

Acute Services Division Complaints Annual Report 2007/08

1 Executive Summary

In the course of their work, NHS Lanarkshire staff receive many expressions of thanks directly from patients and their families for the care they receive. However, we recognise that there will be occasions when things do not go as well as they might or when we fail to meet expectations. In these circumstances, we would encourage patients or their relatives to discuss their issues with staff. If they do wish to make a more formal complaint we have a procedure in place that reflects the guidance to the NHS.

This report reviews performance in managing formal complaints received during 2007/08, comparing this with the experience of previous years. Selected data are also given on informal verbal concerns raised with the hospital complaints officers.

474 formal complaints were received in 2007/08, a fall of 13% on the previous year. To give this some degree of context, this equates to one formal complaint for every 1416 patient episodes.

As in previous years, the principal issues raised in these formal complaints continued to be around clinical treatment; staff attitude, behaviour or communication; and waiting times. This also reflects national experience. Recent experience has shown that complaints are becoming increasingly complex, often involving more than one clinical specialty, and patient and relative expectations of the service continue to rise.

Experience suggests that anxiety and frustration on the part of the complainant rise with the length of time they wait for a response. However, the speed of that response must be balanced with the degree of investigation required and the availability of staff to comment; the increasing complexity of the issues raised makes this all the more challenging. The national target for responding to formal complaints is 20 working days. This was achieved in 99% of cases, the same as in 2006/07. This high level of performance compares extremely favourably with available national comparisons and demonstrates our clear commitment to responding promptly to issues raised with us. The latest available national statistics are those for 2006/07. These show that the national average for responding within the target time was 57%.

Where an individual is unhappy with the response they receive to a formal complaint, we hope that they will feel able to speak with us so that their remaining concerns can be addressed. However, complainants have the right to take their complaint directly to the Scottish Public Services Ombudsman should they be dissatisfied with the response they receive from NHS Lanarkshire. During 2007/08 the Ombudsman issued seven reports on complaints raised with her and decided not to investigate a further seven. At the year-end reports were awaited on seven complaints.

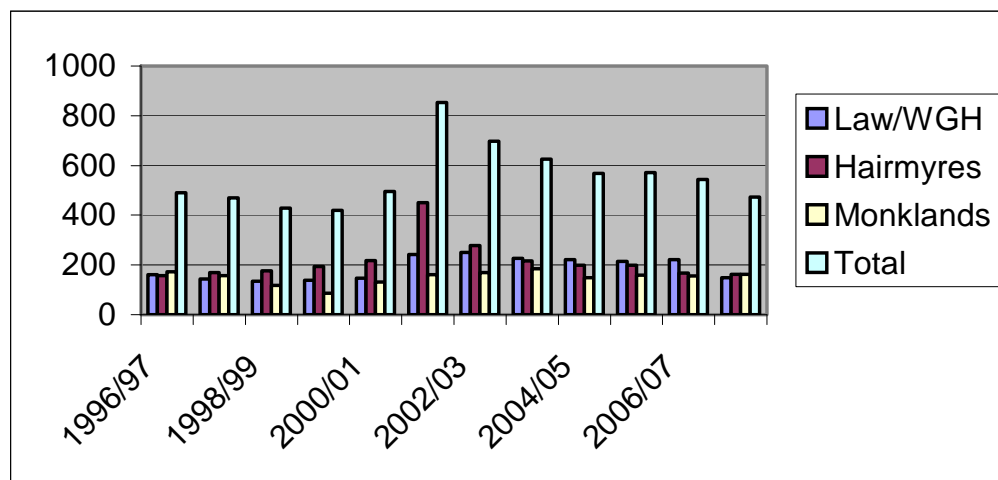
Since 1 September 2006 an agreement has been in place with a consortium of local Citizens Advice Bureaux for the provision of an independent advice and support service (IASS). The service is intended to support individuals with queries or complaints who may feel unable to raise the matter with us directly. Complaints management staff and the designated caseworkers from IASS meet regularly to review any trends in issues being raised. 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. The number of individuals using this service has, however, remained low and ways of further promoting what it can offer are being explored.

The complaints staff continued to participate in a national pilot of complaints equality monitoring. A questionnaire is sent to the complainant with the acknowledgement of their complaint and are returned directly to the Information & Statistics Division (ISD) in Edinburgh for analysis. Feedback suggests that no correlation has yet been identified between the issues being raised in complaints and particular equalities groups. In order to validate this, the pilot is being extended across Scotland for the first six months of 2008/09.

The Head of Patient Affairs was a member of a sub-group of the national Patient Experience Programme which focussed on developing systems for learning from complaints. One of the group's main objectives was to refine and expand the data gathered on complaints received across Scotland. A revised dataset has been agreed and ISD is in discussion with the companies who supply complaints management / risk management software to NHS Boards to allow this to be introduced.

2 Formal Complaints Received

A total of 474 formal complaints were received between 1 April 2007 and 31 March 2008, down 13% on the previous year. All were acknowledged within the national target of 3 working days. The graph below illustrates the downward trend in formal complaints since the peak when the re-developed Hairmyres Hospital and Wishaw General Hospital were opened.



Complaints are recorded against both the site and the Clinical Division, as illustrated in the table below. The figures in brackets are those for 2006/07.

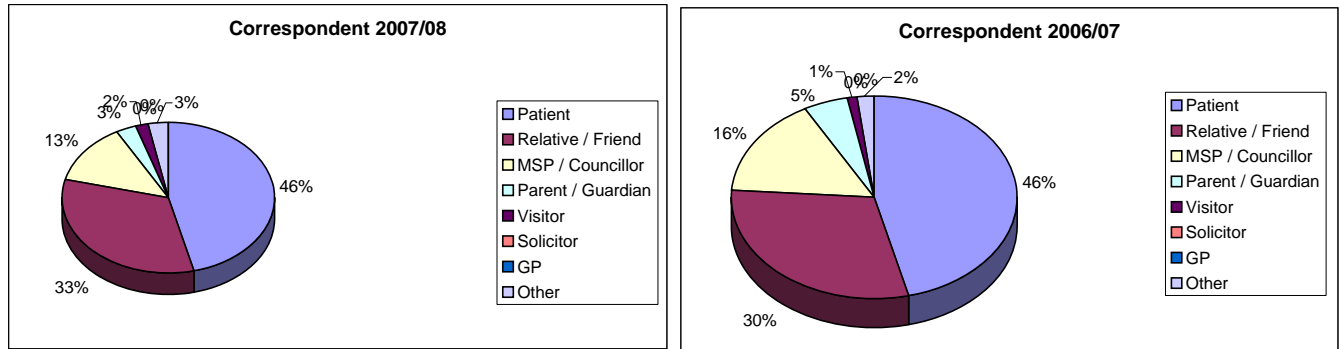
	Emergency & Medical	Surgical & Critical Care	Women's, Cancer & Diagnostic	Other	Total 2007/08	Total 2006/07
Hairmyres	59 (66)	79 (72)	10 (16)	14 (14)	162	168
Monklands	61 (68)	77 (66)	5 (9)	20 (12)	163	155
Wishaw	66 (79)	37 (87)	36 (42)	10 (13)	149	221
Total 07/08	186 (213)	193 (225)	51 (67)	44 (39)	474	
Total 06/07						544

Although the numbers of formal complaints received at Hairmyres and Monklands hospitals were broadly the same as in 2006/07, Wishaw General Hospital saw a reduction of 33%. Contained within that is a fall of 57% in complaints relating to the Surgical & Critical Care Division. This relates largely to Orthopaedics where the number fell from 43 to 14.

