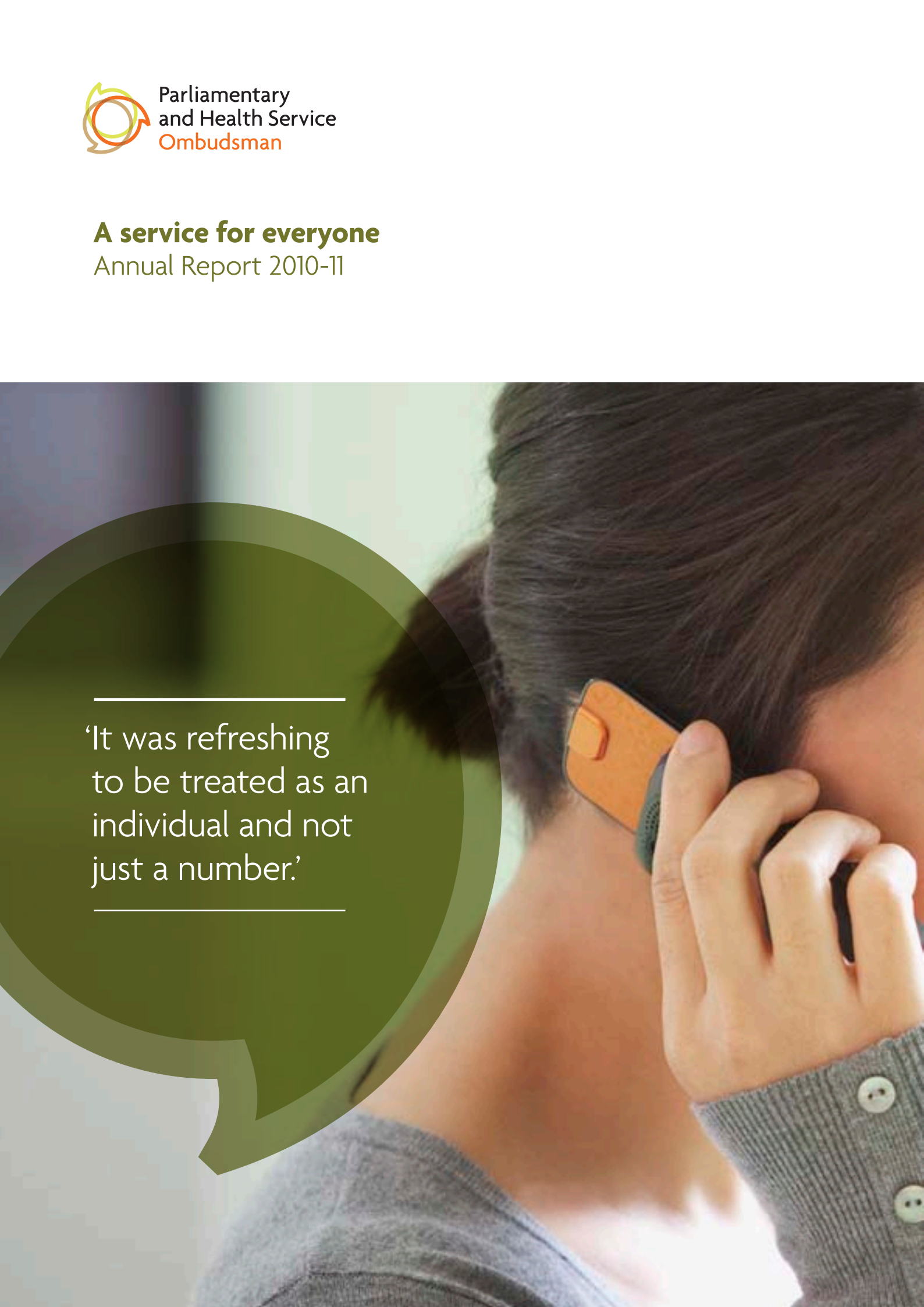


## **A service for everyone**

Annual Report 2010-11



‘It was refreshing  
to be treated as an  
individual and not  
just a number.’



## **A service for everyone**

Annual Report 2010-11

Fifth report  
of the Parliamentary Commissioner  
for Administration  
Session 2010-2012  
Presented to Parliament pursuant to Section 10(4)  
of the Parliamentary Commissioner Act 1967

Seventh report  
of the Health Service Commissioner  
for England  
Session 2010-2012  
Presented to Parliament pursuant to Section 14(4)  
of the Health Service Commissioners Act 1993

Ordered by  
The House of Commons  
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### **Our role**

The Parliamentary and Health Service Ombudsman considers 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 vision**

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

### **Our values**

Our values shape our behaviour, both as an organisation and as individuals, 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
- we are committed to enabling and developing our people 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
- 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
- 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
- we promote equal access to our service for all members of the community.

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## Foreword

We recently received a letter of thanks from a man who had made a complaint to my Office. He wrote: *'Today I could tell you actually cared about me and to be honest that was refreshing. As you can imagine, being a lifer in a maximum security prison, we don't often have outside help. I just wanted you all to know I'm grateful.'*

The Parliamentary and Health Service Ombudsman offers access to justice for individuals whose complaints about public services have not been listened to or satisfactorily resolved elsewhere. We provide a service for everyone who contacts us, from providing advice on how and where to complain, to investigating injustice and recommending ways in which to put things right.

This *Annual Report* recounts some of the different ways we worked last year to resolve injustice, maladministration or poor service by government departments and agencies, and the NHS in England. You can read about how we secured a specialist wheelchair for a woman with disabilities and broke through bureaucratic gridlock on behalf of a man seriously injured in an assault. We intervened to put things right in a family's immigration application and recommended new guidance for government on data sharing.

Often, people who contact us feel frustrated or worn down by what has happened or their experience of complaining



about it. The complaints system can be complex to understand and navigate and we work hard to ensure that our service is accessible to everyone, no matter what their circumstances, or what their communication needs are. As we explain on pages 6 and 7, we take time to advise and assist people with making their complaint, and to find swift and direct solutions where possible. As a result, only a few hundred of the complaints we resolved last year needed formal investigation; the majority of matters brought to us were addressed in other, simpler ways.

Complaints about parliamentary bodies, including government departments, must be referred to us by a Member of Parliament. In April 2010, access to this part of our service was suspended for over five weeks when Parliament was dissolved before the General Election. Members of the public with a complaint about a government department or agency were left hanging on until

after the election. Despite MPs' participation in the complaints system, the extra stage can deter some people from making a complaint and may prolong the wait for resolution for others. Once the new Parliament was in session, we worked to ensure all MPs, and their staff, were aware of the essential role they play in enabling access to the Ombudsman. By the end of the year, almost every MP had referred a complaint to us.

There is a range of views amongst MPs, advice and advocacy groups and the public about the benefits and disadvantages of this MP filter. Our current *Direct Access public consultation*, available on our website, seeks to capture these views to inform the debate about the best way to enable the access to justice the Ombudsman's service provides. We will report on the results of the consultation in the autumn.

During the year, our work on the Equitable Life affair, one

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of the most protracted and complex cases undertaken by my Office, came to a close. Soon after the election, the Coalition Government announced its intention to implement the recommendations of my July 2008 report on the regulatory failure of Equitable Life and establish an independent compensation scheme for policyholders. The Government's decisions about how much and who to compensate via the scheme were endorsed by Parliament. Parliament's decision brings my involvement in the matter to an end. The Equitable Life case has been ever present throughout my time as Ombudsman. It is a relief that this unnecessarily protracted saga is entering its final stages, but having heard many accounts of hardship from policyholders over the years, I understand the disappointment of those whose circumstances mean they are excluded from the compensation scheme.

From time to time, the maladministration or injustice uncovered by our work is so serious that it warrants Parliament's attention. The failure of the NHS to provide even the most basic standards of care for ten people over the age of 65 was one such circumstance. The stories told in our *Care and Compassion?* report struck a chord with people of all ages and triggered a national debate about how to improve the quality of care for older people in hospital or under the care of their GP. Sadly, access to justice came too

late for nine of the ten people featured in the report, who died either during the events that led to our investigation or shortly afterwards. We are continuing to discuss the report's conclusions with politicians, regulators and the NHS. I am optimistic that the stories in our report will be a catalyst for wide-reaching and profound change in the way older people are treated in the health service.

