

North CHP / South CHP Complaints Annual Report 2006/07

1 Executive Summary

North and South CHPs actively encourage patients, their relatives and visitors to provide feedback so that there is a better understanding of what we have done well and where there is room for improvement. Throughout 2006/07, the Patient Services Department has been working closely with Acute Services colleagues and other partner statutory and non-statutory organisations to develop a more consistent approach to gathering feedback, both positive and negative.

When managing complaints on a day-to-day basis, it is easy to forget that the vast majority of staff contact with patients and their relatives is considered to have been provided caringly and professionally. This commitment to continually improve on the service provided is demonstrated by the various expressions of thanks received.

To ensure there is no complacency, staff continue to be encouraged and supported to proactively engage with patients/relatives. This provides opportunities for staff to learn of any concerns, before these escalate. 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.

However, there are 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 or they consider the matter to be so serious that they wish to immediately raise this at a higher level, choosing then to make a formal complaint.

This report reviews performance in managing formal complaints received during 2006/07, comparing this with the experience of previous years. Data is also given on informal complaints the Patient Services Department has received, which have then been responded to in writing.

The principal issues raised in the **114** formal (a reduction of **9%** when compared to last year) and **100** informal (a reduction of **14%**) complaints received during 2006/07, the local and national experience: clinical treatment; staff attitude, behaviour or communication, both oral and written. It is clear that poor communication between staff and patient/relatives, and between the various members of the clinical team, is a common factor. Consequently, the theme of “good customer care” features at induction and in training and awareness sessions available to staff, regardless of their grade and/or experience.

98% of HCHS complaints were acknowledged within the national target of 3 working days.

Anxiety and frustration on the part of the complainant rises with the length of time they wait for a response 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 **83%** of complaint responses, a marginal increase on the figure reached in 2005/06 (**80%**). National statistics for 2005/06, published in November 2006, indicated that the national average for responding within the target time was 62%.

The Patient Services Department continues to appreciate the support it has received, particularly with investigation responses being more thoroughly investigated and forwarded timeously. Where performance has not been satisfactory, the Patient Services Department has been required to work with those services to improve overall complaint management performance.

When a complainant is unhappy with the response they receive, we welcome the opportunity to resolve any outstanding issues they may have 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 do have the option of referring any outstanding issues of complaint to the Scottish Public Services Ombudsman (SPSO). During 2006/07, the SPSO's office received **8** Hospital and Community Health Service (HCHS) complaints. This equates to **7%** of all formal complaints responded in writing and **4%** when combining formal and informal written complaint responses. Reports were received on **2** Family Health Service complaints, neither being upheld.

Locality General Managers are required to report on the outcomes and whether there are any further recommendations within their written responses. This provides valuable learning opportunities and above all a focus to reduce the risk of a similar situation arising.

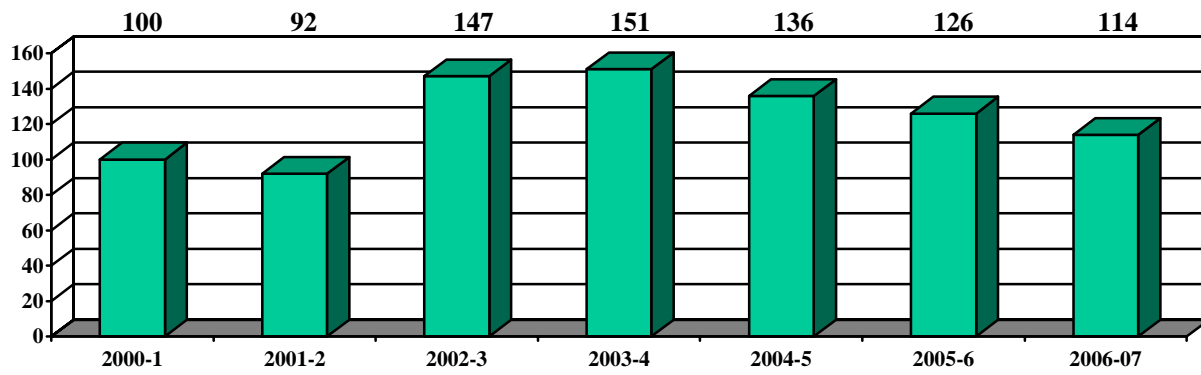
Following the issue of a Health Department Letter in March 2006, an agreement was reached with a consortium of local Citizens Advice Bureaux for the provision of an independent advice and support service for individuals with queries or complaints with effect from 1 September 2006. NHS Lanarkshire was the first Board in Scotland to introduce this service which will also assist clients in sourcing information on health matters and benefits. In order to better understand our respective roles, complaints management staff and the designated caseworkers from the Citizens Advice Bureaux have been shadowing each other.

The positive duties imposed by the various pieces of equality legislation increasingly require NHS Boards to demonstrate that the needs of all individuals are being met. One area in which this should be demonstrated is in the handling of complaints. Since September 2006 NHS Lanarkshire has been participating in a national pilot of complaints equality monitoring.

2 Formal Complaints Received

Hospital and Community Health Services (HCHS)

A total of **114** formal HCHS complaints (a reduction of **9%** compared to last year) were received between 1 April 2006 and 31 March 2007. In regard to the national standard that HCHS complaints should be acknowledged within 3 working days, unless a full response is made within 5 working days, **99%** of North CHP and **97%** 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, through greater awareness, Localities are forwarding formal complaints to the Patient Services Department without delay to improve our performance in acknowledging within 3 working days.



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

Hospital & Community Health Services			
North CHP		South CHP	
Airdrie	5 (11%)	Clydesdale	30 (53%)
Bellshill	7 (15%)	East Kilbride	18 (32%)
Coatbridge	11 (24%)	Ham/Blantyre	9 (15%)
Cumbernauld	5 (11%)		
Motherwell	5 (11%)		
Wishaw	13 (28%)		
Total	57 (100%)	Total	57 (100%)

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, seeking consent to forward to the practice/shop. If both the complainant and the complained against were agreeable, the Patient Services Manager facilitated local resolution, in an attempt to satisfactorily resolve any outstanding issues of complaint.

