

# Publication Report



## NHS Complaints Statistics

Scotland 2013/14

Publication date – 25 November 2014



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## Introduction

Complaints about the NHS are valued alongside all other forms of feedback. They are a helpful way of identifying issues and areas in need of change within the service. Acknowledging these issues and taking steps to rectify associated problems is vital in creating an open and honest NHS and in maintaining the quality and safety of NHS services. The purpose of the NHS complaints procedure is to provide a simple, flexible, impartial and easily accessible system for the public as well as being fair to NHS practitioners and staff.

The NHS Complaints procedure was first introduced in April 1996; it was subsequently revised in April 2005 and again in April 2012. The revision in 2012 reflects the provisions within [The Patient Rights \(Scotland\) Act 2011](#), which gives patients the right to give feedback, make comments, raise concerns or make complaints about the health care received from the NHS in Scotland. Further details on the procedure are available in Appendix A1. The act also made provision for the introduction of the [Charter of Patient Rights and Responsibilities](#) which was published in October 2012 and summarises the rights and responsibilities that patients have when using NHS services.

This publication presents information on complaints received between the 1 April 2013 and 31 March 2014, for Hospital & Community Health Services and Family Health Services by NHS Board; and for Special NHS Boards and National & Support Organisations.

The data shown in this publication includes:

- the number of complaints received;
- the time taken to deal with complaints;
- issues raised in complaints and the actions taken;
- service areas and staff groups who were the subject of complaints; and,
- the outcome of complaints.

In addition to the statistics presented within this publication, a link to each of the NHS Boards/Organisations Annual Reports on Feedback, Comments, Concerns and Complaints has been provided. It is hoped that this will provide our readers with not only a summarised national perspective but enable access to the detailed local information.

*NB. Some of the links throughout this report require Internet Explorer 9 browser (or higher) and /or Google Chrome.*

It should be noted that in smaller NHS Boards and Special NHS Boards and National & Support Organisations, there may be a substantial fluctuation in the complaints numbers/percentages due to the small numbers involved.

Some data may not yet be finalised e.g. Open records, and may be subject to change in future publications. However, this publication is considered to give a reasonable reflection of the current position. Details of data differences are footnoted within the publication tables.

Previously released information can be revised to reflect ongoing work by NHS Boards and other NHS organisations to improve data accuracy and data quality. For further information, please refer to the Background Information, Data Quality and Metadata appendices contained within this report.

## Key points

When interpreting the data, care should be taken as an increase in complaints is not necessarily an indication of a diminished quality of healthcare and/or services. NHS Boards and Organisations welcome, and actively encourage feedback, comments, concerns and complaints as per the requirements within [The Patient Rights \(Scotland\) Act 2011](#).

NHS Boards have implemented new practices and procedures to simplify the complaints process which has made it far more accessible to prisoners. There is also an increased awareness of the reporting since the process was introduced to Family Health Services.

### During 1 April 2013 to 31 March 2014:

#### **Total Complaints (Hospital & Community Health Services, Family Health Services and Special NHS Boards and National & Support Organisations)**

- During 2013/14, the total number of NHS Scotland complaints received was 20,364, a 23% increase when compared to 2012/13.
- Complaints as a proportion of NHS Activity within the same time period showed that this equates to a rate of 0.5 complaints per 1,000 NHS Activity.

#### **Hospital & Community Health Services (HCHS)**

- There was a 29% rise in HCHS complaints received with 11,857 in 2013/14 compared to 9,161 in 2012/13. The rise in 2013/14 is approximately double that observed in 2011/12 and 2012/13.
- For HCHS complaints, the majority of the rise can be attributed to the large increase in prison complaints received (151 in 2012/13 to 2,967 in 2013/14); approximately a 20-fold increase. If prison complaints are excluded from the figures, there is a 1% reduction in HCHS complaints received in 2013/14 when compared to 2012/13.
- The percentage of complaints acknowledged within the national guidance timescale of three working days from receipt was 94%; up from 90% in 2012/13. The percentage acknowledged in 2013/14 is more similar to the percentage acknowledged witnessed in 2010/11 (96%).
- The percentage of complaints dealt with within the national target of 20 working days was 66% in 2013/14; an increase of 6% when compared to 2012/13 (61%). The percentage dealt with in 2013/14 closely resembles the figures experienced in 2010/11 (67%) and 2011/12 (65%).
- The most prevalent issues raised in 2013/14 were 'Treatment' (43%), followed by 'Staff' (29%), 'Waiting Times' (14%) and 'Environment/domestic' (7%).
- Fewer complaints were fully upheld or partially upheld compared to the previous year. 25% of HCHS complaints were fully upheld in 2013/14 compared to 28% previously; and 31% were partially upheld compared to 35% in 2012/13. There is an increase in

complaints not upheld, 42% of complaints were not upheld this year compared to 36% last year.