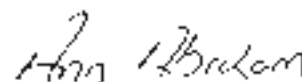
This is my last report as Parliamentary and Health Service Ombudsman before I retire towards the end of this year. I am grateful to the many people who have assisted and supported me throughout my time as Ombudsman. Parliament, through the Public Administration Select Committee, has been a staunch supporter of its Ombudsman and the Committee has been insightful in its scrutiny of the way we operate. Members of my Advisory Board and Audit Committee have been the best of critical friends, listening,

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'We work hard to ensure our service is accessible to everyone, no matter what their circumstances, or what their communications needs are.'

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supporting and challenging us continually to look for improvements in how we work. Above all, my staff continue to provide a high quality and accessible service for everyone who contacts us. The best testament to the difference they make can be found in the words of our customers, which are included throughout this report. I am certain that those who seek access to justice via the Parliamentary and Health Service Ombudsman in future will be in good hands.



Ann Abraham  
**Parliamentary and  
Health Service Ombudsman**  
July 2011

# Our year at a glance

## A service for everyone

We resolved

# 23,667

enquiries from members of the public during the year.

In

# 605

cases where something had gone wrong, we helped put things right without the need for formal investigation – a quicker and simpler way forward for everyone.

Only

# 403

cases needed a formal investigation and we completed

# 88%

of investigations within 12 months.

See page 6 for more details

## Engaging with Parliament

**Complaints about government departments and agencies must be referred by a Member of Parliament.**

During the year,

# 88%

of MPs referred complaints to us.

**Our tailored online information for MPs and their constituency staff, together with a dedicated telephone line, ensures swift and direct access to our service.**

See page 9 for more details

## Concluding the Equitable Life saga

Our work on complaints about regulatory failure in respect of Equitable Life concluded when the *Equitable Life (Payments) Act 2010* received Royal Assent. The Ombudsman confirmed to Parliament that the new Government's decisions on compensation were not incompatible with her recommendations, while she recognised the disappointment of many policyholders.

On 30 June 2011 the compensation scheme made the first payments to those eligible to receive them.

*'As Parliament's Ombudsman it has been my task to report independently to Parliament on this matter, so that Parliament can be informed in the decisions it takes. Parliament has considered the issues raised in my report and the recommendations I made and has provided its response.'*

Ann Abraham

**Parliamentary and Health Service Ombudsman**

See page 23 for more details



## Listening and Learning in the NHS

Our first review of NHS complaint handling performance, published in October, concluded that the NHS needs to listen harder and learn more from complaints. We hosted six regional conferences for NHS complaint managers across England, to discuss complaint handling performance in their area.

See page 22 for more details

## Investing in our people

In March, we achieved the Investors in People Bronze Award, recognising our continuing commitment to developing our staff and exceeding our previous accreditation standard. The assessor praised the progress made in the last three years and concluded: *'It is clear that Investors in People matters at PHSO'*.

[www.ombudsman.org.uk/iip](http://www.ombudsman.org.uk/iip)

## Spotlight on NHS care for older people

*Our Care and Compassion?* report triggered a national debate about the care of older people by revealing the gulf between the principles and values of the NHS Constitution and the experiences of some older people in hospital or under the care of their GP.

See page 24 for more details

## New guidance for government

Our investigation into a complaint about data sharing between government departments included a recommendation for new government guidance to ensure learning from the complaint was shared across departments. The Cabinet Office is working to take this forward.

See page 17 for more details

## Improving NHS complaint handling

We began a programme of liaison work with the most complained about NHS trusts to support improvements in complaint handling. The number of complaints received about the most complained about trust in 2009-10, Barts and The London NHS Trust, fell from 146 to 112.

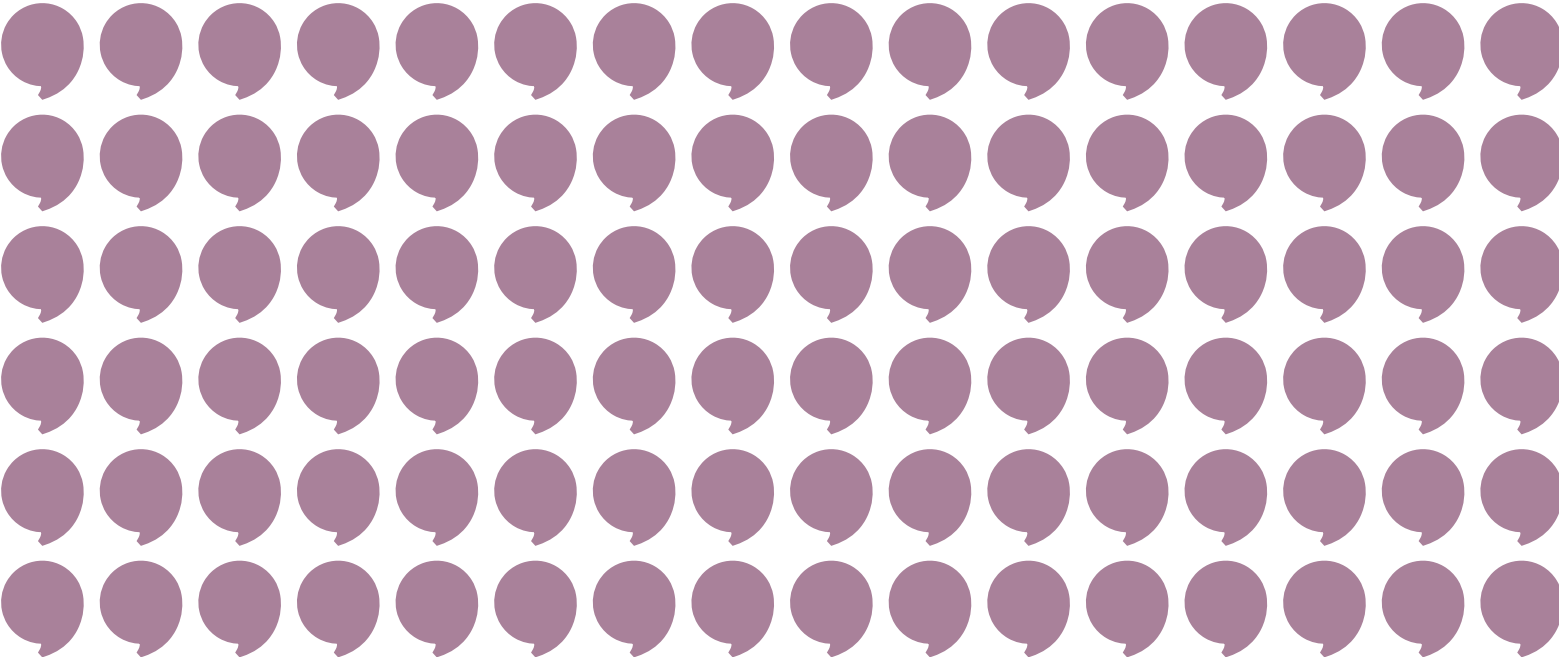
See page 22 for more details

## Supporting democracy in South Africa

We entered into a new partnership with the South African Public Protector in order to share learning and best practice. Staff from the Public Protector's Office visited us in the autumn to learn directly from our casework experience.

See page 23 for more details

## How we help



**Our role is to consider 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.**

**Not every complaint needs to be resolved by investigation and we provide a service for everyone who contacts us.**

**In 2010-11, we received 23,422 enquiries and continued work on 1,623 carried over from 2009-10.**

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### First contact

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People who contact us often need help with making their complaint or advice on where to complain.