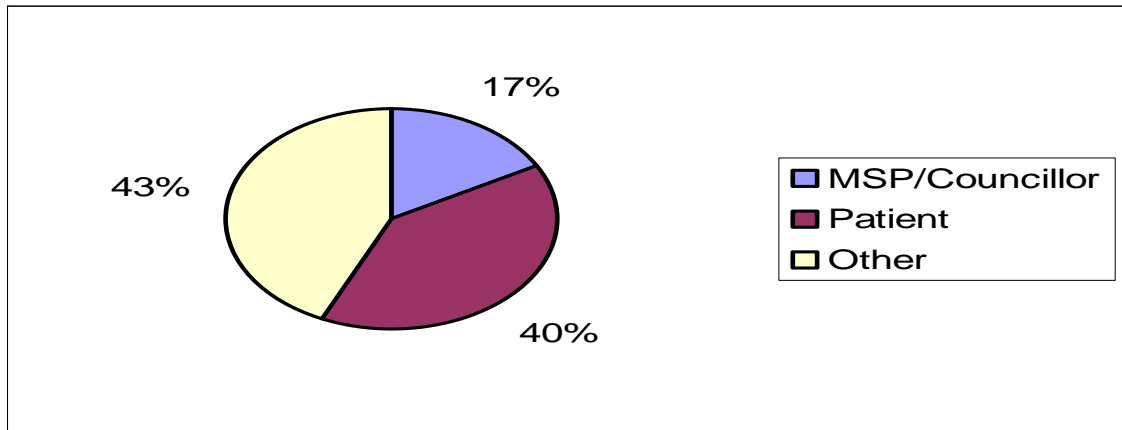
Compared to last year, there was a 7% reduction in the number of FHS complaints, which are detailed in the table below.

	Family Health Services	
	North CHP	South CHP
GMP	57 (83%)	41 (73%)
GDP	8 (11%)	10 (18%)
Ophthalmic	0 (0%)	2 (4%)
Pharmacy	4 (6%)	3 (5%)
Total	69 (100%)	56 (100%)

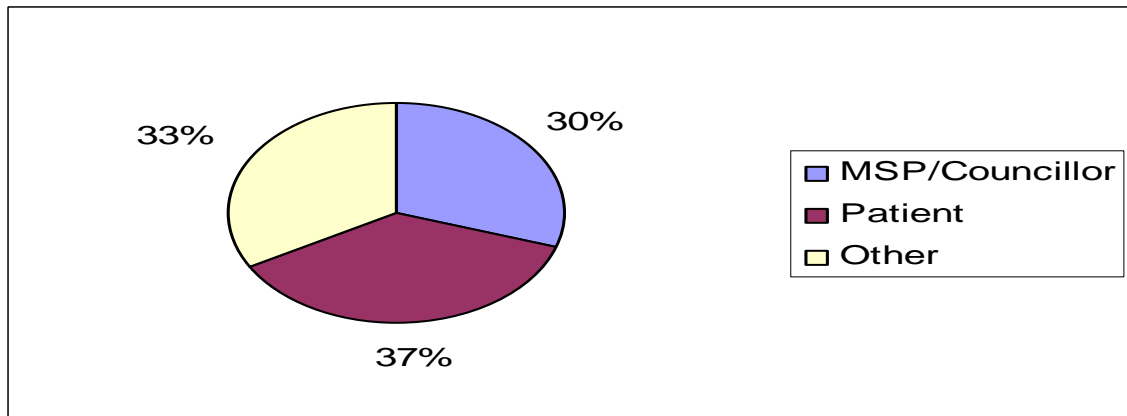
3 Correspondent

The graph below illustrates the type of correspondent.

Formal Complaints



Informal Complaints and other enquiries



The majority of formal and informal complaints and other enquiries were received from someone other than the patient. Consent was then sought from the patient or (if the

patient was deceased or was incapable of giving consent) their next of kin, before the complaint was investigated. There is a **(13%)** increase in the number of informal complaints and other enquiries when compared to formal complaints that MSPs/Councillors raise on behalf of their constituents.

4 Issues raised in formal complaints

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 CHP	South CHP
COMMUNICATION/ ATTITUDE	21 (30%)	14 (25%)
PREMISES	2 (3%)	1 (2%)
PRACTICE / SURGERY MANAGEMENT	17 (25%)	16 (28%)
PRIMARY CARE ADMINISTRATION	0 (0%)	0 (0%)
PURCHASING	0 (0%)	0 (0%)
CLINICAL	23 (33%)	20 (36%)
OTHER	6 (9%)	5 (9%)
TOTALS	69 (100%)	56 (100%)

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
STAFFING	18 (32%)	15 (26%)
WAITING TIMES	0 (0%)	0 (0%)
DELAYS	9 (16%)	4 (8%)
ENVIRONMENT/ DOMESTIC	3 (5%)	3 (5%)
PROCEDURAL ISSUES	0 (0%)	0 (0%)
TREATMENT	25 (44%)	32 (56%)

TRANSPORT	2 (3%)	3 (5%)
OTHER	0 (0%)	0 (0%)
TOTALS	57 (100%)	57 (100%)

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.

5 Informal Complaints Received

When an individual has a concern that they prefer not to pursue through the formal complaints procedure, the Patient Services Department acknowledges and then coordinates a written response through the Locality General Manager. The same timescales are applied as with formal complaints. The table below only details those informal complaints that the Patient Services Department was directly involved with and were responded in writing. It should be noted that there are many more informal complaints that are satisfactorily resolved at a local level.