### **Family Health Services (FHS)**

- The total number of complaints about FHS in 2013/14 was 7,365; a 20% rise when compared to 2012/13 (6,130). These increases can be attributed in part to the inclusion of complaints relating to pharmaceutical and ophthalmic services since 2012/13, and also to an improved awareness of reporting.
- Ophthalmic complaints have more than doubled (106%), Dental increased by 41%, Pharmaceutical by 26% and Medical by 9%.
- The percentage of complaints dealt with within the national target of 20 working days was 85% in 2013/14.

### **Special NHS Boards and National & Support Organisations**

- The total number of complaints relating to the Special Boards and National & Support Organisations was 1,142 in 2013/14, a 5% decrease since 2012/13.
- Complaints to National Services Scotland (NSS) [including the Scottish National Blood Transfusion Service (SNBTS)] and to the State Hospital Board fell by 25% and 19% respectively. Whilst complaints to NHS24 and the National Waiting Times Centre (NWTC) rose by 49% and 48% respectively.
- The percentage of complaints acknowledged within the national guidance timescale of three working days from receipt was 91% in 2013/14.
- The percentage of complaints dealt with within the national target of 20 working days was 80%, a decrease of 4% when compared to 2012/13 (83%).
- The top 3 issues raised in 2013/14 for Special Boards and National & Support Organisations complaints: 'Staff' (25%), 'Environment/Domestic' (22%) and 'Treatment' (16%).

## Results and Commentary

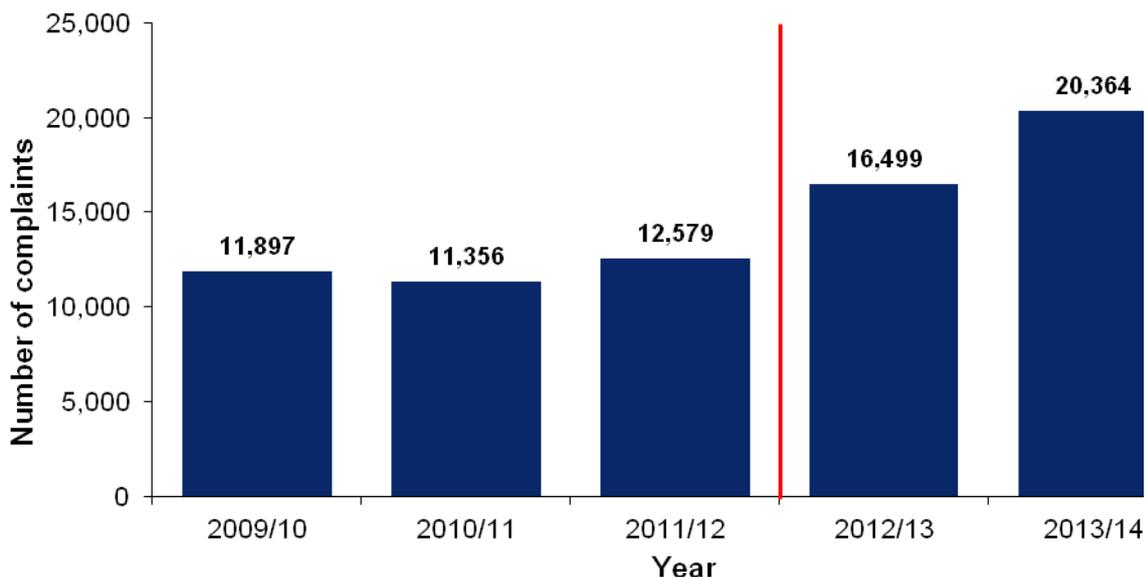
### Total Complaints (Hospital & Community Health Services, Family Health Services and Special NHS Boards and National & Support Organisations)

The information presented relates to the complaints summary information submitted to ISD Scotland by NHS Boards/Organisations. The data covers complaints received by Hospital & Community Services, Family Health Services and Special NHS Boards and National & Support Organisations. This includes all formal written complaints. In some NHS Boards/organisations, telephone and other formal oral complaints are also recorded in their submission to ISD.

#### Numbers of complaints and NHS Activity

Figure 1 shows that NHS Scotland complaints have been increasing since 2011/12.

**Figure 1: Number of complaints received for NHS Scotland<sup>1</sup>: 2009/10 to 2013/14**



Source: ISD(Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

<sup>1</sup> NHS Scotland complaints include complaints relating to Hospital & Community Health Services, Family Health Services, Special NHS Boards and National & Support Organisations.

