of zero tolerance regarding verbal and/or physical violence.</p> <p>Daughters name labeled on patients record card as main carer.</p>	<p>Team leader reiterated to all staff regarding updating medication at each visit. Phase two of record card keeping audit completed w/c 31/08/09.</p> <p>Team leader reiterated to all staff regarding good communication during treatment regarding discomfort, although it is acknowledged that aspects of podiatry treatments are uncomfortable patients have the option to discuss alternative pain relief through their GP.</p> <p>Podiatry discharge criteria is now accessible and laminated posters are visible in all waiting rooms.</p>	28/05/09

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
6149 Eleanor Wilson	Delay in accessing the Lymphoedema Clinic	Capacity is currently being reviewed to ensure the service is working as effectively as possible.	1/6/09	2 x Band 5 Staff Nurses have commenced training within Lymphoedema to address review patients. Specialist Nurse to focus on new/first visits and more urgent cases. We are also looking at provision of Lymphoedema services across Lanarkshire and beyond.	Review ongoing.	On-going
6240 Eleanor Wilson	Concerns regarding access to Speech and Language Therapy	<ul style="list-style-type: none"> <li>• Remind referring agents that they can refer direct to SLT thus avoiding unnecessary delays</li> <li>• Review clerical procedures for incoming referrals and appropriate onward transfer</li> <li>• Review communication to ensure openness with parents thus avoiding unmet expectations</li> </ul>	8/6/09	Public health nursing staff attend SLT training re referrals  Completed  All SLT staff to attend managing parental expectations course.	Learning outcomes to be discussed at next SLT team meeting	On-going  Sept/Oct 2009
6234 Richard Burgon	Issues around being referred to the Safer Homes North Lanarkshire Home Safety and Security Project, which provides safety equipment free of charge	<ul style="list-style-type: none"> <li>• Ensure parent consent is recorded</li> <li>• The 'Safer Homes' letter clearly states that this has been sent following a referral by the Public Health Nurse</li> <li>• This letter also provides a brief explanation of the work that is undertaken on our behalf to install home safety equipment free of charge</li> </ul>	15/6/09			
6293 Richard Burgon	Delay in a baby receiving a 6 week check	A Wishaw Locality GP has advised that she has a particular interest in providing health surveillance checks. This GP will provide cover for the GP currently undertaking these checks, as well as supporting other Localities where there is increased demand	8/6/09			

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
<b>6302</b> <b>Richard Burgon</b>	Concerns regarding access to a Child and Family Clinic	<ul style="list-style-type: none"> <li>• A named contact within NHS Lanarkshire's Child and Adolescent Mental Health Services (CAMHS) will be identified.</li> <li>• The parents have the option of meeting with CAMHS representatives to discuss what supports are available to them.</li> <li>• The parents will ask their daughter if she would wish to engage with CAMHS.</li> </ul>	19/8/09			
<b>6498</b> <b>Owen Watters</b>	Length of time being kept waiting at a clinic	<ul style="list-style-type: none"> <li>• Reception staff have now been asked to let clients know if they are going to be kept waiting.</li> <li>• In the longer term review employing more staff.</li> </ul>	21/7/09	Training has taken place with staff operating the new NASH system. Posters are in place in Health Centres that advise of the change. Additional staff have been appointed.	No further action required.	<b>Aug 09</b>
<b>6321</b> <b>Janice Longford</b>	Communication concerns regarding the national screening process undertaken annually in Primary 1 classes	There will be a review of the information that is shared with parents with local managers to avoid a similar situation occurring again	6/7/09	Cascade information to managers and team leaders within the school review environment will be more robust in future planning	Shared through the SDM professional forum	<b>Sept 09</b>

## ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (April – June 2009)

### South Lanarkshire CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
6304 Marilyn Aitken	Patient raises concerns regarding change of district nursing care team that occurred without notification	<ul style="list-style-type: none"> <li>• Communication and Co-ordination as set out in 3.3 of “Living and Dying Well” – A National Action Plan for Palliative Care in Scotland is supported and adopted in the aligned team model. Staff must ensure the patient/family are maintained at the centre of and proactively involved in all care planning.</li> <li>• Rotation of the aligned team is based on a planned model. The caseload holder and senior staff nurses must ensure communication around nursing care delivery is clear on initial referral to the service. Delivery of community nursing services is based on a team approach to ensure the provision of a seven day service. Staff must ensure the Patient Information Leaflet is available and given to each patient at initial assessment. Communication of staff movement should be relayed to all patients in a positive, supportive and constructive manner. The team leader has been reminded to reinforce this need for on-going and effective communication with all staff.</li> <li>• The Team Leader and SDM will offer a home visit to discuss the recommendations and outcomes outlined in the response letter and offer any other support necessary.</li> </ul>	8/6/09	<p>Staff record patient and family views and active participation in care plans.</p> <p>Clinical supervision from the team Leader and regular audit of nursing orders and care plans across the team continue.</p> <p>Regular review of shift rotation is in place with good effective communication to patients/families and other service providers as necessary.</p> <p>Patient did not accept offer of home visit but continues to have supportive Therapeutic support from the Biggar aligned team.</p>	<p>Clydesdale LTC team s have adopted this practice. Six monthly Nursing Care Plan audit continues.</p> <p>Clydesdale LTC teams all share good practice around clinical supervision, shift rotation and improved communication.</p>	<p>Oct 09</p> <p>Oct 09</p>