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

Hospital & Community Health Services			
North CHP		South CHP	
Airdrie	7 (15%)	Clydesdale	22 (41%)
Bellshill	12 (26%)	East Kilbride	19 (35%)
Coatbridge	5 (11%)	Ham/Blantyre	13 (24%)
Cumbernauld	10 (22%)		
Motherwell	4 (9%)		
Wishaw	8 (17%)		
Total	46(100%)	Total	54 (100%)

6 Issues raised in informal complaints

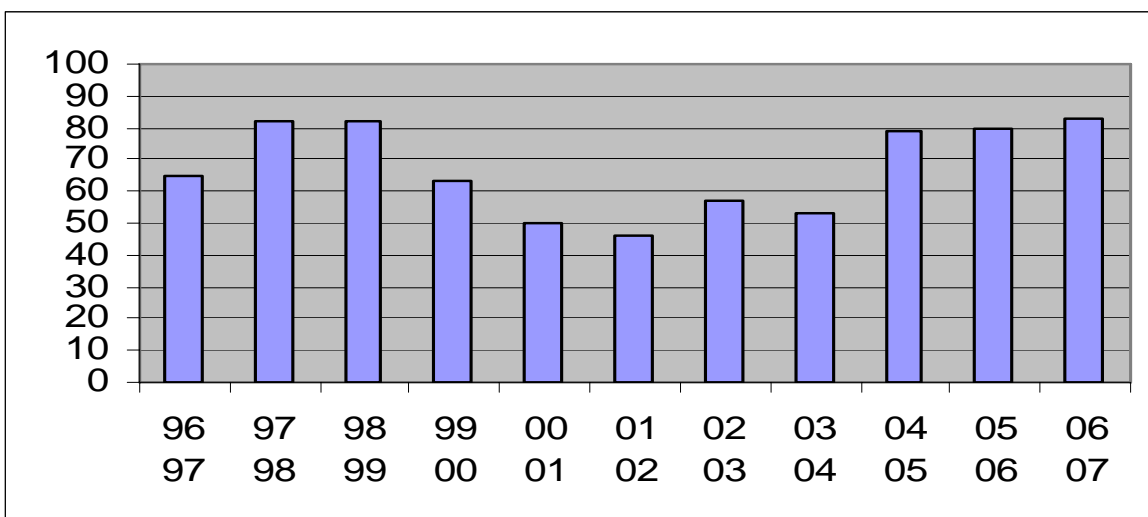
Using the same ISD categories for formal complaints, the table below illustrates the principal issue raised in informal complaints. Only those informal complaints where a written response has been sent have been included. A more detailed breakdown is in Appendix II.

Category	Hospital & Community Health Services (HCHS)	
	North CHP	South CHP
STAFFING	11 (23%)	14 (26%)
WAITING TIMES	4 (9%)	2 (4%)
DELAYS	4 (9%)	5 (9%)
ENVIRONMENT/ DOMESTIC	3 (7%)	4 (7%)
PROCEDURAL ISSUES	0 (0%)	2 (4%)
TREATMENT	19 (41%)	22 (41%)
TRANSPORT	0 (0%)	1 (2%)
OTHER	5 (11%)	4 (7%)
TOTALS	46 (100%)	54 (100%)

7 Responses Sent to Formal Complaints

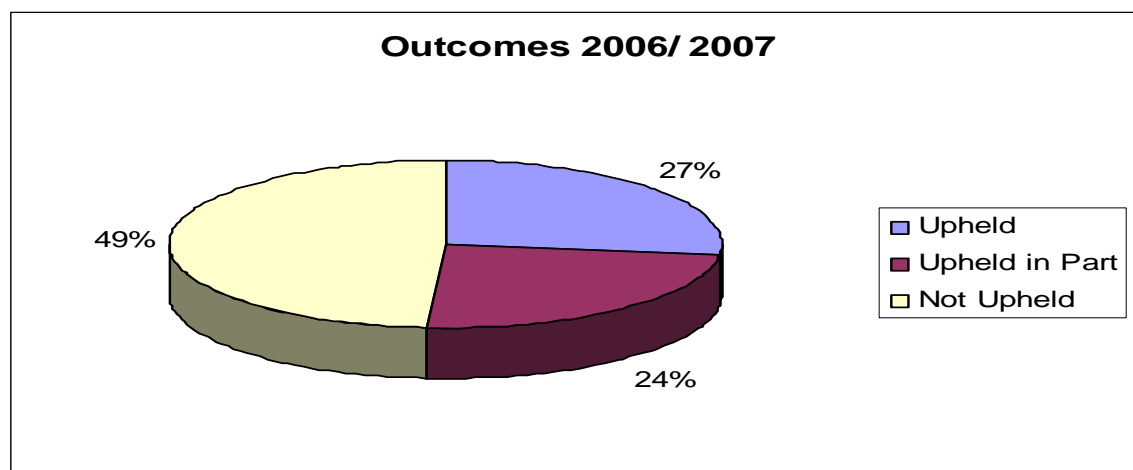
The national target of replying within 20 working days was achieved in **83%** of complaints responded to by North and South CHPs (North – **84%** and South – **82%**), which is a marginal increase on last year's figure of **80%**. Significant effort continues to be made to ensure investigation responses are thorough and these are forwarded to the Patient Services Department timeously. The Patient Services Department is aiming to achieve **90%** for 2007/08.

The table below illustrates past annual response rates in percentages. For 2006/07, North and South CHPs response rates have been averaged.



8 Outcomes

The outcome for all formal complaints are categorised as upheld, partly upheld or not upheld. Compared to 2005/06 there was a **14%** decrease in the number of complaints either being fully or partly upheld. There was no significant difference between the two CHPs.



9 Scottish Public Services Ombudsman

During 2006/07, the SPSO's office received **8** Hospital and Community Health Service (HCHS) complaints. This equates to **7%** of all formal complaints responded in writing and **4%** when combining formal and informal written complaint responses. Reports were received on **2** Family Health Service complaints, neither being upheld.

North CHP	Status	South CHP	Status
Continuing Care	Pt. records requested	Psychiatry	Pt. records requested
Learning Disabilities	Pt. records requested	Out-of-Hours	Pt. records requested
Continuing Care	Not progressed	Psychiatry	Not progressed
Physiotherapy	Not progressed	Macmillan Service	Not progressed
Adult Psychiatry	Not progressed	District Nursing	Upheld
Learning Disabilities	Partly Upheld	Out-of-Hours	Upheld
Other	Status		
OOH provider - independent contractor	Awaiting investigation report		
GP	Not upheld		
GP	Not upheld		

Not progressed – after concluding an initial investigation of the complaint, the SPSO decided not to pursue formal investigation. When a complaint has either been *Upheld* /

Partly Upheld / Not Upheld, this means that the complaint has been formally investigated by the SPSO.

