Parliamentary and Health Service Ombudsman

Making an impact

Annual Report 2009-10

Parliamentary and Health Service Ombudsman

Second report of the Parliamentary Commissioner for Administration
Session 2010/11
Presented to Parliament pursuant to section 10(4)
of the Parliamentary Commissioner Act 1967

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Session 2010/11
Presented to Parliament pursuant to section 14(4)
of the Health Service Commissioners Act 1993

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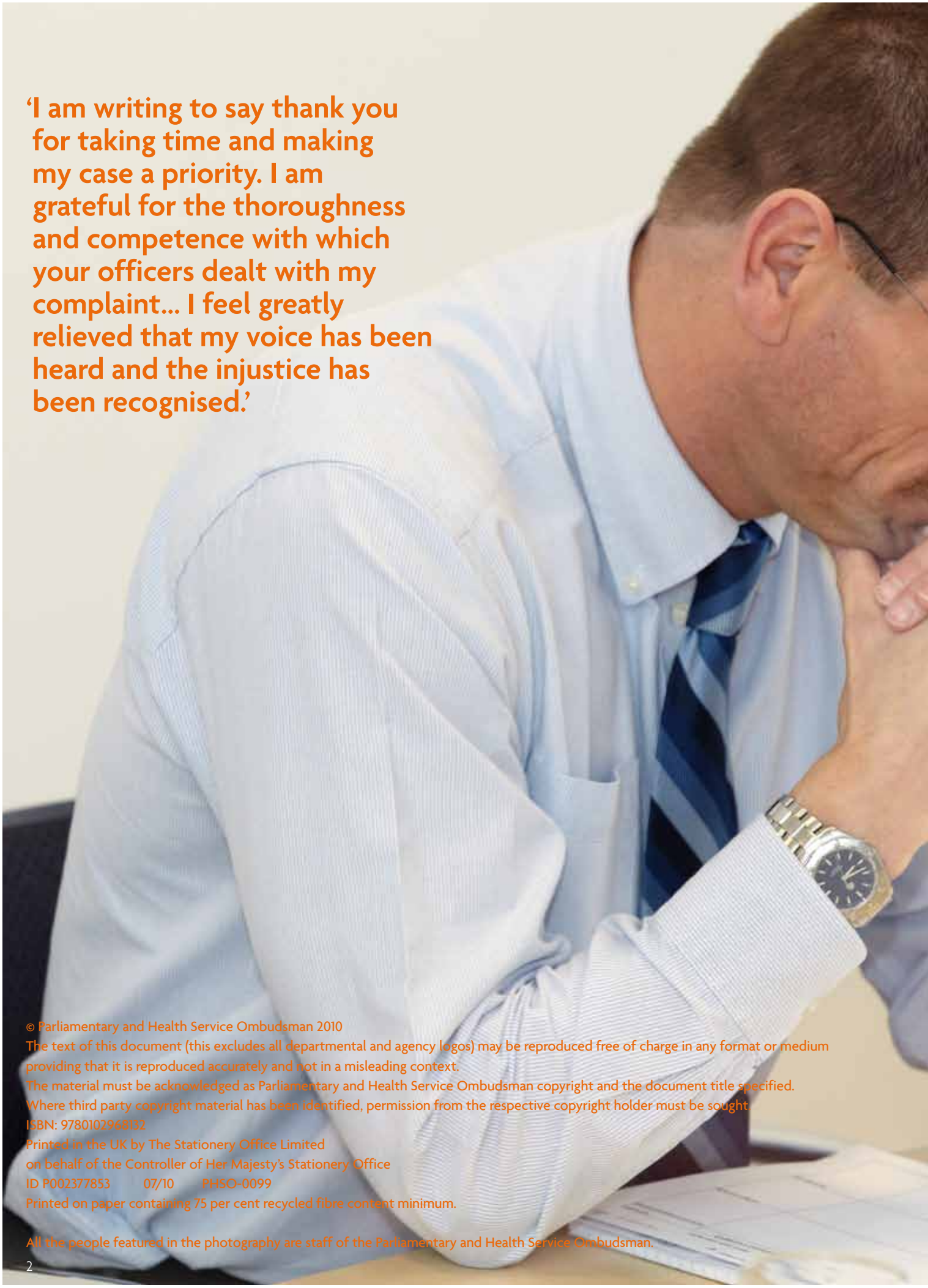

‘I am writing to say thank you for taking time and making my case a priority. I am grateful for the thoroughness and competence with which your officers dealt with my complaint... I feel greatly relieved that my voice has been heard and the injustice has been recognised.’

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All the people featured in the photography are staff of the Parliamentary and Health Service Ombudsman.

Contents

Our role, vision and values

The Parliamentary and Health Service Ombudsman (PHSO) exists to:

Provide a service to the public by undertaking independent investigations into complaints that government departments, a range of other public bodies in the UK, and the NHS in England, have not acted properly or fairly or have provided a poor service.

Our aim and vision is:

To provide an independent, high quality complaint handling service that rights individual wrongs, drives improvements in public services and informs public policy.

Values

Our values shape our behaviour, both as an organisation and as individuals working in PHSO, and incorporate the *Ombudsman's Principles*.

Excellence

We pursue excellence in all that we do in order to provide the best possible service:
- We seek feedback to achieve learning and continuous improvement
- We operate thorough and rigorous processes to reach sound, evidence-based judgments, and
- We are committed to enabling and developing our staff so that they can provide an excellent service.

Leadership

We lead by example so that our work will have a positive impact:
- We set high standards for ourselves and others
- We are an exemplar and provide expert advice in complaint handling, and
- We share learning to achieve improvement.

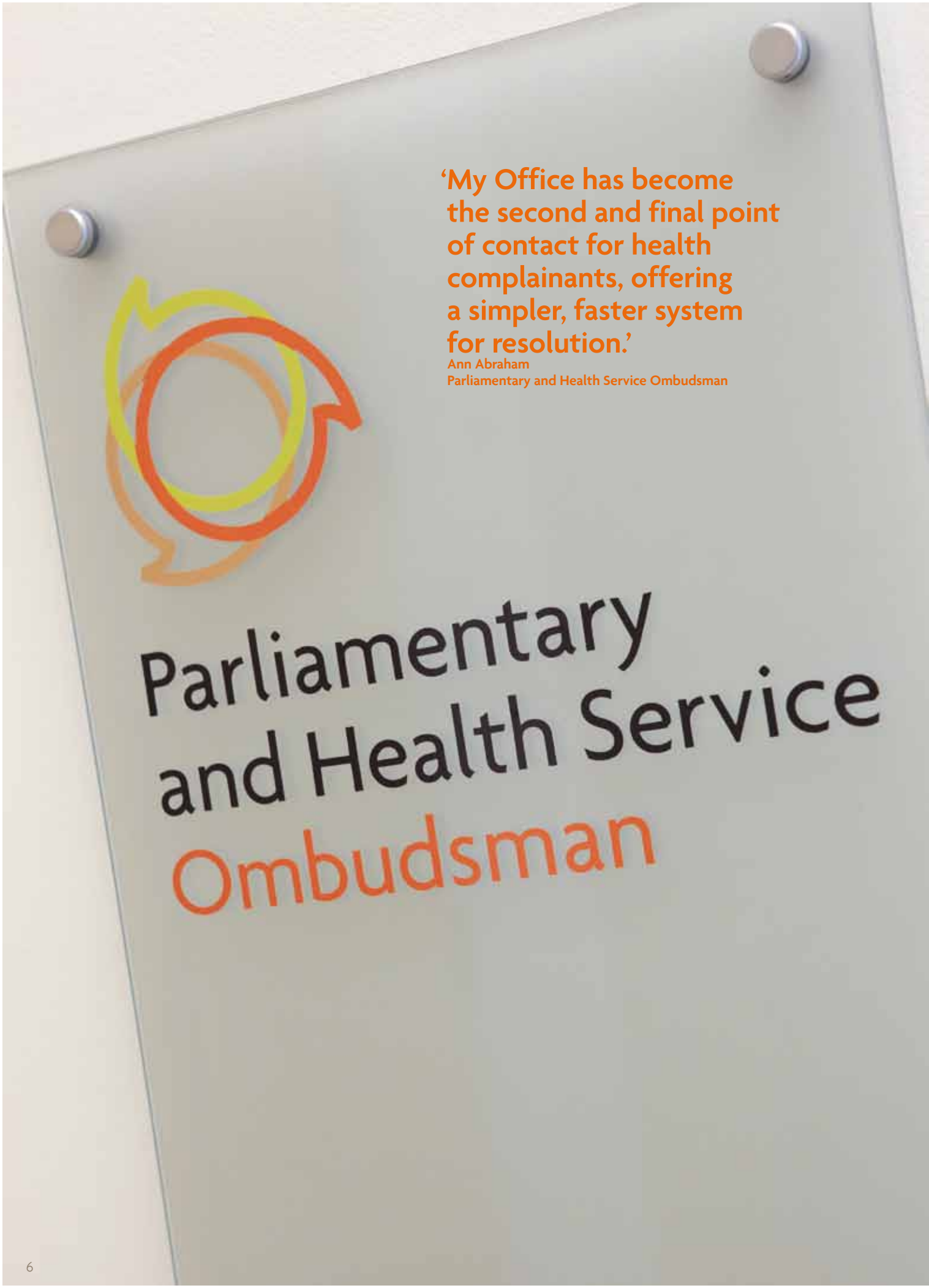
Integrity

We are open, honest and straightforward in all our dealings, and use time, money and resources effectively:
- We are consistent and transparent in our actions and decisions
- We take responsibility for our actions and hold ourselves accountable for all that we do, and
- We treat people fairly.

Diversity

We value people and their diversity and strive to be inclusive:
- We respect others, regardless of personal differences
- We listen to people to understand their needs and tailor our service accordingly, and
- We promote equal access to our service for all members of the community.

'We would like to thank you most sincerely for pursuing our case with vigour and fairness. Our faith in democracy is restored due to yourself. Many thanks.'



‘My Office has become the second and final point of contact for health complainants, offering a simpler, faster system for resolution.’

Ann Abraham
Parliamentary and Health Service Ombudsman

Foreword

The year 2009-10 has been one of real achievement for the Office of the Parliamentary and Health Service Ombudsman. During the year, we responded to more than 24,000 enquiries from members of the public, often drawing to conclusion complaints that were long-standing or protracted or that were having a debilitating impact on people's lives.

The new system of managing complaints about the NHS, which began on 1 April 2009, meant that we received, and dealt with, more than double the number of health enquiries compared with the previous year. My Office has become the second and final point of contact for health complainants, offering a simpler, faster system for resolution. Already, the impact of this is evident and where patients have experienced injustice, or have suffered as a result of poor administration, we have been able to listen to their experiences and, where appropriate, secure an apology or remedy for them. Such direct access to my Office offers a clear and straightforward route towards resolving complaints, helping to reduce the burden on the many people whose complaint stems from difficult or distressing personal circumstances. In order to manage such a significant increase in our workload, we opened a site in Manchester and recruited and trained new staff, all of whom have contributed to the success of the arrangements.

Of course, such reforms take time to become embedded, but I am confident that these changes will deliver a real, direct and timely impact on the way in which the NHS responds to and learns from complaints. Later this year, I will publish my first NHS Complaint Handling Performance Report, which will reflect on our experience of complaint handling across the NHS in England and pinpoint where change is needed in order to deliver a better service for patients and their families.

Sharing the learning from the complaints we receive and working with public bodies to help them get things right has always been a priority for my Office. Independent research conducted during the year shows how my recommendations can act as a catalyst for improvement in public services. Based on interviews with senior executives and front line practitioners working in bodies within my jurisdiction, the research findings demonstrate how an investigation can lead to substantive and direct change to the way in which an organisation operates. Those interviewed acknowledged the gravitas, independence and expertise my Office brings in helping them to resolve long-standing complaints and put things right for the future.

Time and again, it is small or seemingly insignificant oversights or errors that can cause real difficulty for individuals. In the autumn, I published *Small mistakes, big consequences*, which highlights the far-reaching impact that such mistakes can have on people's lives. Fortunately, a formal investigation by my Office is not always required and often a satisfactory outcome can be achieved through the intervention of my staff. This is a growing area of our work and in 2009-10 we more than doubled the number of enquiries resolved this way.

From time to time, I report to Parliament on the experiences of individuals who have suffered injustice as a result of maladministration or poor service by the State. In doing so, I am able to draw Members' attention to areas of systemic maladministration and to secure their support on the rare occasion that a Government body refuses to accede with my recommendations. This happened in January when in my report *Cold Comfort*, I called on the Rural Payments Agency (RPA) to apologise and pay compensation to farmers who had suffered as a result of the maladministration of the Single Payments Scheme. When the RPA and its sponsor body, Defra, refused to comply, the intervention of the Public Administration Select Committee ensured a change of heart, helping to remedy the injustice experienced by the farmers who had complained to me.

I am confident that the newly elected Parliament will continue to offer its support to the Ombudsman system in order to challenge injustice and drive improvements in public services. Yet, while the new arrangements for managing complaints about health care offer a direct route to my Office, an MP's referral is still required before I can accept a complaint about other public bodies. In the coming year, I will be seeking a range of views about this 'MP filter' and the impact that it has on citizens' access to the Ombudsman.

As I publish this *Annual Report*, thousands of individuals and families affected by the regulatory failure identified in my 2008 report *Equitable Life: A Decade of Failure* are awaiting the Government's *Equitable Life Payments Scheme Bill*, which raises the promise of redress for their loss. Like them, I hope that the Bill will remedy the injustice they have suffered and that the new Government's commitment to putting things right brings this saga to a speedy conclusion.

During the year I bade farewell to Advisory Board member Cecilia Wells and the Chair of my Audit Committee, Andrew Puddephatt, both of whom have worked alongside me for a number of years. My thanks go to them for their support and counsel. In their stead, we welcomed Tony Wright and Sir Jon Shortridge, who I am certain will continue the tradition of scrutiny and challenge offered by their predecessors.

As we look to the months ahead, it is evident that the delivery of good administration will be vital to the effective provision of public services in a straitened fiscal environment. My Office has a crucial role to play in helping Parliament hold public services to account in these areas and in highlighting areas for improvement. Poor customer service and maladministration wastes time and money. To ensure best value from limited resources, public bodies will need to get it right first time by focusing on their customers, acting fairly and transparently and seeking continuous improvement. Despite the challenges and uncertainties facing us all, I am confident that our achievements in the past twelve months place us in a strong position to continue to make an impact, for the benefit of individuals and the wider public, in the year ahead.

Ann Abraham
Parliamentary and Health Service Ombudsman
July 2010

Simplifying health complaints

The most significant event for us during 2009-10 was the introduction of the new health complaints system in England on 1 April 2009. Anyone who feels their complaint has not been handled satisfactorily by the NHS can now bring the matter directly to us. This new system means a simpler and more streamlined process for the public.

In the first year of this system, we received and dealt with 12,889 enquiries[1], covering 14,429 NHS health complaints – more than double the number we received the previous year (6,229 enquiries and 6,780 complaints).

For more information, turn to page 30.

Working to remedy injustice

The resolution of the injustice suffered by those affected by the prudential regulation of Equitable Life remained an important part of our work. In May 2009 we laid a special report, *Injustice unremedied*, before Parliament, to highlight that the then Government's proposals for an ex gratia payment scheme were inadequate as a means to remedy the injustice we had identified previously. This followed two reports by the Public Administration Select Committee which had endorsed our findings and recommendations and criticised the Government's response to our report. In May 2010, events took a more positive turn for Equitable Life policyholders when the newly established Coalition Government announced its commitment to implement our recommendations. For more information, turn to page 25.

Driving improvements

During the year we laid eight reports before Parliament, highlighting poor customer service or maladministration by public bodies. These included *Fast and Fair?*, a report on the UK Border Agency; *Environmentally Unfriendly*, a joint report with the Local Government Ombudsman; and *Cold Comfort*, a report into the administration of the 2005 Single Payment Scheme by the Rural Payments Agency. For more information, turn to pages 23-25.

Improving access

During the year, the Ombudsman called for the abolition of the MP filter - the legal requirement which means anyone wanting to complain about a government department or agency currently has to have their complaint referred to us by a Member of Parliament. The Ombudsman highlighted her position on this in her appearance before the Public Administration Select Committee in November 2009, and the Committee endorsed this in their subsequent report, *Parliament and the Ombudsman*. For more information, turn to page 23.

[1] An enquiry is a request for us to investigate. Enquiries can contain more than one complaint. For example, an enquiry may consist of complaints about two separate bodies.

Sharing experience

We have continued to be an active member of the British and Irish Ombudsman Association and to foster our links with the international Ombudsman community. We welcomed visitors from a number of countries, including Australia, Bermuda, China, Canada, Egypt and Turkmenistan, and attended a number of international conferences, including the EU National Ombudsmen Seminar in Cyprus, the International Ombudsman Institute World Conference in Sweden and the tenth anniversary celebration of the Public Services Ombudsman in Gibraltar.

Embedding our Principles

In 2009-10 the Department for Work and Pensions agreed to incorporate the *Ombudsman's Principles* across the Department. This followed a successful pilot in 2008-09 in which an area of The Pension, Disability and Carers Service tested the practical application of the *Ombudsman's Principles* and noted improvements in a number of areas, including complaint recording and quality of local complaint responses. For more information, turn to page 24.