Red Line: Secondary legislation to support the implementation of The Patient Rights Act 2011; came into force on 1 April 2012.

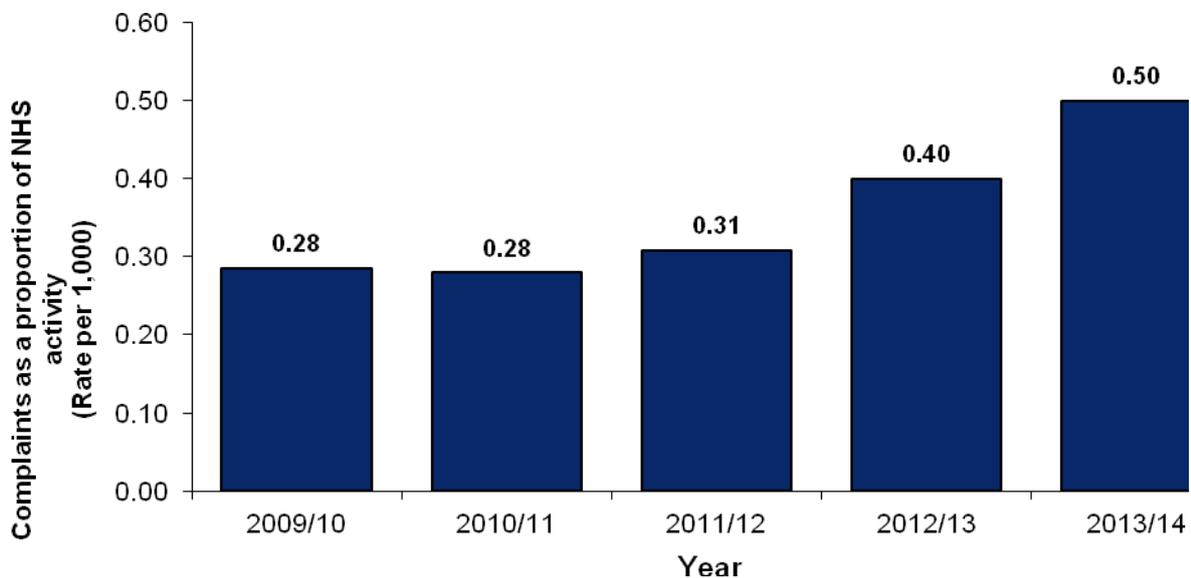
- During 2013/14, the total number of NHS Scotland complaints received was 20,364. This equates to around 390 complaints a week and 56 complaints per day.

- NHS Scotland complaints in 2013/14 increased by 23% when compared to 2012/13. This increase is less than the increase observed when comparing 2011/12 to 2012/13 (31%), but is more than double the rise in 2011/12 when compared to 2010/11 (11%).

Figure 2 shows NHS Scotland complaints as a proportion of NHS Activity.

The rates are based on NHS Scotland complaints and corresponding NHS Activity information relating to Hospital & Community Health Services and Family Health Services **only**, as Special NHS Boards and National & Support Organisations NHS Activity is not available prior to 2013/14.

**Figure 2: Complaints received for NHS Scotland as a proportion of NHS Activity<sup>1</sup>: 2009/10 to 2013/14**



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications. ISD(S)1, A&E Datamart, ISD Scotland, Practice Team Information (PTI), ISD Scotland, MIDAS, ISD Scotland, OPTIX, National Records Scotland (NRS).

<sup>1</sup> For the purposes of this analysis, NHS Activity is defined as: Inpatient & Daycase discharges, Outpatients Attendances, A&E Attendances, GP & Practice Nurse data, Dental and Ophthalmic activity.

- In 2013/14, NHS Scotland complaints (excluding Special Boards/Organisations) increased by 26% when compared to 2012/13. Within the same time period, NHS Activity increased by 0.6%.
- Looking at complaints as a proportion of NHS Activity equates to a corresponding increase in rate from 0.40 in 2012/13 to 0.50 complaints per 1,000 NHS Activity in 2013/14.
- Complaints as a proportion of NHS Activity (including Special Boards/Organisations) for 2013/14 show a slight decrease in rate from 0.50 to 0.49 complaints per 1,000 NHS Activity.