Appendix I provides details of the specialties about which the formal complaints were made. A complaint may cover more than one specialty; however, only the principal one is recorded. In addition to the change within Orthopaedics at Wishaw General Hospital, the other most marked variances were in Ophthalmology and Orthopaedics at Hairmyres Hospital and Gynaecology at Wishaw General Hospital, each of which saw an increase.

3 Correspondent

The graphs below illustrate the source of complaints by correspondent.



Yet again, the majority of formal complaints (54%) were received from someone other than the patient. In these cases, for reasons of confidentiality, consent was sought from the patient or (where the patient had died or was incapable of giving consent) their next of kin before the complaint was investigated.

4 Issues raised in formal complaints

For national statistical purposes, a maximum of three “issues” may be recorded for each complaint received. A more detailed breakdown can be found in Appendix II.

There has been a significant decrease in the issues raised in formal complaints from 747 to 606. The main areas of concern continued to be staff attitude / behaviour and oral communication (which between them accounted for 172 of the issues raised), waiting times for an appointment or admission (77 of the issues) and clinical treatment (197 of the issues). In some cases it is felt that poor communication between staff and patients or their relatives has led to a poor understanding of the treatment plan and hence a complaint. It is hoped that the work to develop customer care standards, which encourage staff to use “plain English” and to take account of the needs of the individual, will improve matters.

During the year, recurring themes in both formal and informal complaints were about the Referral Management Service and the availability of bariatric surgery.

5 Informal Complaints Received

Individuals may have concerns but do not wish to pursue them through the formal complaints procedure. The majority of these are resolved directly with ward staff. However, in order to gain a broader picture of patient opinion, concerns raised with and resolved through the hospital complaints officers outwith the formal complaints procedure are also recorded. As has been the case in previous years, Monklands Hospital addressed substantially more concerns through this mechanism than the other two sites.

	Emergency & Medical	Surgical & Critical Care	Women's, Cancer & Diagnostic	Other	Total 2007/08	Total 2006/07
Hairmyres	24	33	9	24	90	88
Monklands	63	78	16	50	207	177
Wishaw	32	30	5	1	68	63
Total 07/08	119	141	30	75	365	
Total 06/07						328

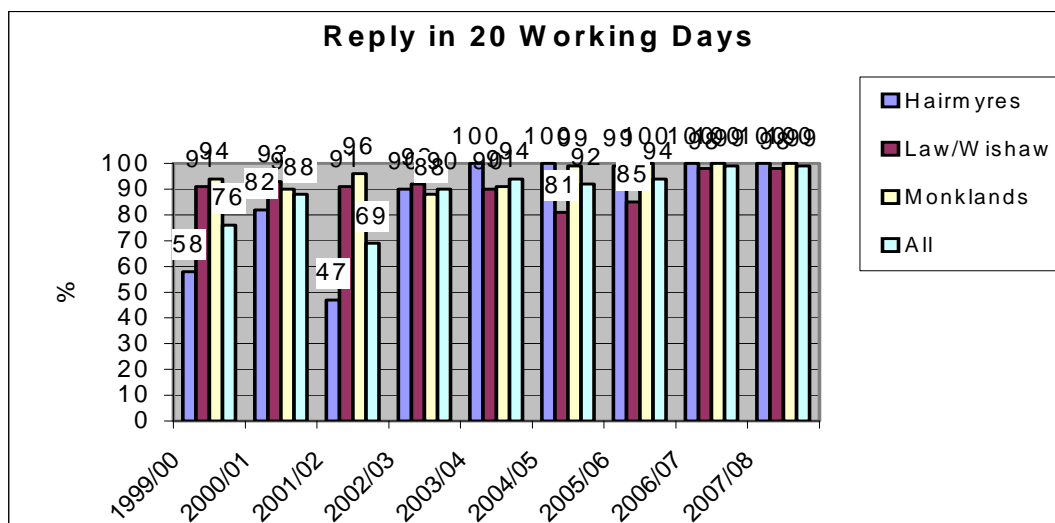
Appendix III provides details of the specialties to which informal complaints related

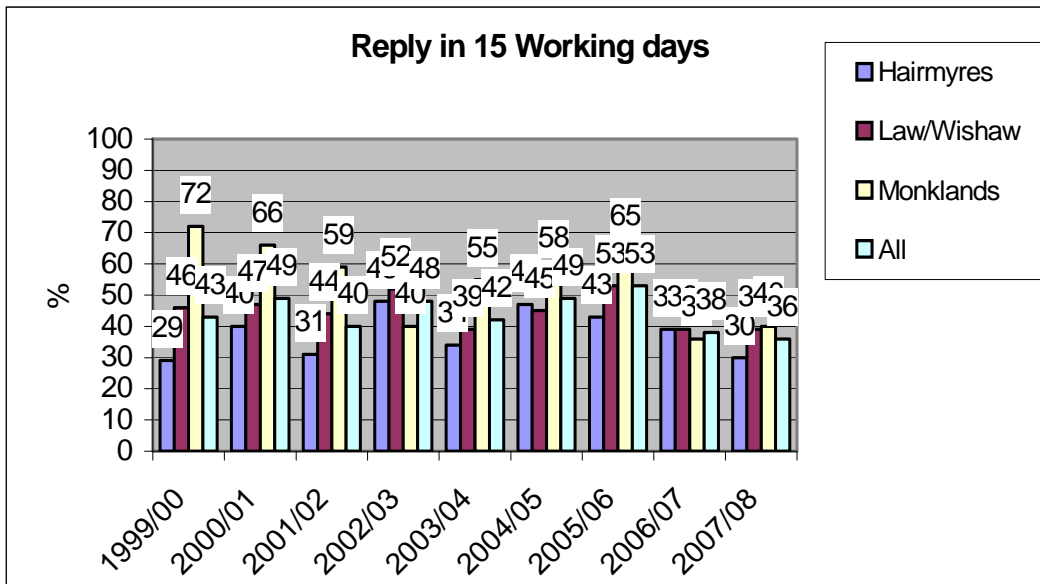
6 Issues raised in informal complaints

Using the ISD categories, Appendix IV provides a breakdown of issues raised in informal complaints. These revolved around the same areas as formal complaints.