**Advice and signposting:** 3,340 enquiries

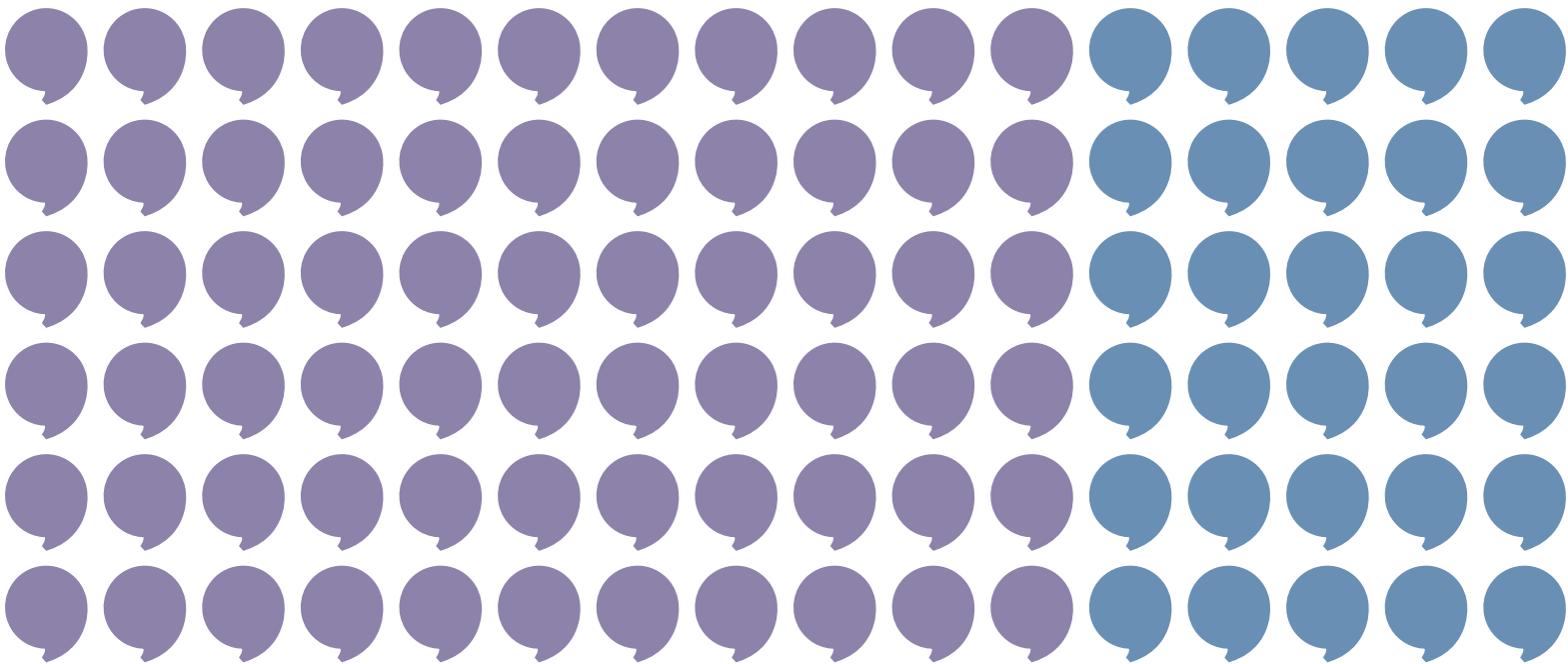
If an enquiry is not for us, we can suggest who might be able to help. Last year, we advised people on where to complain about issues ranging from financial services to the television show *The X Factor*.

**Help with making a complaint:** 15,591 enquiries

A complaint should usually be made to the public body concerned before being brought to the Ombudsman. We advise on how to do this and how to bring the matter back to us if the response is unsatisfactory.

The law requires that health complaints must be made to us in writing, and complaints about parliamentary bodies must be referred by an MP. If the complaint has already been made to the public body, we can help with putting it in writing, or finding an MP to refer it to us.

On 1,496 occasions last year, the complainant chose not to progress their complaint further, or did not put the complaint in writing or obtain an MP referral.



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## A closer look

Before deciding what action to take, we assess an enquiry in detail. This includes talking to the complainant, reviewing the papers, talking to the body complained about and taking professional advice.

**Explanation and reassurance:** 3,728 enquiries  
Our detailed assessment may conclude that no further action is required. We explain how the public body has already put things right or reassure the complainant that there is no case to answer.

**Swift resolution:** 605 enquiries  
If our assessment indicates that something has gone wrong and not been put right, we work to resolve the issue as quickly as possible. Where we can, we provide a remedy to the complainant ourselves or ask the public body to do so, without the need for a formal investigation. This provides a straightforward conclusion for the complainant and enables the public body to learn from what has gone wrong.

---

## Formal investigation

Only a small number of cases need to be resolved by a formal investigation. Our investigations are thorough and impartial, and conclude with a report of our findings.

### 403 cases accepted

In 2010-11, we accepted 403 cases for formal investigation, 107 about parliamentary bodies and 296 about the NHS. We reported on 412 investigations (including some investigations carried over from previous years) – 93 were parliamentary investigations and 319 were health investigations.

We upheld 78 per cent of parliamentary complaints and 79 per cent of health complaints.

### Putting things right

If the complaint is upheld or partly upheld, we recommend actions for the body in question to take to put things right, and check to ensure these are acted upon. Last year, over 99 per cent of our recommendations for remedy were accepted.

**In 2010-11, we resolved  
23,667 enquiries and carried  
over 1,378 into 2011-12.**

## First contact

**We do not investigate all the complaints that come to us, but every enquiry receives a response.**

In 2010-11, we received 23,422 enquiries from members of the public. Of these, 2,807 were about bodies outside our jurisdiction, 6,990 were about parliamentary bodies and 13,625 enquiries were about the NHS.

The number of enquiries we received during the year differs from the number we resolved in the same period. This is because work on some enquiries continues as they are carried over from one business year to the next. This report provides summary figures for the enquiries we received in 2010-11 and outlines the different ways we worked to resolve them. More detailed information about the complaints we received about public bodies during the year will be published in our health and parliamentary complaint handling performance reports in October 2011.

During 2010-11 we resolved a total of 23,667 enquiries. Of these, 3,340 were about bodies or issues outside our jurisdiction or remit and we advised enquirers on where to complain about issues ranging from financial services and utilities to school admissions or advertising content.

We resolved 15,591 enquiries by giving people advice and assistance on how to progress their complaint. This included the need to complain to the body concerned before bringing the matter to us, the requirement for health complaints to be submitted to us in writing, and the need for parliamentary complaints to be referred to us by an MP. Not everyone fulfilled these requirements and 1,496 enquiries were withdrawn during the year because the enquirer chose not to progress the issue, or did not put their health complaint in writing or obtain an MP referral for a parliamentary complaint.

**In 2010-11:**

- the government departments we received the most complaints about were the Department for Work and Pensions (2,462 complaints), HM Revenue & Customs (1,671) and the Ministry of Justice (924).
- the health bodies we received the most complaints about were acute trusts, with 6,924 complaints.
- we received 2,714 complaints about primary care trusts and 2,581 complaints about GPs.

---

‘I wish I had spoken to you sooner for advice; then perhaps it would not have dragged out for so long.’

---

**23,667**

enquiries resolved

**36%**

of enquirers surveyed said they have a disability

---

### Open to all

We are committed to making our service accessible to everyone. During the year we continued to improve our service, ensuring a prompt and tailored response to our customers' different needs.

We launched a new and more accessible website with a fresh design and simplified navigation. The online complaints tool provides clear guidance on making a complaint and how we can help.

Our 'call back' system enables people to get in touch with us by text message, and our new telephone interpreting service allows us to talk on the phone with customers in their preferred language. A text relay service meets the needs of customers with hearing difficulties and our customer service staff received specialist training in helping those who may have difficulties communicating by telephone.

Complaints about government bodies or agencies must be referred to us by a Member of Parliament. Following the General Election in May, we provided briefings for MPs in the new Parliament to further their knowledge and understanding of how we can assist their constituents. We created a new section on our website for MPs and their staff and provide a dedicated telephone line and information pack to help them refer the right complaints to us at the right time.

### Knowing our customers

When we have dealt with an enquiry, we may ask the person who made the enquiry to take part in our rolling programme of customer research. In 2010-11 our research revealed:

- 36 per cent of enquirers surveyed said that they have a disability
- this increased to 39 per cent of people who contacted us about an NHS complaint
- 39 per cent of enquirers surveyed were between 55 and 74 years old
- 18 per cent of people surveyed whose enquiries we resolved were from a black or minority ethnic background.



### Responding to individual needs

In 2010-11, we provided a service to our customers in over 20 different languages, ranging from Albanian and Arabic to Turkish and Urdu. When Mrs G, who is deaf, contacted us via an interpreter, we communicated the findings of our assessment directly to her by sending a film in British Sign Language, which was her preferred language.

## A closer look

**A formal investigation is not always needed to resolve a complaint. Where we can, we resolve complaints quickly and simply by intervening to secure an outcome that is satisfactory for everyone.**

Complaints that have been made at the right time, for the right reason and in the right way are assessed by our customer service and assessment teams to confirm whether we should investigate. This involves a closer look at the detail of the case in order to decide if a formal investigation is needed.

