

## **2009-10 Statistics Tables – Explanatory Notes and Commentary**

After local authorities, the NHS is traditionally the sector about which we receive the next highest number of complaints in a year. As we say in our Annual Report, this is to be expected, given the way in which both sectors touch the lives of so many of Scotland's citizens. And we also know that each year authorities satisfactorily resolve many more complaints directly with members of the public.

The information provided consists of the statistics we recorded for 2008-09 and 2009-10, plus these explanatory notes and commentary. I'd encourage you to take time to review these and consider how you might use the information in taking forward your service improvement work.

### ***Highland NHS Board***

#### **Complaints received**

*Table 1* details in bold the number of complaints we received for your Board for 2008-09 and 2009-10, alongside the total of complaints about the NHS for these years. The complaints are categorised by subject area, some of which are fairly broad. The subjects shown are confined to the main issue that the complainant raised with us, and many of the complaints will also have had other issues involved. The table also shows whether the complaint was about an FHS provider, the Board itself etc. In the majority of Boards the main area of complaint was, unsurprisingly, about clinical treatment/diagnosis. Rates of complaint about this subject ranged from 40 to 60 per cent across the larger regional Boards.

We recorded 37 complaints about your Board in 2009-10, compared to 32 in the previous year. Although we received more complaints about the Board in 2009-10, when taken as a percentage of the total number of complaints we received about the NHS in each year it shows a very slight drop (from 4.7% of the total complaints received to 4.3%).

#### **Complaints determined**

*Table 2* shows the outcomes of complaints that the SPSO determined about your Board in 2009-10 - i.e. it shows what we did with them. In most of the cases, we will have written and told you that we had received a complaint, and what our decision on it was. Normally we will also have sent you a copy of our decision letter to the complainant. We may not, however, have told you about all of the cases that we determined as premature, depending on the circumstances of the case. (There is an explanation of this in the FAQs on the Statistics page of our website.) The final section of these explanatory notes deals with the investigated complaints on which we reported to the Parliament.

The table also shows whether the complaint was about an FHS provider, the Board itself etc. After discussion with some Board representatives last year we agreed that it would not be helpful to break these down further by subject matter, given that our subject codes differ from those used by the NHS.

Please note that received and determined numbers do not normally tally exactly, and it is normal for us to carry some cases forward. This is because our work on a complaint received in one business year may not be completed until the following year. This is particularly relevant to health cases - for example we may find we need to obtain clinical advice, and this can take time.

### **Complaints determined as 'premature'**

We determine some complaints as 'premature'. We consider a complaint to be premature when it reaches us before it has completed the NHS complaints process. There may be a number of reasons that people send us complaints too early – sometimes they have not tried to make the complaint to the NHS at all, sometimes they have made the complaint but come to us before they receive a final response. When we receive a premature complaint, we normally return it to the complainant and ask them to make the complaint directly to the relevant authority, or to contact the authority about it again. If it returns to us after that we will reopen the case. We may, however, accept a complaint before it has completed the process if it is clear that there has been significant delay by the authority in sending a response.

The number of premature complaints that we receive about the NHS is in fact very low compared to other sectors. This may reflect the fact that there is only a single-stage process involved. However, it may be worth considering whether there is any more that you can do to ensure that staff are aware of the process and can tell people how to access it and that members of the public have easy access to NHS complaints leaflets in premises within your Board area.

### **Investigated Complaints and Recommendations**

We investigated and reported on two complaints about your Board in 2009-10, both of which we upheld. The attached summary sheet shows these complaints and the recommendations made. You will be aware that SPSO complaints reviewers follow up to find out what changes have been made as a result of our recommendations.

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We hope that you find this summary useful. We are aware from our consultation that the way in which we categorise complaints does not mirror the NHS way of doing so, and it would be useful to know if any further explanation of our categories is required. We'd also welcome any other thoughts you may have on the information presented and ways in which we can further improve this feedback to you, which we plan to provide annually in future if Health Boards find it useful.

If you have any comments about this or enquiries about the statistics provided, please contact Annie White, SPSO Casework Knowledge Manager, on 0131 240 8843 or email [awhite@spsso.org.uk](mailto:awhite@spsso.org.uk).