10 Recommendation

The Operating Management Committees of North and South CHPs are asked to note this report.

Graeme Walsh
29 August 2007

ALL ISSUES RAISED IN FORMAL & INFORMAL HCHS COMPLAINTS

Category	North CHP		South CHP	
	Formal	Informal	Formal	Informal
STAFFING				
Attitude/ Behaviour	15	9	10	11
Complaint Handling	0	0	0	0
Shortage/ Availability	2	1	1	4
Communication - written	2	2	2	2
Communication - oral	5	2	4	2
Competence	1	1	1	1
WAITING TIMES FOR				
Date for admission/ attendance	0	0	0	0
Date for appointment	1	4	0	3
Result of tests	0	0	0	0
DELAYS IN/AT				
Admission/transfer/ discharge procedures	4	2	1	1
Out Patient and other clinics	6	5	1	5
ENVIRONMENT/ DOMESTIC				
Premises (inc. access)	1	3	0	2
Aids & appliances / equipment	4	3	4	4
Catering	0	0	0	0
Cleanliness/ Laundry	1	0	0	0
Patient privacy/ Dignity	0	0	0	0
Patient property/ Expenses	0	0	0	0

Category	North CHP		South 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
PROCEDURAL ISSUES				
Failure to follow agreed procedure	0	0	1	0
Policy & commercial decisions (NHS Board)	0	0	0	2
NHS Board Purchasing	0	0	0	0
Mortuary/Post Mortem arrangements	0	0	0	0
TREATMENT				
Clinical Treatment	33	18	43	23
Consent to Treatment	0	0	0	0
TRANSPORT ARRANGEMENTS	0	1	0	1
OTHER	1	6	3	4
TOTALS	76	57	71	65

ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (April – June 2006)

South CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
25050603 Marilyn Aitken	Family and Deputy Warden were dissatisfied with the Out-of-Hours doctor's attitude and demeanour on arrival at the Sheltered Housing complex.	Liaise with North and South Lanarkshire Sheltered Housing managers and then send out written guidance to all Out-of-Hours doctors to ensure they respond appropriately when visiting a complex.	1-9-06	Guidance developed and disseminated to Out-of-Hours doctors in conjunction with partners. Response sent to complainant on 2.8.06.	Information developed with assistance of NLC and SLC partners	15-8-06.
09050601 Craig Cunningham	A number of issues following in-patient admission, including no record that prescribed medication was not available on the ward.	<ul style="list-style-type: none"> • the Service Development Manager will be meeting the Head of Pharmacy to set in place the necessary actions to improve the weekly top up service. • the Senior Charge Nurse will meet with qualified nursing staff to remind them of their responsibilities in regard to the recording of administered medicines and the need to ensure adequate supplies of medication available. • the Senior Charge Nurse will place a notice on the notice board advising that any proposed activities maybe subject to change depending on other demands on the service. 	1-9-06	<p>Meeting with pharmacy representatives to discuss issue in this case. Felt this to be an isolated incident. Wards have a stock of most regularly used medicines, is a system in place to access urgent medicines out of hours.</p> <p>SCNs have reminded all staff of the need to ensure medicines are being administered according to policy.</p>	Ongoing monitoring	21-7-06

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
05060607 Craig Cunningham	A number of concerns raised regarding a Consultant Psychiatrist.	<ul style="list-style-type: none"> • the Doctor needs to make it clear to patients that reviews are done by multi-disciplinary teams and the appropriate responsibility delegated to Staff Grades, if s/he is not available. • if there are unusual reasons why the Doctor is not able to conduct a ward review on a regular basis, or to arrange to see patients outwith, s/he has to ensure that their attempts to see the patient outwith the ward review are documented. • if the doctor's ward review falls on a public holiday, then attempts have to be made to ensure that the ward review is organised as soon after the public holiday as possible. • if the doctor does a kardex review then they have to be multi-disciplinary i.e. a nurse has to be present and the notes have to record that these kardex reviews have been done as part of the medication management of the patient's case. 	1-9-06	<p>Meeting with Lead Clinician and Consultant Psychiatrist to review "case management" and continuity of care, including the areas highlighted.</p> <p>Review of "assessment" and "treatment" functions within acute mental health in-patient areas and this should similarly ensure coverage of the issues raised.</p>	Ongoing monitoring	11-10-06

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
05060601 Craig Cunningham	Consultant Psychiatrist failed to process the relevant paperwork to continue a patient's Compulsive Treatment Order	Consultant Psychiatrist will ensure that any similar paperwork that requires to be processed, is passed to another Consultant Psychiatrist rather than administration staff, prior to him being away from work	2-7-06	Consultant Psychiatrist / Lead Clinician met with the complained against Consultant Psychiatrist who accepts and regrets his error.	Following ongoing monitoring, no further issues of concern noted by Consultant Psychiatrist / Lead Clinician	3-9-06

ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (July – September 2006)

North CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
30060601 Tom Bryce	Various concerns raised following attendance at A&E and subsequent in-patient stay.	<ul style="list-style-type: none"> • inform the SHO that a concern was raised regarding her attitude • confirm whether the patient was named within the IR1 • SCN to meet with the NA to advise him of the issues raised in regard to his attitude • Ward Information Pack: <ul style="list-style-type: none"> - distribute more widely e.g. dining room, to enable relatives/visitors greater access - if not already done, the Named Nurse or other nursing staff to proactively inform relatives of the information pack <p>Named Nurse or agreed other, to proactively engage with the patient after they have been informed of a specific discharge date, asking whether the patient has informed relatives or would wish some support to do this. When the patient has been informed of the specific discharge date and any discussion with relatives, needs to be recorded.</p>	31-10-06	<ul style="list-style-type: none"> • Clinical lead spoke with SHO 	None	Aug 06
				<ul style="list-style-type: none"> • Patient was named in IR1 and complainant informed 	None	Aug 06
				<ul style="list-style-type: none"> • SCN spoke with NA 	None	Aug 06
				<ul style="list-style-type: none"> • SCN ensuring the information pack is widely available 	None	Aug 06
				<ul style="list-style-type: none"> • SCN ensuring nursing staff proactively inform relatives of the information pack 	None	Aug 06
		<ul style="list-style-type: none"> • SCN ensuring staff are aware of importance of and proactively engaging with patient and to ensure relatives are aware of discharge date and staff are recording this. 	None	Aug 06		
10070602 Tom Bryce	Concerns raised by a relative whilst patient remains an in-patient.	Meeting arranged with senior clinical staff and relative, which resolved a number of issues.	31-10-06	Meeting took place as arranged	None	Sept 06
		It was agreed that staff must inform relatives of what reasonable safety measures are in place within a ward environment, to reduce the risk of undue expectations.		SCN to ensure all staff are aware of and are implementing this agreement	None	Sept 06