We may talk to the complainant and the body complained about, review papers relating to the complaint and take professional advice.

In 3,728 of the cases we assessed, we were satisfied that there was no evidence of maladministration or injustice for us to investigate and we reassured the complainant that there was no need for a formal investigation.

Where our assessment reveals clear evidence of maladministration or injustice, we can often resolve the issue quickly and effectively. In 605 cases last year we resolved the matter by working with the public body and complainant to reach a satisfactory conclusion without the need for a formal investigation. In 273 of these cases, we were able to resolve the matter ourselves and in a further 332 cases the body concerned resolved the complaint

following our intervention. Our interventions can result in progress for a delayed application or appeal, or a remedy for the complainant such as an apology, a detailed explanation of what went wrong or a compensation payment. In 2010-11 only 107 parliamentary cases and 296 health cases needed to be resolved through formal investigation.

### Helping our customers

Our customer research in 2010-11 revealed:

- 70 per cent of enquirers surveyed said that the complaints process was easy to understand
- 82 per cent of enquirers surveyed said that our staff were helpful and approachable
- 70 per cent of enquirers surveyed said they were likely to recommend our service to friends and family.

---

‘If it wasn’t for your intervention I would be in a worse place now... You made me feel as though I wasn’t just a piece of paper.’

---

**605**

cases where things were put right without the need for formal investigation

**82%**

of enquirers surveyed said that our staff were helpful and approachable

---

‘I am absolutely convinced that without your intervention I would not have had this successful outcome, and am deeply grateful to you.’

---



## Intervening to ensure fair treatment

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Mr C and his family arrived in the UK on a four-year visa in 2004. Before the visa expired Mr C applied for an extension, but his card payment for the fee was declined and his application was rejected by the UK Border Agency. Mr C reapplied shortly afterwards and was granted leave to remain until 2013.

In 2009, Mr C applied for indefinite leave to remain in the UK, but because of the short gap between when he first applied for a visa extension and when it was granted, his application was turned down by the Agency.

---

Mr C contacted his MP, who referred the complaint to us.

During our assessment, Mr and Mrs C supplied bank statements showing there was enough money in their account when they applied for the visa extension. They also provided their bank card number which was two digits longer than the number held by the Agency. With this new information, the Agency agreed to reconsider Mr C's application and he and his family were granted indefinite leave to remain.



## Refunding legal costs

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Mr E complained when a court case in which he was a defendant was removed from the court list by mistake. His solicitors did not find out that the hearing had been cancelled until the day before it was due to start.

Mr E claimed that by that time he had already incurred costs of nearly £5,000, including briefing a barrister. His solicitors asked Her Majesty's Courts Service (HMCS), which made the mistake, to refund the money.

HMCS apologised for their error and offered Mr E a payment of £476, which was later increased to £567.52. Unhappy with this amount, Mr E brought his complaint to us, via his MP.

We spoke to HMCS and, following our intervention, they increased their compensation offer to £1,163.97, which included £250 for the inconvenience caused by their mistake. We considered this to be a sufficient amount to remedy the injustice Mr E had experienced, and decided no further action was needed.

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A photograph showing a person in a wheelchair being assisted by another person. The person in the wheelchair is wearing a white long-sleeved shirt and a black and white striped vest. The person assisting is wearing a green high-visibility jacket. The wheelchair is a dark-colored, heavy-duty model with large wheels and a complex frame. The background is slightly blurred, showing what appears to be an indoor setting with wooden paneling.

## Securing a specialist wheelchair

---

Mrs G's daughter has severe epilepsy and a learning disability. Mrs G complained to us about how long it took Hastings and Rother Primary Care Trust to arrange a continuing care package for her daughter. She said she had spent seven years trying to arrange appropriate care. We suggested that Mrs G meet with the Trust's Chief Executive and, following this, a nurse was appointed to care for her daughter three days a week.

Mrs G was also promised a wheelchair and when this did not materialise, she brought the complaint back to us.

---

She said she had asked the Trust for £3,000 compensation for the seven years of stress and inconvenience. They had offered her £500 in shopping vouchers.

We spoke to the Trust again and alerted them to the outcome of our investigation into a similar complaint. In that case, we recommended £5,000 be paid to a complainant who did not receive the wheelchair they needed. Following this intervention, the Trust agreed to pay Mrs G £3,000 and provided her daughter with a specialist wheelchair.

## Formal investigation

Our investigations are thorough and impartial and end with a report setting out our conclusions. We aim to complete 90 per cent of investigations within 12 months; in 2010-11, we achieved 88 per cent.

During the year we accepted 403 cases for formal investigation, and reported on 412 (this includes some investigations carried over from the previous year).

Although the total number of cases we received fell year on year, overall the number of cases accepted for investigation rose. We accepted 107 cases about parliamentary bodies for investigation (compared with 52 in 2009-10) and 296 cases about the NHS (compared with 304 in 2009-10).

### Complaints about parliamentary bodies

We received the most complaints about the Department for Work and Pensions (2,462 complaints), HM Revenue & Customs (1,671), the Ministry of Justice (924), the Home Office (800) and the Department for Transport (336). Only a small number of these needed to be resolved through formal investigation.

The government departments with the most complaints accepted for investigation are listed in the table to the right.

Government department	Number of complaints accepted for formal investigation
<b>Ministry of Justice</b>	<b>35</b>
Including:	
Legal Services Commission	12
HM Courts Service	9
Office of the Public Guardian	7
<b>Home Office</b>	<b>20</b>
Including:	
UK Border Agency	19
<b>Department for Work and Pensions</b>	<b>18</b>
Including:	
Child Support Agency (part of the Child Maintenance and Enforcement Commission)	8
Independent Case Examiner	8
<b>Department for Environment, Food and Rural Affairs</b>	<b>13</b>
All the complaints accepted were about the Rural Payments Agency	
<b>HM Revenue &amp; Customs</b>	<b>12</b>
Including:	
The Adjudicator's Office	5
Valuation Office Agency	1

## Complaints about the NHS

We received the most complaints about acute trusts (6,924 complaints), primary care trusts (2,714 complaints) and GPs (2,581 complaints). Only a small number of these required formal investigation.

The type of health bodies with the most number of complaints accepted for investigation are listed below.

# 902

recommendations for remedy made in 2010-11

## Putting things right

If we uphold a complaint, we may recommend actions for the public body to take in order to put right what has happened and to learn from its mistakes. This can include an apology, payment to compensate for hardship or injustice, compensation for financial loss and/or other action to put things right. If we decide not to uphold a complaint because there was no service failure, maladministration or injustice, we explain the reasons for our decision.

In 2010-11, we made 902 recommendations for remedy, including 257 recommendations for financial remedy totalling £780,201.72. In addition, £1.5 billion was made available to fund compensation to make good relative losses in the Equitable Life case. There was only one case, involving an NHS dentist, where our recommendations were not accepted. We reported the dentist's non-compliance to Parliament and the local primary care trust and referred the matter to the General Dental Council. There were nine applications for judicial review of our decisions during the year. Of those, six were refused permission to proceed at first application, one was given limited permission to proceed and we are awaiting the court's initial decision on the other two.

Health bodies	Number of complaints accepted for investigation
NHS hospital, specialist and teaching trusts (acute)	177
General practitioners	66
Primary care trusts	54
General dental practitioners	22
Mental health, social care and learning disability trusts	20

### In 2010-11:

- we reported on 93 investigations into complaints about parliamentary bodies and 319 investigations into complaints about the NHS
- we upheld in full or in part 79 per cent of complaints investigated about health bodies, and 78 per cent of complaints investigated about parliamentary bodies
- over 99 per cent of the individual recommendations for remedy we made were accepted by the body complained about
- 88 per cent of people surveyed whose complaint we investigated said they were satisfied or very satisfied with our service.



## Securing remedy for pain and distress

---

Miss D went to her doctor in Hampshire to have the contraceptive implant in her arm replaced but several weeks later discovered she was pregnant. She chose to terminate the pregnancy, and subsequently developed an infection. Miss D complained to the GP practice, asking for compensation. The practice apologised but told Miss D that they had been advised that there was no local mechanism for making financial remedy. Miss D then brought her complaint to us.