7 Responses Sent to Formal Complaints

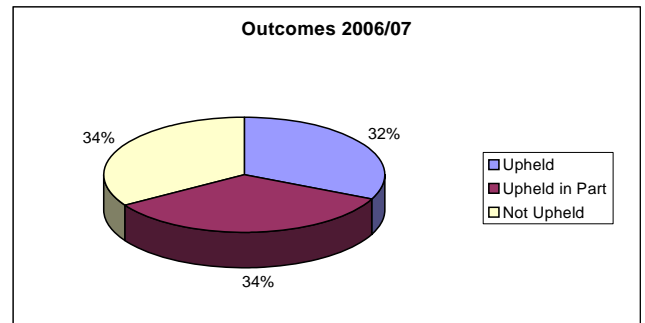
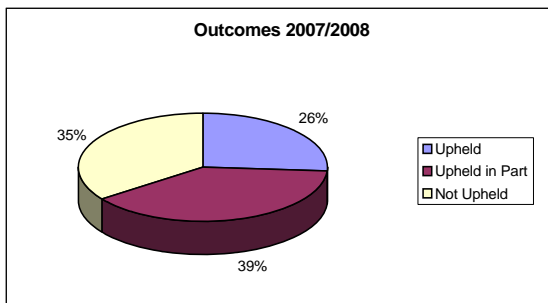
The national target of responding to complaints in 20 working days was achieved in 99% of cases in 2007/08, the same as in the preceding year. This demonstrates the firm commitment of all staff to responding promptly and compares extremely favourably with national figures. Slightly disappointingly, the local target of responding within 15 working days was achieved in 36%, a slight reduction on 2006/07. This may in part be explained by the growing complexity of complaints relating to clinical care.





8 Outcomes

National arrangements require that a judgement be taken as to whether or not a complaint was justified. This is clearly a subjective decision but is one that is taken as objectively as possible. In order to monitor consistency, an audit of outcomes assigned is undertaken twice-yearly.



An indication of actions taken in light of complaints can be found in Appendix V.

9 Scottish Public Services Ombudsman

Changes made in April 2005 to the NHS complaints procedure and changes within the Scottish Public Services Ombudsman's office make it likely that more complaints will be put to the Ombudsman than in previous years.

During 2007/08 the Ombudsman's office issued seven reports relating to the Acute Services Division. Brief details of the findings in relation to these complaints are as follows. An individual action plan was developed to address any recommendations made and to ensure learning across the system.

- Before and after the patient saw a consultant at the hospital, the waiting times he had been subjected to were unreasonable (not upheld); the patient felt that he had not experienced continuity of treatment and his individual personal circumstances were not taken into account (not upheld); the patient's confidential information was misused and that this may have influenced the attitude of those involved with his subsequent care (not upheld).
- The Board failed to properly administer the patient's referral to the Medical Oncology Unit and to follow-up when the patient did not attend his appointment (upheld); the Board did not respond appropriately to the patient's complaint about their failings (upheld); the GP Practice failed to identify that the patient was not aware of his referral to the Medical Oncology Unit (not upheld).
- There was a delay by doctors in diagnosing that the patient was suffering from cancer of the cervix (upheld).
- Treatment received for back pain at the hospital was inadequate (not upheld); treatment received for an eye problem at the Hospital was inadequate (not upheld).
- Between 12 October 2005 and 13 October 2005 nursing staff failed to adequately monitor the patient's diabetic condition (not upheld).
- Nursing staff failed to adequately supervise and monitor the patient's condition (not upheld).
- The patient's fluid retention was not treated correctly (upheld); the patient's death certificate was completed incorrectly (upheld).

The Ombudsman also decided not to investigate a further seven complaints. Reports were awaited at the year-end on seven complaints.

	Hairmyres	Monklands	Wishaw	Total
Carried forward from 2006/07	4	7	4	15
New requests for papers	2	3	3	8
No further action	1	3	3	7
Decisions to investigate	1	1		2
Investigation reports issued	2	3	2	7
Decisions pending at year-end			2	2
Reports pending at year-end	3	4		7

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Head of Patient Affairs
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Formal Complaints by Clinical Division and Specialty

APPENDIX I

EMS	Hairmyres						Monklands						Wishaw						07/08	06/07
	OP	DC	IP	Other	07/8	06/7	OP	DC	IP	Other	07/8	06/7	OP	DC	IP	Other	07/8	06/7		
A&E	10		4	1	15	23	8				8	15	20		9	1	30	34	53	72
Cardiology	1		1		2	2	4		3		7	8	1		1		2	2	11	12
Older People			11		11	7			12		12	10	1		2		3	4	26	21
Dermatology	4				4	5	3		2		5	2	2				2	2	11	9
Diabetes	1				1	4	3				3							2	4	6
Emergency Care									12		12	9			3		3	7	15	16
Gastroenterology	2				2		1				1	3	5		2		7	2	10	5
General Medicine	2		20		22	23	1		9		10	17	2		15		17	23	49	63
ID												1								1
Neurology						2	1				1		1				1	2	2	4
Renal							1				1	2							1	2
Respiratory	2				2				1		1									3
Rheumatology						1						1	1				1	1	1	3
SCC																				
Anaesthetics								1	1		2	1	1				1	1	3	2
Breast	2		1		3							1	1		1		2	4	5	5
Colorectal													1		1		2	3	2	3
ENT						6	1		2		3	6	2				2	2	5	14
General Surgery	8	3	9		20	26	7		12		19	16	5	1	5		11	17	50	59
Ophthalmology	15		2		17	8	8	1			9	1						5	26	14
Oral/Max	2				2	2	1		1		2	3						1	4	6
Orthopaedics	17	1	8		26	17	10	2	10		22	19	10		4		14	43	62	79
Plastics						1	1				1							2	1	3
Thoracic						4														4
Urology	6	1			7	8	9	1	8	1	19	19	1		1		2	4	28	31
Vascular	2	1			3								1		2		3	5	6	5
WCD																				
Gynaecology	4	1			5	9						4	4	1	6		11	2	16	15
Laboratories						1	1				1							4	1	5
Infertility							1				1	1			1		1		2	1
Obstetrics													7		12		19	26	19	26
Oncology		1	1		2	3						1			3		3	3	5	7
Pharmacy									1		1							1	1	1
Radiology	4				4	2	1		1		2	3	2				2	6	8	11
Other																				
PSSD	1		3	2	6	13	1		2	11	14	10	2			4	6	6	26	29
Medical Records	6	1		1	8		6				6	2	3		1		4	3	18	5
AHPs						1												4		5
Total	89	9	60	4	162	168	69	5	76	13	163	155	73	2	69	5	149	221	474	544