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
13070601 Eleanor Wilson	Concern raised following significant delay in an extension being built for a resident who was discharged home from Kirklands Hospital.	Meeting arranged with partner agencies and family to discuss the reason for the delay and agree available options to progress the build within a reasonable timescale.	31-10-06	Outcome of meeting with partner agencies on 6 December: 1. NHS Lanarkshire confirmed availability of funding for the proposed extension, which would be passed from NHSL to NLC as a capital grant. 50K has been set aside, which is a considerable increase from the initially budgeted figure. 2. Existing plans reviewed and revised plans do not impede on neighbours right of way (neighbours previous issue). 3. New application to be made for a building warrant as previous one has expired. 4. NLC Commissioning of the extension will be responsibility of NLC with a multi-agency project team overseeing all aspects of organisational responsibility associated with the commissioning process and funding arrangements. 5. Further discussion with architect to take place to confirm	Further project team meetings to be arranged	Not confirmed

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
20070601 Richard Burgon	Various concerns raised against a number of staff regarding the care provided to the complainant's child.	Community Paediatrician to arrange an extended meeting for the parent and review Speech & Language Therapy options	31-10-06	Community Paediatrician has now had an extended meeting with the parent. The Community Paediatrician and SLT will continue to be involved	None	Oct 06
03080601 Mike Devine	Concerns raised in relation to Orthodontic treatment provided by a Senior Dental Officer	In regard to clinics sometimes and for a variety of reasons running late, the Senior Dental Officer has agreed to: <ul style="list-style-type: none"> - review the caseload and patient mix to ensure it realistically reflects the number of clinic sessions - review the appointment system to ensure that patients are given appointments of sufficient length to allow treatment to be provided - provide some slots for 'emergency patients' so that the adverse impact on patients with planned appointments is lessened 	31/10/06	Assistance was given in securing treatment for the patient in her new area of residence. But ultimately patient decided to have treatment completed in Lanarkshire. Consultant Orthodontist took over care of patient Senior Dental Officer agreed to continuously review the operation of the clinics. So far no further concerns have been expressed from other patients	Areas on concern shared with other members of the Senior Dental Team with aim of ensuring that arte aware of the need for realistic appointments scheduling, patient confidentiality and good communication with patients.	Mar 07

South CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
02080602 Geoff Sage	Concern raised following a home visit by a Community McMillan Nurse	<ul style="list-style-type: none"> calling cards will now not be left with anyone other than a family member i.e. not a neighbour an information leaflet will now be given when first visiting then patient, which will include service contact details 	31-10-06	<ul style="list-style-type: none"> No patient related information is given over to anyone other than the patient or next of kin A leaflet is now given to all new patients on first contact 	None	Oct 06
09080604 Marilyn Aitken	Concern raised following a patient being referred from A&E to the PCEC	All A&E nursing staff to ensure there is an appropriate level of communication with the patient so that they understand why they are being referred and provide the opportunity for the patient to seek clarification if required	31-10-06	<p>The Clinical Director for the OOH service has highlighted the need for the transferring service to agree with the receiving service all patient transfers prior to these being made</p> <p>Patients/relatives must be informed of progress</p>	None	Oct 06
18080601 Marilyn Aitken	Concerns following attendance at a PCEC.	Any patient, who has previously seen their GP for the same presenting condition, will now automatically be seen by the OOH doctor.	31-10-06	The Clinical Director for the OOH service has instructed that any patient who attends the OOH service following a GP consultation in regard to the same presenting condition, must be seen by an OOH doctor	None	Oct 06

ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (October - December 2006)

North CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
05100601 Richard Burgon	Father remains concerned in regard to his son's access to CAMHS, following RB's written response	Arrange a meeting with the father and make contact with NHS Tayside to clarify the progress with the child's referral	31-12-06	Child has now been transferred	No further action required	Apr 07
16100601 Richard Burgon	A number of concerns raised following a paediatric in-patient's stay at WGH	<ul style="list-style-type: none"> Paediatric patients should always be secure in bed before being left alone Review the practice of administering medication around mealtimes Review the use of pressure area charts 	31-12-06	<ul style="list-style-type: none"> All beds have cot sides and all cot sides are put up when pats are in bed. Medicines will be given as close to the 8/12/4/8 mealtimes as possible Pressure area charts are now used as required 	No further action required	Dec 06
22110602 Richard Burgon	Lack of clarity regarding the onward referral for children aged between 13 – 16 years that require surgical intervention	<p>Patient has now been referred to Surgical Services – Monklands</p> <p>Adolescent medicine has been highlighted as an area to be developed with the new Tertiary Children's Hospital, with the proposal to admit children up to 16yrs of age</p>	1-3-07	NHSL undertaking a review of transitional care including surgical services as part of Programme Board 4	Ongoing	Ongoing
05120601 Richard Burgon	Concerns raised following paediatric inpatient stay	Consultant Paediatrician has raised issue of nursing staff needing to check temperatures and administer paracetamol when high	1-2-07	Children's temperatures are done 4 hourly if pyrexial and in between when required. All children receive medication for pyrexia when required	No further action required	Dec 06
26100602 Richard Burgon	Concern regarding delay in accessing assessment and diagnosis	As mother remained concerned following RB's response, a meeting was arranged. Dr DC Clinical Lead – CAMHS is now arranging to meet with the mother to review her son's records	19-3-07	Dr DC has now met with mother to review records. Subsequent meeting arranged with parents.	<ul style="list-style-type: none"> Provide a copy of child's CAMHS record – particularly assessment letters / reports Dr DC review record Review assessing older child via LD Service 	Ongoing