## Hospital & Community Health Services (HCHS)

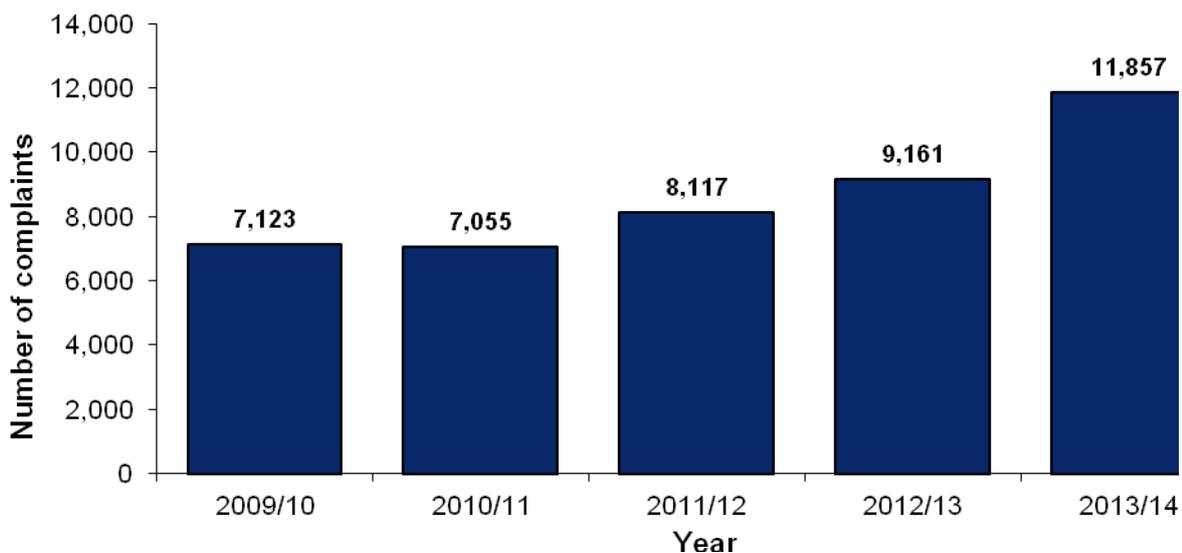
The information presented relates to the complaints summary information submitted to ISD Scotland by NHS Boards relating to Hospital & Community Health Services (HCHS). For further information on the complaints dataset, definitions, data quality etc, please read the appendices within this publication.

Data is presented at NHS Board level with a further breakdown by Service Area and Staff Group where available for a five year period: 2009/10 – 2013/14. There are also links to the relevant excel data files which contain more detailed information.

### Numbers of HCHS complaints and response times

**Figure 3** shows that HCHS complaints have continued to rise since 2011/12.

**Figure 3: Number of complaints received for Hospital & Community Health Services<sup>1</sup>; Scotland: 2009/10 to 2013/14**



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

<sup>1</sup> Hospital & Community Health Services only (excludes complaints relating to Family Health Services, Special NHS Boards and National & Support Organisations).

- There was a 29% rise in HCHS complaints received with 11,857 in 2013/14 compared to 9,161 in 2012/13. This follows a rise of 13% between 2011/12 and 2012/13. The rise in 2013/14 is approximately double that observed in 2011/12 and 2012/13. HCHS complaints in 2013/14 have increased by nearly two thirds (66%) when compared to the numbers five years ago in 2009/10.

- The largest percentage increase in the number of HCHS complaints received between 2012/13 and 2013/14 was for NHS Tayside (67%), NHS Forth Valley (56%) and NHS Lanarkshire (50%).
- Excluding the Island Boards, NHS Ayrshire & Arran had a large reduction in HCHS complaints (19%).

Table 1 shows HCHS complaints split by Service Area.

**Table 1: Number of complaints received for Hospital & Community Health Services<sup>1</sup> by Service Area; Scotland: 2009/10 to 2013/14**

Service Area	2009/10	2010/11	2011/12	2012/13	2013/14
<b>All Service Areas</b>	<b>7,123</b>	<b>7,055</b>	<b>8,117</b>	<b>9,161</b>	<b>11,857</b>
Acute	5,181	5,217	6,235	6,964	6,850
Ambulance	2	3	-	2	-
Community Hospitals	177	156	194	285	274
Community Services - nes	570	524	624	706	652
Continuing Care	14	6	8	7	15
Geriatric	114	115	148	153	162
Maternity	209	241	219	199	199
Other	95	102	126	157	89
Prison Services	-	-	31	151	2,967
Psychiatric	464	485	351	320	437
Purchasing / Admin	69	48	54	79	63
Rehabilitation	120	75	87	77	91
Unscheduled Health Care	108	83	40	61	58

Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications. '-' denotes zero i.e. nil data/records.

<sup>1</sup> Hospital & Community Health Services only (excludes complaints relating to Family Health Services, Special NHS Boards and National & Support Organisations).