APPENDIX II

Issues Raised in Formal Complaints

Category	Hairmyres						Monklands						Wishaw							
	EMS	SCC	WCD	Other	07/08	06/07	EMS	SCC	WCD	Other	07/08	06/07	EMS	SCC	WCD	Other	07/08	06/07	07/08	06/07
Staffing																				
Attitude/ Behaviour	8	19	3	1	31	25	14	6			20	18	17	7	4	1	29	24	80	67
Complaint Handling																				
Comms - written	2	4			6	12	3	5	2	1	11	10	2	1	1		4	8	21	30
Comms – oral	5	11	3	2	21	20	30	25			55	61	7	1	7	1	16	41	92	122
Shortage/ Availability	1				1	3						2			1		1	4	2	9
Competence	3	2	1		6			1			1	2	6	1	2		9	2	16	4
Waiting Times for																				
Date for admission/ attendance	1	7			8	19		11			11	16		4	2		6	24	25	59
Date for appointment	4	9	1	1	15	12	4	10		2	16	13	5	4	2		11	29	42	54
Result of tests						4	3	3			6	6	2		2		4	6	10	16
Delays in/at																				
Admission/ transfer/ discharge	2	1		1	4	5	1	3			4	8	2	4	2		8	26	16	39
Outpatient and other clinics	1	5		2	8	5	1			1	2	7	1	2		1	4	10	14	22
Environment/ Domestic																				
Premises (inc access)		1		3	4	7		1		5	6	6				4	4	2	14	15
Aids, appliances, equipment						1	1	1			2								2	1
Catering		1		3	4	7	1	1		3	5	4						2	9	13
Cleanliness/ laundry	2	1			3	6	1	1		4	6	5	2		1	2	5	4	14	15
Patient privacy/ dignity		1			1					1	1	3	2	1	1		4	2	6	5

Category	Hairmyres						Monklands						Wishaw							
	EMS	SCC	WCD	Other	07/08	06/07	EMS	SCC	WCD	Other	07/08	06/07	EMS	SCC	WCD	Other	07/08	06/07	07/08	06/07
Patient property/ expenses						1	1	2			3	2						2	3	5
Patient status/ discrimination													1				1		1	
Personal records				1	1	3	2	2	1	2	7	6			1	2	3	2	11	11
Shortage of beds		1			1	3						3							1	6
Mixed accommodation																				
Hospital acquired infection (MRSA)							2				2	3	1				1	1	3	4
Procedural issues																				
Failure to follow agreed procedure	1				1							1							1	1
Policy & commercial decisions		1			1	2	2	2			4	1	1	2	2		5	5	10	8
NHS Board purchasing																				
Mortuary/ post mortem arrangements																				
Treatment																				
Clinical treatment	31	28	4		63	65	35	36	2		73	79	31	13	17		61	82	197	226
Consent to treatment	1				1	1		1			1	4	1				1		3	5
Transport arrangements	1	2			3	5	1			1	2		1				1	1	6	6
Other								1	1	2	4	1	1	1		1	3	3	7	4
TOTAL	63	94	12	14	183	206	102	112	6	22	242	261	83	41	45	12	181	280	606	747

Informal Complaints by Clinical Division and Specialty

APPENDIX III

	Hairmyres						Monklands						Wishaw						07/08 Total	06/07 Total
	OP	DC	IP	Other	07/8	06/7	OP	DC	IP	Other	07/8	06/7	OP	DC	IP	Other	07/8	06/7		
EMS																				
A&E	4		2		6	4	7		1	3	11	10	12		1		13	8	30	22
Cardiology	3				3	2	1		5	1	7	7	2		1		3		13	9
Older People			1		1	4			7		7	9			1		1		9	13
Dermatology						2	2				2	7							2	9
Diabetes	1				1	2	1				1	3	1				1		3	5
Emergency Care									3	1	4	8			2		2	1	6	9
Gastroenterology							2				2	3							2	3
General Medicine	1		11		12	10	4		11	2	17	13	3		6	1	10	6	39	29
ID/BBV							1		1		2	3							2	3
Neurology	1				1		3				3	2	1				1	4	5	6
Renal							2		1		3	1							3	1
Respiratory						1	2		2		4	1							4	2
Rheumatology												1	1				1		1	1
SCC Breast	1				1		2				2							1	3	1
Colo-rectal	1	1			2		1				1		1	1			2		5	
Endoscopy									1		1								1	
ENT						3	7		3	1	11	5	3				3		14	8
General Surgery	2	3	6	1	12	17	4	2	9		15	18	4	1	5		10	4	37	39
Ophthalmology	5				5	8	3				3	4	1				1		9	12
Oral/Max						1	2				2	2							2	3
Orthopaedics	3	1	2		6	7	13	2	14		29	18	10		1		11	15	46	40
Plastics						1	2				2	1							2	2
Urology	6				6	13	6		7		13	16	2				2	1	21	30
Vascular				1	1										1		1		2	
WCD																				
Gynaecology	5				5	7						1	1				1	5	6	13
Laboratories							3				3	3							3	3
Infertility							1				1								1	
Obstetrics													1		1	1	3	9	3	9
Oncology		1	1		2	1	1		1		2		1				1	1	5	2
Pharmacy			1		1							1							1	1
Radiology						1	5				5	8						5	5	14
Other																				
PSSD	4			2	6	4	9		4	6	19	22						3	25	29
Medical Records	18				18		31				31	9				1	1		50	9
AHPs	1				1		3		1		4	1							5	1
Total					90	88	118	4	71	14	207	177	44	2	19	3	68	63	365	328

APPENDIX IV

Issues Raised in Informal Complaints

Category	Hairmyres						Monklands						Wishaw							
	EMS	SCC	WCD	Other	07/08	06/07	EMS	SCC	WCD	Other	07/08	06/07	EMS	SCC	WCD	Other	07/08	06/07	07/08	06/07
Staffing																				
Attitude/ Behaviour	5	2	2	1	10	5	12	7	2	5	26	24	11	2	1		14	4	50	33
Complaint Handling						1														1
Comms - written	3	3		3	9	6	6	8	1	4	19	18	2	9		1	12	3	40	27
Comms – oral	1	3	2	13	19	15	16	22	4	18	60	60	10	10	1		21	15	100	90
Shortage/ Availability						1														1
Competence	1	3		1	5							2		1			1	1	6	3
Waiting Times for																				
Date for admission/ attendance		3		1	4	3		8			8	11		2			2	6	14	20
Date for appointment	2	1		1	4	8	8	19	4	9	40	34	3	2			5	7	49	49
Result of tests	1	3	1		5	14	2	2	2		6	6	1				1	9	12	29
Delays in/at																				
Admission/ transfer/ discharge	1	3	1		5	4	1	8			9	10	1	1			2	5	16	19
Outpatient and other clinics		4	1	1	6	4	2	2	1		5	3		3			3		14	7
Environment/ Domestic																				
Premises (inc access)				3	3	2				8	8	14						3	11	19
Aids, appliances, equipment		1			1	1	1			2	3	2							4	3
Catering						2						5								7
Cleanliness/ laundry						1	1				1	5							1	6
Patient privacy/ dignity																		1		1