Reaching out

In June and July 2009 we held four regional conferences with complaint handlers from NHS trusts across England. The conferences promoted the effective resolution of complaints locally; explained our role and expectations; encouraged the sharing of good practice; and gave us an opportunity to listen to concerns and answer questions. Over 330 participants from 275 trusts attended the four events. For more information, turn to page 33.

24,240

Total enquiries resolved

6,533

Enquiries resolved following detailed further assessment

321

Enquiries resolved by resolution through intervention

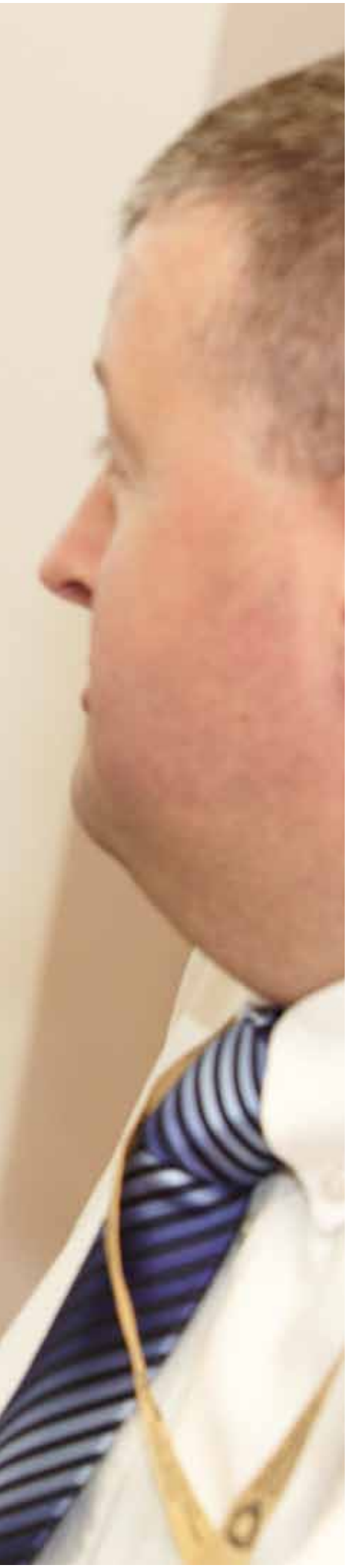
322

Investigations concluded

'I thought it was a brilliant day which really brought home what we need to be doing as complaints managers, even though we thought we were already doing it.'

NHS Complaint Handler at one of our regional conferences


'In terms of the service I received from the Ombudsman and her associated staff I have nothing but praise. Thank you again.'



How we work

We receive many thousands of enquiries each year (an enquiry is a request to investigate a complaint) and are not able (and are not required) to accept them all for investigation.

We assess each enquiry carefully to decide whether to investigate it. The flowchart below explains our complaints process in more detail.

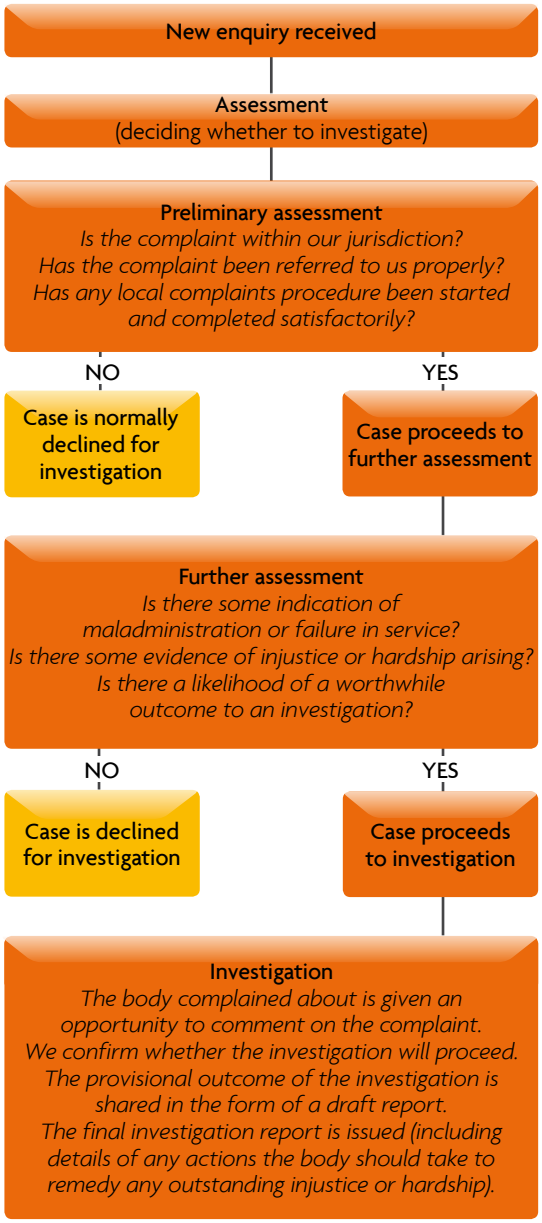
We are independent and impartial and our role is not to act as an advocate for complainants nor as a defender of the public bodies within our jurisdiction.

Decisions are taken based on the individual circumstances of cases and a careful weighing up of all the evidence.

We encourage the prompt and effective local resolution of complaints whenever possible. But we do recognise that some complaints are complex or intractable, and this is where we can help.

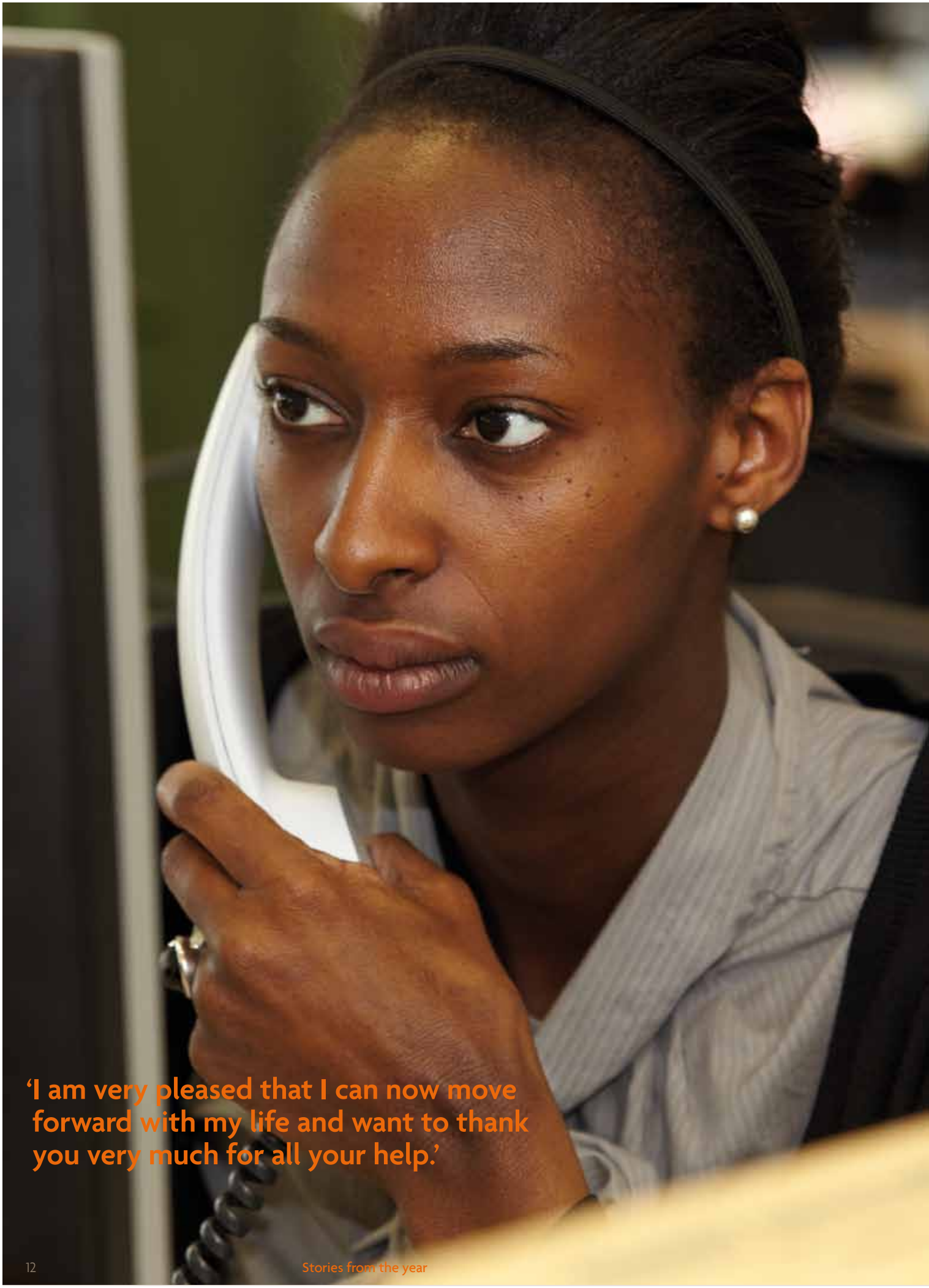
You can read more about our complaint handling process on our website: www.ombudsman.org.uk

Our complaint handling process



Resolution through intervention
At any stage of the assessment process we may attempt resolution through intervention.

The body complained about is asked to provide a remedy which resolves the complaint without the need for an investigation.


‘I am very pleased that I can now move forward with my life and want to thank you very much for all your help.’

Stories from the year

We consider complaints about a wide variety of bodies, from the biggest government departments to NHS sole practitioners, and across a range of subjects. A list of the bodies within our jurisdiction is available on our website.

The small sample of case studies here illustrates the breadth and depth of our work and the range of outcomes which can result from our consideration of a complaint.

Investigation
The most complex and difficult complaints, which are not suitable for resolution by intervention, are referred for a full investigation. The scope of each investigation is carefully defined and involves the gathering and in-depth consideration of detailed evidence.

Recovery of unpaid tax caused worry and stress

Mrs N, a retired woman who worked part time and received a widow's pension, found herself owing HM Revenue & Customs (HMRC) over £2,500 in unpaid tax, the recovery of which was causing her hardship. She complained to the Adjudicator's Office, who did not uphold her complaint.

Our investigation found that HMRC had made mistakes over Mrs N's tax code and had then not properly applied the concession that allows them to waive tax that is legally due. The Adjudicator's Office failed to identify this, causing Mrs N avoidable worry and stress. At our recommendation, HMRC reviewed her case, as a result of which they waived all but £480 of the unpaid tax, and refunded everything she had paid over and above that. They also paid her compensation of £150; agreed to circulate our findings internally and to tell us what action they had taken, or planned to take, to help retired people engage with HMRC. The Adjudicator's Office apologised to Mrs N and circulated our findings to relevant staff.

Failure to act on patient assessment increased risk of injury

Mr H complained about the care and treatment provided to his 92 year-old mother, Mrs V, while she was an inpatient at Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust. Mrs V, who had dementia and a low blood sodium level, was left in a bed out of sight and unsupervised and had fallen and broken her elbow.

As part of our investigation we obtained clinical advice. We concluded that although the Trust had assessed that Mrs V was at risk of falling, they had done nothing to reduce this risk. As well as recommending that the Trust give Mr H and Mrs V an individual remedy, in the form of a full written acknowledgement of their failings and an apology, we also recommended they formulate an action plan – to be shared with the Care Quality Commission and Monitor – setting out the lessons the Trust had learnt from Mr H's complaint and describing what they had done, or planned to do, to prevent a recurrence.

Persistent mishandling led to loss of maintenance and distress

Mrs B's application for child support maintenance was mishandled by the Child Support Agency (the Agency) over a number of years. For example, they incorrectly closed down her case, and wrongly asked her to make a further application which they then delayed processing. There were also significant delays in taking enforcement action against the non-resident parent. The stress of all this, over several years, affected Mrs B's health, but when she took her complaint to the Independent Case Examiner (ICE) they compounded her distress by not considering the full extent of the injustice she had suffered.

During our investigation, the Agency made Mrs B an advance payment of maintenance of nearly £17,000 plus interest, to make good the maintenance she had forgone because of their mistakes. At our recommendation they also apologised to Mrs B and paid her £3,000 to recognise the impact of their errors on her health, employment and finances. ICE apologised to Mrs B as well and paid her £250.

Lack of action following Healthcare Commission investigation

Mrs E's main concern was that Whipps Cross University Hospital NHS Trust had not referred her husband for a CT scan, which would have shown that he had a dissecting aneurysm of the main body artery (a condition which contributed to his death). The Healthcare Commission (the Commission) recommended that the Trust apologise to Mrs E for failing to carry out a CT scan, and asked them to reconsider her case. But when the Trust's response suggested to Mrs E that they still did not accept the need for a scan and had not learnt lessons from the complaint, she complained to us.

Having taken clinical advice from a consultant physician, our investigation found that the Trust had neither learnt lessons from Mrs E's complaint, nor fully taken on board the Commission's reasonable recommendations. In order to provide Mrs E with a personal remedy and to improve services for others, we asked the Trust to apologise to Mrs E and to review their protocol for the management of acute chest pain, with input from a cardiologist.

Resolution through intervention
These cases involve us identifying, and then asking the body to provide, a remedy which resolves the complaint in question. We attempt this approach where appropriate as it provides a faster resolution for the complainant and does not require an in-depth investigation. These cases can result in a variety of outcomes. For example, we might ask that an apology and/or an explanation is given to the complainant, that a delayed claim, appeal or application is progressed or that financial compensation is awarded.

Failure to act following successful benefits appeal

Mr A complained directly to us in mid-May 2009 that the Independent Case Examiner had not sorted out his underlying problem, which was that Jobcentre Plus had not implemented a tribunal decision about his jobseeker's allowance entitlement. We were unable to consider Mr A's complaint initially as it had not been referred by an MP, but once we had received the referral from his MP (in early July) we contacted Jobcentre Plus about the case. As a result of our intervention, Jobcentre Plus paid Mr A the two days benefit he was owed and awarded him nine months National Insurance credits.

Delayed handling of an application

Mrs P complained directly to us in August 2009 that her husband had still not received the European Economic Area residence card he had applied to the UK Border Agency (the Agency) for in October 2008. The Agency should have dealt with the application within six months, as required by the legislation. We could not consider Mrs P's complaint initially without a referral from an MP, but once we had received the referral from her MP in November we contacted the Agency. Our intervention prompted them to process Mr P's application and to issue his residence card.

Refusal of request to stay overnight in hospital

Mr M's complaint arose out of an incident at East and North Hertfordshire NHS Trust. The Trust had refused his request to stay overnight with his wife after her admission, to help with her care. Mrs M suffered from Alzheimer's disease and English was not her first language. During the night she was found sitting on the floor in a confused state, with blood on her clothing. Having complained to the Trust about their refusal and then to the Healthcare Commission, Mr M brought his complaint to us. His main concern was that this could happen again. Following our intervention, the Trust agreed to resolve Mr M's complaint by developing a protocol with clear criteria – such as language difficulties, mental health issues, and end of life care – against which staff could properly assess a carer's request to stay overnight.

Failure to provide a proper explanation

Mrs Y complained about the care and treatment given to her mother (Mrs H) by a medical centre (the Centre) and about the way South West Essex PCT (the PCT) had handled her subsequent complaint. Her main concern was the Centre's refusal to request a second X-ray after Mrs H had fractured her hip. In April 2009 Mrs Y complained to the PCT that the Centre had not done enough to diagnose her mother's condition, but then approached us in December 2009, as she felt that the PCT had simply accepted the Centre's account of events. The clinical advice we obtained led us to the view that the PCT's investigation had been reasonably robust. However, a significantly better explanation of their decision might have assured Mrs Y about the thoroughness and impartiality of their investigation. We provided that explanation and the PCT agreed to apologise to Mrs Y for their omission.

Decisions not to investigate
We may decide not to investigate complaints for a number of reasons. Some may be outside our jurisdiction, for example, if the body complained about is not one we can investigate or has not yet completed its own consideration of the complaint in question. However, in many cases we decide not to investigate following a detailed further assessment of the complaint. The following case studies are examples of those.

Problems with a boiler installation

Ms K complained to us about the problems she was having with a new boiler installed under the Warm Front scheme (overseen by the Department of Energy and Climate Change). Among other things, the boiler had never worked properly and needed constant attention, and Ms K was expected to increase the boiler pressure herself, something she found difficult to do because of her health. Our enquiries established that the Department were willing to deal with the problems arising from what was a poor installation, and that they had already offered a number of solutions to remedy Ms K's complaint which we encouraged her to consider.

Impact of a mishandled complaint

Mr F complained to us about the way the Consumer Council for Water (the Council) had mishandled his grievance about a water company. We saw that the Council had already apologised to Mr F for the poor service they had given him (among other things they had lost his complaint when moving to a computer-based system); had tightened their procedures; and had retrained their complaint handling staff on their complaint systems. The Council also reimbursed Mr F the £20 he had spent pursuing his grievance. Satisfied that the Council had taken appropriate steps to put things right and to prevent a recurrence, we took no further action.

Practice and PCT dealt appropriately with complaint

The focus of Mr G's complaint to us was the care and treatment given to his friend, Mr T, by a GP practice. He was specifically concerned about the prescription of antidepressant medication and about the practice's failure to diagnose (during a telephone consultation) that Mr T had fractured his pelvis after falling. Mr G was also unhappy with Liverpool PCT's investigation into his complaint. On the basis of clinical advice, we considered that the practice had provided reasonable explanations about Mr T's medication, but there were failings in the care and treatment given after his fall. We were satisfied that the practice had learnt from this complaint as they had agreed to the PCT's recommendation to carry out a significant event review and to develop a protocol for telephone consultations. As for the PCT's complaint handling, their investigation was reasonable and informed by appropriate clinical advice.