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
<b>6283</b> <b>Marilyn Aitken</b>	The attitude of the OOH GP when speaking to the patient on the phone	If patient is agreeable, the OOH service will discuss with NHS 24 having a flag so when the patient makes contact about her MS, there is a note regarding making a direct appointment for the PCEC – Hairmyres Hospital.	8/7/09	The patient's GP has been asked to provide OOHs with a Special Patient Note (SPN) with regard to admission arrangements. This will make the OOH GP aware of agreed arrangements.	Still awaiting SPN from GP.	<b>30/05/09</b>
<b>6520</b> <b>Marilyn Aitken</b>	Various concerns regarding an OOH GP's care and treatment	The OOH GP did not effectively communicate with the parent in regard to aspects of child's follow on care and what options were open should there be no improvement. These matters are being addressed with the OOH GP.	18/8/09	A review took place of the doctor's performance and the decision was taken to no longer employ this doctor in OOH service.	No further action required.	<b>31/07/09</b>
<b>6381</b> <b>Marilyn Aitken</b>	OOH GP misdiagnosed a patient that presented with a 3 to 4 day history of pain and swelling over left side of the neck	<ul style="list-style-type: none"> <li>• The OOH GP will learn lessons from this and advises in future he will bear this presentation in mind to ensure he considers a range of other potentially different diagnoses when examining patients with a similar presentation.</li> <li>• This case review (anonymised) will also be shared with all other OOH doctors working within the service.</li> </ul>	14/7/09	The doctor is aware of other potential diagnosis.	This case was reviewed with other OOH doctors.	<b>10/05/09</b>
<b>6318</b> <b>Marilyn Aitken</b>	Different patient details on the patient's records	The Service Manager will re-iterate to hub staff that when receiving professional calls they must confirm with the caller if existing details are correct.	15/6/09	Review of Standard Operating Procedures. Reminded staff to confirm patient details if from existing details on database, and where appropriate amend accordingly.	No further action required.	<b>20/04/09</b>

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
6489 Geoff Sage	Miscommunication around change of clinic venue	All appointment letters now have the correct contact number and the addresses in relation to "What if I am unhappy with any aspect of the service?" are being updated to include postal codes.	20/7/09	Letters updated/postcodes added.	No further action required.	31.7.09
6195 Geoff Sage	Concern regarding access to podiatry treatment	Patient will receive an assessment appointment in the near future	8/6/09	Patient was assessed at Central Clinic in May 2009	No further action required.	30.6.09
6689 Geoff Sage	Concern regarding access to the podiatry service.	The patient will be offered a further reassessment appointment.	24/8/09	Patient now diagnosed as diabetic and is being seen regularly at Viewpark Health Centre.	No further action required.	31.8.09
6552 Lena Collins	Concerns around arrangement for the Treatment Room appointment system and abrupt manner she was dealt with.	<ul style="list-style-type: none"> <li>• The Treatment Room Co-ordinator is liaising with each practice to review the procedure for same day referrals to the Treatment Room.</li> <li>• The Locality Administrator will meet with the receptionist to review the way she interacts with members of the public. Should any training needs be identified, arrangements will be put in place without delay.</li> </ul>	10/8/09	<p>Treatment room coordinator has contacted all practice managers to remind them of arrangements in place for same day appointments.</p> <p>Staff involved in the incident have been made aware of how this patient felt as a result of their interaction. No training needs identified.</p>	No further action required.	26 <sup>th</sup> June  10 <sup>th</sup> June

## ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (July - September 2009)

## North Lanarkshire CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
7066 Frances Leckie	Access to Multiple Sclerosis services	<ul style="list-style-type: none"> <li>• General Practice will immediately be advised of the details for an urgent appointment with a neurologist.</li> <li>• A letter advising that the MS Nurse was off sick that did not provide any advice on who should be contacted or where to get further help/support is being reviewed to ensure that this information is now made available.</li> <li>• The Public Health Nurse will liaise with the patient's GP practice to identify if there is any further assistance that can be offered.</li> </ul>	17-11-09	<p>Processes for communicating with General Practices regarding urgent neurology appointments reviewed.</p> <p>MS secretary provides information on the support groups based in Lanarkshire. When required the secretary will forward information packs on MS services to patients including details on the MS society.</p> <p>Public Health Nurse liaised with GP practice to identify if any further assistance required</p>	<p>Need to audit effectiveness of communication process</p> <p>Systems in place to notify all referrers and patients on the absence of the MS Nurse and who to contact in her absence. Review of Neurology services underway to determine the future arrangements for MS and other neurology services.</p>	<p>TBC</p> <p>8-9-09</p> <p>8-9-09</p>
6917 Owen Watters	Cervical smear test appointment and appointment/phone system.	There is an ongoing review of the Sexual health clinic appointment system	26-10-09	NASH continues to be implemented and staff are being trained. Now live across all sites.	No further action required.	Nov 2009
6984 Geraldine Queen	A number of concerns regarding the actions of two HVs	<p>Review:</p> <ul style="list-style-type: none"> <li>• poor standard of letter</li> <li>• the need to inform the child's nursery when referring the child on</li> <li>• attitude during phone call</li> <li>• contact with child's mother</li> <li>• agreeing to forward letter to child's father</li> </ul>	16-11-09	Met with HVs to discuss standard of letter and need to inform relevant agencies as determined by the information sharing protocol. Attitude problems were not substantiated. Other issues were perceived to be part of an unresolved/wider issue between ex partners	No further action after case discussed with HVs and also with complainant	Oct 09

<b>Ref / Lead</b>	<b>Issue</b>	<b>Action</b>	<b>Review Date</b>	<b>Outcome</b>	<b>Further Action / Comments - including sharing with others</b>	<b>Completion Date</b>
<b>6735</b> <b>Richard Burgon</b>	Concerns following a number of attempts to venepuncture a child	The doctor will reflect on the issues raised, in particular communication and listening. This will be done and documented under the supervision of the doctor's Educational Supervisor to ensure this becomes a learning experience and prevent recurrence.	<b>22-9-09</b>	Individual learning from this complaint has been taken into account in the doctor's supervision sessions.	All junior medical staff will learn lessons from this situation and will have these issues woven into their respective learning plans.	<b>Dec 2009 and ongoing</b>
<b>6875</b> <b>Richard Burgon</b>	Concerns raised regarding a physiotherapists interaction with a child	Member of staff is receiving further training in communication to ensure a similar situation does not occur.	<b>16-11-09</b>	Training issue being addressed with individual member of staff as indicated.	Sharing of lessons learned being undertaken with all physiotherapy staff. Research being undertaken regarding therapeutic value of specific electronic game devices.	<b>Feb 2010</b>

## ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (July - September 2009)

### South Lanarkshire CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
6866 Marilyn Aitken	Waiting and not being seen by OOH doctor	The receptionist should have tried to arrange for the patient to see the doctor at the first opportunity. A review of service procedures will be carried out in an attempt to avoid this situation arising again.	19-10-09	A review of current processes has been done, and receptionists have been reminded of these.	A full review is required of MDGH accommodation/reception arrangements as current arrangements are not conducive to good patient flow.	31.03.10
6988 Marilyn Aitken	Various concerns regarding access to Speech and Language Therapy	<ul style="list-style-type: none"> <li>• To provide as much notice as possible to parents and children when Speech and Language Therapist is withdrawing contact</li> <li>• All reports should be clearly titled as well as written and include examples which support conclusions reached</li> <li>• Ensure all parents receive copies of SLT reports as soon as possible which provide the opportunity to comment. If a parent wishes to make any changes these will be fully considered and responded to.</li> <li>• Involve parents in target setting through use of Care Aims</li> </ul>	9-11-09	GM reply letter sent followed by meeting with parents. Further telephone contact responded to.	Discussed report writing with all South CHP SLTs, especially in relation to jargon, titling reports, and timing of reports at Team Meetings in October.	29/10/09
6926 Marilyn Aitken	OOH doctor's misdiagnosis and poor communication	<p>The OOH Clinical Director will ensure the doctor in future clearly communicates, including the options open to the patient i.e. contact NHS 24 again should symptoms persist/deteriorate, and positive patient relations are upheld at all times.</p> <p>The OOH Clinical Director will remind the doctor of the need to swab when injecting to ensure good infection control practice.</p>	26-10-09	The OOH Clinical Director has reviewed this case with the doctor involved.	No further action required.	21.01.10