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
18100601 Richard Burgon	Various concerns following a paediatric inpatient stay	If a family are having problems accessing public transport and have attempted all reasonable means to return home, the Hospital Discharge Team can arrange transport, or if this is at the weekend, staff can arrange a taxi	31-12-06	Patients/families having no alternative means of transport when discharged at times of service pressure, will have this arranged via the Hospital Discharge Team or a taxi at weekends	No further action required	Dec 06
27100603 Richard Burgon	Various concerns raised regarding access to Speech and Language Therapy	Following written response and then a meeting with the parents, SLT Team Leader agreed to: <ul style="list-style-type: none"> • Child will be offered individual SLT at Wishaw HC by end of Jan 07 • The child's nursery will receive SLT input in April 07 and will be reviewed after the summer holidays • Confirm with the parents whether the next Hanen Programme which commences in Cumbernauld in Jan 07 is on in the evening 	1-3-07	<ul style="list-style-type: none"> • Child has been receiving therapy since January 07. He is due to start in Castlehill Unit and will receive further input there after the summer. • Craigneuk nursery received advice and materials to work with the child but no rotation was arranged due to staff vacancies/mat leaves. • The parents were offered an evening place on a Hanen workshop in Cumbernauld in January 07, but declined as the venue was not convenient. 	No further action	Jan 07
22120601 Richard Burgon	Concern regarding the delay in accessing domiciliary podiatry visits	Staff shortages are being addressed and fewer staff will be removed from domiciliary visits to undertake clinics	1-2-07	Domiciliary service being staffed on a more regular basis	No further action	Mar 07
05100602 Tom Bryce	Concern raised following attendance at a Treatment Room	TB has asked for a review of the way patients are referred direct to the Treatment Room TB to discuss the applied dressing with the patient's GP	31-12-06	Treatment room audit has now been completed	Audit reviewed by TB	April 07

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
24100603 Tom Bryce	Concern raised regarding the laundry service	Senior staff and the laundry service to liaise with each other to ensure all reasonable precautions are in place throughout the laundry process	31-12-06	More structured liaison required between senior clinical staff and laundry service	Liaise with Christine Browning – Business Support / Clinical Liaison Manager	June 07
09110604 Jim Wright	Review the transfer from one care home to another that is closer to the relative's home	A closer care home is now being reviewed as a possible care setting	31-12-06	Patient settled into Cumbernauld Care Home, which the family were happy with	No further action required	Dec 06
19120602 Eleanor Wilson	Concern regarding the attitude of podiatry staff	SDM and PSM met with the two patients who are husband and wife. SDM then discussed concerns raised with Podiatry Team Leader, who will now phone in an attempt to resolve any outstanding issues	1-2-07	It has been acknowledged that there has been a breakdown in communication between the staff and the patients. Both patients have since attended for treatment and are satisfied with the outcome.	No further action required	March 07
12090602 Owen Watters	Allegation of two District Nurses being verbally abusive and threatening towards a patient	Complaint not upheld. Different DNs to attend patient's home	31-12-06	Implemented on the day of the complaint.	Ongoing monitoring of the patient through the team leader	Dec 06
23100602 Dr Gary Tanner	Concern raised following appointment with a Psychiatrist	Psychiatrist will arrange an earlier appointment to review prescribed medication	31-12-06	Patient happy that medication review will take place	No further action necessary	Dec 06
12100603 Dr Alistair Cook	Various concerns raised by the patient's daughter regarding an inpatient stay within Coathill Hospital	<ul style="list-style-type: none"> • A review by another psychiatrist is being arranged with the opportunity for this psychiatrist taking over the patient's care • Following this review a further meeting will be arranged with the patient's daughter • Should there be urgent concerns, arrangements will be put in place to ensure the daughter's immediate involvement • A member of staff that the patient feels comfortable with, will provide support during the weekly review meetings 	31-12-06	The patient's care was taken over by another consultant and the other recommendations were followed. The situation is now much more settled.	No further action necessary	Dec 06

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
20110601 Alison McMullan	A number of concerns raised by the mother of a patient regarding her son's stay within a psychiatric ward	<p>Patient information leaflet has now been withdrawn as this is now out of date.</p> <p>Mother is dissatisfied with AMcM's response and has written a second letter detailing her outstanding issues of complaint. Provide a written response and offer the opportunity to meet.</p>	31-12-06	Mother contacted with concerns about son's current health and AMcM facilitated meeting with Consultant Psychiatrist which looked at way forward. No further contact about complaint.	No further action required	March 07

South CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
15120605 Marilyn Aitken	Parents remain dissatisfied with their child's access to Speech and Language Therapy (SLT), following MA's response	Arrange meeting with parents	1-3-07	Met with parents and discussed their desire that SLT provision is included within their child's Co-ordinated Support Plan (CSP), which will be reviewed annually	Wrote to parents detailing agreed actions from the meeting	Mar 07
26100601 Marilyn Aitken	Delay in OOH doctor making home visit	Hub staff to receive additional training in making a 'comfort' call when there is a delay in meeting NHS 24's disposition	1-3-07	Dispatch staff working within the control centre have been given instruction to call the patient if the doctor is not be able to attend within the allocated time	This procedure will be monitored weekly for the foreseeable future	Ongoing
12100602 Marilyn Aitken	Concerns raised following two doctor's consultations at a PCEC	Both doctors have revisited medical textbooks to ensure they are up to date with the signs and symptoms of measles	1-3-07	The 2 doctors have acknowledged their need to keep up to date with the latest guidance	No further action required	March 07
27100602 Marilyn Aitken	Concerns raised following a doctor's telephone consultation with a terminally ill patient's family	<ul style="list-style-type: none"> All OOH doctors will be made aware that they must ensure that the family are satisfied with the advice they give over the telephone All OOH doctors will be informed that terminally ill patients should be re-triaged 	31-12-06	The service accepts that terminally ill patients should be seen as a priority. This means that NHS 24's classification will not be changed.	Control room staff are to allocate these calls as priority and 'comfort' calls made as necessary	Dec 06
24100602 Craig Cunningham	Concerns regarding prescribing and dispensing of medication whilst an inpatient	CC will advise the patient should her prescription sheet be found that is missing from the case notes	31-12-06	Prescription sheet not found.	Nursing staff reminded of the importance of record keeping.	Feb 07
08110601 Craig Cunningham	Delay in a Treatment Room taking a blood sample	There are plans to re-organise Hunter Health Centre's Treatment Room services with the introduction of a dedicated phlebotomy service	1-3-07	Complaint regarding the delay was upheld	Work to introduce the new service is due to commence in the next few weeks. Regardless, routine waiting times have been significantly reduced from the time of the complaint.	Dec 07