Trust took action to address care and communication issues

Mrs J complained about the failure of York Hospitals NHS Foundation Trust to diagnose her mother's bowel obstruction, and about other issues, including care and treatment and poor communication. In assessing Mrs J's complaint we took clinical advice. Although there were indications of failings around continuity of care and communication, we saw that the Trust had explained the rationale behind the care and treatment; acknowledged that the care was inadequate; described the actions being taken to improve communication, continuity of care and quality of services; and drawn up an action plan based on their learning from Mrs J's complaint. The Trust had also offered Mrs J and her family a sincere and unreserved apology for the distress caused.


‘I have great respect for the efficiency and professionalism afforded by your department in dealing with our problem.’

Our work in focus

This section looks in more detail at our casework and reporting activities during 2009-10. Information about our overall performance against our 2009-10 *Corporate Business Plan* commitments is published in our 2009-10 *Resource Accounts*. For an overview of performance against our service standards and more detailed statistics about our casework, see the Appendix at the back of this report.

Figure 1: Enquiries received, closed and in hand

In hand at 01/04/09
2,175

Net adjustment
-2

Received
23,667

Closed
24,240

In hand at 31/03/10
1,600

Our work in focus:
Enquiries and investigations

2009-10 was a busy year for us: we received 23,667 enquiries – an increase of 45 per cent on the previous year. The charts on these pages show other headline figures from the year.

Of the enquiries received, 12,889 were under our health jurisdiction (an increase of 6,660 on 2008-09). In addition to that expected increase in health cases, we also saw the number of parliamentary enquiries rise by 471 to 8,079 and the number of enquiries about bodies outside our remit rise by 219 to 2,699.

The proportion of enquiries being declined for investigation as out of remit and as not properly made fell slightly from 2008-09. However, the proportion of enquiries being declined as premature rose during 2009-10.

Health enquiries formed a greater proportion of premature closures and this may be due to the fact that health complaints (which now make up the largest part of our work) can be sent straight to us (provided they are in writing) and are therefore less likely to be declined as not properly made. Parliamentary complaints (which require an MP referral) are more likely to be declined as not properly made. The difficulty this poses for people who want to send us parliamentary complaints is illustrated by the fact that during the year, 235 complaints were withdrawn because the complainant did not obtain an MP referral.

We concluded 322 investigations – against a planning assumption of at or around 300. We ended the year with 342 investigations in hand – against a planning assumption of at or around 450. This is mainly due to the lower than anticipated number of parliamentary enquiries accepted for investigation during the year.

Figure 2: Types of closed enquiries

2009-10

Outside our remit
3,318

Not properly made*
9,856

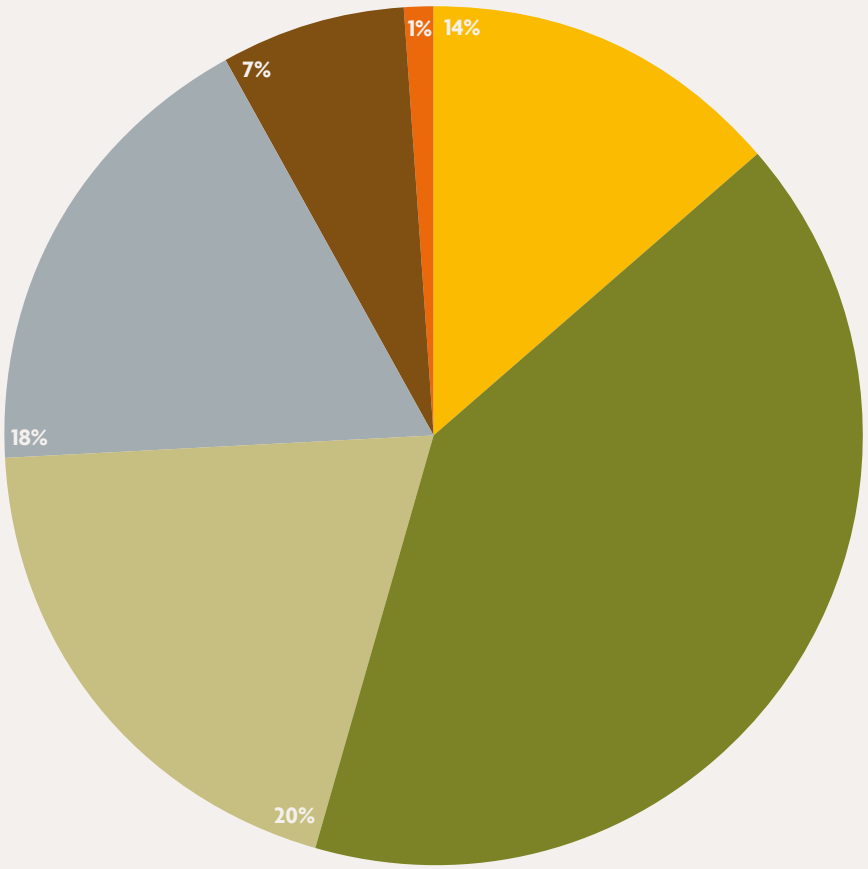
Premature**
4,756

Discretionary***
4,293

Withdrawn by the complainant
1,661

Accepted for investigation
356

Total
24,240



* Not properly made: health complaints not made in writing or parliamentary complaints not referred by an MP.
** Premature: for example, the complainant has not attempted to resolve the complaint at a local level first or has not completed that process.
*** Discretionary: we may decide not to accept a complaint for investigation for a variety of reasons, for example we may feel that the body has acted correctly, reasonably or, where there have been errors, that the complainant has already been offered appropriate redress.

'I write to thank you for your letter... and to say how grateful I am for the care you have shown in investigating my complaint.'

Figure 3: Enquiries accepted for investigation; investigations concluded and in hand

	Parliamentary	Health	Total
In hand at 01/04/09	170	138	308
Net adjustment	1	-1	0
Accepted in the year	52	304	356
Discontinued	15	14	29
Reported on in the year	147	146	293
In hand at 31/03/10	61	281	342

Our work in focus:
Complaints about parliamentary bodies

Our parliamentary jurisdiction covers nearly 400 government departments and agencies, and a range of other public bodies. We publish a list of these on our website. In 2009-10 we received 8,079 enquiries, covering 8,543 parliamentary complaints.[2] However, our parliamentary workload (in terms of enquiries received, enquiries accepted for investigation and investigations reported on) was dominated by four bodies: the Department for Work and Pensions; HM Revenue & Customs; the Home Office; and the Ministry of Justice. As set out earlier in the report, enquiries may be declined for investigation for a number of reasons. For example, the complaint may be outside our jurisdiction, the complaint may not have been put to the body complained about or the body may have already responded appropriately to the complaint.

We accepted 52 parliamentary enquiries for investigation during the year. Wherever possible, we will try to resolve as many complaints as we can through intervention, avoiding the need for a full investigation. In 2009-10 we resolved 105 parliamentary cases in this way. Intervention often means a quicker resolution for complainants, and it also emphasises the importance we attach to a body's own responsibility for resolving complaints.

The majority of the complaints we receive are generated by relatively few government departments. We have been able to establish good lines of communication with these bodies in order to make our expectations clear (such as the application of the *Ombudsman's Principles*), achieve interventions, and feed back learning from the cases we have considered, at a case level and more widely through our case digests and special reports.

This means that we only need to accept the most complex and intractable complaints for a full investigation. The fact that 80 per cent of the parliamentary complaints we investigated were upheld or partly upheld indicates that we are making the right decisions about what cases to take forward for investigation.

[2] An enquiry is a request for us to investigate. Enquiries can contain more than one complaint. For example, an enquiry may consist of complaints about two separate bodies.

Figure 4: Top five government departments by number of complaints received

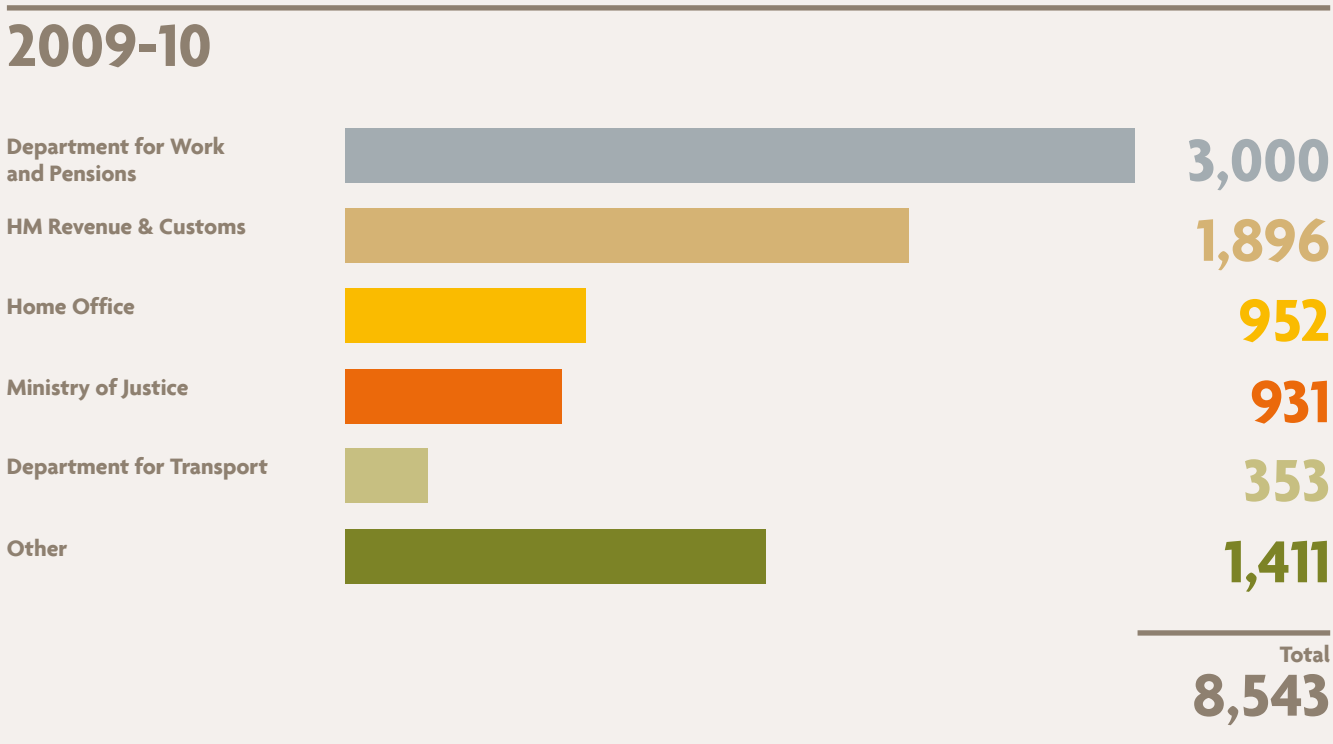


Figure 4 shows significant rises in complaints about the Department for Work and Pensions (the main increases being in Jobcentre Plus and The Pension, Disability and Carers Service complaints), the Home Office (the main increase being in UK Border Agency complaints) and the Ministry of Justice. There has also been a sizeable fall in complaints about HM Revenue & Customs. A full breakdown of the complaints by agency within these departments is given in the Appendix.

Figure 5 on page 22 shows a significant decrease in the numbers of parliamentary complaints being accepted for investigation.

More detailed statistics are given in figures 4, 5 and 6 and in the Appendix.

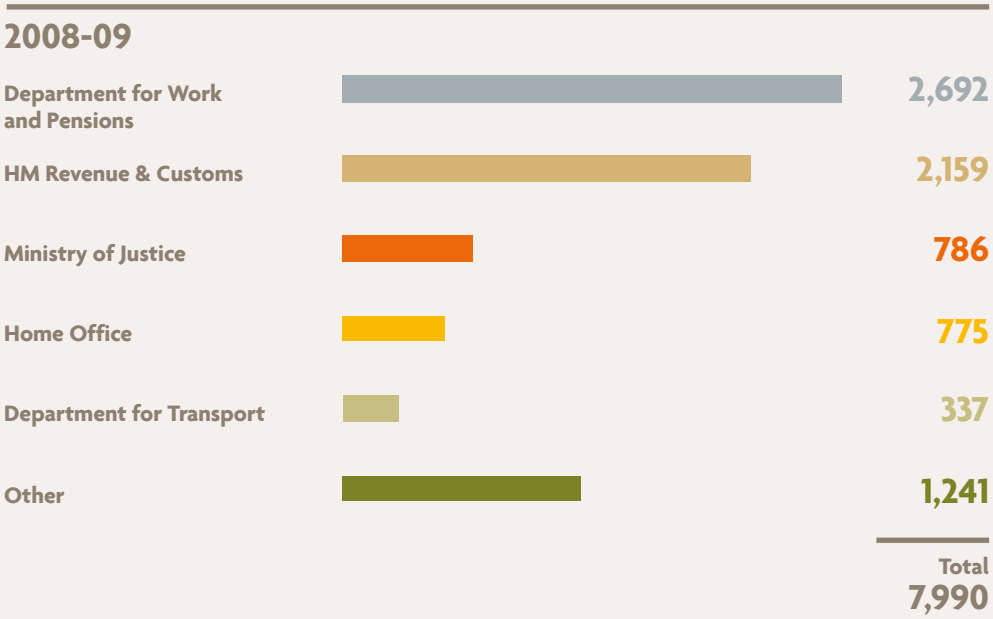
80 per cent of parliamentary complaints reported on resulted in a complaint being fully or partly upheld (see figure 6 on pages 26-27).

The percentage of fully or partly upheld complaints about the Home Office (96 per cent) remained the same as for 2008-09 but this was in relation to more than double the number of complaints being reported on than in the previous year. Both the high uphold rate and the higher number of complaints reported on derive almost entirely from UK Border Agency complaints.

The uphold or partly uphold rate for HM Revenue & Customs complaints also rose – but in relation to a significant reduction in the number of complaints reported on.

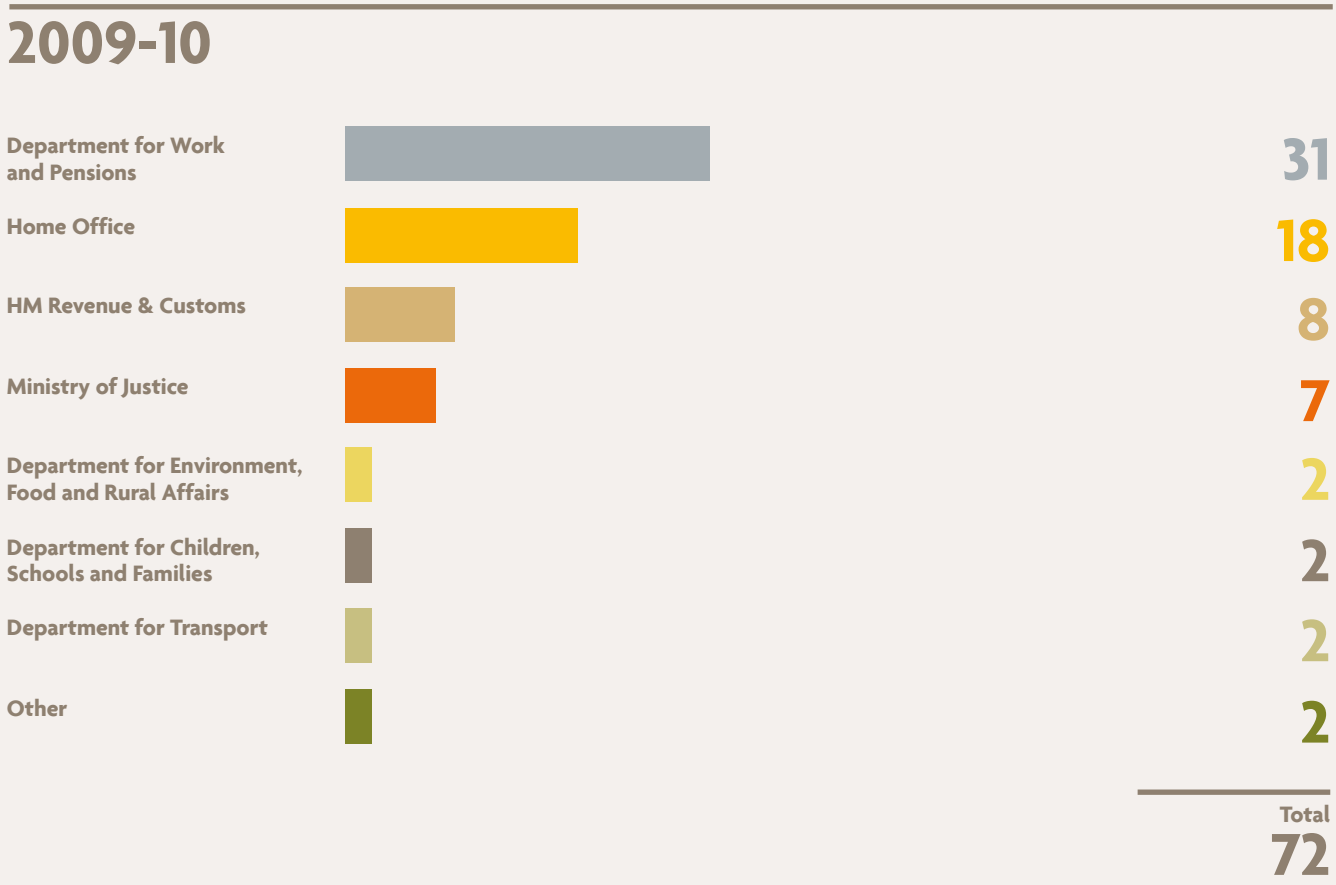
The overall uphold rate for the Department for Work and Pensions complaints fell from 75 per cent to 67 per cent.