Category	Hairmyres						Monklands						Wishaw							
	EMS	SCC	WCD	Other	07/08	06/07	EMS	SCC	WCD	Other	07/08	06/07	EMS	SCC	WCD	Other	07/08	06/07	07/08	06/07
Patient property/ expenses		1			1	2	3	1		3	7	3	1				1		9	5
Patient status/ discrimination						1														1
Personal records						2		1		1	4								1	6
Shortage of beds									1	1			1	1			2	1	3	1
Mixed accommodation																				
Hospital acquired infection (MRSA)							1			1	3								1	3
Procedural issues																				
Failure to follow agreed procedure																				
Policy & commercial decisions								1	1	2								6	2	6
NHS Board purchasing																				
Mortuary/ post mortem arrangements																				
Treatment																				
Clinical treatment	9	6	1		16	12	21	16	1	38	28	6	5	1			12	20	66	60
Consent to treatment							1			1									1	
Transport arrangements						3	3	2		1	6	2	1	1	1		3		9	5
Other	1		1		2	1			2	2	1	1				1	3	5	5	
TOTAL	24	33	9	24	90	88	78	97	17	52	244	235	38	37	4	1	80	84	414	407

ACTIONS TAKEN IN LIGHT OF COMPLAINTS

April – June 2007

Issue	Action Taken	Information shared with other sites
A&E department cold (H)	Problem caused by patients smoking at door. Staff reminded to make sure smokers are the appropriate distance away from the building which will stop the doors from opening and closing constantly. Thermostat on warmer above door also turned up.	No – local operational issue
A&E vending machines continually out of order (H)	New machine put in place. Other repaired.	No – local operational issue
Patient had pubic hair singed during procedure (H)	Clinical incident review – caused by wrong sterilizing fluid being used during the procedure.	Yes
Nurse parked in disabled space (H)	All nursing staff reminded that disabled spaces should not be used unless appropriate.	No – local operational issue
Concerns raised regarding nursing care and diet (M)	Debrief meeting held with ward nursing staff to discuss issues raised. The type of food available for elderly patients was also discussed and the Senior Nurse advised that the comments made would be taken to the local Food, Fluid and Nutrition Committee.	Yes
Abuse of the disabled parking spaces by members of hospital staff (M)	Assurance given that, should an NHS Lanarkshire member of staff be found to be inappropriately using a designated disabled space, appropriate action would be taken.	No – local operational issue
Patient discharged without medication. Waiting time for date of appointment for trial of voiding (M)	Ward Manager discussed the oversights with the Registered nursing staff within the ward in an effort to ensure that this situation does not happen to another patient.	No – local operational issue
Patient was not given interim discharge letters following discharge from ward and was waiting at the front entrance rather than in the ward. Communication regarding condition (M)	Debrief meeting held with ward nursing staff to discuss issues raised. Associate Medical Director wrote to consultant staff within the Surgical and Critical Care Division at Monklands Hospital regarding discharge summaries/letters. Additionally, the Consultant Surgeon followed up the concerns raised with their own medical junior team.	No – local operational issue
Attitude and behaviour of nursing staff, communication and nursing care (M)	Debrief meeting held with ward nursing staff to discuss issues raised. Nursing staff reminded of the need to ensure that they meet the requirements of all patient groups in a timeous manner and remain professional at all times when speaking to patients and their relatives.	No – local operational issue

Issues regarding nursing care (M)	Debrief meeting held with ward nursing staff to discuss issues raised. At the meeting it was stressed that if any member of staff discusses anything with family it should be written down, where possible. The Ward Manager was asked to take this on board and improve the method of recording such discussions and to include date and initial. Senior Nurse requested that a ward walk-round takes place at visiting times as this was a good opportunity to speak to relatives to let them know what was happening with the patient. The Ward Manager confirmed that this had been discussed at the ward meeting and walk-rounds would now take place within the ward.	No – local operational issue
Patient's toilet bag and top set of dentures were lost (M)	Ward Manager has discussed the concerns raised with her nursing team in an effort to reduce the likelihood of this type of incident recurring. Debrief meeting to be carried out with the ward.	No – local operational issue
Clinical treatment received by patient, cleanliness of ward (M)	Debrief meeting held with ward nursing staff to discuss issues raised. Family had expressed concern regarding the fact that a urine specimen had been requested, but was only obtained on the day of discharge. Senior Nurse requested that nursing staff reviewed this issue and feedback to the Ward Manager any proposals for improving the way requests for urine specimens are handled.	No – local operational issue
Patient suffering from pressure sores. Care was unacceptable and patient was neglected (M)	Debrief meeting held with ward nursing staff to discuss issues raised. Senior Nurse requested that the Staff Nurse and Clinical Support Worker (CSW) present at the meeting feedback to the trained nurses and the other CSWs that, if they see a patient who they think has an issue with their pressure areas, they should document this in the care plan and let someone know so a clinical judgement could be made on what to do next. The Senior Nurse also stressed the need to write everything down to support the nursing care which was being given.	No – local operational issue
Staff attitude and communication (M)	Senior Nurse, will speak to the staff involved and reiterate to them the importance of ensuring that patients are given privacy without causing offence.	No – local operational issue
Attitude and behaviour of staff member (M)	Department supervisor has spoken to all of the reception staff in the Department and reminded them of the need to remain professional at all times. Debrief meeting to be held with the member of staff involved.	No – local operational issue

Communication and nursing care (M)	Ward Manager has emphasised to nursing staff the importance of ensuring that on admission to the ward patients are made comfortable and given appropriate information at what can be a very anxious time. Debrief meeting to be held with ward nursing staff.	No – local operational issue
Attitude and behaviour of medical staff and issues regarding medical records (M)	Deputy Specialty Clinical Director has reminded Junior Doctors of the importance of completing casenote information timeously and accurately.	No – local operational issue
Delay in documentation being sent to Southern General Hospital (M)	Staff have been reminded of the importance of ensuring that all relevant documentation/information is forwarded with referrals. Debrief meeting to be held to discuss issues raised.	No – local operational issue
Waiting time for results of tests (M)	A review of procedures regarding test results within the department is taking place.	No – local operational issue
Nursing care and issues regarding a fall and missed fracture (M)	Deputy Specialty Clinical Director, to discuss the issues raised with the SHO who reviewed the x-ray. Debrief meeting to be held with ward nursing staff to discuss issues raised.	No – local operational issue
Waiting time at eye outpatient clinic – delays of 1 1/2 hours (W)	Adjustments have been made to the clinic profiles resulting in a marked improvement to the efficiency of the clinics	No – local operational issue
Misdiagnosis at A&E. Patient discharged home as having urinary tract infection, admitted later that day with ruptured appendix (W)	To be used as a case study for junior doctors	Yes
Patient discharged home with inadequate pain relief (W)	Issue was formally raised with member of staff involved and patient was reviewed at A&E	No – local operational issue
Male patient with dementia wandered into female patients room on several occasions – patient upset (W)	Extra nursing support provided to give one to one care to male patient	No – local operational issue

July – September 2007

Issue	Action Taken	Information shared with other sites
Patient attended clinic to be given injection that had not been approved by the Medical Director (H)	Medical Staff reminded of the process for applying for drugs that need to be approved by the Medical Director.	To be shared
Relatives of deceased patient felt that staff had been insensitive and did not show empathy (H)	Staff reminded of the importance of showing empathy with patients and relatives where appropriate.	No – local operational issue.
Misdiagnosis by junior medical staff (H)	Junior medical staff reminded of importance of discussing cases with senior clinical staff.	No – local operational issue.