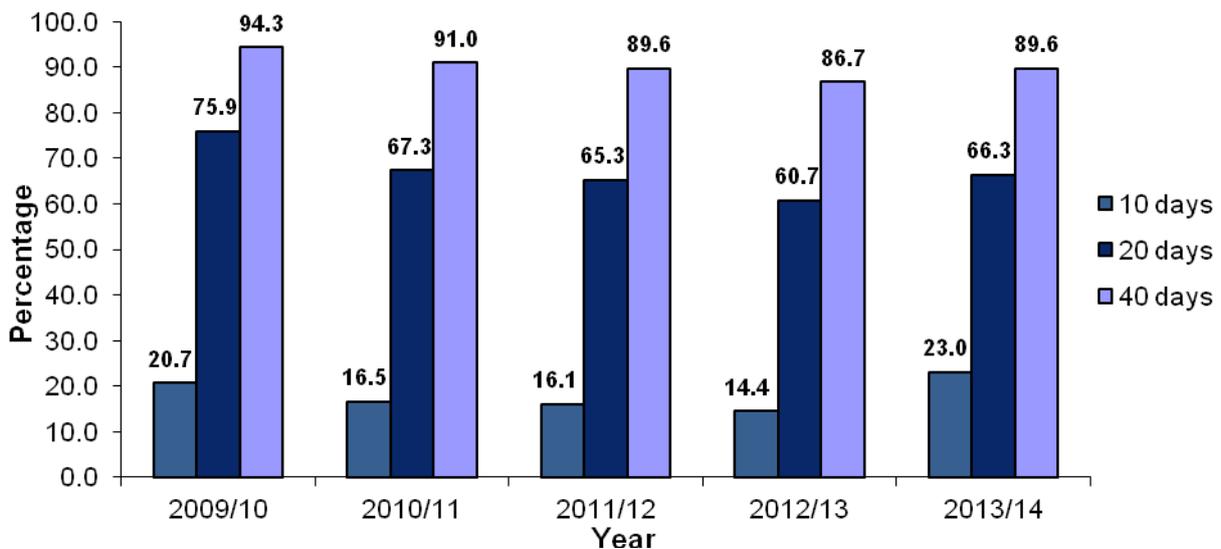
- Analysing HCHS complaints by service area shows that the majority of this rise can be attributed to the increase in volume of prison complaints received (151 in 2012/13 to 2,967 in 2013/14); nearly 20 times greater.
- This large increase in complaints from the Prison service is due to the NHS Boards implementing new practices/procedures to simplify the complaints process which has

made it more accessible to prisoners. For further information, please refer to the NHS Board Commentary paper.

- If prison complaints are excluded from these figures, there is a 1% reduction in HCHS complaints received in 2013/14 when compared to 2012/13, and the largest percentages increases are for NHS Highland (33%), and NHS Tayside (18%).
- Of the 11,857 complaints made about HCHS in 2013/14, 6,850 (58%) relate to the Hospital Acute service area and 2,967 (25%) to Prison services.
- HCHS Complaints by Staff Group shows that Consultant / Doctors, Nurses and GPs account for 36%, 25% and 13% respectively.
- The Staff Group that experienced the highest rise were GPs (210 in 2012/13 to 1,507 in 2013/14); a 7-fold increase.

**Figure 4** and **Table 2** show HCHS complaint numbers and response times for Scotland and by NHS Board level.

**Figure 4: Percentage of complaints responded to within 10, 20, and 40 working days for Hospital & Community Health Services<sup>1</sup>; Scotland: 2009/10 to 2013/14**



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

<sup>1</sup> Hospital & Community Health Services only (excludes complaints relating to Family Health Services, Special NHS Boards and National & Support Organisations).

- Figure 4 shows the percentage of HCHS complaints responded to within 10, 20 and 40 working days has increased since 2012/13.

Public holidays have been taken into account when calculating response times.

- The percentage of complaints dealt with within the national target of 20 working days was 66%, an increase of 6% when compared to 2012/13 (61%). The percentage dealt

with in 2013/14 closely resembles the figures experienced in 2010/11 (67%) and 2011/12 (65%).

- Nearly a quarter (23%) of HCHS complaints were dealt with within 10 working days and 90% were dealt with within 40 working days.

**Table 2: Number of complaints received and response times for Hospital & Community Health Services<sup>1</sup> by NHS Board: 2013/14**

NHS Board	No. of complaints	% dealt within 20 working days	median working days	% acknowledged within 3 working days
<b>Scotland</b>	<b>11,857</b>	<b>66.3</b>	<b>18</b>	<b>93.7</b>
Ayrshire & Arran	408	51.5	19	86.3
Borders	204	90.7	19	95.6
Dumfries & Galloway	245	46.9	20	95.5
Fife	387	51.7	20	99.0
Forth Valley	1,034	70.8	18	98.9
Grampian	1,348	33.2	25	68.1
Greater Glasgow & Clyde	3,073	70.4	18	95.9
Highland	596	51.0	20	97.8
Lanarkshire	1,336	90.0	16	98.6
Lothian	1,651	75.8	15	97.8
Orkney	37	86.5	15	100.0
Shetland	41	70.7	20	97.6
Tayside	1,433	64.6	16	98.0
Western Isles	64	90.6	18	98.4

Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

<sup>1</sup> Hospital & Community Health Services only (excludes complaints relating to Family Health Services, Special NHS Boards and National & Support Organisations).