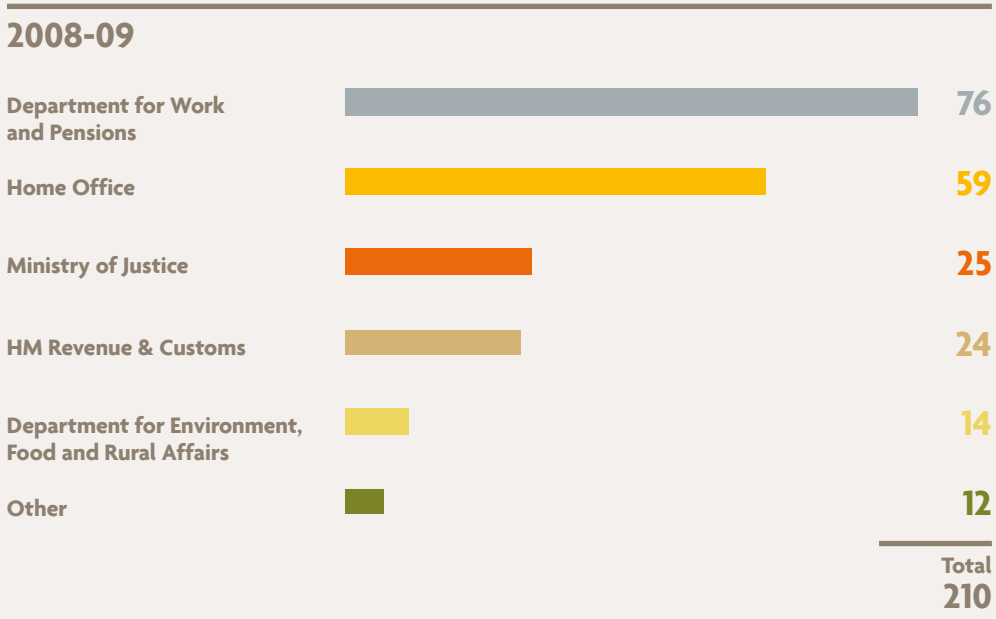
A full breakdown (by department and agency) of all parliamentary complaints accepted for investigation and reported on is contained in the Appendix.



In our *2008-09 Annual Report*, the figures for the Criminal Injuries Compensation Authority (41) and the Criminal Injuries Compensation Appeals Panel (2) were incorrectly recorded under the Home Office instead of the Ministry of Justice. The figures have been corrected in the above chart.

Figure 5: Top government departments by number of complaints accepted





In our *2008-09 Annual Report*, the figures for the Criminal Injuries Compensation Authority (7) were incorrectly recorded under the Home Office instead of the Ministry of Justice. The figures have been corrected in the above chart.

Some of the most significant developments in our parliamentary casework during the year are highlighted below.

Environmentally unfriendly
In December 2009 we published, with the Local Government Ombudsman, *Environmentally unfriendly*, a joint report into the actions of the Environment Agency, Lancashire County Council and Rossendale Borough Council.

The complaint, made by a woman and her son, was that these three bodies had, over a seven-year period, failed both individually and jointly to prevent their neighbour from using his land as an illegal landfill site. Between 2000 and 2007 thousands of tonnes of rubbish (enough to fill three Olympic-sized swimming pools) were illegally dumped, burned and processed on farmland a few metres from the complainants' home, which was in a greenbelt area noted for its biological and architectural heritage. The complainants found it impossible to live peacefully in their family home and had been unable to sell it. In addition, their neighbour's illegal activities had made the local landscape unrecognisable.

The investigation found that the relevant bodies had failed to take urgent or robust enforcement action despite the very evident and unacceptable activities taking place, and that they had also failed to work together.

The three bodies agreed to apologise; pay compensation totalling £95,000, covering financial loss from the complainants being unable to sell their property and also compensation for the disruption to their lives; put in place a joint agreement setting out how they will respond to illegal waste activities; and consider any other action necessary to prevent a recurrence of such events.

The MP filter
During the year, we raised the issue of the MP filter (which under the *Parliamentary Commissioner Act 1967* requires a complaint under our parliamentary jurisdiction to be referred to us by a Member of Parliament). Our own research has shown that the MP filter can discourage people from bringing their complaints to us.

Ann Abraham called for the abolition of the MP filter and used her appearance before the Public Administration Select Committee (PASC) in November 2009 to highlight her position. The dissolution of Parliament before the 2010 general election brought this issue into particular focus – no MPs meant that nobody could take their complaints to the Parliamentary Ombudsman during this period.

In December 2009 our position was endorsed by PASC in their report *Parliament and the Ombudsman*[3] which highlighted the potential anomalies of an MP referral being required for a parliamentary but not a health complaint. They also said that 'It is deeply unsatisfactory that citizens will be unable to take complaints to the Ombudsman during the dissolution of Parliament' and concluded that 'The abolition of the MP filter is long overdue'.

Cold Comfort
In December 2009 we published a report (*Cold Comfort*) into the administration of the 2005 Single Payment Scheme by the Rural Payments Agency, part of the Department for Environment, Food and Rural Affairs (Defra).

The report was the conclusion of an investigation which had focused on two farmers whose cases were representative of a total of 24 complaints made to us about the 2005 Single Payment Scheme. The problems with the 2005 Single Payment Scheme had been in the public domain for some time but our report was the first to reveal the impact on individual farmers and identify that they had sustained an unremedied injustice as a result of maladministration by the Rural Payments Agency and Defra.

The Ombudsman made specific findings of maladministration in respect of the two farmers' complaints and general findings of maladministration in relation to Defra's and the Rural Payments Agency's administration of the 2005 Single Payment Scheme.

'I suggest that the Government should accept the recommendations of successive Parliamentary Committees and more recently of the Law Commission that the MP filter should now be removed. This need not, indeed must not, in any way detract from the central relationship between my Office and Parliament but it will, I believe, signal the importance of direct citizen access for any modern Ombudsman institution, both as an instrument of transparent accountability and as a sign of commitment to equal and unfettered entitlement.'[4]
Ann Abraham
Parliamentary Ombudsman

[3] PASC, Fourth Report of Session 2009-10, HC 107
[4] Gabrielle Ganz Lecture, Southampton University, 22 October 2009

'The *Ombudsman's Principles* were a great opportunity for my Agency to focus more on our customer, getting more right first time, putting things right when we get them wrong and continuously striving to deliver a better service. We have learned so much in the course of our pilot and I am pleased to see the *Principles* will be incorporated across the Department.'

Terry Moran CB
Chief Executive, The Pension, Disability and Carers Service

We recommended that both farmers receive an apology and financial compensation and that the cases of the other 22 farmers should be reviewed and an appropriate remedy be provided to any of those individuals who had sustained an unremedied injustice.

As Defra did not accept our recommendations to remedy the injustice in full, the report was laid before Parliament. It is rare for us to lay a special report before Parliament on this basis: this was only the sixth such special report since the establishment of the Ombudsman in 1967.

In January 2010 the Public Administration Select Committee (PASC) held a hearing at which the Ombudsman, Defra, and the Rural Payments Agency gave evidence. Following that hearing, the PASC Chairman wrote to the Secretary of State asking him to reconsider Defra's position. In March, the Secretary of State confirmed to PASC that Defra would accept our recommendations in full.

While we were concerned that Defra chose initially not to accept our findings, we were pleased with the final outcome, which demonstrates the value of our relationship with Parliament and is an excellent example of us working together with PASC to remedy injustice.

The Single Payment Scheme applies throughout the European Union with some variance across member states within outline rules. Our investigation and subsequent report does, therefore, have a wider context and was of interest to the European Ombudsman.

*'**Cold Comfort** demonstrates how, supported by Parliament, the Ombudsman system secures remedy for citizens who have suffered injustice as a result of poor administration by the state. The two farmers featured in my report should now receive full compensation without further delay and my Office will work with Defra to agree appropriate remedy for the other farmers who complained to me.'*
Ann Abraham
Parliamentary Ombudsman

Small mistakes, big consequences
In November 2009 we published a digest of case summaries, *Small mistakes, big consequences.* It contained summaries of completed investigations which illustrated how small mistakes made by large public bodies can have a disproportionate impact on those they serve, and on the public purse. The 11 cases featured in the digest were presented under the themes of 'Being careless with information', 'Delay' and 'Poor complaint handling'. Each illustrated how things went wrong, how the original mistakes might have been avoided, and how they could, usually quite easily, have been put right sooner.

This publication, with its stated aim of helping public bodies learn from complaints, forms part of our work to drive improvements in public services and inform public policy.

Department for Work and Pensions (DWP) and the *Ombudsman's Principles*
In 2008-09 an operational unit dealing with disability living allowance and attendance allowance within The Pension, Disability and Carers Service tested the practical application of the *Ombudsman's Principles*. During 2009-10 DWP reviewed the results of that pilot, which was considered to be a success. DWP noted improvements in a number of areas, including complaint recording and the quality of responses at the first level of their complaints procedure. The pilot also provided improved data on the types of complaints made and led to the establishment of a quality improvement team within the pilot unit.

In November 2009 the Ombudsman attended a meeting of DWP's Executive Team at which a number of Department-wide customer service issues were discussed. DWP agreed to take steps to embed the *Principles* across the Department as they were felt to be complementary to other initiatives, such as the DWP Customer Charter, and could be used to improve customer service delivery.

The *Ombudsman's Principles* are now incorporated into the information given to staff to help them understand what they need to do to improve service delivery. They are also within existing initiatives for continuous improvement, and are embedded in relevant guidance such as the DWP's guide for financial redress, new or revised training material and guidance for line managers.

Fast and fair?
In February 2010, as part of our commitment to sharing learning from our complaints to help improve public services, we published *Fast and fair?*, a report on the UK Border Agency (the Agency).

Our report found that the Agency's biggest problem was a huge backlog of old asylum applications which had built up over a number of years, leaving hundreds of thousands of applicants in limbo for years on end, and creating a large drain on the public purse. Although the Agency have introduced a new system for assessing asylum applications which, in their words, is 'faster and fairer', the report showed that, at the same time as it sought to reduce this backlog of old asylum claims, the Agency had allowed large backlogs to build up in other key areas of their work. These were often caused by sudden changes in priorities and switching of resources.

The report contained summaries of 11 investigations which illustrated the large number and wide range of complaints referred to us about the Agency. Most of the complaints had come from people in this country who had faced long delays (often compounded by other mistakes) in getting a decision from the Agency on their application, for example for asylum or for permission to settle in the UK. Our report looked at the individual experiences of a number of people and highlighted the serious implications delays had had for them and their families. The cases showed how people had been left in a state of uncertainty, had been unable to plan their lives and often faced financial difficulties, as many were not allowed to work while they waited for the Agency to make a decision on their application. The report also noted the wider impact on our society and the cost to the public purse of supporting applicants awaiting an unreasonably delayed decision.

Our report acknowledged that the Agency had made significant progress towards clearing their backlogs. However, we noted that they still have work to do and need to make sustained and consistent progress towards their commitment to meeting their service standards, clearing existing backlogs and avoiding them in future. We noted that the implications of the Agency not improving their service are serious and far-reaching – both for the individuals caught up in the system and for society as a whole.

Loss of personal data by a Home Office contractor
In March 2010 we published a report setting out our decision not to investigate the 449 complaints referred by MPs on behalf of prisoners and former prisoners about the loss of an unencrypted data stick containing personal information about them.

We took the view that while there was an indication of maladministration by the Home Office in terms of the data loss, they had subsequently taken measures to put things right. We found that there was no unremedied injustice and that claims for compensation from those whose data had been lost were not justified. However, at the request of the Permanent Secretary for the Home Office, the report included his apology for the loss of data and any loss of public confidence in the security of Home Office systems.

> *'It is clear that the information on the data stick is largely in the public domain. It seemed to me, therefore, that complainants could not reasonably claim to be worried about its contents being made public and I find it difficult to see any merit in a compensation claim for additional anxiety resulting from the loss.'*
> Ann Abraham
> Parliamentary Ombudsman

The report did highlight the need for public bodies to consider proactive and timely communication with individuals if their data is lost, particularly in advance of likely media reporting. In this case the Home Office decided not to contact the majority of those affected in advance and we took the view that a different, more proactive, approach might have avoided these complaints coming to us.

Injustice unremedied
The resolution of the injustice suffered by those affected by the prudential regulation of Equitable Life continued to form an important part of our work during 2009-10.

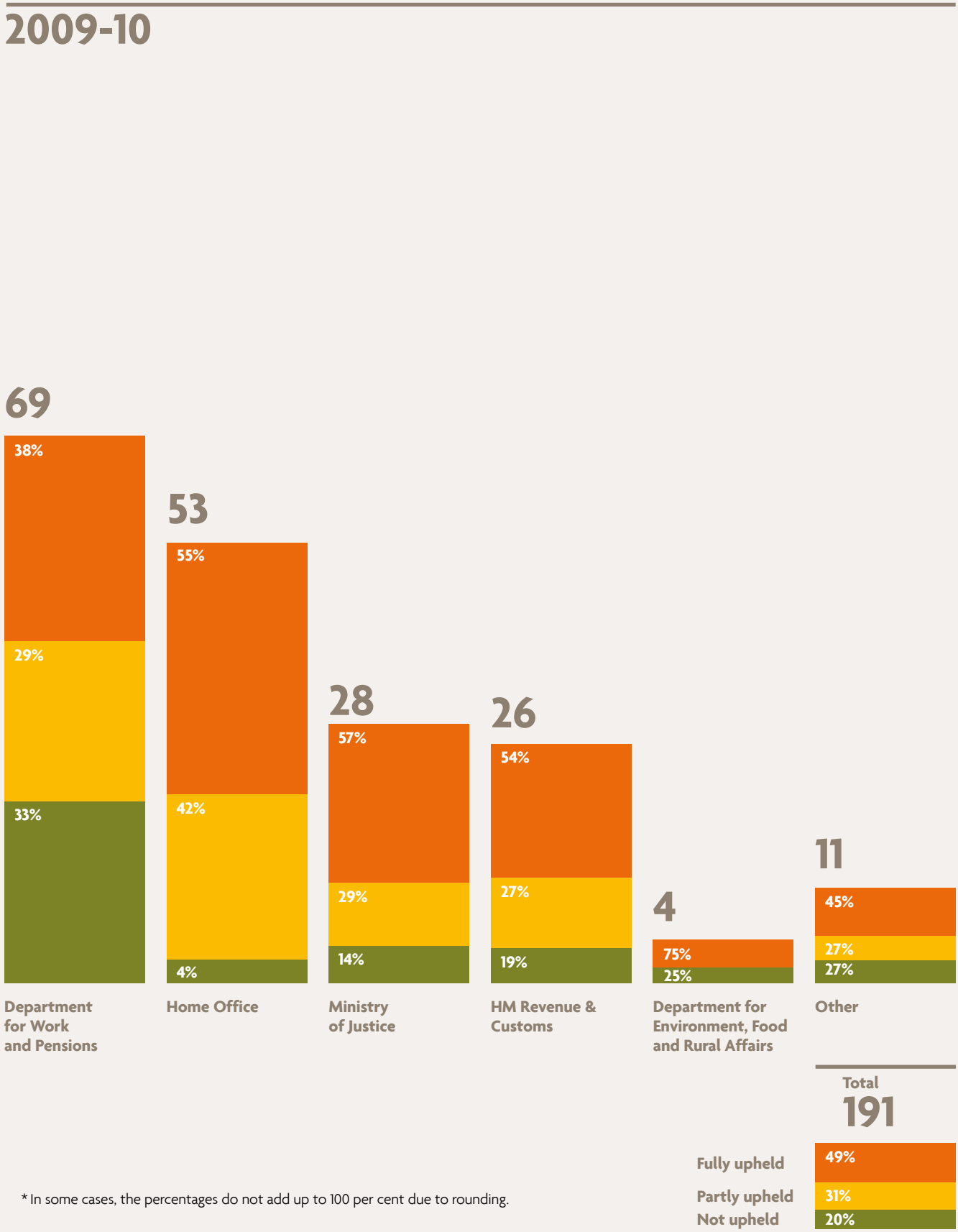
We took the exceptional step of laying before Parliament a special report to highlight that the then Government's proposals for an ex gratia payment scheme were inadequate as a means to remedy the injustice previously identified. This followed two reports by the Public Administration Select Committee which endorsed the findings and recommendations we had made and which were critical of the Government's response to our report.

The former Government's response to our report and their proposals for remedy were the subject of judicial review brought by the Equitable Members' Action Group. The High Court, in a judgment handed down on 15 October 2009, found that aspects of the Government's response to our report lacked cogency and in certain respects took an overly narrow view of the legal obligations placed on the prudential regulators. The Government subsequently accepted further findings of maladministration as a result and extended the scope of the work that it had asked Sir John Chadwick to undertake on the design of the ex gratia payments scheme.

