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.

Lanarkshire 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 47 complaints about your Board in 2009-10, compared to 45 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 slight drop (from 6.6% of the total complaints received to 5.5%).

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 five complaints about your Board in 2009-10. We partially upheld three and did not uphold two. 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@spso.org.uk .

Statistical reports for all years are available on the SPSO website at:
http://www.spso.org.uk/statistics/index.php

Table 1

	Complaints Received by Subject	Lanarkshire NHS Board Area: A Body Not Known	A Dentist or Dental Practice	A Family Health Service Provider (other than GP, Dentist or Pharmacist)	A GP or General Medical Practice	Lanarkshire NHS Board	**Lanarkshire NHS Board Area Total**	Complaints as % of total	**Sector Total**	Complaints as % of total
2009-10	Admission, discharge & transfer procedures	0	0	0	0	0	**0**	0%	**15**	2%
	Appliances, equipment & premises	0	0	0	0	0	**0**	0%	**1**	0%
	Appointments/admissions (delay, cancellation, waiting lists)	0	1	0	0	3	**4**	9%	**48**	6%
	Clinical treatment/diagnosis	0	1	0	3	15	**19**	40%	**413**	48%
	Communication, staff attitude, dignity, confidentiality	0	0	0	3	4	**7**	15%	**91**	11%
	Complaints by NHS staff	0	0	0	0	0	**0**	0%	**2**	0%
	Complaints handling	0	0	0	1	2	**3**	6%	**20**	2%
	Continuing care	0	0	0	0	0	**0**	0%	**1**	0%
	Failure to send ambulance/delay in sending ambulance	0	0	0	0	0	**0**	0%	**6**	1%
	Hygiene, cleanliness & infection control	0	0	0	0	0	**0**	0%	**6**	1%
	Lists	0	0	0	0	0	**0**	0%	**7**	1%
	Lists (incl difficulty registering and removal from lists)	0	0	0	0	0	**0**	0%	**1**	0%
	Nurses/nursing Care	0	0	0	0	2	**2**	4%	**10**	1%
	Other	0	0	0	0	0	**0**	0%	**2**	0%
	Policy/administration	0	0	0	1	4	**5**	11%	**156**	18%
	Record keeping	0	0	0	0	0	**0**	0%	**7**	1%
	Out of jurisdiction	0	0	0	0	0	**0**	0%	**3**	0%
	Subject unknown	0	0	0	0	7	**7**	15%	**68**	8%
	Total	**0**	**2**	**0**	**8**	**37**	**47**		**857**	
2008-09	Admission, discharge & transfer procedures	0	0	0	1	0	**1**	2%	**18**	3%
	Appliances, equipment & premises	0	0	0	0	0	**0**	0%	**1**	0%
	Appointments/admissions (delay, cancellation, waiting lists)	0	0	0	0	1	**1**	2%	**23**	3%
	Clinical treatment/diagnosis	0	1	0	8	15	**24**	53%	**374**	55%
	Communication, staff attitude, dignity, confidentiality	0	0	1	1	1	**3**	7%	**62**	9%
	Complaints handling	0	1	0	0	1	**2**	4%	**22**	3%
	Continuing care	0	0	0	0	1	**1**	2%	**10**	1%
	Failure to send ambulance/delay in sending ambulance	0	0	0	0	0	**0**	0%	**3**	0%
	Hotel services - food, laundry etc	0	0	0	0	1	**1**	2%	**1**	0%
	Hygiene, cleanliness & infection control	0	0	0	0	0	**0**	0%	**4**	1%
	Lists	0	0	0	2	0	**2**	4%	**5**	1%
	Lists (incl difficulty registering and removal from lists)	0	0	0	0	0	**0**	0%	**2**	0%
	Nurses/nursing care	0	0	0	0	0	**0**	0%	**13**	2%
	Other	0	0	0	0	0	**0**	0%	**1**	0%
	Policy/administration	1	0	0	3	4	**8**	18%	**110**	16%
	Record keeping	0	0	0	1	1	**2**	4%	**12**	2%
	Out of jurisdiction	0	0	0	0	0	**0**	0%	**6**	1%
	Subject unknown	0	0	0	0	0	**0**	0%	**17**	2%
	Total	**1**	**2**	**1**	**16**	**25**	**45**		**684**	