- Table 2 shows that the percentage of complaints dealt with within the national target of 20 working days was 66%. This ranged from 33% in NHS Grampian to 91% in NHS Borders & NHS Western Isles in 2013/14.
- The percentage of complaints acknowledged within the national guidance timescale of three working days from receipt has increased from 90% in 2012/13 to 94% in 2013/14.

The percentage acknowledged in 2013/14 is similar to the percentage acknowledged witnessed in 2010/11 (96%).

- At NHS Board level, the highest acknowledge percentage times in 2013/14 were for NHS Orkney (100%) & NHS Fife (99%). The lowest acknowledge percentage time was for NHS Grampian at 68%.
- For Scotland, the median time taken to deal with complaints was 18 working days in 2013/14; one day less than the previous three years (2010/11 – 2012/13). Both NHS Lothian & NHS Orkney had the lowest median time at 15 working days, and NHS Grampian had the highest median time at 25 working days.
- HCHS response times by Service Area shows that Prison Service complaints have the highest % dealt with within 20 days at 85% and the second highest acknowledged within 3 working days at 98%. This corresponds with also having the smallest median time of 10 working days.
- Maternity Services have the lowest % dealt with within 20 days at 38%. This is reflected in its median time, the highest at 23 working days. Maternity Services has a % acknowledged within 3 working days of 87%.
- Continuing Care had the highest % acknowledged at 100%; whilst Purchasing/Admin had the lowest % acknowledged at 86%.
- By Staff Group: Consultants / Doctors have the lowest % dealt with within 20 days (58%) and the highest median time (20 working days). Opticians have the highest % dealt with within 20 days at 90%, and the lowest median time of 7 working days. GPs have the highest % acknowledged within 3 working days at 99%, whilst NHS Board / Hospital Admin staff have the lowest % at 87%.

The data described here can be found in [Numbers and Response Times.xlsx](#)

### Issues Raised

For any one complaint, a maximum of three different types of issue may be recorded for national returns and for this reason the total number of issues recorded may be greater than the total number of complaints.

- For Scotland in 2013/14, of the 11,857 complaints received during 2013/14, 16,269 issues were raised. This equates to an average number of issues per complaint of 1.37. This ranged from 1.02 in NHS Lothian to 2.44 in NHS Fife.

**Table 3** shows that HCHS issues have increased year on year since 2009/10.

**Table 3: Numbers of issues raised for complaints received for Hospital & Community Health Services<sup>1</sup>; Scotland: 2009/10 to 2013/14**

Issues Raised	2009/10	2010/11	2011/12	2012/13	2013/14
<b>All Issues</b>	<b>9,929</b>	<b>9,980</b>	<b>11,472</b>	<b>12,956</b>	<b>16,269</b>
Staff	3,322	3,418	3,810	4,208	4,786
Waiting Times	897	925	1,183	1,333	2,194
Delay during admission procedures, at clinics etc.	437	421	490	549	465
Environment / Domestic	1,267	1,146	1,240	1,298	1,156
Procedural Issues	199	201	314	326	361
Treatment	3,467	3,581	4,160	4,959	6,989
Transport arrangements (including ambulances)	119	128	124	107	58
Other	221	160	151	176	260