Patient referred to Wishaw EPAS service instead of Hairmyres Hospital which is local hospital (H)	New process in EPAS for referrals.	No – local operational issue.
Patient waited extended period for referral to Plastic Surgery during holiday period (H)	Referral process for Plastic Surgery reviewed.	To be shared.
Staff did not appear to know the whereabouts of the patient when relatives arrived at the hospital (M)	The Ward Manager apologised for the breakdown in communication regarding the patient's whereabouts in the ward and reminded nursing staff of the importance of ensuring that family and relatives are provided with as much information as possible, at what can be a very distressing time.	No – local operational issue.
Patient was not put on waiting list for surgery following outpatient appointment (M)	Clinic letter was typed by the secretary and at this time a waiting list entry should have been created. The secretary apologised for this error. Subsequent to this complaint an Outpatient Clinic Information Form has been developed and is now in use. Medical staff at the outpatient clinic use the form to indicate to the secretary if a waiting list entry is required for a patient.	To be shared.
When patient attended the outpatient clinic their medical notes were not available (M)	Directorate Administrators to remind all staff of the importance of ensuring that the correct details are used when booking clinic appointments for patients to prevent a similar situation arising in the future.	No – local operational issue.
Appointment details on hand written appointment card were not clear (M)	Training will be undertaken by all secretaries regarding patient clinic bookings. Directorate Administrator will discuss with IT Department the possibility of the appointments being printed rather than hand written, to prevent a similar occurrence.	No – local operational issue.
Relatives of patient unhappy regarding communication with nursing staff. Family felt that patient was not attended to when required (M)	Ward Manager reminded staff of the importance of ensuring that when communicating with both patients and relatives they try to use language that is easily understandable and wherever possible limit the amount of medical terminology used, or give an explanation of its meaning. Ward Manager has reminded nursing staff of the importance of ensuring that patients' needs are met at all times.	No – local operational issue.
Delay in family being issued with cremation papers (W)	Review of process for completion of cremations papers to be undertaken by Associate Medical Director.	To be shared.
Elective caesarean cancelled as ward staff were not aware that theatre date allocated to patient was a public holiday for medical staff – no anaesthetist available (W)	Theatre diary held at ward level to be updated to include all medical staff's public holidays.	To be shared.

Unhappy about waiting time for ambulance on discharge. Requested use of wheelchair from hospital to transport patient home, unhappy that this was refused. Unhappy about attitude of staff member communicating information (W)	Charge Nurse spoke to staff involved in communicating with family.	No – local operational issue.
Failure to provide medical records following request from solicitor. Lack of communication from department (W)	All staff within Medical Records have been reminded of the need for good communication	To be shared.
Unhappy that medical records were “missing” from clinic. Unhappy with receptionist’s attitude regarding the matter (W)	Manager spoke to member of staff regarding his attitude.	No – local operational issue.
Patient’s blood tests were discarded and had to be repeated. Delay in receipt of results and staff failed to introduce themselves to patient at consultation (W)	Staff reminded of importance of ensuring protocols are followed when requesting blood tests/communication with patient.	No – local operational issue.

October – December 2007

Issue	Action Taken	Information shared with other sites
Ophthalmology clinic too fully booked (H)	Service Manager to review arrangements	No – local operational issue
Range of issues from patient attending Oncology Day Unit (H)	Information contained in complaint shared with nursing team in Unit; District Nursing referrals to be made in writing and filed in Unit; all members of the multi-disciplinary team to be kept informed of patients’ care plans	No – local operational issue
Arrangements of supported discharge not in place at time requested (H)	Discussion taking place between medical staff and Supported Discharge Team	No – local operational issue
Medical records not available at clinic (H)	Service Manager to review arrangements for ensuring patient’s casenotes are available when they are attending more than one hospital	To be shared
Confusion over arrangements for follow-up appointment (H)	Service Manager to examine administrative process when consultant works one more than one site	To be shared
Refusal to arrange transport home from A&E (H)	Clerical staff reminded to discuss requests with clinical staff	No – local operational issue
Various complaints about a ward (H)	Complaint shared with all staff in ward; the need for valuables to be stored safely reinforced; ward handovers documented on appropriate paperwork; mechanism for room allocation being reviewed; use of day room for meals being considered; nursing	No – local operational issue

	documentation to be regularly reviewed; audits of nursing care and carer satisfaction to be assessed	
Family requested confirmation that four-hourly observations were carried out (M)	Ward Manager to speak to Staff Nurse regarding recording of four-hourly observations	No – local operational issue
Patient was erroneously recorded as “did not attend” at outpatient clinic (M)	All reception staff reminded of the importance of ensuring that records are updated timeously	Yes
Next of kin was not notified that patient had fallen in the ward in the early hours of the morning (M)	The Charge Nurse has reminded nursing staff of the importance of ensuring that a patient’s relatives/next of kin are informed timeously of any incident that occurs on the ward. She has also requested that if nursing staff make a decision not to contact a relative/next of kin immediately, due to the time of day, and in an effort not to cause additional distress, then this information must be clearly documented and passed on to the nurse in charge of next shift	No – local operational issue
Staff member carrying out clinic cancellations omitted to cancel appointments due to be held at a Health Centre (M)	The Department Manager has advised that the procedure for the cancellation of clinics has recently been reviewed and revised and staff have been reminded of the importance of ensuring that when the department is notified of clinic cancellations all clinics are cancelled appropriately	To be shared
Patient complained of feeling cold and advised that they were spoken to like a child by nursing staff (M)	The Ward Manager has discussed the patient’s concerns with nursing staff regarding aspects of nursing care and communication	No – local operational issue
Patient was sent to wrong seating area of the outpatient clinic and experienced a delay in being seen (M)	Department Manager apologised for the error and advised that reception staff have been reminded of the importance of ensuring that clear directions are given to patients when advising them of the clinic waiting area	No – local operational issue
Patient advised that nursing staff did not observe her IV drip regularly and mail from relatives was not passed on (M)	Ward Manager apologised to the patient regarding her observations and reminded nursing staff to ensure that patients receiving IV fluids were checked regularly The Ward Manager explained that mail delivered to wards was usually distributed to the patients by the ward clerkess, if a patient was transferred to another ward or discharged home then their mail was redirected to them. The Ward Manager discussed the concerns raised by the patient with ward staff	No – local operational issue
Patient’s name was not displayed above the bed. Concerns raised regarding results of tests (M)	The Ward Manager apologised that the patient’s name was not displayed above the bed and advised that it was normal practice to do so. However, the patient would have also had a name band with identification details while in the ward.	No – local operational issue