The implant manufacturer's instructions state that it is possible to insert the implant incorrectly and that GPs should palpate the implant to confirm its presence in the arm. Following Miss D's pregnancy, tests showed that there was no implant in her arm and our investigation found that her doctor had failed to confirm that it was correctly inserted. As a direct result of this Miss D became unintentionally pregnant and had a termination that caused her significant pain, distress and anxiety. The practice apologised to Miss D and paid her £15,000 for the pain, distress and inconvenience caused.

---



## A Breach of Confidence

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Ms M's address details were held by a number of government agencies, including HM Revenue & Customs, the Child Support Agency and the Department for Work and Pensions. In 2006 her personal details were wrongly changed on one agency's computer system to show her living at her former partner's address. These incorrect details spread across a network of government computer systems and as a result, Ms M's personal financial information was sent to her former partner, and her child support entitlement was incorrectly reassessed and reduced without her knowledge. Ms M's MP referred her complaint to us.

Our investigation found it likely that Ms M's address was incorrectly changed due to an error by the Tax Credit Office that spread across the computer network. None of the bodies involved accepted responsibility; they blamed each other and 'the system' for the mistake.

We upheld the complaint and recommended that HM Revenue & Customs apologise to Ms M on behalf of all three agencies, pay her £2,000 compensation and reassure her that her details were correct. We also recommended that the agencies work together to decide how to respond to complaints of this kind in future. The Cabinet Office agreed to issue guidance across government to ensure that lessons from Ms M's experience were learnt.

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## Ending a six year wait for compensation

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Mr N was severely injured during a robbery over ten years ago. He lost his sight, suffered brain damage and needed major surgery to his face. Following the attack, his solicitors applied to the Criminal Injuries Compensation Authority for compensation. A year after the robbery, the Authority obtained evidence that strongly suggested Mr N would never be able to work again. Yet five years later, when they made their final award, they decided Mr N would not need care in the future and that he would be able to return to work. When Mr N's solicitors appealed, it took three years for the Authority to revise their decision and award him £500,000.

---

Mr N's brother complained about the delay and the Authority offered £6,000 compensation. When they declined a request to increase the amount, Mr N's brother complained to us. Our investigation found that Mr N's award payment was delayed by at least six years.

The Authority failed to treat Mr N with respect and dignity; causing distress, frustration and inconvenience to him and his family. The years of delay had also deprived him and his partner of the chance to improve their living conditions, which were unsuitable for his needs.

In line with our recommendations, the Authority's Chief Executive apologised for their mistakes and the impact on Mr N and his family. The Authority paid him £80,000, which included compensation for their poor complaint handling.





## Remedy for delays and failure to act

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Mrs F, who suffers from multiple sclerosis, diabetes and other health conditions, was admitted to Croydon Health Services NHS Trust with an ulcer on her foot and pain in her leg. Tests revealed that the main artery in her leg had narrowed and an angioplasty (the insertion of a balloon to open up the artery) was planned. Before this could take place Mrs F developed a blood clot, which blocked the blood supply to the lower part of her leg. Mrs F had surgery to remove the clot, but no action was taken to prevent a recurrence and her blood supply became blocked again within days.

The clot meant Mrs F had insufficient blood supply to her leg and doctors decided to amputate her leg above the knee. When the operation was carried out, the surgical drain was stitched into her wound by mistake and had to be removed under general anaesthetic. Mrs F's daughter complained to us that the delays in arranging treatment for her mother led to the amputation. She told us that Mrs F is now housebound and cannot drive and the costs of her care are rising. Her family are picking up the emotional and financial costs of what went wrong, causing significant distress to them all.

We found a lack of urgency in arranging investigations into and treatment of Mrs F's condition. We concluded that it was probable that the failure to take appropriate action after the blood clot was removed led to the need for amputation. Following our investigation, the Trust apologised to Mrs F and her daughter and paid them compensation of £75,000. They also prepared an action plan to prevent mistakes like this happening again.

## Sharing learning

**Our work brings benefit to the wider public by informing public policy and driving improvements in public services. To achieve this, we share the learning from our casework with Parliament and government, the public and the NHS.**

### Sharing information about complaints

*Listening and Learning*, our first review of complaint handling by the NHS in England, was published in October. Using data from the first full year of the new complaint handling system, the review assessed the performance of the NHS against the commitment in its Constitution to acknowledge mistakes, apologise, explain what went wrong and put things right, quickly and effectively.

*Listening and Learning* concluded that the NHS needs to listen harder and learn more from complaints. Many of the lessons that can be learnt from complaints are straightforward and cost little or nothing to implement at local level: a commitment to apologising when things go wrong; clear and prompt explanations of what has happened; improved record keeping and better information for patients about how to complain.

With previously unpublished data about the number of complaints received during 2009-10 for every trust in England, *Listening and Learning* presented a unique national picture of what happens when mistakes occur and the NHS fails to put things right. Following publication of the review, the data was uploaded into the Care Quality Commission's (CQC) Quality and Risk Profiles, providing more detail of the complaint handling performance of each healthcare provider. We also agreed a joint statement on the need for reliable, meaningful and comparable complaints information with the NHS, CQC and Monitor, the Department of Health, the NHS Information Centre, the charity National Voices, and the National Association of LINKs Members.

Bernard Jenkin MP, Chair of the Public Administration Select Committee, and the Secretary of State for Health, the Rt Hon Andrew Lansley MP, spoke at the launch of *Listening and Learning* in Parliament. The launch was followed by a series of six regional conferences attended by nearly 500 NHS complaints managers across England.

We began a programme of liaison work with the most complained about NHS trusts, sharing summaries of the learning points from cases involving each individual trust. These included information on what was done well and where improvements might be made.

Our new policy on sharing and publishing information about NHS complaints came into effect on 1 January 2011. The policy states that we will share all reports of our health investigations with the relevant strategic health authority and the commissioning body, to help them to monitor performance.

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### Regional conference delegate

‘Events like this should be more frequent as they can be a valuable tool in gauging how we as individuals are performing and where we can improve using the *Ombudsman's Principles*.’

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## Equitable Life saga comes to an end

In December 2010, our work on complaints from Equitable Life policy holders about the regulation of the company came to an end.

Soon after the General Election, the new Coalition Government announced its intention to implement the Ombudsman's recommendation to make fair and transparent payments to Equitable Life policyholders, through an independent payment scheme, for their relative losses as a consequence of the regulatory failure identified in the Ombudsman's July 2008 report.

This commitment was repeated in October by Mark Hoban, the Financial Secretary to the Treasury, when he gave evidence to the Public Administration Select Committee. Later that month, as part of the Comprehensive Spending Review, the Government announced that it would make £1.5 billion available to compensate Equitable Life policyholders and set out its decisions about who would be eligible for compensation.

These decisions were supported by Parliament and, in December, the *Equitable Life (Payments) Act 2010* became law. In reply to a letter from the All Party Parliamentary Group for Justice for Equitable Life Policy Holders, the Ombudsman wrote:

*'Whilst I recognise that some of the people who complained to me will be extremely disappointed by the Government's decisions on affordability and eligibility, I cannot say that those decisions are incompatible with the recommendations in my report. As Parliament's Ombudsman, it has been my task to report independently to Parliament on this matter, so that Parliament can be informed in the decisions it takes. Parliament has considered the issues raised in my report and the recommendations I made and has provided its response'.*

On 30 June 2011 the compensation scheme made the first payments to those eligible to receive them.

## Sharing best practice internationally

In August, the Ombudsman signed a Memorandum of Understanding between her Office and the Public Protector of South Africa. This new relationship provides a framework for the two Offices to co-operate and share best practice and experience. Later in the year, we welcomed five visitors from the Public Protector's Office, who came to our Office to learn about how we respond to complaints, our communications, and our governance processes.

## In 2010-11:

- we published two investigation reports to share our learning: one on the Pensions Regulator, the other on an investigation into the handling of personal data by HM Revenue & Customs, the Child Support Agency and the Department for Work and Pensions
- we visited 15 of the most complained about health trusts to talk directly with them about how to improve their complaint handling service
- 90 per cent of our regional conference delegates rated the event they attended as 'good' or 'excellent'
- we welcomed visitors from around the world, including Ethiopia, Turkey and Japan, to share learning about our work.