More recent developments in May 2010 have, however, signalled that the Ombudsman's recommendations, originally made in 2008, may at last be implemented. In the Queen's Speech, the new Coalition Government announced the *Equitable Life Payments Scheme Bill*, which will give the Treasury the powers to make fair and transparent payments to Equitable Life policyholders for their relative losses sustained as a result of regulatory failure. At that time, the Government also announced that it had agreed to a request from Sir John Chadwick to extend until mid-July 2010 the period in which he would finalise and submit his report. The Government has said that it will publish that report, along with an update on the steps it intends to take towards implementing an independently designed compensation scheme, after it has been received.

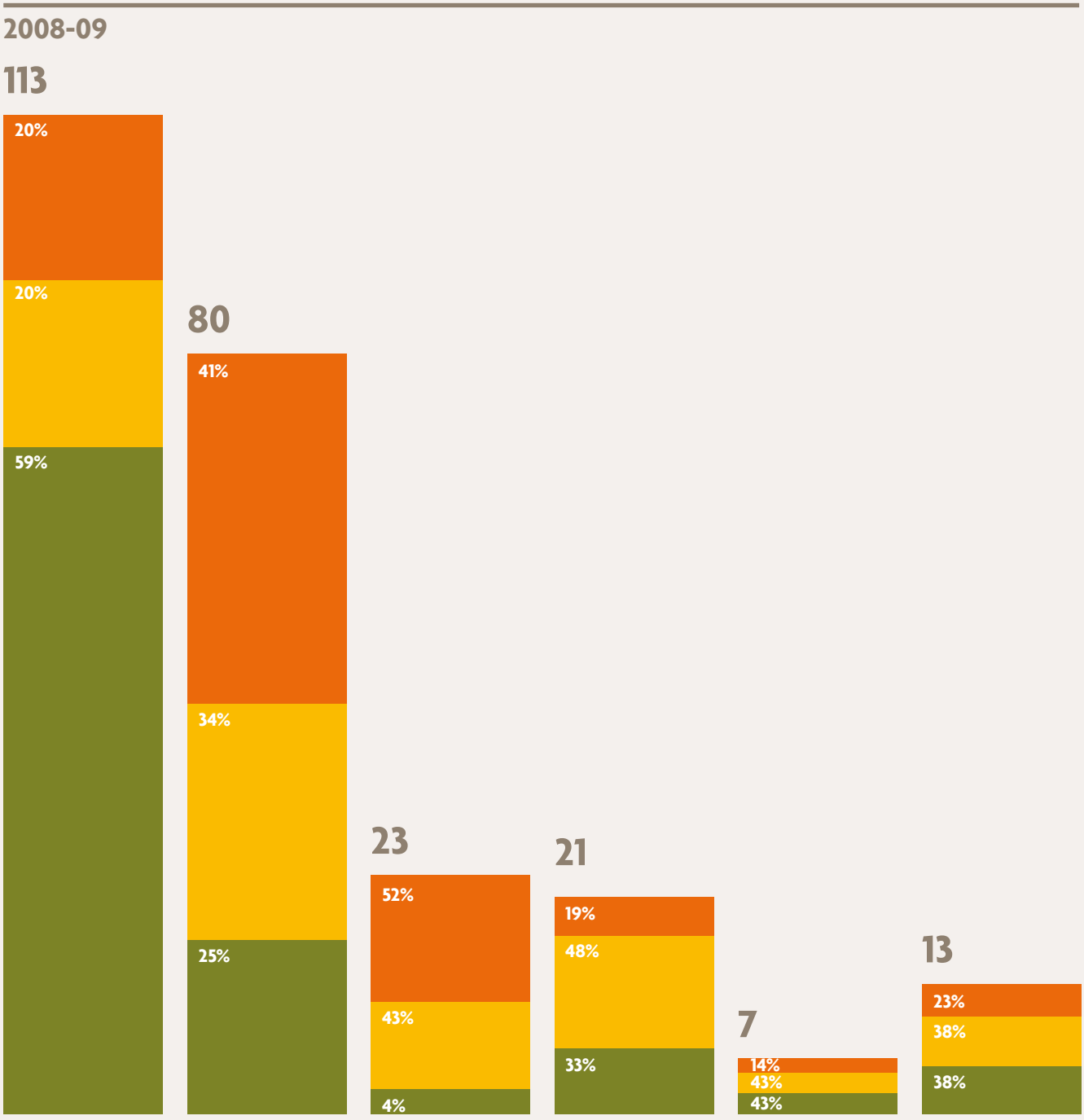
> *'I hope that the new Government will move quickly to establish a compensation scheme that is independent, transparent and simple to administer and that will serve to overturn the injustice that Equitable's policyholders have suffered.'*
> Ann Abraham
> Parliamentary Ombudsman

Figure 6: Top five government departments by number of complaints reported on*



* In some cases, the percentages do not add up to 100 per cent due to rounding.

2008-09



In our *2008-09 Annual Report*, the figures for the Criminal Injuries Compensation Authority (2 fully upheld) were incorrectly entered under the Home Office instead of the Ministry of Justice. The figures have been corrected in the above chart.

Our work in focus:
Complaints about the NHS

Our health jurisdiction covers a wide range of NHS service providers – from large NHS trusts to single practitioner GPs and dentists, and also covers independent providers contracted to provide NHS services.

In this first year of the new complaints system we received 12,889 enquiries covering 14,429 NHS complaints.[5] More details are given in figures 7, 8 and 9 and in the Appendix.

Complaints about acute trusts still make up the biggest proportion of the health complaints that we receive (44 per cent), followed by similar levels of complaints about GPs (17 per cent) and primary care trusts (17 per cent).

Acute trusts made up 56 per cent of the complaints accepted for investigation.

Complaints about GPs accounted for 16 per cent of those accepted for investigation.

Although primary care trusts make up 17 per cent of complaints received, they accounted for only 9 per cent of complaints accepted for investigation.

Acute foundation trusts made up 42 per cent of acute complaints received, but only 35 per cent of acute complaints accepted for investigation.

[5] An enquiry is a request for us to investigate. Enquiries can contain more than one complaint. For example, an enquiry may consist of complaints about two separate bodies.

Figure 7: Health complaints received by type of body*

2009-10

NHS hospital, specialist and teaching trusts (acute)
6,304
Foundation trusts ** 2,672
Non-foundation trusts 3,632

General practitioners
2,419

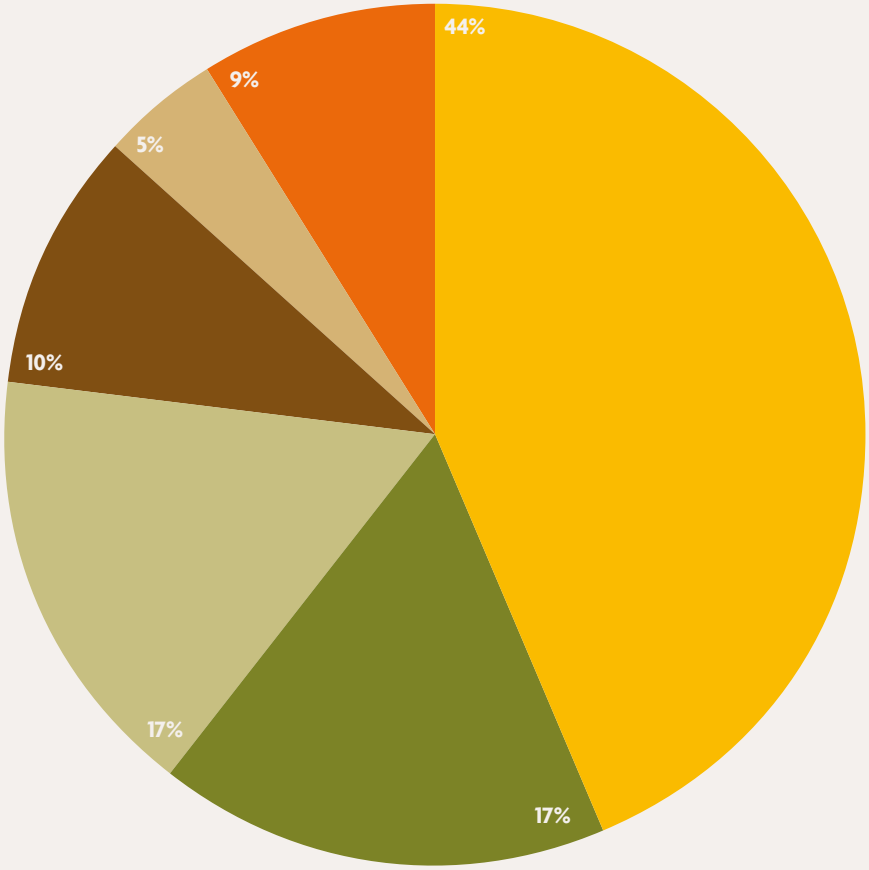
Primary care trusts
2,411

Mental health, social care and learning disability trusts
1,393
Foundation trusts** 798
Non-foundation trusts 595

General dental practitioners
659

Other
1,243
Healthcare Commission 531
Strategic health authorities 300
Ambulance trusts 216
Special health authorities 85
Pharmacies 62
Care trusts 31
Opticians 18

Total
14,429



* In some cases, the percentages do not add up to 100 per cent due to rounding.
** The number of foundation trusts increases each year, so the changing proportion of complaints about foundation trusts reflects this.

We received 216 complaints about ambulance trusts, and accepted 12 for investigation.

In this year, 63 per cent of health investigation complaints reported on resulted in the complaint being fully or partly upheld (48 per cent in 2008-09).

The Healthcare Commission is now far less significant in terms of numbers of investigations reported on, but the 80 per cent fully or partly upheld rate is an increase on 2008-09.

The percentage of upheld or partly upheld complaints about acute trusts in 2009-10 showed only a small change from 2008-09 (down 2 per cent to 62 per cent), but over three times the number of investigations into acute complaints were reported on in the year.

Of the 27 GP complaints reported on in 2009-10, 56 per cent resulted in the complaint being upheld or partly upheld; that is a significant increase from the 10 per cent uphold rate (from 10 complaints investigated) in 2008-09.

2008-09

NHS hospital, specialist and teaching trusts (acute)
2,142
Foundation trusts 813
Non-foundation trusts 1,329

Healthcare Commission
1,696

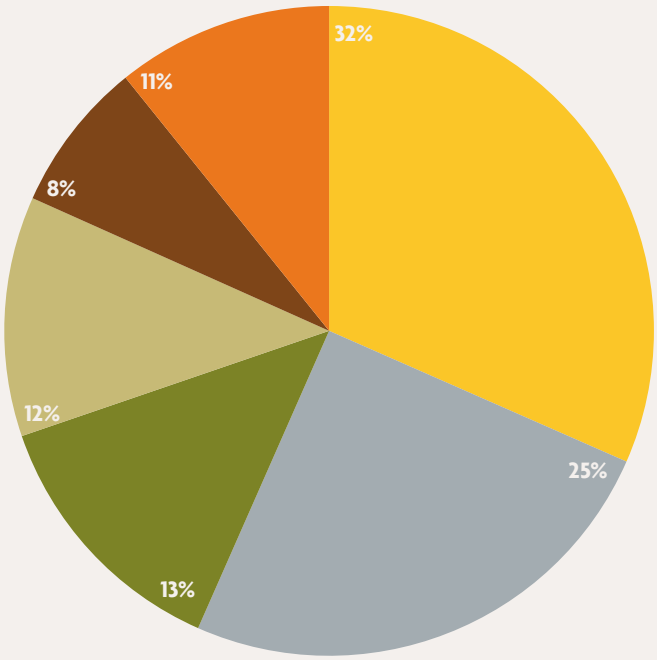
General practitioners
891

Primary care trusts
810

Mental health, social care and learning disability trusts
510
Foundation trusts 232
Non-foundation trusts 278

Other
731
Strategic health authorities 321
General dental practitioners 276
Ambulance trusts 64
Special health authorities 37
Opticians 15
Care trusts 12
Pharmacies 6

Total
6,780



Some of the key issues from our health casework during the year are highlighted below.

New health complaints system
The most significant event for us during 2009-10 was the introduction of the new health complaints system which saw the number of health enquiries we received more than double in comparison with the previous year.

Under the new system, those dissatisfied with an NHS service provider's response to their complaint can bring the matter straight to the Ombudsman. In addition, health and social care complaints are now part of the same complaints system. Social care complaints that are not resolved locally need to be referred to the Local Government Ombudsman. The Ombudsmen can work together on complaints which involve both health and social care issues.

While preparing for this major change was a significant element of our work in 2008-09, it was only in April 2009 that we began to experience the impact and challenges of the new complaints system. These included dealing with the 'tail' of complaints to the Healthcare Commission which it had not completed before its closure, managing a larger and more unpredictable workload, and continuing to build our staff capacity and capability.

This year has been a learning experience for us and for those NHS service providers who are now having a regular and direct dialogue with us. Even at this relatively early stage we are beginning to see the benefits of the new system – with complaints made under the new system receiving faster consideration at local level and, where necessary, being referred to us more quickly, sometimes within only months of the matters complained about having taken place.

Figure 8: Health complaints accepted by type of body

2009-10

NHS hospital, specialist and teaching trusts (acute)
195
Foundation trusts* 69
Non-foundation trusts 126

General practitioners
57

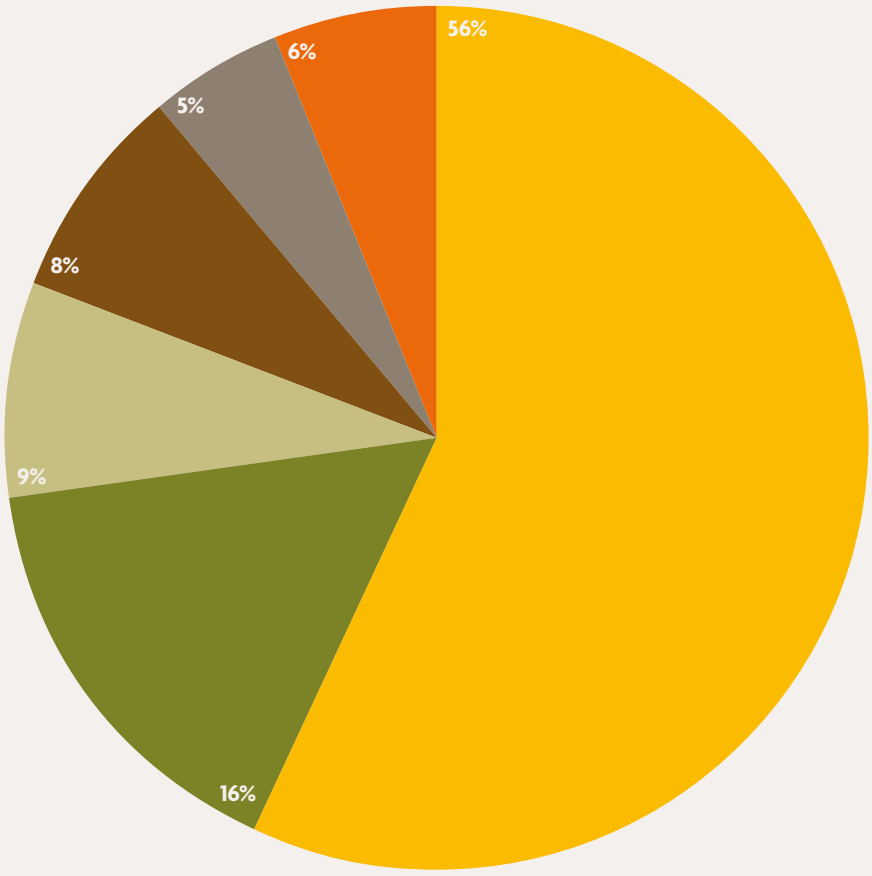
Primary care trusts
30

Mental health, social care and learning disability trusts
26
Foundation trusts* 14
Non-foundation trusts 12

Strategic health authorities
16

Other
22
Ambulance trusts 12
General dental practitioners 9
Pharmacies 1
Healthcare Commission 0
Special health authorities 0
Opticians 0
Care trusts 0

Total
346



* The number of foundation trusts increases each year, so the changing proportion of complaints about foundation trusts reflects this.

This provides a better and more customer-focused experience for the complainant. It also helps our assessment and investigation processes as there is more likelihood of the relevant evidence being available and complete, be it medical records or the recollections of those involved.

We do of course need to build up relationships with the NHS in order to share the learning from complaints, explain our expectations and try to achieve the resolution of complaints appropriately and promptly. That work has begun and will need to continue into 2010-11 and beyond.

We hold regular meetings with the Department of Health, the NHS, the Care Quality Commission (the new health and social care regulator for England) and Monitor (the regulator of NHS foundation trusts). At year end we agreed Memorandums of Understanding with both the Care Quality Commission and Monitor, setting out our working relationships.

We have also set up bi-annual meetings with the service directors of the three Independent Complaints Advocacy Services providers, and have put in place a dedicated advice line for their managers.