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
30110601 Geoff Sage	No further acupuncture being provided following a six week programme	Meeting arranged with patient's son: <ul style="list-style-type: none"> • GP to review patient and consider referring to: <ul style="list-style-type: none"> - a Consultant specialising in osteoporosis - a Consultant specialising in pain control - physiotherapy for a more extended course of acupuncture 	1-3-07	GP has referred patient back to Physiotherapy Dept. Pt has been given an appointment for 18 April for a new course of acupuncture	Review effectiveness of new course of treatment	Ongoing
07120603 Geoff Sage	Concerns regarding access to Speech and Language Therapy	The specialist in Hearing Impairment will provide further support for the SLT based within Hamilton School for the Deaf and will support the child's therapy	1-2-07	SLT has undergone a shadowing exercise with the Lead Specialist for Hearing Impairment and has had a further discussion with regard to the child	No further action required	Apr 07
22110601 Geoff Sage	Concerns about a delay in receiving a podiatry appointment	Appointment arranged for 12/1/07 and sooner if there is a cancellation	1-2-07	Appt given 19-12-06	Pt receiving regular appts at Blantyre HC	Dec 06
29110601 Geoff Sage	Concern regarding the use of an intercom system to gain access to the Audiology Department – Princes Gate, Hamilton	This matter will again be raised when staff next meet with the landlord	1-2-07	There has been a site visit by the new agent. Awaiting quotes on a new intercom system	Await feedback from agent	Ongoing
13120603 Dr Alison Thom	Appointments with Consultant Psychiatrist not recorded and access to CBT being significantly delayed	A meeting is being convened with clinical and administrative staff, and operational managers to review and improve on the service provided	1-3-07	Appointment procedures have been reviewed	Changes to procedure are now being monitored	Ongoing

ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (January – March 2007)

North CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
22020702 Geraldine Queen	Concern raised regarding the administration of a child's MMR vaccination.	<p>Review with the Personnel Department, the Team Leader and nursing staff within the health centre, why there was no other nurse available within the team who had the required skills to immunise children</p> <p>Discussing with the GP Practice:</p> <ul style="list-style-type: none"> • whether Practice Nurses can assist with childhood immunisations • increase the number of immunisation clinics • review alternative accommodation for carrying out immunisation clinics • review job descriptions against activity of the public health nurses in conjunction with the Personnel Department 	1-4-07	<p>Meet with Practice and GPs/Practice Nurse agreed to assist in the catch up process.</p> <p>Also meet with (SIRS) Team Leader and Practice Manager to review availability of appointments and agreed a process to maintain new levels.</p> <p>Alternative accommodation not suitable but it was felt that situation could be dealt within existing accommodation.</p> <p>Advice from Personnel that this was within the HV job description.</p>	<p>Team Leader to continue to monitor situation and discuss any potential problems with Practice manager referring on any issues outwith her responsibility to SDM.</p> <p>Internal audit are to conduct an immunisation audit across the organisation.</p>	May 07
28030701 Geraldine Queen	Distribution company drivers damaged patio door, which later fell and injured a child	On reviewing drop points, it has been stressed to delivery staff that no deliveries should be left at alternate drop points unless specified or documented. If verbal authorisation is given, this will then be passed to the Continence Service and after confirming with the patient/carer will be added to the summary sheet.	1-6-07	The incident has reinforced the importance of following HDS procedures to CAS staff, distribution and supplies staff.	The distribution company has offered to pay for the repair to the patio doors and an ex gratia payment for the child. Awaiting response from parents.	Ongoing

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
06020701 Eleanor Wilson	Delay in receiving podiatry treatment	In April several staff who are on maternity leave will return to work, which will allow the Podiatry Department to review the situation	1-5-07	Two Team Leaders from other Localities proactively managing the service	New appt will commence on 13-8-07	Ongoing
26020702 Richard Burgon	Delay in receiving the results of tests	Scottish Executive requests NHSL to review processes around unforeseen and planned absences and to consider whether arrangements can be put in place to ensure that any delays can be avoided in the future	1-5-07	Review undertaken but no significant change as current procedures are working well	No further action	31-5-07
22030701 Richard Burgon	Initial swab test showed a false positive result	NHSL will liaise with the Scottish Neisseria Gonorrhoea Reference Laboratory (SNGRL) to clarify their requirements on specific collection methods. This information will then be shared across other NHS Boards as required	1-6-07	Contact with SNGRL ongoing	Await outcome and review opportunities to share lessons learned across NHS Scotland	Ongoing

South CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
07020701 Marilyn Aitken	Concern raised in regard to two GP OOH home consultations	OOH Clinical Director will be discussing with one of the GPs, prophylactic antibiotic prescribing in muscular dystrophy	9-3-07	Action completed	No further action required; one off clinical situation	09/03/07
09020701 Marilyn Aitken	Concern raised in regard to the attitude of a GP during a home visit	OOH Service Manager will monitor the GP's future conduct in terms of attitude and communication	30-6-07	Action completed. No further issues raised in relation to this GP.	No further action required – monitoring period completed	30/06/07
29010701 Marilyn Aitken	Concern following attendance at Lanark PCEC, as patient later required to be admitted to hospital	Pulse oximeters have now been ordered for Lanark PCEC so that oxygen saturation levels can be measured when required		Action completed; pulse oximeters have been provided for use in all PCEC & for home visit cars	No further action required	15/04/07
15120604 Marilyn Aitken	The delay and then non-attendance of the OOH GP	There is now a procedure for staff to make a “comfort call” to the patient or relative, should the service be unable to meet NHS 24’s time request. This call must give an approximate time of the doctor’s arrival so that the patient and relatives are kept informed. By March 2007, the dispatch of calls will change to particular staff having sole responsibility for dispatching home visit calls rather than the current position of staff being involved in various areas of dispatch.	31-3-07	Action completed. Procedure in place	No further action required	31/03/07
26020701 Marilyn Aitken	Concern raised regarding the lack of care and support provided via the Minor Injuries Service – Kello Hospital	All staff have been reminded that there is 24 hour access to the services at Kello Hospital, especially the Minor Injuries Service	1-4-07	Action completed	No further action required – all staff are aware of 24 hour access	14/03/07