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
6836 Geoff Sage	Concerns about clients' behaviour when attending an addiction clinic. A child was in earshot when attending a dental clinic	<p>Following discussion with the Team Leader responsible for the addiction clients attending the clinic, he is going to inform them of the need for respect for the other patients attending the clinic. Should a client's behaviour be inappropriate, the client will be removed from the site immediately.</p> <p>After discussion with the community dental service, four chairs will be placed at the wall where the main door is so dental patients are separated from the main waiting room. Also two chairs will be placed within the corridor outside the dental suite to allow parents/carers of patients to sit in this area whilst treatment is being undertaken.</p> <p>The service will continue to monitor addiction clients' attendance to ensure any inappropriate behaviour is responded to appropriately and continuing to inform of the need to respect other patients has the desired effect.</p>	1-10-09	New seating area is working well. Addiction patients have all been reminded of the need for respect for others attending the clinic.	No further action required.	1/10/09
6962 Geoff Sage	Concerns regarding the content of a cancellation letter	Departmental clerical staff have been informed on the procedure to be followed for the administration of cancellation letters should a clinic need to be cancelled in the future.	19-10-09	Apology given to patient and A&C staff reminded of procedure to follow for cancellation of clinics.	No further action required.	1/11/09

<b>Ref / Lead</b>	<b>Issue</b>	<b>Action</b>	<b>Review Date</b>	<b>Outcome</b>	<b>Further Action / Comments - including sharing with others</b>	<b>Completion Date</b>
<b>6717</b> <b>Jayne Miller</b>	Concerns regarding access to District Nursing service	In accepting that communication between the team should have been better and clearer, the team leader and the GM will take every necessary step to prevent this happening in the future.	<b>3-9-09</b>	System review and new recording and allocation system in place. Arrangements in place for the team to access LEAN with the possible development of using electronic systems.	LEAN training January 2010. Implementation and review February 2010	<b>On going</b>
<b>6890</b> <b>Dr Alison Thom</b>	Various concerns regarding access to mental health services	A new Consultant Psychiatrist to offer an appointment as soon thereafter to have a fresh start in terms of assessing the patient's needs and looking at potential care plan if appropriate.	<b>20-10-09</b>	Patient was seen by new Consultant Psychiatrist and subsequently discharged.	No further action required.	<b>Nov 2009</b>

## ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (October – December 2009)

## North Lanarkshire CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
7151 Eleanor Wilson	Concerns regarding a delay in accessing a podiatry services	<ul style="list-style-type: none"> <li>The patient's GP practice has been informed of the routine referral process into Podiatry. Practice staff not on duty will be informed at a later date</li> <li>should a patient wish to be referred to a different Podiatry department, practices are being requested to indicate the reason for this to ensure patients have the opportunity to be referred to the most accessible department and/or a department with a shorter waiting time.</li> <li>All answering machines will state the Podiatry department on the outgoing message and all messages must be processed quickly and effectively.</li> <li>All patients being referred for nail surgery will be informed of all options and have the opportunity to discuss these with a Podiatrist.</li> </ul>	13-1-10	All actions have now been completed.	No further action required.	2-11-09
7277 Eleanor Wilson	Concerns regarding the conduct of a member of staff within EVA	<p>A system to be implemented to support better follow up of clients where sickness/unplanned annual leave occurs</p> <p>Review of current supervision to ensure staff conform to professional boundaries and are aware of their accountability, particularly in regard to providing appropriate support for vulnerable clients</p>	6-1-10	<p>Review of supervision systems highlights the following support and supervision systems now in place:</p> <ul style="list-style-type: none"> <li>Monthly team meetings where each member of staff brings particular cases under workload that they wish to reflect on with EVA team members.</li> <li>One to one supervision that takes place 4 weekly</li> </ul>	External supervision arrangements for EVA Manager to be sought and confirmed.	March 2010

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7277  Eleanor Wilson				<i>contd.</i> <ul style="list-style-type: none"> <li>• for new staff, then extends to 6 weekly, supervision covers case file management, caseload review, personal and professional development, operational support and any other individual matters as raised.</li> <li>• Advocacy team has additional peer support groups to share good practice around practical support and safety issues for clients.</li> <li>• External clinical supervision for all therapeutic work takes place for both counselors and clinical psychologist as required under conditions of maintenance of professional registration.</li> </ul>		
7445  Jim Wright	Immunisation error within a school	<ul style="list-style-type: none"> <li>• Administration worker should firstly have noted the lack of consent</li> <li>• The consent form should then have been checked by the two trained nurses who were administering the vaccinations</li> </ul>	26-1-10	Parent satisfied with reply.	Has been brought to the attention of all staff.	<b>Dec 2009</b>