2008-09

Healthcare Commission
153

NHS hospital, specialist and teaching trusts (acute)
80
Foundation trusts 34
Non-foundation trusts 46

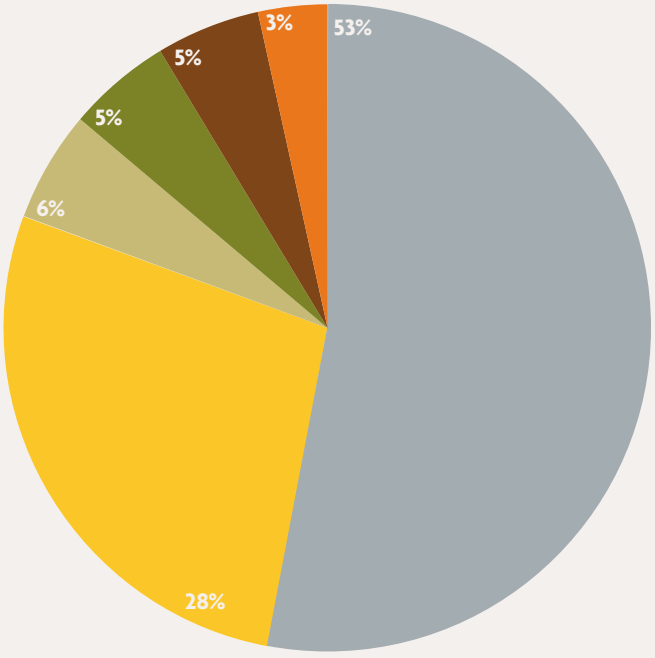
Primary care trusts
16

General practitioners
15

Mental health, social care and learning disability trusts
15
Foundation trusts 6
Non-foundation trusts 9

Other
10
Strategic health authorities 5
General dental practitioners 3
Special health authorities 1
Care trusts 1
Ambulance trusts 0
Opticians 0
Pharmacies 0

Total
289



Consultation on sharing and publishing information about health complaints
In December 2009 we launched a consultation to seek views on our proposed approach to sharing and publishing information about health complaints.

There were two main drivers for the consultation:

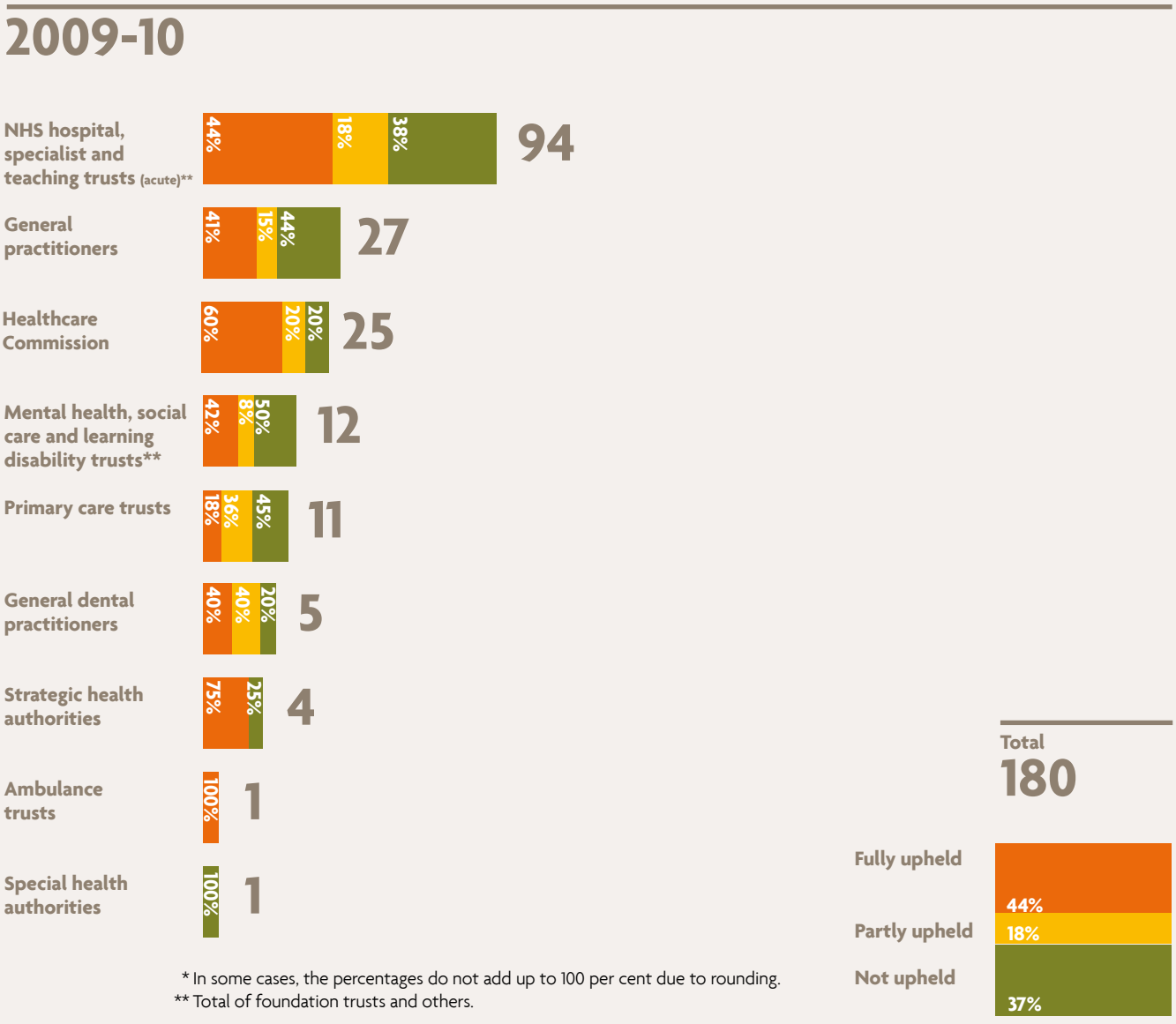
- An increased focus on the importance of information about complaints following events in Mid-Staffordshire and elsewhere.
- The recent changes in the NHS complaints system, particularly the abolition of the Healthcare Commission as a second stage complaint handler, which had led to some confusion about the volume and scope of information that we could and would make available, given the legislation that governs our work.

We need to protect the privacy of our casework as the service we provide is confidential and we are required by law to conduct investigations in private. At the same time, we want to share the learning from complaints with those who are likely to benefit from having access to that information.

The challenge for us is to act within the legislation that governs our work, while balancing the need to protect the privacy of personal and other information given in confidence with the potential benefit of sharing more widely information that can help to improve healthcare.

We received 95 responses from a wide range of organisations. Overall, respondents were very supportive of the approach to sharing and publishing information about complaints set out in the consultation document. However, respondents did say that they wanted more information about complaints we have decided not to investigate. As a result we are reviewing our practice in relation to sharing information with NHS

Figure 9: Health complaints reported on by type of body*



* In some cases, the percentages do not add up to 100 per cent due to rounding.
** Total of foundation trusts and others.

bodies and practitioners and we expect to publish our policy later in 2010. Our report on the results of the consultation is available on our website.

Complaints and the Ombudsman conferences
In June and July 2009 we held four regional conferences (in Birmingham, Leeds, Manchester and London) with complaint handlers from NHS Trusts across England.

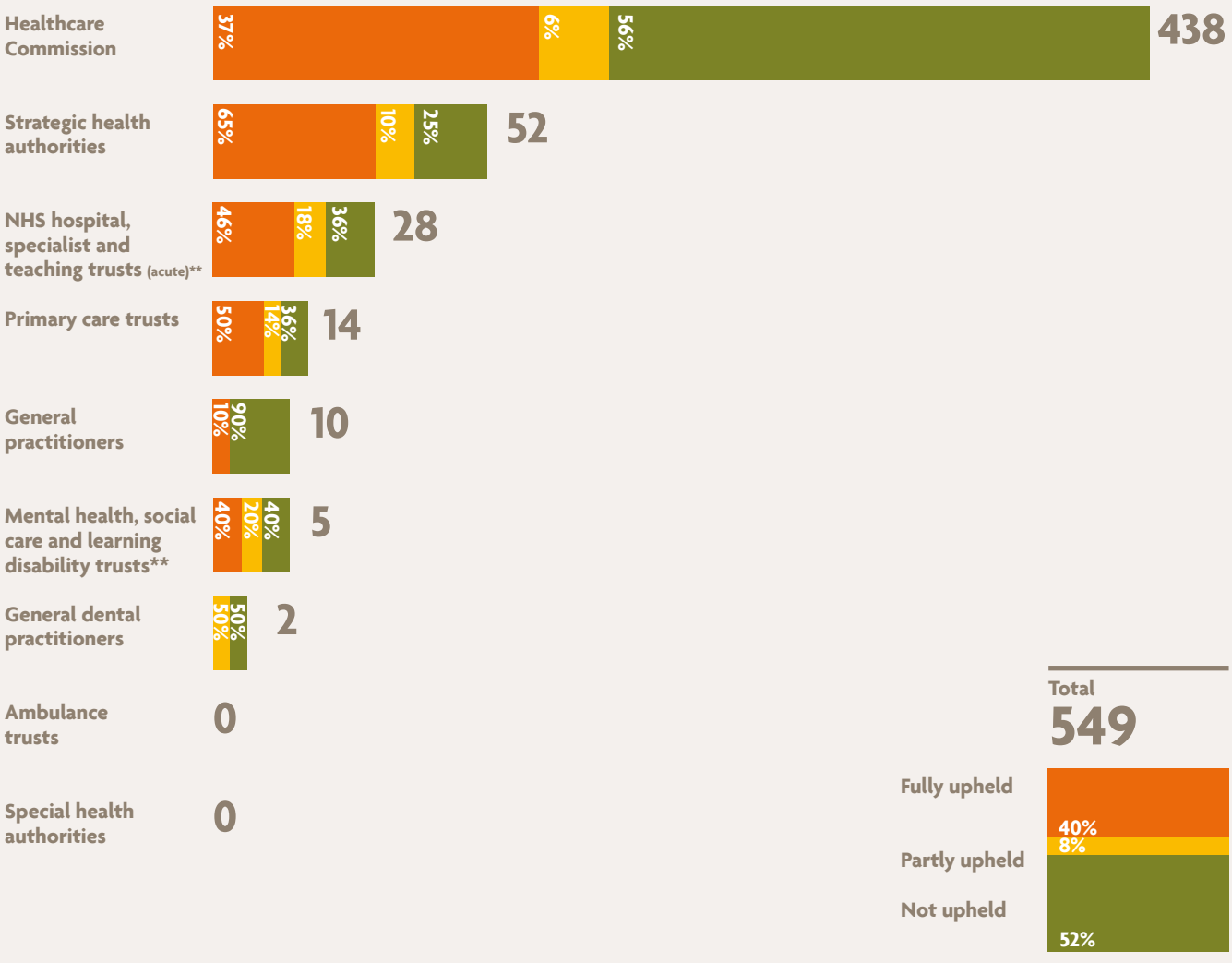
The conferences were held to promote effective local resolution of complaints; to explain our role and expectations; to give us an opportunity to listen to concerns and answer questions; and to encourage the sharing of good practice. Over 330 participants from 275 trusts attended the four events.

These conferences were part of our work to establish a direct dialogue with the NHS. They outlined our expectations of bodies within our jurisdiction, our approach to casework, and explained what the bodies could expect from us.

We are planning to run a further series of conferences for NHS complaint handlers in autumn 2010.

NHS Complaint Handling Performance Report
This year has also seen work begin on a major report on NHS complaint handling performance. This report (to be published for the first time in October 2010 and annually after that) will give a comprehensive picture of the numbers and types of complaints about NHS bodies and practitioners received by the Ombudsman, the numbers and types of complaints investigated and their outcomes, any issues and themes arising from those complaints (including relevant case studies) and an assessment of the NHS's overall performance in complaint handling.

2008-09



Our work in focus:
Joint working

In certain circumstances we work jointly with other Ombudsmen where complaints cross our respective jurisdictions.

During the year, we reported on five joint investigations. This included *Environmentally unfriendly*, a report with the Local Government Ombudsman into the failure of the Environment Agency and two councils to take action against illegal waste activities. (See page 23 for more information.)

Figure 10: Joint investigations with other Ombudsmen

	Health Service Ombudsman and Local Government Ombudsman for England	UK Parliamentary Ombudsman and Local Government Ombudsman for England	Health Service Ombudsman and Public Services Ombudsman for Wales	Total
In hand at 01/04/09	13	1	1	15
Net adjustment	-1	0	0	-1
Accepted in the year	1	0	0	1
Discontinued	5	0	0	5
Reported on in the year	3	1	1	5
In hand at 31/03/10	5	0	0	5

Our work in focus:
Complaints about us, judicial reviews and data protection

Complaints about us
Anyone who is unhappy with a decision made by us or with the service they have received from us can ask for a review under our *Complaints About Us* policy. Such reviews are undertaken by a separate Review Team and are signed off by a senior member of staff.

We take the complaints we receive very seriously and use learning from them to develop and improve the service we provide. Complaints not only help us identify individual training needs but can also flag up organisational issues and concerns we may need to address. For example, the complaints we received about delays in our handling of cases has led us to reduce the turnaround time for obtaining papers from bodies being complained about, increase the number of caseworkers we have and raise our operational targets for 2010-11.

During 2009-10:

- We received 1,208 new complaints about us
- We resolved 1,280 complaints about us

Of the 1,280 reviews completed during 2009-10:

- 1,115 were about our handling of enquiries
- 88 were about health investigations
- 42 were about parliamentary investigations
- 35 were about our responses to requests for information under the *Freedom of Information Act 2000* or *Data Protection Act 1998*

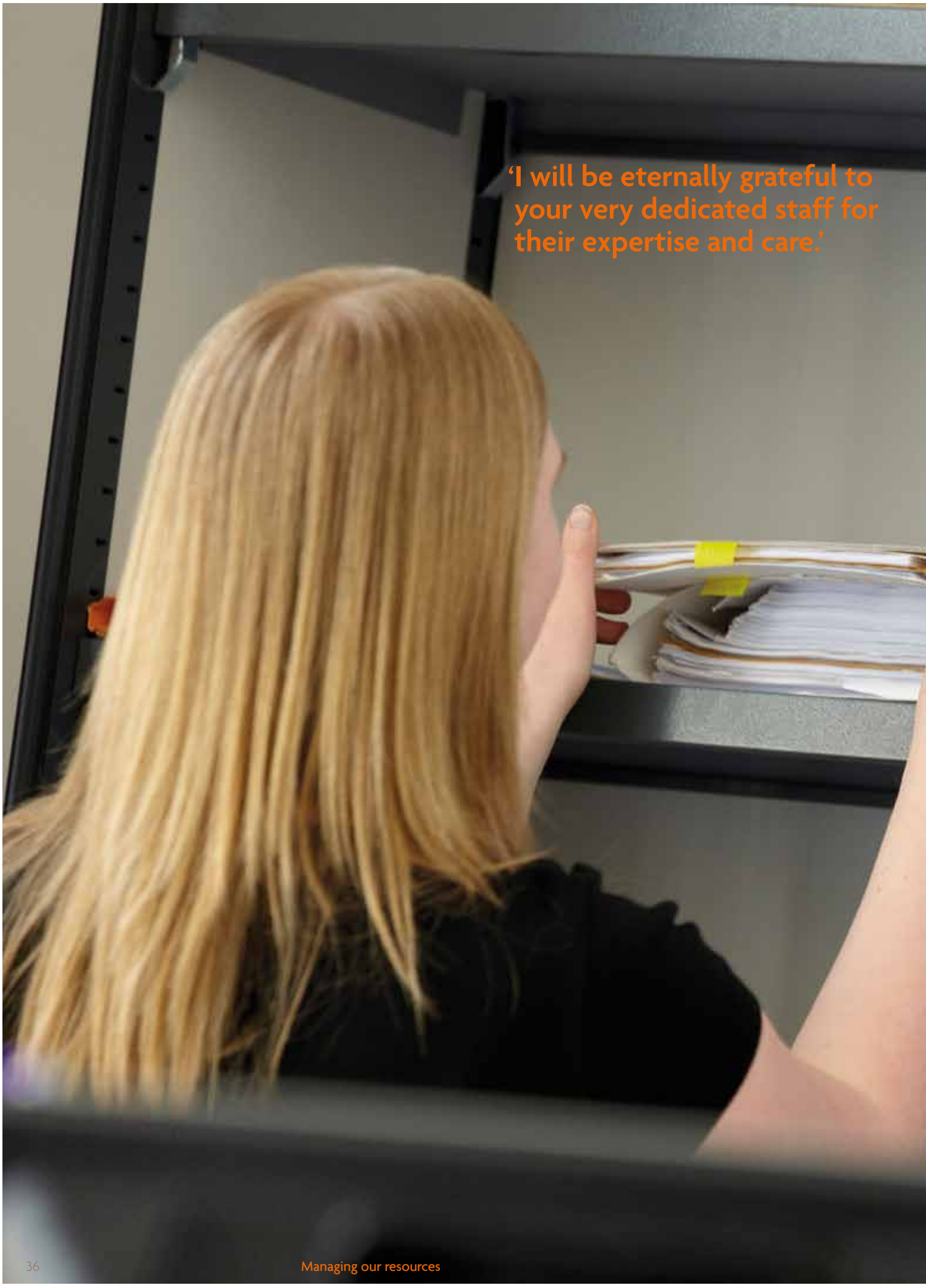
Of these, 12 per cent were either fully or partly upheld. The largest proportion of upheld complaints related to complaints about our service, particularly delays in the handling of cases or issues relating to our communication with complainants.

Judicial review
Judicial review is the procedure through which a person can challenge the lawfulness of a decision or action (or failure to act) taken by a public body by making an application to the High Court. Our decisions can be subject to judicial review.

There were nine applications for judicial review of our decisions (seven in 2008-09) and one county court claim (none in 2008-09).