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
14030703 Marilyn Aitken	Concern raised regarding access to A&E – WGH and the OOH service	<p>The signage for the public access doors to A&E needs to be improved</p> <p>There is going to be a meeting between the OOH Service Manager and A&E to review the interface between the two services</p> <p>The OOH Service Manager will put in place guidance for staff on how an emergency situation should be dealt with.</p> <p>Reception staff will be encouraged to ask patients whom they are speaking to on the phone, to hold on should an emergency situation arise</p>		<p>A bigger sign is now fitted to the ambulance entrance door directing visitors to use the main door.</p> <p>The sign for the wheel chair store has been replaced with a bigger sign.</p> <p>Summit has also fitted a barrier on each side of the main entrance from the bollards to the wall. This ensures visitors access from the front rather than the side as sensors were not opening the doors.</p>	Review OOH staff guidance on managing emergency situations	Ongoing
13020703 Marilyn Aitken	Various concerns raised regarding the lack of service received from the Early Supported Discharge Team (ESD)	<p>MA has requested a response from the Orthopaedic Clinic Team in regard to providing a written referral with detailed changes in progress and a clear plan for appropriate physiotherapy rehabilitation.</p> <p>The ESD Team will review how it communicates with patients and their families to ensure there is open communication from the outset.</p>	1-5-07	<p>Consultant Orthopaedic Surgeon discussed concerns raised with patient, who was then satisfied with the explanation given. MA wrote to complainant advising of the above consultation.</p> <p>The Team Leader has reinforced with staff that clear communication is essential. Clear details given to all clients in relation to service which they will receive and service criteria reviewed.</p>	No further action required.	11-4-07
08030702 Dr Alison Thom	A request for a change in Consultant Psychiatrist	Request that another Consultant Psychiatrist take over patient's care	1-6-07	Patient has new Consultant Psychiatrist	No further action	1-6-07

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments – including sharing with others	Completion Date
11010702 Craig Cunningham	Concern regarding the delay in a child accessing Speech and Language Therapy	The child has now been offered a block of therapy to work on specific sounds and for continued assessment of language, which the SLT will monitor	1-4-07	SLT staff provided service to patient	SLT staff continue to review waiting lists and needs of individual patients and prioritise accordingly	31-7-07
20020701 Geoff Sage	The SLT Department is not meeting all of a child's needs	<p>Agreed actions following a meeting with the parent Include:</p> <ul style="list-style-type: none"> • The child will continue to attend the language group he is attending at Beckford Lodge until the summer • After completion of this group the SLT will carry out a formal language and speech sound assessment, dependent on the child's readiness and ability to be assessed formally. This will then inform future intervention, which may include a summer group – Hamilton. • The SLT will visit the Nursery to advise them on strategies that they could be using with the child in the Nursery setting and will make contact with the Learning Support Teacher. • The Clinic Co-ordinator will speak with the SLT regarding the parents being given feedback on what has been covered in each group session. • The Clinic Co-ordinator will investigate and clarify the purpose of the group running at Auchinraith Nursery. • The Professional Lead will discuss these issues with the SLT Team Leaders to ensure that SLTs have contact with any relevant parties involved with a child e.g. Nursery School. 		<p>Child did attend language group.</p> <p>Child has attended for several individual appointments which have allowed for assessment – both formal and informal – of his speech and language skills.</p> <p>Child will now attend for 4-6 individual sessions to work on his speech sound system, and will then be put forward for either continued 1:1 therapy or another, more advanced group. This may involve a short wait, which will allow for consolidation of skills.</p> <p>SLT will visit nursery once the new term has started. A diary scheme has also been put in place to allow the therapist and nursery to communicate regularly. A method for providing feedback has been agreed.</p>	SLT Team Leader has discussed issues with team, to raise awareness of need to remain in contact will all parties involved.	31-8-07

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
15010701 Craig Cunningham	Various concerns in regard to a child's access to SLT services	<ul style="list-style-type: none"> • The Professional Lead has agreed to put in place across NHSL's SLT service, a procedure where, when a patient is taken on for SLT the patient/carer will be given the telephone number of the clinic they are attending and information regarding the days the SLT is in attendance at that clinic as well as the tel number for the SLT's base. The tel numbers for the SLT Team Leader and the Professional Lead –SLT will also be provided. • When appointments are sent, patients will be given two weeks notice in writing of an appointment, other than a cancellation. • Contact Locality GM regarding the purchase of an answering machine for Strathaven Health Centre. • Discuss with Practices either having information to give patients/carers regarding contact numbers for the service or to have a note of timetables. Team Leader will discuss this with her Team Leader colleagues across NHSL and ask GM to raise this at a Locality level. • Team leader and SLT will discuss with the Locality Clinic Co-ordinator the way in which this patient was discharged. • The SLT will produce an NHSL list of speech sound development with age ranges for acquisition of sounds which must be used and adhered to by all SLT staff across NHSL. If a child's speech sounds are developing normally they should not be taken on for treatment. When a child is taken on for treatment and achieves what is expected developmentally, they will be discharged. The parents must be told to contact the department if the speech sounds have not been acquired by the developmental age. • The Professional Lead will discuss with Team Leaders the carrying out of spot checks on new patients and discharged patients from the service to establish their experience of the service. 		The various actions introduced will help avoid such an issue arising again in so far as the Department will have a record of all information given to the patient / relative.	The additional action taken around anticipated development may also help alleviate pressure on the Department due to unrealistic patient expectation of both speech development and the role of the service i.e. the difference between the child being able to make the sounds and then whether they choose to use them.	1-4-07