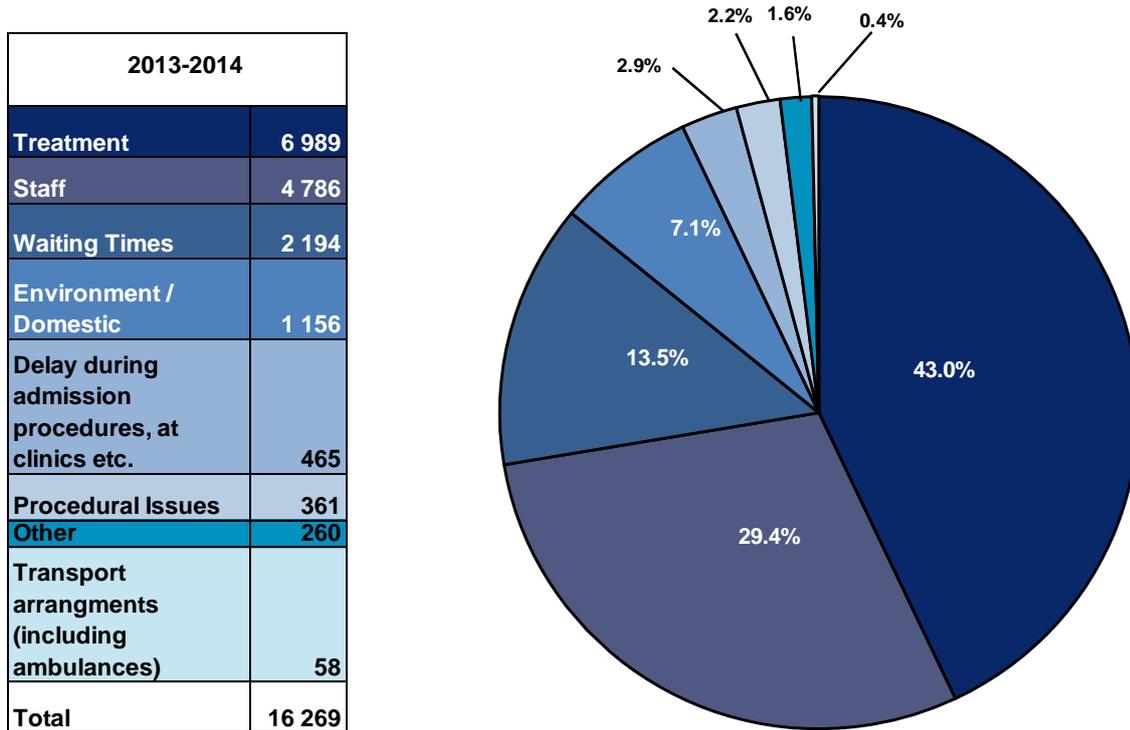
Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

1 Hospital & Community Health Services only (excludes complaints relating to Family Health Services, Special NHS Boards and National & Support Organisations).

- In 2013/14, the number of HCHS complaints received and issues raised was 11,857 & 16,269 respectively. This represents a 29% rise in the number of complaints received between 2012/13 and 2013/14, and a 26% increase in the number of issues raised from 12,956 in 2012/13.
- The largest percentage fall in the number of HCHS issues raised between 2012/13 and 2013/14 was for 'Transport arrangements' (46%), whilst 'Waiting Times' HCHS issues rose by 65%.

**Figure 5** shows HCHS issues raised in Scotland for 2013/14.

**Figure 5: Number and Percentage of issues raised for complaints received for Hospital & Community Health Services<sup>1</sup>; Scotland: 2013/14**



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

1 Hospital & Community Health Services only (excludes complaints relating to Family Health Services, Special NHS Boards and National & Support Organisations).

- Figure 5 shows that the majority of issues raised in 2013/14 concerned ‘Treatment’ (43%), followed by ‘Staff’ (29%), ‘Waiting Times’ (14%) and ‘Environment/domestic’ (7%). These top 4 issues have been consistently observed since 2009/10.
- Analysis by Staff Group shows that Consultant / Doctors and Nurses are the most prevalent group, accounting for 37% and 28% respectively of all HCHS issues. In contrast, the Ambulance staff group accounts for 0.1% of all HCHS issues.
- The Staff Groups that experienced the biggest rise in HCHS issues from 2012/13 to 2013/14 were: GPs (292 to 1,744; a 6-fold increase); Opticians nearly trebled from 16 to 41; and Dental more than doubled (170 to 435).
- The largest percentage falls were observed in Ambulance (34 to 23; a 32% decrease) and Allied Health Professionals (525 to 468; an 11% decrease).

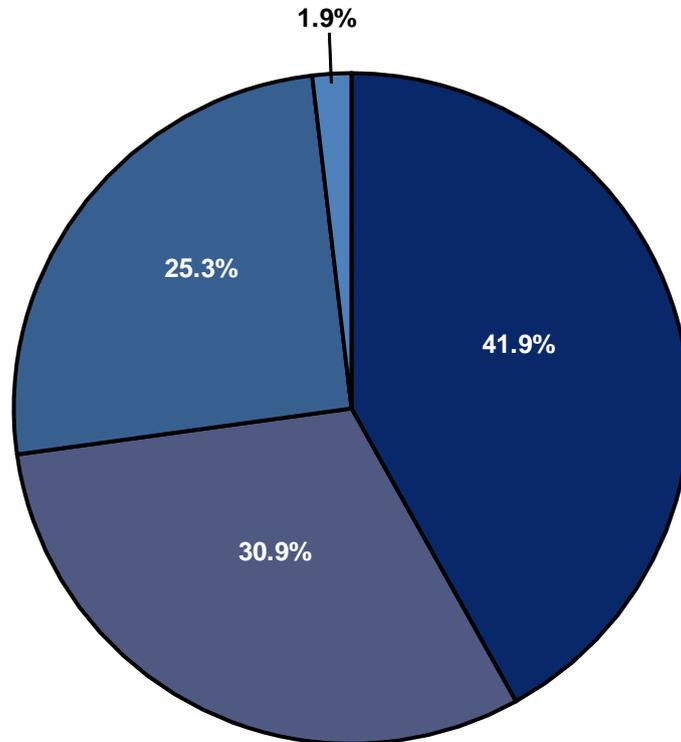
The data described here can be found in [Issues Raised.xlsx](#)