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
7021 Jim Wright	Several concerns during a long-term care stay	<ul style="list-style-type: none"> <li>• an Integrated Care Pathway which clearly requires an initial meeting with the family or carers was not completed</li> <li>• staff need to work harder to ensure that the advice/information about the range of carer supports in North Lanarkshire is offered</li> <li>• following a letter with abbreviations being sent to a carer, the format has now been changed to plain English</li> <li>• the arrangements and processes of multi-disciplinary meetings are adequately explained to patients, families and carers</li> <li>• the patient's primary nurse should if at all possible be present during multi-disciplinary meetings as they should know the patient best</li> <li>• it has been brought to the attention of Ward Sisters and Charge Nurses that the tone of the ward is largely influenced by them, which permeates through the whole team to positively influence practice and systems</li> </ul>	2-12-09	Husband satisfied with outcome. He followed up letter to thank author for the quality and honesty of reply.	Improvements have been made at operational level.	Oct 2009
7390 Owen Watters	Patient was kept unduly long whilst waiting for a clinic appointment	The conduct of the administration staff on duty at that time is being raised through their line manager. Staff will be reminded of what is acceptable behaviour when offering a support service to clinic reception areas.	11-1-10	Staff member counseled on behaviors and values, and also on expected customer care standards.	Staff member to be monitored.	22-7-10

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<b>7110</b> <b>Richard Burgon</b>	Concerns about the disabled parking at Shotts Health Centre and the attitude which the Health Centre staff demonstrated when approached.	<ul style="list-style-type: none"> <li>• Staff have been reminded of the need to treat all members of the public with the respect</li> <li>• staff have also been reminded of NHS Lanarkshire Complaints Procedure and the need to attempt to resolve all complaints locally, if possible</li> </ul>	9-12-09	As a direct consequence of this complaint the staff were provided with refresher training on the complaints procedure and local resolution. In addition the staff were all delivered Customer care training and reminded of the need to treat all the callers to the Health Centre with dignity and respect. The Disabled parking areas in the Car park were refreshed and all staff and delivery drivers were reminded that these designated bays were solely for the use of disabled drivers.	Customer care training was rolled out to all Admin staff across the Locality and hosted services. This will be repeated on a regular basis and made available to a wider group of staff.	<b>Jan 2010</b>
<b>7222</b> <b>Richard Burgon</b>	Attitude of podiatrist when patient attended for an appointment	The member of staff involved has been reminded of the organisation's Policies on dignity and respect and has been strongly reminded of the need to comply with these Policies at all times.	27-1-10	The staff member is closely supervised to ensure that there is no repeat of the inappropriate attitude and behaviours demonstrated towards this individual patient.	Customer care training is being delivered to a wide range of staff within the Locality.	<b>Jan 2010</b>
<b>7563</b> <b>Geraldine Queen</b>	Concerns regarding attitude and behaviour of staff when attending for a podiatry appointment	Every patient should at all times be treated with respect by staff, but equally, patients also have a responsibility to treat members of staff with the same respect in return. Through the Team Leader, the staff involved have been asked to reflect on the situation to ensure any future disagreements are not allowed to escalate in this manner.	11-2-10	Patient offered another appointment with different staff. Discussion held with patient about number of DNAs and the need to attend appointments on time	Issue discussed at Podiatry Team Meeting and member of staff met with SDM LTC to discuss handling of situation. The need to treat staff with respect also covered with patient.	<b>24.12.10</b>

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
7532 Geraldine Queen	Various concerns regarding access to Speech and Language Therapy	<ul style="list-style-type: none"> <li>• contact would be made with the private SLT to discuss what she is working on with the patient</li> <li>• SLT - TL to contact parent regarding which SLT will now see patient</li> <li>• SLT - TL to contact parent in March/April 2010 to discuss patient's progress and his wish to have clarification on whether patient has a delay or disorder.</li> <li>• parent will contact SLT - TL if he has any concerns regarding patient's SLT input between Jan 2010 and April 2010</li> <li>• a protocol for contacting parents and educational establishments when an SLT is off sick will be produced and implemented from January 2010</li> <li>• contact details for the SLT - TL and Professional Lead will be added to the first visit leaflet to improve opportunities to communicate with the service</li> <li>• to ensure equity, SLT will review the timetable for all Monday and Friday contacts given the impact of Public Holidays</li> <li>• the SLT service will review how it makes contact with parents during nursery and mainstream peripatetic visits ensuring a minimum of one face to face contact per year and a defined method of communication with parents to discuss Care Aims and to deal with home practice</li> </ul>	8-2-10	<p>The SLT TL who has taken over this case has spoken to the private therapist to discuss interventions.</p> <p>The SLT TL contacted the parents and it was agreed that she would take on the case. Contact will be made with the parents in March/April 2010. Parents have SLT contact details. Protocol currently being developed to ensure consistency across NHSL – to be discussed at TL meeting. First visit currently being updated</p> <p>Currently NH is being seen on a Monday; however there are no public holidays until April 2010. This will be reviewed thereafter. E-mails sent to TLs regarding contact with parents. This will be discussed with TLs at C&amp;YP TL meetings.</p> <p>Formal review of process: Summer 2010</p> <p>Meeting arranged with Educational Psychologists on 11<sup>th</sup> February and Meeting with Support Manager 9<sup>th</sup> February 2010</p>	<p>Arrangements have been made to continue regular contact.</p> <p>Further actions: letter sent to parents with all dates that SLT would see MH in the nursery</p> <p>Discussion took place with team to ensure telephone messages are collected from SLT office in absence of admin and clerical support</p>	21/12/09 and ongoing