Of the judicial review applications, seven were initially refused permission to proceed and we are awaiting the court's initial decision on the other two. Of the seven refused permission, all renewed their application and five were then refused again; one of those five has now been granted a hearing in the Court of Appeal. We are awaiting a decision on the other two. The county court claim was settled.

Freedom of information and data protection
During the year we received 359 requests for information under the *Freedom of Information Act 2000* and *Data Protection Act 1998* – a substantial increase on the 217 requests received in 2008-09. We resolved 332 requests during the year, 80 per cent of those within the statutory timescales.


‘I will be eternally grateful to your very dedicated staff for their expertise and care.’

Managing our resources

The Parliamentary and Health Service Ombudsman's full Resource Accounts 2009-10 will be laid before Parliament on 14 July 2010 and will be available on our website at www.ombudsman.org.uk or from The Stationery Office.

Summary Financial Statements for the year ended 31 March 2010

Statement of the Parliamentary and Health Service Ombudsman

The following Financial Statements are a summary of information extracted from PHSO's full annual accounts for 2009-10, which were signed by the Ombudsman on 1 July 2010. While the summary below does not contain sufficient detail to allow for a full understanding of the financial affairs of PHSO, it is consistent with the full annual accounts and auditor's report, which should be consulted for further information.

The Comptroller and Auditor General, who has been appointed by the Parliamentary and Health Service Ombudsman as auditor, has given an unqualified audit opinion on PHSO's Resource Accounts.

Ann Abraham
Parliamentary and Health Service Ombudsman
1 July 2010

Statement of the Comptroller and Auditor General to the Houses of Parliament

I have examined the Summary Financial Statements of the Parliamentary and Health Service Ombudsman comprising a summary financial review, resource outturn, operating cost statement and statement of cash flows for the year ended 31 March 2010 and a summary statement of financial position as at that date.

Respective responsibilities of the Ombudsman and the auditor
The Ombudsman is responsible for preparing the Summary Financial Statements in accordance with the Government Financial Reporting Manual (FReM).

My responsibility is to report to you my opinion on the consistency of the Summary Financial Statements within the Ombudsman's Annual Report with the full annual financial statements and the Management Commentary, and its compliance with the relevant requirements of the FReM.

I also read the other information contained in the Ombudsman's Annual Report and consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the Summary Financial Statements. The other information comprises only the Financial Review.

I conducted my work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. My report on the Parliamentary and Health Service Ombudsman's full annual financial statements describes the basis of my opinion on those financial statements and on the Management Commentary.

Opinion
In my opinion, the Summary Financial Statements are consistent with the full annual financial statements for the Parliamentary and Health Service Ombudsman for the year ended 31 March 2010 and comply with the applicable requirements of the FReM.

Amyas C E Morse
Comptroller and Auditor General
National Audit Office
157-197 Buckingham Palace Road
Victoria
London
SW1W 9SP
5 July 2010

Financial review
PHSO's funding arises from a three-year settlement sanctioned by HM Treasury, with annual Estimates based on this settlement being approved by Parliament. Our current three-year settlement for the period 2008-11 was sanctioned in 2007. Subsequently, additional funding was sought and sanctioned in 2008 to address the changes in the complaints landscape arising as a result of the *Health and Social Care Act 2008*. As a result, PHSO's total gross resource funding for 2009-10 was £34.646 million, income of £0.420 million (a net resource requirement of £34.226 million) and capital of £2.100 million.

The baseline for the capital element of PHSO's settlement was established on the basis of our four year (2007-11) Capital Investment Strategy. The strategy was developed following a major programme of refurbishment that was required after a period of under-investment in our infrastructure. It was based on maintaining an extant model of information technology and on a regular programme of accommodation refurbishment. However, in the years since the settlement was agreed, PHSO's information technology investment has moved away from desktop personal computers to server-based systems that are more cost-effective. In addition, planned investment in our Knowledge and Information Management programme will be lower than originally thought, and will take place in 2010-11. Finally, aside from refurbishment required to new premises in Manchester to accommodate new staff following the move to the new two-stage NHS complaints systems, PHSO's accommodation has proved robust and has required little ongoing refurbishment. As a result, PHSO expected that in 2009-10 there would be significant underspend against the sanctioned level of capital funding for 2009-10 and, as a consequence, against that element of our non-cash resource funding provided for depreciation.

This is reflected in the outturn performance against our long-standing financial targets shown below.

In summary, our performance against the financial targets in our 2009-10 Corporate Business Plan compared to budget allocations was as follows:

- Our net resource underspend of £1.192 million was outside our target limit for underspending of less than £0.500 million;
- Our total capital underspend of £1.376 million was outside our target limit for underspending of £0.100 million;
- We recovered 91 per cent of our appropriations-in-aid income provision in the year against our target of 100 per cent;
- We remained within our Net Cash Requirement sanctioned by Parliament;
- We paid 99 per cent (99 per cent in 2008-09) of supplier invoices within our target of 30 days;
- Our resource budgets were managed to within 4 per cent of agreed allocations, exceeding our target of limiting variance to no more than 2 per cent, while capital budgets were outside the 5 per cent tolerance at 67 per cent; and
- Our depreciation charges for the year of £1.441 million exceeded our target of maintaining our capital base by being no more than £0.200 million more than our capital investment in the year of £0.724 million (actual variance £0.717 million).

As explained above, the capital underspend was expected, as was a significant element of the net resource underspend. In addition, staffing vacancies were higher than planned during the year because it took longer than expected to recruit the staff necessary to build the capability and capacity to:

- Address the increased workload following the abolition of the Healthcare Commission; and
- Develop our Communications and Policy functions in order to deliver our Strategic Objectives.

Savings were also generated because work on our Knowledge and Information Management programme required less input from consultants and because implementation of our new Communications Strategy was delayed. However, the largest single element of the underspend, £0.606 million on non-cash items, related to the expected reduction in depreciation and revaluation.

Much of our income is derived from recovery of salaries in respect of PHSO staff seconded to other organisations. This year saw the early return of a secondee and a smaller than expected number of secondment applications resulting in a reduction in forecast income.

Transition to International Financial Reporting Standards
International Financial Reporting Standards (IFRS) have been adopted across the United Kingdom public sector to ensure public sector accounts remain in line with best commercial practice for financial reporting. PHSO has chosen to adopt IFRS in accordance with the timetable for central government bodies: 2009-10 is the first year of adoption and the date of transition is 1 April 2008. Information on the financial impact of IFRS adoption is available in Note 2 to the Resource Accounts.

Summary of resource outturn 2009-10

	2009-10							2008-09
	Estimate			Outturn				
	Gross expenditure	A in A	Net total	Gross expenditure	A in A	Net total	Net total outturn compared to estimate: saving/ (excess)	Outturn
	£000	£000	£000	£000	£000	£000	£000	£000
Request for resources*	34,646	420	34,226	33,417	383	33,034	1,192	25,917
Total resources	**34,646**	**420**	**34,226**	**33,417**	**383**	**33,034**	**1,192**	**25,917**
Non-operating cost Appropriations in Aid (A in A)	-	-	-	-	-	-	-	-

* To undertake the work of the Parliamentary Commissioner for Administration and the Health Service Commissioner for England

PHSO's net cash requirement for the year of £32,628k was within our cash financing limit of £34,306k as approved by Parliament.

Operating cost statement for the year ended 31 March 2010

	2009-10	2008-09 Restated
	£000	£000
Administration costs:		
Staff costs	20,785	14,702
Other admininstration costs	12,825	11,786
Gross administration costs	**33,610**	**26,488**
Operating income	(399)	(432)
Net administration costs	**33,211**	**26,056**
Net operating cost	**33,211**	**26,056**

All operations are continuing.
Figures for 2008-09 have been restated in line with IFRS.

Statement of financial position as at 31 March 2010

	31 March 2010		31 March 2009 Restated		1 April 2008 Restated	
Non-current assets						
Property, plant and equipment	6,028		6,595		6,443	
Intangible assets	250		306		519	
Total non-current assets		**6,278**		**6,901**		**6,962**
Current assets						
Trade and other receivables	1,428		1,281		1,300	
Cash and cash equivalents	37		144		122	
Total current assets		**1,465**		**1,425**		**1,442**
Total assets		**7,743**		**8,326**		**8,384**
Current liabilities						
Trade and other payables	(1,785)		(1,866)		(1,581)	
Other liabilities	(92)		(213)		(191)	
Total current liabilities		**(1,877)**		**(2,079)**		**(1,772)**
Non-current assets less net current liabilities		**5,866**		**6,247**		**6,612**
Non-current liabilities						
Provisions	(947)		(1,195)		(1,145)	
Other liabilities	(546)		(617)		(688)	
Total non-current liabilities		**(1,493)**		**(1,812)**		**(1,833)**
Assets less liabilities		**4,373**		**4,435**		**4,779**
Taxpayers' equity						
General Fund		3,783		3,957		4,333
Revaluation Reserve		590		478		446
Total taxpayers' equity		**4,373**		**4,435**		**4,779**

Figures for 31 March 2009 and 1 April 2008 have been re-stated in line with IFRS.

Statement of cash flows for the year ended 31 March 2010

	2009-10 £000	2008-09 £000
Cash flow from operating activities		
Net operating cost	(33,211)	(26,056)
Adjustment for non-cash transactions	1,814	2,020
(Increase)/decrease in trade and other receivables	(147)	19
Increase/(decrease) in trade payables	(232)	327
Less movements in payables relating to items not passing through the operating cost statement	117	59
Use of provisions	(371)	(265)
Net cash outflow from operating activities	**(32,030)**	**(23,896)**
Cash flows from investing activities		
Purchase of property, plant and equipment	(608)	(1,318)
Purchase of intangible fixed assets	(157)	(131)
Net cash outflow from investing activities	**(765)**	**(1,449)**
Cash flows from financing activities		
From the Consolidated Fund (Supply): current year	32,507	25,270
From the Consolidated Fund (Non-Supply)	193	190
Net financing	**32,700**	**25,460**
Net increase/(decrease) in cash and cash equivalents in the period before adjustment for receipts and payments to the Consolidated Fund	**(95)**	**115**
Payments of amounts due to the Consolidated Fund	(12)	(93)
Net increase/(decrease) in cash and cash equivalents in the period after adjustment for receipts and payments to the Consolidated Fund	**(107)**	**22**
Cash and cash equivalents at the beginning of the period	**144**	**122**
Cash and cash equivalents at the end of the period	**37**	**144**

‘We would like to express our sincere thanks to your office for your investigation and for your continued involvement in this case, without which we feel sure there would not have been any outcome, let alone a satisfactory one.’

Our governance

The Ombudsman
The Parliamentary and Health Service Ombudsman is a post which combines the two statutory roles of Parliamentary Commissioner for Administration and Health Service Commissioner for England. The Ombudsman is appointed by the Queen on the recommendation of the Prime Minister. She is independent of government and has statutory responsibilities and powers to report directly to Parliament. The Ombudsman is solely responsible and accountable for the conduct and administration of all work carried out by the Office of the Parliamentary and Health Service Ombudsman and for the decisions made in each case.

The Advisory Board
To enhance the governance of the Office, improve the transparency with which it operates and bolster the independence of the role, the Ombudsman has appointed a non-statutory Advisory Board. This comprises the Ombudsman herself (as Chair and Chief Executive in line with her statutory accountability) and four non-executive external members.

The role of the Advisory Board is to act as a 'critical friend' and provide support and advice to the Ombudsman in her leadership and good governance of the Office and to bring an external perspective to assist in the development of policy and practice.

The Advisory Board provides specific advice and support on:

- Purpose, vision and values.
- Strategic direction and planning.
- Accountability to stakeholders, including stewardship of public funds.
- Internal control and risk management arrangements.

The Advisory Board has no role in casework processes or decisions.

The Advisory Board has two formal sub-committees which have key roles in supporting the effective governance of the Office:

- An **Audit Committee** which is responsible for providing advice and assurance to the Ombudsman as Accounting Officer and the Executive Board on the adequacy and effectiveness of internal control and risk management. It also oversees internal and external audit arrangements which cover all areas of the Office's work, including both financial and non-financial systems. It has four members: an external Chair appointed by the Ombudsman through a process of fair and open competition; the Ombudsman herself; and two further external members.

- A **Pay Committee** which is responsible for providing advice on pay arrangements in the Office, and specifically for determining the pay of senior staff (except the Ombudsman herself, which is set separately under statutory arrangements). Its membership is the Ombudsman (as Chair) and two of the external members of the Advisory Board.

The Executive Board
An Executive Board, chaired by the Ombudsman and comprising the Deputy Ombudsman, the Deputy Chief Executive and the Director of Communications, exercises management of the Office's functions and activities. The Executive Board is responsible for the delivery of the Office's strategic vision, policies and services to the public and other stakeholders.

The Executive Board meets regularly and is responsible for co-ordinating activity across the organisation. It is the ultimate forum (supported appropriately by other groups) for making executive decisions about operational, resource, communications and other administrative matters in order to deliver the Strategic and Corporate Business Plans, and for monitoring performance. The role of the Executive Board in decision making carries a recognition that on occasion there will be some issues for which the decision maker is the Ombudsman alone.

Membership (as at 31 March 2010)

Executive Board
Ann Abraham
Claire Forbes
Kathryn Hudson
Bill Richardson

Advisory Board (external members)
Paula Carter
Linda Charlton
Tony Redmond
Cecilia Wells OBE

Audit Committee (external members)
Andrew Puddephatt OBE (Chair)
Jeremy Kean
Tony Redmond

Pay Committee (external members)
Tony Redmond
Cecilia Wells OBE

Cecilia Wells stood down from the Advisory Board and Pay Committee on 31 March 2010. She has been replaced on the Advisory Board by Tony Wright who took up the post on 1 June 2010, and on the Pay Committee by Linda Charlton.

Sir Jon Shortridge replaced Andrew Puddephatt as Chair of the Audit Committee on 1 April 2010.

More information about the members of our Boards and Committees, and governance arrangements is available on our website.

Current senior staff

Parliamentary and Health Service Ombudsman
Ann Abraham

Deputy Ombudsman
Kathryn Hudson

Deputy Chief Executive
Bill Richardson

Director of Communications
Claire Forbes

Legal Adviser
Anne Harding

Operations Directors
Carole Auchterlonie
Gwen Harrison
James Johnstone
Jack Kellett
Gavin McBurnie
Ali McMurray
Phillip Trewhitt

Corporate Resources Directors
Marie Cheek
Graham Payne
Jon Ward

Executive Board
as at 31 March 2010

Ann Abraham
Parliamentary and Health Service Ombudsman

Claire Forbes
Director of Communications

Kathryn Hudson
Deputy Ombudsman

Bill Richardson
Deputy Chief Executive




Advisory Board (external members)
as at 31 March 2010

Paula Carter

Linda Charlton

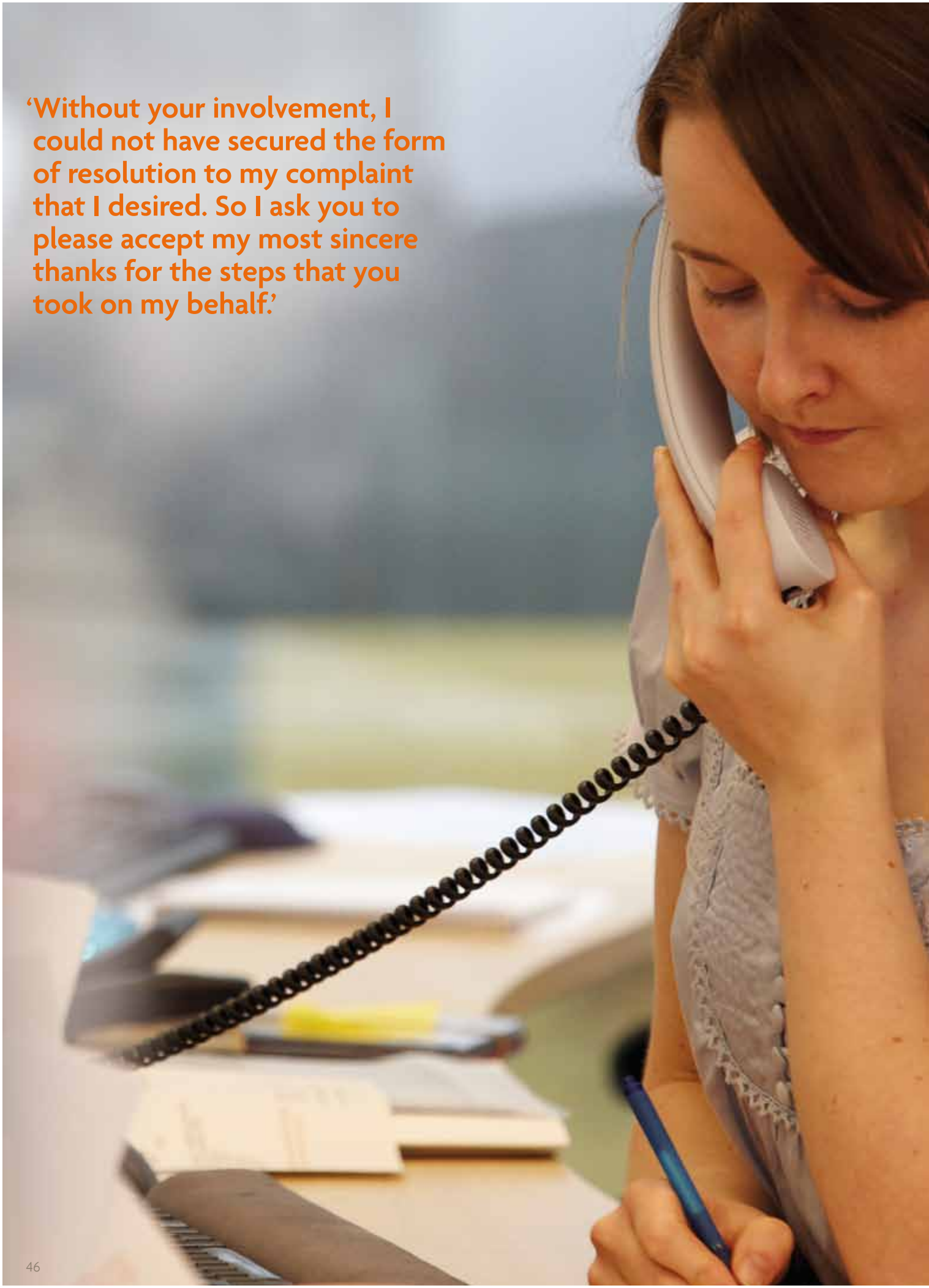
Tony Redmond

Cecilia Wells OBE




Audit Committee Chair
as at 31 March 2010

Andrew Puddephatt OBE


‘Without your involvement, I could not have secured the form of resolution to my complaint that I desired. So I ask you to please accept my most sincere thanks for the steps that you took on my behalf.’