	<p>The Consultant advises that he was not informed about one of the patient's heart blood tests prior to discharge. The Consultant advised that he would speak to the junior doctor who did not pass on the information regarding the blood results.</p>	
<p>Patient was unable to park in a disabled parking space (M)</p>	<p>Car parking staff speak to drivers who park inappropriately, including those who abuse disabled parking spaces. We will refocus our attention to the abuse of disabled parking spaces within the hospital.</p>	<p>No – local operational issue</p>
<p>Visitor unhappy at the level of cleanliness of the public toilets and there was no toilet tissue (M)</p>	<p>The department is currently looking to supply and fit a further tissue dispenser in each cubicle to address this issue. A review of the waste bin provision and frequency of emptying has also been undertaken and an additional clean is now included in the daily routine. The toilets also have a notice on the wall in the hand washing area advising that if any person is not happy with the condition of the toilets they are invited to contact Hotel Services on the number provided.</p> <p>The provision of the public toilets are currently under review with a view to having them upgraded and it is hoped that this work will enhance the facilities available for public use.</p>	<p>No – local operational issue</p>
<p>Patient assumed that appointment was due to take place at Hairmyres Hospital, as this was the address on the letterhead. On arrival at Hairmyres they were advised that the appointment was for Monklands Hospital (M)</p>	<p>The Referral Management Service have changed their letterhead and have removed "Hairmyres Hospital" from the address in an attempt to avoid any confusion regarding appointment venues in the future.</p>	<p>Action already taken centrally</p>
<p>Patient at end of life was given last rites in a four-bedded room during visiting time. Issues raised regarding communication, attitude and behaviour of nursing staff (M)</p>	<p>There are a limited number of single rooms throughout the hospital and staff regularly face problems trying to use the rooms for terminally ill patients or for patients who have to be barrier nursed due to infection. It was recognised that it is very important for patients who are dying to be treated with dignity and apologies were give for the distress caused to the family. The Consultant advised that meetings had been held recently to discuss end of life care, particularly in relation to patients who, reach a stage where they require privacy for their personal care. In addition, discussion has taken place regarding aspects of spiritual and supportive care for families and how we might improve on our current practice.</p>	<p>No – local operational issue</p>

	<p>The complainant was advised that the Senior Nurse would be meeting with nursing staff from the Ward to discuss the issues regarding staff attitude, communication and nursing treatment to review the lessons that could be learned.</p>	
<p>Complainant felt that the patient's observations were not carried out at regular intervals. The patient's elderly next of kin was informed of the patient's death with no other family members present (M)</p>	<p>On review of the case notes there was no evidence that observations were rechecked following a slight drop in saturation levels. This was raised with the Ward Manager and she agreed to speak to the Staff Nurse involved.</p> <p>The Staff Nurse who made the telephone call asked the next of kin to attend the hospital and bring a family member. However, the family member was held up in traffic and the Consultant made the difficult decision to speak to the next of kin when they arrived at the hospital regarding the patient's death rather than increase their anxiety by a further delay. Staff apologised for any additional distress that this may have caused.</p>	<p>No – local operational issue</p>
<p>Patient unhappy at the length of time taken to diagnose condition (M)</p>	<p>A follow up appointment should have been made 6 weeks after discharge, this was clearly documented within the notes, but for some reason did not take place until early July. An apology was given to the patient for this oversight. Staff have been reminded of the importance of ensuring that follow up clinic appointments are made timeously and accurately.</p>	<p>No – local operational issue</p>
<p>Patient's care was transferred to a different Consultant but the original clinic appointment was not cancelled. The patient was recuperating in Edinburgh following surgery and transport was sent to their home address in Lanarkshire for the 'cancelled' clinic appointment (M)</p>	<p>From our investigation a number of administrative issues were raised and measures were taken to resolve them for the benefit of other patients in this situation</p>	<p>Action already taken</p>
<p>Patient not happy regarding delays in clinical treatment received for a DVT. Concerns also raised regarding inappropriate discussion between medical staff in the presence of the patient (M)</p>	<p>Consultant felt that the possibility of a DVT should have been considered on the patient's second visit to the department. He apologised that the diagnosis was not considered at this time and further investigation arranged immediately. The Consultant has discussed the case with the doctor who saw the patient and he has appreciated this as a learning point for the future.</p>	<p>No – local operational issue</p>

	It would appear that there was some discussion between the Consultant and a trainee performing the examination at the time about the extent of the thrombosis. The Consultant offered his apologies that the patient found this distressing as it was not their intention to cause further distress.	
Patient's requests for a urinal were ignored by staff (M)	Charge Nurse has spoken to staff on duty that evening and stressed the importance of assisting patients with toileting.	No – local operational issue
Patient unhappy with explanation regarding operation to remove cyst which was not there (W)	It was highlighted that in future ultrasound/CT scans would be best repeated prior to surgery where there has been a significant delay.	No – local operational issue
Complaint from patient's mother about the attitude of her daughter's Consultant during outpatient appointment (W)	Highlighted issue to Southern General Patient Affairs Manager who referred patient to a new consultant. Mother and daughter happy with outcome.	No – local operational issue
Complaint from daughter about the attitude of the junior doctor whilst attending A & E with her father (W)	Duty consultant discussed the issues raised in complaint with junior doctor.	No – local operational issue
Family complained about general care of mother whilst in Hospital and circumstances surrounding her fall (W)	Meeting held with family to discuss their issues. Ward Manager will raise the family's concerns with the team at the next meeting.	No – local operational issue
Wife of patient complaining about the care of her husband whilst he was an inpatient (W)	Ward Manager addressed the issues raised with the staff involved.	No – local operational issue
Patient's condition went undiagnosed for almost 2 years (W)	Administrative error lead to GP letter not being brought to the attention of the relevant Consultant or his secretary. Secretaries spoken to regarding practices.	No – local operational issue
Patient complaining that no notification of the appointment was received by post, nor by phone and hence appointment not kept (W)	Agreed that we must phone patients on short notice to confirm attendance at appointments. Patient's case considered by Service Manger and new appointment to be offered.	No – local operational issue
Patient unhappy with treatment in A & E (W)	Issue regarding patient confidentiality highlighted to Porter Team Leader who will raise this issue and remind staff of the importance of patient confidentiality at the next team meeting.	No – local operational issue
Wife of patient unhappy at the ward's lack understanding regarding husband's disability (W)	Communication appears to have been the issue between transfer to Ward. Ward Manager will highlight the issues raised with staff at next meeting.	No – local operational issue
Patient complained that surgery was cancelled due to staff refusing to work past 5pm (W)	Issues being addressed by Senior Nurse, no resolution or outcome decided upon as yet.	No – local operational issue
Mother unhappy with the care of her son whilst in the Neonatal Unit (W)	Midwife involved in the care will no longer be involved in the baby's care as requested by the mother. The Neonatal Unit	No – local operational issue