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
		<p><i>contd</i></p> <ul style="list-style-type: none"> <li>• SLT - TL to discuss with Educational Psychologists and Support Manager, conduct at multi-agency meetings</li> <li>• Professional Lead will discuss with NLC colleagues the confusion about specialist placements e.g. the Special Educational Needs Nursery within Baird Memorial Primary being more appropriate for children with greater need</li> <li>• GM will review telephone access to the SLT department</li> </ul>				

## ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (October – December 2009)

### South Lanarkshire CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
7175  Geoff sage	Concerns about the behaviour of clients attending an Addictions clinic	<ul style="list-style-type: none"> <li>• Changes have been made to ensure dental patients are seated within a different waiting and a further two chairs have been positioned outside the main dental suite for relatives whilst the patient is being attended to.</li> <li>• Signs have been put up in the main entrance reminding all visitors of their responsibility to ensure appropriate behaviour at all times.</li> <li>• Addictions staff will monitor the reception area when clinics are in use and will take action to remove patients if their behaviour remains unacceptable.</li> <li>• Although complaints literature will be placed within main waiting area, it is expected that staff will attempt to respond to any concerns that are brought to their attention at that time.</li> </ul>	7-12-09			
7482  Geoff Sage	Conduct of member of Audiology staff	The member of staff has been counselled by the Head of Audiology Services to ensure a repeat situation does not occur again	4-2-10			

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6999 Jayne Miller	A number of concerns following a psychiatric admission	<ul style="list-style-type: none"> <li>• Ward staff are currently working with PSSD towards an improvement programme in response to ward cleanliness, supplies and maintenance</li> <li>• There is a need to improve ward telephone call access, particularly when a patient has restricted movement. Measures are now being taken to increase the number of telephones available to inpatients.</li> <li>• Staff are actively looking at alternative outdoor areas where smoking can be considered and not contravene the smoking ban policy.</li> <li>• Settings for reviews can be improved upon and the notice for appointments can be organised more effectively. A process has begun through the acute inpatient forum to make improvements that better meet the need of patients and their relatives.</li> <li>• There is a need for further awareness training to ensure the procedure for recording personal belongings is followed at all times.</li> <li>• Any food consumed by staff on the ward is done discretely</li> <li>• A Consultant Psychiatrist considers that a pharmacist attached to the psychiatric wards has a particular role in mental health and that this service should be further developed.</li> <li>• the offer of a change in Consultant Psychiatrist</li> </ul>	18-2-10	<p>Cleaning and catering arrangements raised with PSSD. Improvements noted overall and dialogue and monitoring continuing.</p> <p>2 additional phones ordered for wards available for use.</p> <p>This issue continues and on agenda for In patient forum. Staff continue to support patients through a series of initiatives meantime.</p> <p>Appointments schedule revised and additional review areas being created on the ward through capital works. Local work through AIF addressing key challenges in collaboration with service users and Lan links</p> <p>Issue raised through local groups all procedures in place</p> <p>Feedback to ward staff</p> <p>Discussions through lead clinician</p>		<b>Dec 2009 and ongoing</b>

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
<b>7068</b> <b>Marilyn Aitken</b>	Concerns regarding an OOH doctor's misdiagnosis	Rather than the OOH doctor reviewing the BNF online he should have contacted the on-call ENT doctor for specific advice. This learning point has now been discussed with the OOH doctor in addition to ensuring that he communicates effectively with patients and their relatives on the outcome of his consultation and the available options.	7-12-09	The Clinical Director has addressed this with the doctor concerned, and the doctor has agreed on the learning points.	No further action required.	<b>01/02/10</b>
<b>7316</b> <b>Marilyn Aitken</b>	Concerns regarding poor communication from child's Speech and Language Therapists	<ul style="list-style-type: none"> <li>• The Team Leader has requested that SLTs must provide a clear explanation of why they are asking specific questions of parents to ensure there is open communication.</li> <li>• The nursery involved has been reminded of the notice period required for SLT staff to attend meetings</li> </ul>	11-1-10	Letter sent 6/11/09 discussing outcomes and actions, and offering parents a chance to meet with SLT TL. Meeting has not been taken up.	Complaints management and issues leading to complaints discussed at Team Meetings in January. Discussed with all South CHP SLTs the importance of explaining reasoning for questions and decisions to parents.	<b>28/1/10</b>
<b>7539</b> <b>Marilyn Aitken</b>	Miscommunication between a community pharmacy and the OOH service	<ul style="list-style-type: none"> <li>• I would now advise that the standard letters from the Primary Care Administration Service to pharmacies giving approval for temporary changes to contracted hours will direct them to write to local GP practices, OOH etc advising of any changes to opening times.</li> <li>• OOH will also review internal processes for disseminating information that is received verbally and in writing to ensure this is appropriately communicated in future.</li> </ul>	15-2-10	<p>Communication between PC Administration Service and OOH will now always be in writing.</p> <p>OOH have reviewed processes and will now disseminate all communications in writing to PCECs and cars.</p>	No further action required.	<b>01/03/10</b>