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## Public Protector of South Africa, Advocate Thuli Madonsela

*'This is the most important partnership that my Office has globally. We do have partnerships with others, but this one is very solid... we have benefited immensely.'*

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## Sharing learning

**In February, we published *Care and Compassion?*, a report on ten investigations into NHS care of older people. The stories in the report revealed the unnecessary pain, indignity and distress suffered by older people in hospital or under the care of their GP. It highlighted the gap between the principles and values of the NHS Constitution and the poor quality of care experienced by the patients whose cases we investigated.**

*Care and Compassion?* concluded that the NHS is failing to meet even the most basic standards of care because of an attitude – both personal and institutional – that fails to recognise the humanity and individuality of older people and does not respond to them with sensitivity, compassion and professionalism. In the report, the Ombudsman said:

*‘These often harrowing accounts should cause every member of NHS staff who reads this report to pause and ask themselves if any of their patients could suffer in the same way. I know from my caseload that in many cases the answer must be “yes”. The NHS must close the gap between the promise of care and compassion outlined in its Constitution and the injustice that many older people experience. Every member of staff, no matter what their job, has a role to play in making the commitments of the Constitution a felt reality for patients.’*

Described in the press as ‘damning’, ‘heart-breaking’ and ‘a national outcry over the treatment of older patients’, the report generated a huge public response.

In the House of Lords, Baroness Bakewell called for a total rethink of how older people are regarded in an ageing society. The Bishop of Leicester wrote: ‘From time to time, a story hits the headlines which is so shocking we can hardly take it in’. The Royal College of Nursing described the report as a ‘wake up call to people working in the NHS’. In a letter to all Chairs of NHS trusts, primary care trusts, strategic health authorities and NHS foundation trusts in England, NHS Chief Executive David Nicholson described the report as a valuable learning tool.

Nearly six months on, *Care and Compassion?* continues to influence the debate about the quality of NHS care in Parliament, the NHS and the media. Less publicly, we have met a range of different organisations to discuss how care for older people can be improved and their reactions to the report also suggest that it will have a lasting impact.

When *Care and Compassion?* was published, the government asked the Care Quality Commission (CQC) to implement a series of unannounced nurse-led inspections into care for older people on NHS wards. The results of the first inspections have already been published, and in June 2011, the Minister of State

for Care Services, Paul Burstow MP, told Parliament that a national report on the CQC’s findings would be made public in September 2011.

- *Care and Compassion?* generated over 300 press reports, including front page articles in *The Times*, *The Independent*, *The Guardian* and *The Daily Telegraph*
- we took part in 60 national, regional and international media interviews about the report
- films of stories from the report have been viewed more than 2,000 times
- the report is available in a range of formats, including large print, high contrast, audio and DAISY.

To read the full report of *Care and Compassion?* and see the films, visit our website at [www.ombudsman.org.uk](http://www.ombudsman.org.uk).

**NHS Chief Executive,  
David Nicholson**

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*‘Care and Compassion?’ illustrates graphically the effect on older people, their families and carers where standards fall below what they, and we, should expect.’*

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## *Care and Compassion? Mr D's story*

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Mr D had advanced stomach cancer and wanted to die at home. When his daughter arrived to collect him from Royal Bolton Hospital, she found he had been left for several hours, was in pain, desperate to go to the toilet and unable to ask for help because he was so dehydrated he could not speak or swallow. The emergency button had been placed out of his reach and his drip had been removed, fallen and leaked all over the floor. At home, his family discovered Mr D had not been given the right pain relief and they spent the weekend driving around trying to obtain the correct medication before he died.

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Following a complaint from Mr D's daughter, our investigation found that Mr D's care and treatment fell below reasonable standards in care and treatment, discharge planning and complaint handling, causing distress and suffering for him and his family.

Royal Bolton Hospital NHS Foundation Trust apologised to Mr D's daughter and paid her £2,000 in compensation. They also told us what they would do to prevent a repeat of the failings, including a review of nursing documentation, a new pain management course for staff and better planning to meet a person's needs on leaving hospital.

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## What we spent

The Parliamentary and Health Service Ombudsman's full Resource Accounts 2010-11 will be laid before Parliament on 12 July 2011 and will be available on our website at [www.ombudsman.org.uk](http://www.ombudsman.org.uk) or from The Stationery Office.

### Summary Financial Statements for the year ended 31 March 2011

#### 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 2010-11, which I signed on 24 June 2011. While the following summary 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 the Office's Resource Accounts.

Ann Abraham  
Parliamentary and Health Service  
Ombudsman

24 June 2011

#### 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 for the year ended 31 March 2011, comprising a summary of resource outturn, statement of comprehensive net expenditure, statement of financial position, and a statement of cash flows.

#### 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 Annual Report to the Resource Accounts, 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. This other information comprises only the Summary 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 Annual Report to the Resource Accounts.

#### 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 2011 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

30 June 2011

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The Parliamentary and Health Service Ombudsman's 2010-11 funding arises from a three-year settlement sanctioned by HM Treasury, with annual Estimates based on this settlement approved by Parliament. Our three-year settlement for the period 2008-11 was sanctioned in 2007. Subsequently, additional funding was sought and approved in 2008 to address the changes in the complaints landscape arising as a result of the Health and Social Care Act 2008. Taken together, PHSO had access to total gross resource funding for 2010-11 of £34.562 million, less income of £0.420 million (a net resource requirement of £34.142 million).

PHSO also had access to capital funding of £2.100 million for 2010-11 but elected to draw down only £1.350 million, with the remaining £0.750 million classed as unallocated provision in response to the known issue with capital funding levels (and associated funding for depreciation costs).

As has been reported in previous years, 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 our current, in 2006, 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 increasingly 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 we originally thought, and will now be completed in 2011-12. Finally, aside from refurbishment required to new premises acquired in Manchester to accommodate new staff following the move to the new two-stage NHS complaints system, PHSO's accommodation has proved robust and has required little on-going refurbishment.

As a result, PHSO expected that in 2010-11 there would again be a significant underspend against the approved level of capital funding for the year and, as a consequence, against that element of our non-cash resource funding provided for depreciation.

This issue has been addressed in PHSO's financial settlement and in our 2011-15 Capital Investment Strategy from 2011-12, but is reflected this year in our use of unallocated provision described previously and in the outturn performance against our long-standing financial targets.

This year, we met only three of the seven financial management targets in our Corporate Business Plan. The performance on each was as follows:

- our net resource underspend of £1.297 million was outside our target limit for underspending of less than £0.500 million;
- our total capital underspend of £0.503 million met our target of not exceeding the net capital investment expenditure limit for the year sanctioned by Parliament;
- we recovered 74% of our Appropriations-in-Aid income provision in the year against our target of 100%;
- we remained within the Net Cash Requirement sanctioned by Parliament;
- we paid 99.7% (99.2% in 2009-10) of supplier invoices within our target of 99% of correctly presented invoices paid within 30 days;
- our resource budgets were managed to within 4% of agreed allocations, exceeding our target of limiting variance to no more than 2%; capital budgets were outside our 5% tolerance at 37%; and
- our month-on-month budget forecast variances also exceeded our tolerances of 2% for resource budgets and 5% for capital budgets.

## What we spent

Although we met only three of our seven financial management targets and the level of underspend seems high, there was no significant, direct impact on the delivery of our service or our objectives for the year as a consequence of not fully utilising the financial resources available to us. Nevertheless, we will continue to focus on improving our financial management performance.

2010-11 was the last year of our approved parliamentary funding settlement for the period 2008-11 and it was necessary for PHSO to undertake work to put in place a new financial settlement, sanctioned by the Treasury, for the period 2011-15. To that end, we

instigated our Spending Review 2010 project (the SR2010 Project), the scope of which was to undertake a full financial review of PHSO's resource and capital requirements for the spending review period 2011-15. This work ran parallel to, but was not part of, the government's Spending Review 2010.

The SR2010 project involved detailed examination of PHSO's operational and administrative requirements for staff and other resources in the light of robust assumptions about future workloads. It sought to demonstrate PHSO's commitment to value for money by taking into account, as far as practicable, the public sector fiscal position

and by undertaking work to benchmark PHSO's administrative and support functions against bodies of a similar size and composition.

A settlement submission was made to Treasury ministers in September 2010 and sanction was received in October 2010. A new four-year financial strategy to give effect to the terms of settlement and to deliver the efficiency savings we have committed to achieve was agreed by PHSO's Executive Board on 7 April 2011.