Table 2

Lanarkshire NHS Board Area

Complaints Determined by Outcome

			A Body Not Known	A Dentist or Dental Practice	A Family Health Service Provider (other than GP, Dentist or Pharmacist)	A GP or General Medical Practice	Lanarkshire NHS Board	**Lanarkshire NHS Board Area Total**	**Sector Total**
2009-10	Assessment	Discontinued before investigation	0	0	0	0	7	**7**	**160**
		Discretionary decision not to pursue	0	0	0	0	0	**0**	**1**
		Other	0	0	0	0	0	**0**	**7**
		Out of jurisdiction	0	0	0	2	2	**4**	**60**
		Premature	0	0	0	2	17	**19**	**319**
		Total	**0**	**0**	**0**	**4**	**26**	**30**	**547**
	Examination	Discontinued before investigation	0	0	0	1	0	**1**	**16**
		Determined after detailed consideration	0	2	0	3	10	**15**	**314**
		Total	**0**	**2**	**0**	**4**	**10**	**16**	**330**
	Investigation	Report issued: fully upheld	0	0	0	0	0	**0**	**33**
		Report issued: not upheld	0	0	0	1	1	**2**	**9**
		Report issued: partially upheld	0	0	0	0	3	**3**	**32**
		Total	**0**	**0**	**0**	**1**	**4**	**5**	**74**
	Total		**0**	**2**	**0**	**9**	**40**	**51**	**951**
2008-09	Assessment	Discontinued before investigation	1	0	0	3	6	10	**132**
		Out of jurisdiction	0	1	0	2	2	**5**	**52**
		Premature	0	0	1	0	7	**8**	**182**
		Total	**1**	**1**	**1**	**5**	**15**	**23**	**366**
	Examination	Determined after detailed consideration	0	0	0	8	5	**13**	**193**
		Total	**0**	**0**	**0**	**8**	**5**	**13**	**193**
	Investigation	Discontinued during investigation	0	0	0	0	0	0	**1**
		Report issued: fully upheld	0	0	0	0	2	**2**	**26**
		Report issued: not upheld	0	0	0	1	1	**2**	**27**
		Report issued: partially upheld	0	0	0	0	5	**5**	**46**
		Total	**0**	**0**	**0**	**1**	**8**	**9**	**100**
	Total		**1**	**1**	**1**	**14**	**28**	**45**	**659**

Lanarkshire NHS Board

Published	Case Ref.	Summary	Overall Report Decision	Recommendation(s)
22/04/2009	200502797	the Board failed to appropriately assess Mrs A for NHS funded continuing care (not upheld).	not upheld	The Ombudsman has no recommendations to make.
17/06/2009	200800695	(a) the clinicians failed to obtain informed consent prior to surgery (upheld); (b) the decision not to provide the level of amputation requested by Mr C was unreasonable (not upheld); and (c) the overall treatment provided by the clinicians was inadequate (not upheld).	partially upheld	(i) apologise to Mr C for not obtaining informed consent; and (ii) consider whether procedures require to be amended, so that the surgeon is available at the pre-assessment clinic to discuss the level of amputation which is planned and to take consent. The Board have accepted the recommendations and will act on them accordingly
22/07/2009	200702704	(a) the standard of nursing care provided was inadequate (upheld); and (b) the decisions to cancel surgery were unreasonable (not upheld).	partially upheld	the Board: (i) undertake an urgent investigation into the nursing staff's failure to follow the correct procedure when administering a controlled substance; (ii) implement an action to address the failure to assess Mrs A's pain, using the Modified Early Warning System tool; (iii) implement a formal bed move policy which restricts any avoidable movement of vulnerable patients; (iv) clarify their policy on nursing confused patients, providing a copy of a relevant risk assessment for patients' mental capacity, along with an appropriate nursing action plan, to be adopted following a diagnosis of confusion; (v) remind staff of the importance of frequent vital observations, particularly after incidents where patients have sustained head injuries; (vi) remind staff of the importance of fully completing all significant documentation, paying particular attention to the omissions identified in this report; (vii) apologise to Miss C for the failings which have been identified in this report; and (viii) ensure that a proper multi-disciplinary approach to patient care is in place and seen to be effective. The Board have accepted the recommendations and will act on them accordingly.
23/09/2009	200800763	(a) the care and treatment provided to Ms C during her pregnancy was inadequate (upheld); (b) there were failings to ensure appropriate support was provided following the death of Baby A (upheld); and (c) the response to Mr and Ms C's complaint was not adequate (partially upheld, to the extent that full information was not provided at the time of Mr and Ms C's complaint).	partially upheld	(i) reassess the training provided to midwives on cardiotocographs, given the failure to recognise, record or follow up the deceleration correctly; (ii) review the use and purpose of the Board's telephone call records, given the failure to complete any record on 18 October 2007 and the presence on file of a badly completed record; (iii) apologise to Mr and Ms C for failing to recognise, record and respond appropriately to the deceleration; (iv) review their standard care pathway for bereaved parents, in light of the concerns raised in this report and the best practice examples elsewhere in NHS Scotland, and ensure that parents are given timely advice about counselling; (v) review the supervision arrangements for their ante-natal clinics taking into account the advice received in paragraph 17 and inform the Ombudsman of action taken as a result of this review; (vi) apologise to Mr and Ms C for failing to communicate with their GP, in line with their procedures, and for the time taken to provide them with information about counselling; and (vii) when responding to complaints, take into account the need to provide as full information as possible, particularly where interviews have been held with staff.
23/12/2009	200701396	the Practice wrongly removed Miss C, Mrs C and Mr C from their patient list (not upheld).	not upheld	The Ombudsman has no recommendations to make.