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<b>7523</b> <b>Marilyn Aitken</b>	OOH reception staff gave erroneous information that the OOH doctor was not within the PCEC	All OOH reception staff and in particular those that are not regularly working within the centre, are being reminded to ensure that any information that is given out to patients is accurate to ensure that patients have the appropriate access to the OOH service.	<b>1-2-10</b>	This issue has been addressed with this particular bank staff member, and all reception staff have been reminded to check the situation before conveying information to patients.	No further action required	<b>01/03/10</b>
<b>7208</b> <b>Marilyn Aitken</b>	Concerns about delay at being seen within a PCEC	All patients will be advised that should they have any concerns about the length of time they have been waiting that they should report back to reception.	<b>21-12-09</b>	Receptionists have been briefed to inform patients if appointments are running behind.	No further action required.	<b>01/02/10</b>
<b>7366</b> <b>Marilyn Aitken</b>	Various concerns following attendance at a PCEC	In regard to there being no hand wipes within the A&E/OOH waiting area, there will be discussion with A&E management with a view to providing hand wash facilities within these waiting areas.	<b>18-1-10</b>	The OOH Service is fully compliant with exiting Infection Control Policies, which does not include hand wipes. There are toilet areas available should patient wish to wash their hands.	No further action required.	<b>01/02/10</b>

## ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (January – March 2010)

## North Lanarkshire CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
7738 Owen Watters	Concerns raised regarding access to a local podiatry service.	As the patient's last podiatry assessment was 7 months ago, an independent assessment with a senior member of staff will be arranged as his annual diabetic screening is due again early March 2010.	29-3-10			
7775 Owen Watters	Concerns regarding accessing NHSL's Sexual Health service	There will be further investigations into reducing the cost of the 0845 number and also asking staff to book appointments for patients in health centres when the clinic is running.	23-4-10			
7692 Richard Burgon	Various concerns raised following a paediatric inpatient stay	A doctor has taken the opportunity to reflect on their examination of the patient and their communication with you with consultant colleagues. The paediatric team will review the patient's consultation during a clinical incident meeting to highlight specific learning points to improve the service provided.	6-4-10			
7847 Richard Burgon	Access to Insulin Pump therapy for a child	The future provision of Insulin Pump therapy is being considered in regard to the updated NICE guidance and affordability considerations, in close consultation with senior clinicians. It is hoped to be able to come to a view in the next month or so and RB will write to the MSP again.	10-5-10			

<b>Ref / Lead</b>	<b>Issue</b>	<b>Action</b>	<b>Review Date</b>	<b>Outcome</b>	<b>Further Action / Comments - including sharing with others</b>	<b>Completion Date</b>
<b>7596</b> <b>Richard Burgon</b>	Various concerns raised following a paediatric inpatient stay	Discussions between Paediatrics and Orthopaedics regarding patient management should not be carried out within the hearing of patients and their relatives. The Paediatric service will remind all members of staff about the importance of communicating in a professional way.	<b>6-4-10</b>			
<b>7750</b> <b>Richard Burgon</b>	Concerns raised regarding a doctor's attitude	The doctor will take time to reflect on their integrity and self awareness.	<b>12-4-10</b>			
<b>7623</b> <b>Jim Wright</b>	Attitude of member of staff	Formal steps are being taken to deal with the staff member in question.	<b>15-3-10</b>	Completed	No further action required.	<b>21-7-10</b>

## ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (January – March 2010)

### South Lanarkshire CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
7741  Dr Chris Mackintosh	Various concerns regarding the medical care provided within a community hospital.	<ul style="list-style-type: none"> <li>• Local medical staff have instituted immediately a policy of using proton pump inhibitors for gastric protection in everybody over the age of 65 who is prescribed a non-steroidal anti-inflammatory drug that includes a section on choice of anti-inflammatory drugs.</li> <li>• As there is no easily identifiable NHS Lanarkshire policy on these issues and practice is varied, review having a clear and effective policy both for selection of non-steroidal anti-inflammatory drugs and for use of proton pump inhibitors or other gastric protection.</li> <li>• The element of stepping down pain relief when no longer required does not appear to be as robust as necessary, which will be reviewed by staff.</li> </ul>	15-4-10	<ul style="list-style-type: none"> <li>• The ADTC have considered the wording on use of NSAID and gastric protection and have reworded the guidance on use of these agents.</li> <li>• The hospital team concerned have confirmed that step down of analgesia is routinely considered.</li> </ul>	No further action required.	<b>22-7-10</b>
7833  Jayne Miller	Delay in patient transfer from a hospital to Caird House Rehabilitation Unit	The patient's transfer is a priority and as an interim measure to assist in their recovery and subsequent transfer, will continue to visit Caird House weekly until their transfer is completed.	26-4-10	Completed	No further action required.	<b>21-7-10</b>
7800  Jayne Miller	Various concerns raised following a CPN home visit and in particular the use of inappropriate comments	The CPN will receive further training in regard to appropriately communicating with patients.	19-4-10	Completed	No further action required.	<b>21-7-10</b>