*Statistical reports for all years are available on the SPSO website at:*

<http://www.spsso.org.uk/statistics/index.php>

Table 1

## Highland NHS Board Area

Complaints Received by Subject		A GP or General Medical Practice	Highland NHS Board	Highland NHS Board Area Total	Complaints as % of total	Sector Total	Complaints as % of total
2009-10	Admission, discharge & transfer procedures	0	4	4	11%	15	2%
	Appliances, equipment & premises	0	0	0	0%	1	0%
	Appointments/admissions (delay, cancellation, waiting lists)	0	2	2	5%	48	6%
	Clinical treatment/diagnosis	4	11	15	41%	413	48%
	Communication, staff attitude, dignity, confidentiality	0	0	0	0%	91	11%
	Complaints by NHS staff	0	0	0	0%	2	0%
	Complaints handling	0	3	3	8%	20	2%
	Continuing care	0	0	0	0%	1	0%
	Failure to send ambulance/delay in sending ambulance	0	0	0	0%	6	1%
	Hygiene, cleanliness & infection control	0	0	0	0%	6	1%
	Lists	0	0	0	0%	7	1%
	Lists (incl difficulty registering and removal from lists)	0	0	0	0%	1	0%
	Nurses/nursing Care	0	0	0	0%	10	1%
	Other	0	0	0	0%	2	0%
	Policy/administration	0	9	9	24%	156	18%
	Record keeping	0	1	1	3%	7	1%
	Out of jurisdiction	0	0	0	0%	3	0%
	Subject unknown	0	3	3	8%	68	8%
	<b>Total</b>	<b>4</b>	<b>33</b>	<b>37</b>		<b>857</b>	
	2008-09	Admission, discharge & transfer procedures	0	1	1	3%	18
Appliances, equipment & premises		0	0	0	0%	1	0%
Appointments/admissions (delay, cancellation, waiting lists)		0	2	2	6%	23	3%
Clinical treatment/diagnosis		4	14	18	56%	374	55%
Communication, staff attitude, dignity, confidentiality		0	0	0	0%	62	9%
Complaints handling		0	1	1	3%	22	3%
Continuing care		0	1	1	3%	10	1%
Failure to send ambulance/delay in sending ambulance		0	0	0	0%	3	0%
Hotel services - food, laundry etc		0	0	0	0%	1	0%
Hygiene, cleanliness & infection control		0	0	0	0%	4	1%
Lists		0	0	0	0%	5	1%
Lists (incl difficulty registering and removal from lists)		0	0	0	0%	2	0%
Nurses/nursing care		0	1	1	3%	13	2%
Other		0	0	0	0%	1	0%
Policy/administration		2	4	6	19%	110	16%
Record keeping		0	0	0	0%	12	2%
Out of jurisdiction		0	1	1	3%	6	1%
Subject unknown		0	1	1	3%	17	2%
<b>Total</b>		<b>6</b>	<b>26</b>	<b>32</b>		<b>684</b>	

Table 2

## Highland NHS Board Area

Complaints Determined by Outcome			A GP or General Medical Practice	Highland NHS Board	Highland NHS Board Area Total	Sector Total
2009-10	Assessment	Discontinued before investigation	0	2	2	160
		Discretionary decision not to pursue	0	0	0	1
		Other	0	2	2	7
		Out of jurisdiction	0	5	5	60
		Premature	0	9	9	319
	<b>Total</b>	<b>0</b>	<b>18</b>	<b>18</b>	<b>547</b>	
	Examination	Discontinued before investigation	0	2	2	16
		Determined after detailed consideration	2	19	21	314
		<b>Total</b>	<b>2</b>	<b>21</b>	<b>23</b>	<b>330</b>
	Investigation	Report issued: fully upheld	1	1	2	33
		Report issued: not upheld	0	0	0	9
		Report issued: partially upheld	0	0	0	32
		<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>74</b>
	<b>Total</b>	<b>3</b>	<b>40</b>	<b>43</b>	<b>951</b>	
	2008-09	Assessment	Discontinued before investigation	1	5	6
Out of jurisdiction			0	2	2	52
Premature			0	3	3	182
<b>Total</b>			<b>1</b>	<b>10</b>	<b>11</b>	<b>366</b>
Examination		Determined after detailed consideration	2	10	12	193
		<b>Total</b>	<b>2</b>	<b>10</b>	<b>12</b>	<b>193</b>
Investigation		Discontinued during investigation	0	0	0	1
		Report issued: fully upheld	0	1	1	26
		Report issued: not upheld	0	3	3	27
		Report issued: partially upheld	0	3	3	46
<b>Total</b>		<b>0</b>	<b>7</b>	<b>7</b>	<b>100</b>	
<b>Total</b>		<b>3</b>	<b>27</b>	<b>30</b>	<b>659</b>	

Highland NHS Board

Published	Case Ref.	Summary	Overall Report Decision	Recommendation(s)
18/11/2009	200802376	the Board failed to provide Mr C with adequate care and treatment at Hospital 1 on 24 and 26 August 2008 (upheld).	upheld	apologise to Mr C in writing for the failing identified in this report and their failure to provide him with adequate care and treatment on 24 and 26 August 2008.  The Board have accepted the recommendations and will act on them accordingly.
19/08/2009	200800761	(a) the Practice delayed in examining Mr A after his family contacted them stating that he had chest pain on 28 June 2007 (upheld); and (b) the action taken to 'flag' Mr A's notes that he had special requirements was inadequate (upheld).	Upheld	(i) apologise to Mrs C for the delays in examining Mr A on 28 June 2007; (ii) organise a review of their triage systems and ensure that the revised procedures are communicated effectively to staff; (iii) apologise to Mrs C for the failure to effectively flag Mr A's notes; and (iv) consider how they can effectively flag the electronic records of a patient with significant health problems.  The Practice have accepted the recommendations and will act on them accordingly.