### Statement of Parliamentary Supply Summary of Resource Outturn 2010-11

	2010-11						2009-10	
	Estimate			Outturn			Net total outturn compared to Estimate: saving/ (excess)	Outturn
Gross expenditure	A in A	Net total	Gross expenditure	A in A	Net total	£000		
	£000	£000	£000	£000	£000	£000	£000	
Request for Resources*	34,562	420	34,142	33,148	303	32,845	1,297	33,034
<b>Total Resources</b>	<b>34,562</b>	<b>420</b>	<b>34,142</b>	<b>33,148</b>	<b>303</b>	<b>32,845</b>	<b>1,297</b>	<b>33,034</b>
Non-operating cost A in A	-	-	-	-	-	-	-	-

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

The Office's net cash requirement for the year of £32,185k was within our cash financing limit of £33,556k as approved by Parliament.



## Statement of Comprehensive Net Expenditure for the year ended 31 March 2011

	2010-11	2009-10 Restated
	£000	£000
<b>Administration costs</b>		
Staff costs	21,325	20,785
Other administration costs	12,016	12,675
<b>Gross administration costs</b>	<b>33,341</b>	<b>33,460</b>
Operating income	(310)	(399)
<b>Net administration costs</b>	<b>33,031</b>	<b>33,061</b>
<b>Net operating cost</b>	<b>33,031</b>	<b>33,061</b>
<b>Other comprehensive expenditure</b>		
	£000	£000
Net gain/(loss) on revaluation of property, plant and equipment	11	5
<b>Other comprehensive expenditure</b>	<b>11</b>	<b>5</b>
	£000	£000
<b>Total comprehensive expenditure</b>	<b>33,042</b>	<b>33,066</b>

All operations are continuing.

Figures for 2009-10 have been restated to remove the notional cost of Capital in line with the FReM.

## Statement of financial position as at 31 March 2011

	31 March 2011	31 March 2010 Restated	31 March 2009 Restated
	£000	£000	£000
<b>Non-current assets</b>			
Property, plant and equipment	5,308	6,028	6,595
Intangible assets	279	250	306
<b>Total non-current assets</b>	<b>5,587</b>	<b>6,278</b>	<b>6,901</b>
<b>Current assets</b>			
Trade and other receivables	1,427	1,428	1,281
Cash and cash equivalents	45	37	144
<b>Total current assets</b>	<b>1,472</b>	<b>1,465</b>	<b>1,425</b>
<b>Total assets</b>	<b>7,059</b>	<b>7,743</b>	<b>8,326</b>
<b>Current liabilities</b>			
Trade and other payables	(2,023)	(1,785)	(1,866)
Other liabilities	(111)	(92)	(213)
<b>Total current liabilities</b>	<b>(2,134)</b>	<b>(1,877)</b>	<b>(2,079)</b>
<b>Non-current assets less net current liabilities</b>	<b>4,925</b>	<b>5,866</b>	<b>6,247</b>
<b>Non-current liabilities</b>			
Provisions	(679)	(947)	(1,195)
Other liabilities	(476)	(546)	(617)
<b>Total non-current liabilities</b>	<b>(1,155)</b>	<b>(1,493)</b>	<b>(1,812)</b>
<b>Assets less liabilities</b>	<b>3,770</b>	<b>4,373</b>	<b>4,435</b>
<b>Taxpayers' equity</b>			
General Fund	3,247	3,783	3,957
Revaluation Reserve	523	590	478
<b>Total taxpayers' equity</b>	<b>3,770</b>	<b>4,373</b>	<b>4,435</b>

## Statement of Cash Flows for the year ended 31 March 2011

	2010-11	2009-10 Restated
	£000	£000
Cash flows from operating activities		
Net operating cost	(33,031)	(33,061)
Adjustments for non-cash transactions	1,566	1,664
(Increase)/decrease in trade and other receivables	10	(147)
Increase/(decrease) in trade payables	37	(232)
Less movements in payables relating to items not passing through the Statement of Comprehensive Net Expenditure	(10)	117
Use of provisions	(239)	(371)
<b>Net cash outflow from operating activities</b>	<b>(31,667)</b>	<b>(32,030)</b>
<b>Cash flows from investing activities</b>		
Purchase of property, plant and equipment	(548)	(608)
Purchase of intangible assets	(158)	(157)
<b>Net cash outflow from investing activities</b>	<b>(706)</b>	<b>(765)</b>
<b>Cash flows from financing activities</b>		
From the Consolidated Fund (Supply): current year	32,204	32,507
From the Consolidated Fund (Non-Supply)	193	193
<b>Net financing</b>	<b>32,397</b>	<b>32,700</b>
<b>Net increase/(decrease) in cash and cash equivalents in the period before adjustment for receipts and payments to the Consolidated Fund</b>	<b>24</b>	<b>(95)</b>
Payments of amounts due to the Consolidated Fund	(16)	(12)
<b>Net increase/(decrease) in cash and cash equivalents in the period after adjustment for receipts and payments to the Consolidated Fund</b>	<b>8</b>	<b>(107)</b>
<b>Cash and cash equivalents at the beginning of the period</b>	<b>37</b>	<b>144</b>
<b>Cash and cash equivalents at the end of the period</b>	<b>45</b>	<b>37</b>

## Governance

### The Ombudsman

The post of the Parliamentary and Health Service Ombudsman 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 (as Chair and Chief Executive in line with her statutory accountability) and up to four non-executive members. The role of the Advisory Board is to act as a 'critical friend', to support and advise the Ombudsman 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 Advisory Board, 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 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, which is set separately under statutory arrangements). Its membership is the Ombudsman (as Chair) and two 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, manages 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.

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### Executive Board (as at 31 March 2011)

Ann Abraham  
Claire Forbes  
Kathryn Hudson  
Bill Richardson

### Advisory Board (as at 31 March 2011)

*(external members)*

Paula Carter  
Linda Charlton  
Tony Wright

### Audit Committee (as at 31 March 2011)

*(external members)*

Sir Jon Shortridge (Chair)  
Jeremy Kean  
Brian Landers

### Pay Committee (as at 31 March 2011)

Linda Charlton

More information about the members of our Boards and Committees, and our governance arrangements is available on our website at [www.ombudsman.org.uk](http://www.ombudsman.org.uk).

### Senior staff (as at 31 March 2011)

Ann Abraham	Parliamentary and Health Service Ombudsman
Claire Forbes	Director of Communications
Kathryn Hudson	Deputy Ombudsman
Bill Richardson	Deputy Chief Executive
Anne Harding	Legal Adviser

### Operations Directors

Carole Auchterlonie  
Gwen Harrison  
James Johnstone  
Jack Kellett  
Gavin McBurnie  
Ali McMurray  
Philip Trehwitt

### Corporate Resources Directors

Marie Cheek  
Graham Payne  
Jon Ward



Ann Abraham



Claire Forbes



Kathryn Hudson



Bill Richardson



Paula Carter



Linda Charlton



Tony Wright



Sir Jon Shortridge

## Our performance

We established a two-year performance target for 2009-10 and 2010-11 in order to allow us to measure and monitor our progress against the customer service standards we planned to achieve by 2010-11. These include the time we will take to acknowledge and respond to enquiries, investigate complaints and deal with complaints about our own service.

In 2010-11 we were able to build on the success of the previous year and came within touching distance of meeting all six of our customer service standards, exceeding our performance of previous years.

Our service standard of completing 90 per cent of investigations within twelve months in 2010-11 was a significant increase on the target we had set ourselves in 2009-10 (to complete 55 per cent of investigations within twelve months). At the end of 2010-11, we had completed 88 per cent of investigations within twelve months, representing notable progress on our performance of 65 per cent in 2009-10.

By the end of the year we had:

- resolved 23,667 enquiries
- concluded 419 investigations and reported on 412 (7 investigations were discontinued)
- reduced the average length of an investigation from 392 days to 323 days – a fall of 18 per cent
- resolved 1,276 complaints about us, 155 of which 12 per cent were fully or partly upheld
- met five of our six customer service standards, and
- positioned ourselves well to meet all six of our customer service standards in 2011-12.

The breakdown of performance against the targets set for 2010-11 is set out opposite. Information about our overall performance against our 2010-11 Corporate Business Plan commitments is published in our 2010-11 Resource Accounts.