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
7660  Marilyn Aitken	Concern about access to local speech and language therapy	<ul style="list-style-type: none"> <li>• The Team Leader will discuss the concerns the mother raised directly with the SLT, including her communication style</li> <li>• The Team Leader will remind all SLTs of the importance of clear communication with parents especially in relation to clinical decision making</li> <li>• To ensure the patient has quick access to whichever programme is most suitable, their name will be added to the waiting list for: <ul style="list-style-type: none"> <li>- Hanen It Takes Two To Talk (February 2010 in East Kilbride)</li> <li>- More Than Words (February 2010 in Hamilton)</li> </ul> </li> <li>• The mother will be invited into Douglas St Clinic, to see a different SLT, who will discuss Hanen options with her so that they jointly decide which Programme is most suitable for the patient and mother at this time. Other therapy options and supports will also be discussed for consideration</li> </ul>	15-3-10	<ul style="list-style-type: none"> <li>• Discussed issues directly with staff member – formally monitoring her communication with staff and other parents</li> <li>• Discussed communication at all 3 team meetings, and importance of communicating clinical decisions</li> <li>• Family attended Hanen ‘More Than Words’ Programme in Hamilton. This has just finished, and mum is due back into the clinic to discuss what will happen next for her child</li> </ul>	No further action required.	30/6/10
7906  Marilyn Aitken	Delay in OOH doctor attending a nursing home patient	<ul style="list-style-type: none"> <li>• To ensure a monitoring procedure is in place for breached calls, (i.e. those calls taking longer than 4 hours) and inform hub team leader when approaching breach.</li> <li>• Ensure hub staff communicate to doctor over the duration of breached call</li> <li>• Ensure clear hub communication with Nursing Home</li> </ul>	18-5-10	<p>Procedures have been put in place instructing hub staff to monitor calls, and flag up pending breaches to team leader who will communicate with mobile doctor and nursing home, and review the situation.</p> <p>Once a call has breached this is now flagged up on the dispatch queue by turning red.</p>	No further action required.	24.03.10

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
7611 Marilyn Aitken	Various concerns raised following an OOH doctor's attendance at a nursing home	<ul style="list-style-type: none"> <li>• The GP practice might have set up Morphine prior to the weekend when the patient's symptoms were deteriorating; this type of anticipatory care is recommended in palliative care. This matter has been passed to the Medical Director to discuss with the practice.</li> <li>• There is a process whereby a practice can inform the Out-of-Hours service of any special patient requirements and the Medical Director will remind the practice of this facility.</li> <li>• The nursing home should ensure that all staff are aware of their procedures and the Associate Director of Nursing will discuss this with the nursing home.</li> </ul>	22-3-10	This has been passed to Dr Gregor Smith, Medical Director to discuss with the practice and passed to Frances Leckie, Associate Director of Nursing to discuss with the Nursing Home.	Discussion of this case between the OOH Clinical Director and the OOH doctor to reflect on the issues.	12.01.10
7971 Geoff Sage	Concern regarding access to a claudication clinic	Extra staff has enabled the Claudication Clinic within Hamilton to operate weekly from 18 March until the end of June 2010 and it is anticipated that this will significantly reduce the current waiting list and time for an appointment. Following June 2010 there will be a review to ensure the service continues to adequately meet patient needs.	19-5-10			
7959 Geoff Sage	Concern regarding access to a claudication clinic	<p>There has been an increase in staff to reduce the waiting time for the Claudication Clinic.</p> <p>Patient has been offered a soon appointment.</p>	17-5-10			

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
7783  Lena Collins	Immunisation error	Nurse was suspended from participating in immunisations and a critical incident review initiated. The outcome of the review is that this regrettable incident was the result of human error and the nurse has now been referred to a formal conduct hearing.	16-4-10	This nurse has had disciplinary action taken as a result of her failure to follow clear policy and procedures. The nurse is now undertaking an extended period of supervised practice (initially 3 months and now extended to 6) and is also working through an on line immunisation training programme.	Ongoing	Ongoing