	Coordinator has spoken with the midwife involved and highlighted the importance of communicating information with mothers.	
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January – March 2008

Issue	Action Taken	Information shared with other sites
Insufficient information made available to family regarding your patient's general condition and tendency to climb out of bed during the night. (H)	Such information will in future be provided to relatives when visiting the ward.	No – local operational issue.
Confused patient attempted to leave ward. (H)	Patient allocated a single room next to the nurse's station.	No – local operational issue.
Patient not seen when she attended Pre-assessment as computerised records were not updated. (H)	Reception staff reminded to check if any patient appears to be unattended within the waiting area.	No – local operational issue.
Blood sugar monitor was given to patient late, causing her anxiety. (H)	Patients to provided with and taught to use blood monitoring meters at a much earlier stage of their admission.	No – local operational issue.
Failure to involve relatives to obtain history relating to patient with dementia. (H)	Medical and nursing staff reminded to involve relatives as early as possible.	No – local operational issue.
Patient was not offered gluten free meals on a number of occasions during your admission. (H)	Property and Support Services Department to work with our Dietetics Department and catering service to address this.	No – local operational issue.
Family unhappy with patient's discharge arrangements. (M)	Apology given to family for the upset caused. Discharge Co-ordinator has discussed the issues with the discharge crews to review the lessons that can be learned.	No – local operational issue.
Waiting time for results of tests and issues regarding communication. (M)	Service Manager and Directorate Administrator held a debrief meeting with secretarial staff in the department to discuss the issues raised in the complaint and review the lessons that can be learned.	No – local operational issue.
Case notes were not available when patient attended clinic appointment. (M)	Health Records Manager has spoken to the Outpatient Reception Supervisor and reminded them of the importance of ensuring that patients are kept fully informed if there are problems regarding the location of their case notes.	No – local operational issue.
Nursing care and communication. (M)	DCN has spoken to nursing staff regarding comments about frequent laughter in the ward and she advised that nursing staff always tried to show compassion towards patients and their relatives DCN apologised for any distress this may have caused to the family and she has reminded nursing staff of the importance of remaining professional at all times.	No – local operational issue.

Nursing care and communication regarding adult patient with learning disabilities. (M)	Senior Nurse and Acute Liaison Nurse Practitioner, Adult Learning Disability Team to meet with nursing staff in the department to discuss the issues raised in the complaint and review the lessons that can be learned.	No – local operational issue.
Daughter unhappy with care her mother received in the wards. (M)	Senior Nurse to meet with nursing staff in the two wards involved to discuss the issues raised in the complaint and review the lessons that can be learned.	No – local operational issue.
Patient was discharged from the ward to a Nursing Home and the next of kin was not notified. (M)	Senior Nurse to meet with nursing staff in the ward to discuss the issues raised in the complaint and review the lessons that can be learned.	No – local operational issue.
Consultant did not discuss reasons for taking patient off fluids with the next of kin. (M)	Apology given to next of kin regarding communication. Consultant recognised that the communication around some of the issues raised could have been handled differently and therefore has made changes in their practice when communicating with families.	No – local operational issue.
Family unhappy with care given to patient. (M)	Ward Manager apologised for the Staff Nurse being unable to provide the family with information regarding the patient's condition. She has spoken to nursing staff to remind them of the importance of ensuring that they remain professional at all times and ensure that appropriate and accurate information is provided to families when requested. Senior Nurse, to meet with nursing staff in the ward to discuss the issues raised in the complaint and the lessons that can be learned.	No – local operational issue.
Concerns regarding basic nursing care in two wards. (M)	Charge Nurse has reminded nursing staff of the importance of remaining professional at all times when communicating with patients and their relatives. Senior Nurse to meet with nursing staff in the two wards involved to discuss the issues raised in the complaint and review the lessons that can be learned.	No – local operational issue.
Patient's daughter unhappy that her mother's appointment was not cancelled before arriving at the Hospital, which caused her mother unnecessary travel and undue stress. (W)	Staff involved in error have been spoken to and the importance of ensuring accuracy when communicating with patients has been reiterated.	No – local operational issue.
Lack of communication between wards and nursing staff and the length of time patient waited to be seen by a doctor. (W)	Issue regarding ineffective communication has been addressed with the staff. Acknowledged that waiting time was excessive, and this was found to be due to excessive levels of activity in the unit on that day.	No – local operational issue.

Patient unhappy with circumstances leading up to the miscarriage of her baby. (W)	Complaint highlighted deficits in service which are being addressed by the team. Patient information leaflet for late miscarriages is being developed as result of complaint highlighting the need for this information.	No – local operational issue.
Patient complaining about lack of treatment in A&E, doctors' attitude and length of wait time. (W)	Acknowledged excessive wait time, which was due to high levels of activity in the department on that day.	No – local operational issue.
GP Practice unhappy with communication from A&E department which was on a green paper towel and given to patient to take hand into the practice. (W)	Established that no headed paper kept in A&E Dept. Incident occurred on 1 st January 2008 and doctor thought this was a quick way of communication with GP. New communication forms introduced by Consultant for use by staff to communicate with GP or Practice Nurse quickly. Forms sent to practice for comments/feedback.	No – local operational issue.
Unable to contact RMS to change appointment. Number on appointment card was for the site secretaries and they could not help either. Took 2 days to get through to RMS. (W)	RMS advised they continue to review queue waiting times. They are also reviewing contact numbers on appointment letters but site number for the unit will remain on the appointment card.	Yes – Board-wide service.
Complaint about the considerable length of time it took for the results of tests to be sent to his GP. (W)	The Department had recruitment issues at that particular time that have now been resolved.	No – local operational issue.
Complaint about misdiagnosis in the A&E Department which was later diagnosed at another A&E. (W)	Diagnosis made by based on clinical findings etc at the time. The matter has been discussed internally and a meeting then took place with the complaint.	No – local operational issue.
Complaint about the waiting time for an appointment with the EPAS, and in particular lack of service over the weekend. (W)	Service Manager has advised that the service is due to be expanded with the introduction of a Saturday morning service is becoming available.	No – local operational issue.
Complaint about 4 th appointment to the dermatology service being cancelled. (W)	Clinic was on hold. However, locum now identified to cover the clinic.	No – local operational issue.
Complaint about the attitude of the Community Midwives and the wrong information being given to the patient over the phone. (W)	The Service Manager has discussed the issue with the staff involved and reiterated the importance of providing accurate information.	No – local operational issue.
Complaint about the attitude of midwives and the wrong information being given out. (W)	The Service Manager has discussed the issue with the staff involved and reiterated the importance of providing accurate information.	No – local operational issue.
Complaint about the length of time it took for the results of tests to be sent to his GP. (W)	The Department identified annual leave and sickness as the reason for the delay. System now in place whereby Directorate Administrator is notified of any backlog in any area.	No – local operational issue.