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## Our performance against our customer service standards

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### Time we will take to acknowledge and respond to enquiries

	2010-11 standard	2010-11 performance	2011-12 standard
Email enquiry	Acknowledgement sent within one working day	<b>100%</b>	Acknowledgement sent within one working day
Written enquiry	Acknowledgement sent within two working days	<b>100%</b>	Acknowledgement sent within two working days
Substantive response to enquiries	90% within 40 working days	<b>91%</b>	90% within 40 working days

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### Time we will take to investigate complaints

	2010-11 standard	2010-11 performance	2011-12 standard
From acceptance to investigation			
Within 12 months	<b>90%</b>	<b>88%</b>	<b>90%</b>

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### Time we will take to deal with complaints about us

	2010-11 standard	2010-11 performance	2011-12 standard
Initial response to complaints	95% within 5 working days	<b>96%</b>	95% within 5 working days
Substantive response to complaints	90% within 16 weeks	<b>99%</b>	90% within 16 weeks

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## Appendix

Statistical information about enquiries received, complaints accepted and investigations reported on during 2010-11.

This includes a breakdown of complaints about parliamentary and health bodies, and comparisons with last year's figures.



**Figure 1** Enquiries received, closed and in hand

	Restated in hand (01/04/10)	Received	Closed	Total in hand (31/03/11)
<b>Total</b>	1,623	23,422	23,667	1,378

**Figure 2** Types of closed enquiries

	Out of remit	Not properly made <sup>1</sup>	Premature <sup>2</sup>	Discretion <sup>3</sup>	Withdrawn	Accepted	Total
<b>Total</b>	3,340	9,242	4,853	4,333	1,496	403	23,667
<b>Percentage</b>	14%	39%	21%	18%	6%	2%	100%

<sup>1</sup> Not properly made: the complainant has not completed local resolution with the body concerned before bringing the matter to the Ombudsman and/or has not submitted their complaint in writing for health complaints, or has not obtained an MP referral for parliamentary complaints.

<sup>2</sup> Premature: the complainant has not attempted to resolve the complaint with the body concerned first, or has not completed the local resolution process.

<sup>3</sup> Discretion: we may decide not to accept a complaint 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. This includes enquiries where we achieved a remedy without the need for an investigation.

**Figure 3** Enquiries accepted for investigation, investigations concluded and in hand

	Restated in hand (01/04/10)	Accepted	Reported on	Discontinued	In hand (31/03/11)
<b>Health</b>	279	296	319	7	249
<b>Parliamentary</b>	60	107	93	0	74
<b>Total</b>	339	403	412	7	323

**Figure 4** Top five government departments by number of complaints received (with previous year comparison)

	2010-11	2009-10
<b>Department for Work and Pensions</b>	2,462	3,000
<b>HM Revenue &amp; Customs<sup>1</sup></b>	1,671	1,947
<b>Ministry of Justice</b>	924	931
<b>Home Office</b>	800	952
<b>Department for Transport</b>	336	353
<b>Other<sup>1</sup></b>	1,167	1,360
<b>Total</b>	7,360	8,543

<sup>1</sup> The 2009-10 figures have been restated because the Valuation Office Agency was included in the category 'Other' instead of HM Revenue & Customs.

**Figure 5** Top five government departments by number of complaints accepted (with previous year comparison)

	2010-11
<b>Ministry of Justice</b>	35
<b>Home Office</b>	20
<b>Department for Work and Pensions</b>	18
<b>Department for Environment, Food and Rural Affairs</b>	13
<b>HM Revenue &amp; Customs</b>	12
<b>Other</b>	27
<b>Total</b>	125

	2009-10
<b>Department for Work and Pensions</b>	31
<b>Home Office</b>	18
<b>HM Revenue &amp; Customs</b>	8
<b>Ministry of Justice</b>	7
<b>Department for Children, Schools and Families<sup>1</sup></b>	2
<b>Department for Environment, Food and Rural Affairs</b>	2
<b>Department for Transport</b>	2
<b>Other</b>	2
<b>Total</b>	72

<sup>1</sup> Department for Children, Schools and Families is now Department for Education.

**Figure 6** Top five government departments by number of complaints reported on (with previous year comparison)

	2010-11	Fully upheld (%)	Partly upheld (%)	Not upheld (%)
<b>Department for Work and Pensions</b>	36	58%	14%	28%
<b>Home Office</b>	26	62%	31%	8%
<b>Ministry of Justice</b>	24	50%	29%	21%
<b>HM Revenue &amp; Customs</b>	17	24%	35%	41%
<b>Department for Education</b>	9	78%	11%	11%
<b>Other</b>	8	50%	38%	12%
<b>Total</b>	120	53%	25%	22%

	2009-10	Fully upheld (%)	Partly upheld (%)	Not upheld (%)
<b>Department for Work and Pensions</b>	69	38%	29%	33%
<b>Home Office</b>	53	55%	42%	4%
<b>Ministry of Justice</b>	28	57%	29%	14%
<b>HM Revenue &amp; Customs<sup>1</sup></b>	27	52%	26%	22%
<b>Department for Environment, Food and Rural Affairs</b>	4	75%	0%	25%
<b>Other<sup>1</sup></b>	10	50%	30%	20%
<b>Total</b>	191	49%	31%	20%

<sup>1</sup> The 2009-10 figures have been restated because the Valuation Office Agency was included in the category 'Other' instead of HM Revenue & Customs.

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

**Figure 7** Health complaints received by type of body (with previous year comparison)

	<b>2010-11</b>	<b>2009-10</b>
<b>NHS hospital, specialist and teaching trusts (acute)</b>	6,924	6,304
<b>Primary care trusts</b>	2,714	2,411
<b>General practitioners</b>	2,581	2,419
<b>Mental health, social care and learning disability trusts</b>	1,356	1,393
<b>General dental practitioners</b>	707	659
<b>Strategic health authority</b>	240	300
<b>Ambulance trusts</b>	226	216
<b>Pharmacies</b>	97	62
<b>Care trusts</b>	88	31
<b>Special health authorities<sup>1</sup></b>	79	85
<b>Healthcare Commission</b>	36	531
<b>Opticians</b>	18	18
<b>Total</b>	15,066	14,429

<sup>1</sup> Special health authorities includes 23 complaints about NHS Direct.

**Figure 8** Health complaints accepted by type of body (with previous year comparison)

	2010-11	2009-10
<b>NHS hospital, specialist and teaching trusts (acute)</b>	177	195
<b>General practitioners</b>	66	57
<b>Primary care trusts</b>	54	30
<b>General dental practitioners</b>	22	9
<b>Mental health, social care and learning disability trusts</b>	20	26
<b>Strategic health authorities</b>	6	16
<b>Ambulance trusts</b>	4	12
<b>Care trusts</b>	2	0
<b>Special health authorities</b>	0	0
<b>Opticians</b>	0	0
<b>Healthcare Commission</b>	0	0
<b>Pharmacies</b>	0	1
<b>Total</b>	351	346

**Figure 9** Health complaints reported on by type of body (with previous year comparison)

	2010-11	Fully upheld (%)	Partly upheld (%)	Not upheld (%)
<b>NHS hospital, specialist and teaching trusts (acute)</b>	211	64%	18%	18%
<b>General practitioners</b>	48	75%	13%	13%
<b>Primary care trusts</b>	30	60%	3%	37%
<b>Mental health, social care and learning disability trusts</b>	22	50%	9%	41%
<b>Strategic health authorities</b>	15	80%	7%	13%
<b>Ambulance trusts</b>	12	42%	42%	17%
<b>General dental practitioners</b>	10	60%	0%	40%
<b>Healthcare Commission</b>	1	100%	0%	0%
<b>Total</b>	349	64%	15%	21%

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



	2009-10	Fully upheld (%)	Partly upheld (%)	Not upheld (%)
<b>NHS hospital, specialist and teaching trusts (acute)</b>	94	44%	18%	38%
<b>General practitioners</b>	27	41%	15%	44%
<b>Healthcare Commission</b>	25	60%	20%	20%
<b>Mental health, social care and learning disability trusts</b>	12	42%	8%	50%
<b>Primary care trusts</b>	11	18%	36%	45%
<b>General dental practitioners</b>	5	40%	40%	20%
<b>Strategic health authorities</b>	4	75%	0%	25%
<b>Ambulance trusts</b>	1	100%	0%	0%
<b>Special health authorities</b>	1	0%	0%	100%
<b>Total</b>	180	44%	18%	37%

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

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