Appendix

Our performance against our 2009-10 targets

For 2009-10 and 2010-11 we established two-year performance targets in order to allow us to measure and monitor our progress against the customer service standards we planned to achieve by 2010-11.

2009-10 was a challenging year as we addressed the impact of higher workloads following the abolition of the Healthcare Commission on 31 March 2009 and the introduction of the new NHS complaints system. In the early months we continued to build our staff capacity and capability while also dealing effectively and efficiently with the work we had inherited from the Commission and with an increased, and difficult to predict, volume of new cases. Our target, to complete 55 per cent of investigations within twelve months, took account of these factors. We exceeded this target and, one year into the new NHS complaints system, are in a strong position to meet our new target of completing 90 per cent of investigations within twelve months and delivering the timely service our customers deserve.

By the end of the year we had:

- Dealt successfully with 24,240 enquiries
- Concluded 322 investigations
- Met five of our six operational targets for the year, and
- Positioned ourselves well to meet all six of our customer service standards in 2010-11.

We narrowly missed our throughput service standard target of 80 per cent for substantive responses to enquiries, closing 78 per cent within 40 working days. We had assumed a much lower number of cases requiring further assessment as a proportion of our work. These cases were less likely to be completed within 40 working days, and eventually constrained our ability to achieve the target.

The breakdown of performance against the targets set for 2009-10 is set out below. Information about our overall performance against our 2009-10 Corporate Business Plan commitments is published in our 2009-10 Resource Accounts.

Time we will take to acknowledge and respond to queries

	2009-10 target	2009-10 performance	2010-11 target
Email enquiry	Acknowledgment sent within one working day	100%	100%
Written enquiry	Acknowledgment sent within two working days	100%	100%
Substantive response to enquiries	80% within 40 working days	78%	90%

Time we will take to investigate complaints

From acceptance to investigation	2009-10 target	2009-10 performance	2010-11 target
Within 12 months	55%	65%	90%

Time we will take to deal with complaints about us

	2009-10 target	2009-10 performance	2010-11 target
Initial response to complaints	95% within 5 working days	96%	95%
Substantive response to complaints	90% within 16 weeks	93%	90%

Figure 11: Top five government departments by number of complaints received (with agency breakdown)

Department for Work and Pensions	
Jobcentre Plus	1,274
Child Support Agency	805
The Pension, Disability and Carers Service	475
Independent Case Examiner	230
Department for Work and Pensions	81
Medical Services ATOS Healthcare*	34
Debt Management Unit	30
Health and Safety Executive	26
Pensions Ombudsman	26
Independent Review Service for the Social Fund	9
Independent Living Funds	4
The Pensions Regulator	4
Health and Safety Commission	1
Pension Protection Fund	1
Department for Work and Pensions Total	3,000

HM Revenue & Customs	
HM Revenue & Customs	1,369
The Adjudicator's Office	323
Child Benefit Office	181
National Insurance Contributions Office	23
HM Revenue & Customs Total	1,896

Home Office	
UK Border Agency	688
Criminal Records Bureau	85
Home Office**	63
Identity and Passport Service	50
Security Industry Authority	44
Police (Victims' Code)	11
Independent Safeguarding Authority	6
Independent Complaints Mediator (Criminal Records Bureau)	3
National Policing Improvement Agency	1
Serious Organised Crime Agency	1
Home Office Total	952

Ministry of Justice	
HM Courts Service	275
Tribunals Service	135
Legal Services Commission	114
Information Commissioner	80
HM Prison Service	67
Land Registry	48
Criminal Injuries Compensation Authority	46
Office of the Public Guardian	44
Ministry of Justice	43
Prisons and Probation Ombudsman for England and Wales	27
Independent Complaints Reviewer (Land Registry)	17
Adjudicator to HM Land Registry	6
Official Solicitor	6
Legal Complaints Service	5
Parole Board	5
Crown Prosecution Service (Victims' Code)	4
Court Funds Office	3
Judicial Appointments and Conduct Ombudsman	2
National Probation Service (Victims' Code)	2
Legal Services Complaints Commissioner	1
National Archives	1
Ministry of Justice Total	931

Department for Transport	
Driver and Vehicle Licensing Agency	248
Driving Standards Agency	43
Highways Agency	27
Department for Transport	21
Vehicle and Operator Service Agency	11
Independent Complaints Assessor (Driver and Vehicle Licensing Agency)	2
Rail Accident Investigation Branch	1
Department for Transport Total	353

* Medical Services ATOS Healthcare is not a body in jurisdiction but its actions carried out on behalf of the Department for Work and Pensions are.
** One out of these 63 complaints refers to the 449 properly made complaints about prisoner data loss (see page 25 for more information).

Figure 12: Complaints accepted for investigation, complaints investigated and in hand complaints under investigation by parliamentary body*

	Restated in hand at 01/04/09	Accepted for investigation in the year	Discontinued in the year	Reported on in the year	Reported on: fully upheld %	Reported on: partly upheld %	Reported on: not upheld %	In hand at 31/03/10
Department for Children, Schools and Families	0	1	0	0	N/A	N/A	N/A	1
Department for Children, Schools and Families – Children and Family Court Advisory and Support Service	1	1	0	1	100%	0%	0%	1
Department for Communities and Local Government – Planning Inspectorate	1	0	0	1	0%	0%	100%	0
Department for Environment, Food and Rural Affairs	2	0	0	2	50%	0%	50%	0
Department for Environment, Food and Rural Affairs – Environment Agency	1	0	0	1	100%	0%	0%	0
Department for Environment, Food and Rural Affairs – Rural Payments Agency**	13	2	12	1	100%	0%	0%	2
Department for Transport – Driver and Vehicle Licensing Agency	2	2	0	2	50%	50%	0%	2
Department for Transport – Driving Standards Agency	1	0	0	1	100%	0%	0%	0
Department for Transport – Highways Agency	1	0	0	0	N/A	N/A	N/A	1
Department for Work and Pensions	1	0	0	1	100%	0%	0%	0
Department for Work and Pensions – Child Support Agency	22	9	0	18	50%	44%	6%	13
Department for Work and Pensions – Debt Management Unit	2	0	0	2	100%	0%	0%	0
Department for Work and Pensions – Independent Case Examiner	32	12	3	28	18%	14%	68%	13
Department for Work and Pensions – Jobcentre Plus	16	7	2	15	47%	47%	7%	6
Department for Work and Pensions – Medical Services ATOS Healthcare***	1	0	0	1	100%	0%	0%	0
Department for Work and Pensions – The Pension, Disability and Carers Service	4	3	2	3	33%	33%	33%	2
Department for Work and Pensions – The Pensions Regulator	1	0	0	1	0%	0%	100%	0
Department of Energy and Climate Change	1	0	0	1	0%	100%	0%	0
Department of Health – General Social Care Council	0	1	0	0	N/A	N/A	N/A	1
Department of Health – Postgraduate Medical Education and Training Board	1	0	0	1	0%	100%	0%	0
Foreign and Commonwealth Office	0	1	0	1	100%	0%	0%	0
HM Revenue & Customs	18	4	0	16	50%	44%	6%	6
HM Revenue & Customs – National Insurance Contributions Office	1	1	0	1	100%	0%	0%	1
HM Revenue & Customs – The Adjudicator's Office	10	3	0	9	56%	0%	44%	4
HM Treasury – Valuation Office Agency	2	0	0	1	0%	0%	100%	1
Home Office	1	1	0	1	100%	0%	0%	1
Home Office – Identity and Passport Service	1	0	0	1	0%	100%	0%	0
Home Office – Security Industry Authority	3	0	0	3	33%	33%	33%	0
Home Office – UK Border Agency	49	17	0	48	56%	42%	2%	18
Ministry of Defence – Service Personnel and Veterans Agency	3	0	0	2	50%	0%	50%	1
Ministry of Justice – Criminal Injuries Compensation Authority	6	1	0	5	80%	20%	0%	2
Ministry of Justice – HM Courts Service	8	2	0	7	71%	29%	0%	3
Ministry of Justice – HM Prison Service	5	0	0	5	40%	40%	20%	0
Ministry of Justice – Independent Complaints Reviewer (Land Registry)	0	1	0	0	N/A	N/A	N/A	1
Ministry of Justice – Information Commissioner	1	0	0	1	0%	100%	0%	0
Ministry of Justice – Land Registry	0	2	0	0	N/A	N/A	N/A	2
Ministry of Justice – Legal Services Commission	5	0	0	5	60%	40%	0%	0
Ministry of Justice – National Probation Service****	2	0	0	2	100%	0%	0%	0
Ministry of Justice – Official Solicitor	1	0	0	0	N/A	N/A	N/A	1
Ministry of Justice – Office of the Public Guardian	0	1	0	0	N/A	N/A	N/A	1
Ministry of Justice – Tribunals Service	3	0	0	3	0%	0%	100%	0
Total	**222**	**72**	**19**	**191**	**49%**	**31%**	**20%**	**84**

* In some cases, the percentages do not add up to 100 per cent due to rounding.
** These investigations were affected by a court judgment after the investigations had begun, which fundamentally changed the standard against which the Ombudsman would have tested the Rural Payments Agency's decision making. The Ombudsman has subsequently begun new investigations into those aspects of those complaints that were not affected by the judgment.
*** Medical Services ATOS Healthcare is not a body in jurisdiction but its actions carried out on behalf of the Department for Work and Pensions are.
**** National Probation Service refers to complaints made under the Victims' Code.

Figure 13: Health complaints received by category and strategic health authority

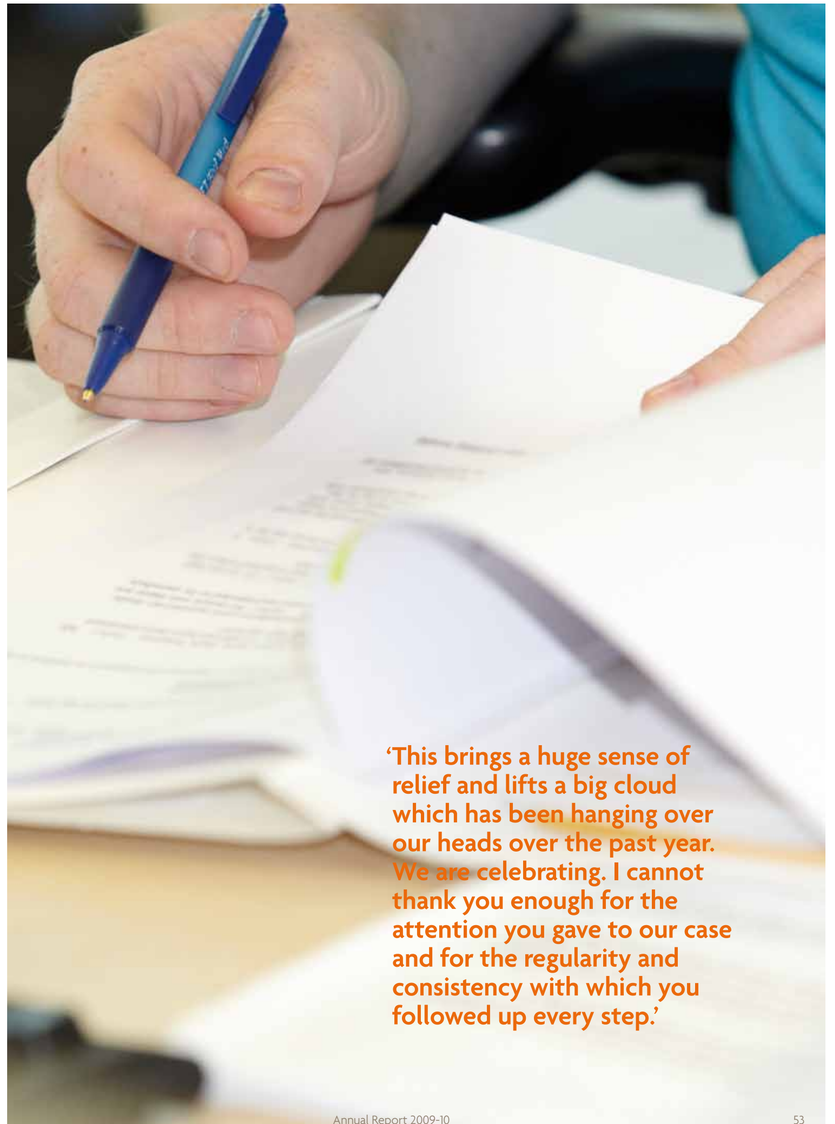
Strategic health authority	Ambulance trusts	Care trusts	General dental practitioners	General practitioners	Health Care Commission	Mental health social care and learning disability trusts	NHS hospital specialist and teaching trusts (acute)	Opticians	Pharmacies	Primary care trusts	Special health authorities	Strategic health authorities	Total
London Strategic Health Authority	49	0	69	360	0	330	1,501	2	3	384	0	29	2,727
North West Strategic Health Authority	22	0	56	215	0	168	842	2	1	286	0	40	1,632
East of England Strategic Health Authority	26	0	50	186	0	124	553	0	23	205	0	48	1,215
West Midlands Strategic Health Authority	11	5	33	158	0	114	643	2	1	202	0	17	1,186
South West Strategic Health Authority	24	14	54	157	0	113	535	0	2	252	0	31	1,182
South East Coast Strategic Health Authority	14	0	52	133	0	120	458	0	1	192	0	31	1,001
Yorkshire and the Humber Strategic Health Authority	21	12	39	134	0	62	484	0	1	177	0	30	960
East Midlands Strategic Health Authority	23	0	40	100	0	139	336	0	5	167	0	18	828
South Central Strategic Health Authority	4	0	35	117	0	63	308	0	0	167	0	35	729
Healthcare Commission	0	0	0	0	531	0	0	0	0	0	0	0	531
North East Strategic Health Authority	11	0	13	64	0	56	263	0	0	71	0	6	484
Special health authorities*	0	0	0	0	0	0	0	0	0	0	85	0	85
Unknown strategic health authority**	11	0	218	795	0	104	381	12	25	308	0	15	1,869
Total	216	31	659	2,419	531	1,393	6,304	18	62	2,411	85	300	14,429

* An NHS trust which operates nationally rather than serving a specific geographical area (for example, National Patient Safety Agency or NHS Blood and Transplant).
** In some cases we do not know which SHA the complaint relates to. For example, in premature preliminary assessment cases which are referred back immediately as out of remit, not properly made or premature and the health provider has not been identified.

Figure 14: Complaints accepted for investigation, complaints investigated and in hand complaints under investigation by strategic health authority*

Strategic health authority	Restated in hand at 01/04/09	Accepted for investigation in the year	Discontinued in the year	Reported on in the year	Reported on: fully upheld %	Reported on: partly upheld %	Reported on: not upheld %	In hand at 31/03/10
East Midlands Strategic Health Authority	10	36	1	11	18%	18%	64%	34
East of England Strategic Health Authority	10	42	1	7	43%	0%	57%	44
Healthcare Commission	56	0	21	25	60%	20%	20%	10**
London Strategic Health Authority	25	57	0	33	42%	24%	33%	49
North East Strategic Health Authority	9	12	1	5	0%	20%	80%	15
North West Strategic Health Authority	27	46	3	28	54%	7%	39%	42
South Central Strategic Health Authority	9	19	0	10	50%	20%	30%	18
South East Coast Strategic Health Authority	15	41	2	17	53%	29%	18%	37
South West Strategic Health Authority	6	36	1	12	58%	17%	25%	29
Special health authorities***	1	0	0	1	0%	0%	100%	0
West Midlands Strategic Health Authority	8	39	0	11	36%	18%	45%	36
Yorkshire and the Humber Strategic Health Authority	15	18	1	20	30%	20%	50%	12
Total	191	346	31	180	44%	18%	37%	326

* In some cases, the percentages do not add up to 100 per cent due to rounding.
** The 10 cases noted as being 'in hand' in respect of the Healthcare Commission derive from the transition to the new NHS complaints system. This mainly reflects cases previously accepted for investigation about the Commission, but where we have now moved to investigate the substance of the complaint about the original NHS body.
*** An NHS trust which operates nationally rather than serving a specific geographical area (for example, National Patient Safety Agency or NHS Blood and Transplant).



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