Outcomes

Figure 6 and Table 4 show HCHS complaint outcomes for Scotland and by NHS Board level.

**Figure 6: Number and Percentage of outcomes for complaints received for Hospital & Community Health Services<sup>1</sup>; Scotland: 2013/14**

2013-2014	
Not Upheld	4 969
Partly Upheld	3 664
Upheld	3 003
Other Outcomes	221
Other / Not Known	128
Alternative Dispute Resolution (ADR) i.e. mediation or conciliation	51
Irresolvable	42
<b>Total</b>	<b>11 857</b>



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

<sup>1</sup> Hospital & Community Health Services only (excludes complaints relating to Family Health Services, Special NHS Boards and National & Support Organisations).

- Fewer complaints were fully upheld or partially upheld compared to the previous year. 25% of HCHS complaints were fully upheld in 2013/14 compared to 28% previously; and 31% were partially upheld compared to 35% in 2012/13. There is an increase in complaints not upheld, 42% of complaints were not upheld this year compared to 36% last year.
- In 2013/14, a further 2% of complaints resulted in ‘Other’ outcomes including Alternative Dispute Resolution (ADR) i.e. mediation or conciliation, Irresolvable and Other / Not Known.
- Between 2012/13 and 2013/14 the number of complaints fully or partially upheld increased by 16%. This is similar to the percentage increase between 2011/12 and 2012/13.

**Table 4: Number of outcomes for complaints received for Hospital & Community Health Services<sup>1</sup> by NHS Board: 2013/14**

NHS Board	Upheld	Partially Upheld	Not Upheld	Irresolvable	ADR	Other / Not known
<b>Scotland</b>	<b>25.3</b>	<b>30.9</b>	<b>41.9</b>	<b>0.4</b>	<b>0.4</b>	<b>1.1</b>
Ayrshire & Arran	35.8	27.9	30.1	1.0	-	5.1
Borders	23.5	26.0	50.0	-	-	0.5
Dumfries & Galloway	44.9	20.4	29.4	1.2	-	4.1
Fife	23.5	37.5	36.4	-	-	2.6
Forth Valley	24.3	24.2	48.4	1.4	1.8	-
Grampian	32.6	33.0	31.3	-	1.3	1.9
Greater Glasgow & Clyde	21.6	30.2	47.2	0.2	0.2	0.7
Highland	29.7	42.4	23.8	0.8	-	3.2
Lanarkshire	25.1	30.6	44.3	-	-	-
Lothian	20.8	32.0	46.4	0.3	0.4	-
Orkney	27.0	32.4	40.5	-	-	-
Shetland	53.7	26.8	17.1	-	-	2.4
Tayside	24.2	31.3	42.6	0.3	0.1	1.5
Western Isles	28.1	28.1	43.8	-	-	-

Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications. '-' denotes zero i.e. nil data/records.

1 Hospital & Community Health Services only (excludes complaints relating to Family Health Services, Special NHS Boards and National & Support Organisations).

- Excluding the Island Boards; NHS Dumfries & Galloway had the highest percentage of complaints upheld at 45%. NHS Lothian had the lowest at 21%. In contrast, the largest percentage of complaints not upheld was in NHS Borders (50%) & NHS Forth Valley (48%) whilst NHS Highland had the smallest at 24%.
- Looking at outcomes by Service Area shows that the highest and lowest percentage of complaints upheld are for Continuing Care (53%) and Prison Services (13%).
- By Staff Group: Pharmacists have the highest percentage of complaints upheld (55%). Whilst the highest percentage of complaints not upheld are for GPs at 69%.

The data described here can be found in [Outcomes.xlsx](#)

## Family Health Services (FHS)

The information presented relates to the complaints summary information submitted to ISD Scotland by NHS Boards relating to Family Health Services (FHS). Five broad service/contractor types are included within the Family Health Services complaints: Medical, Dental, Pharmaceutical, Ophthalmic and Administration.

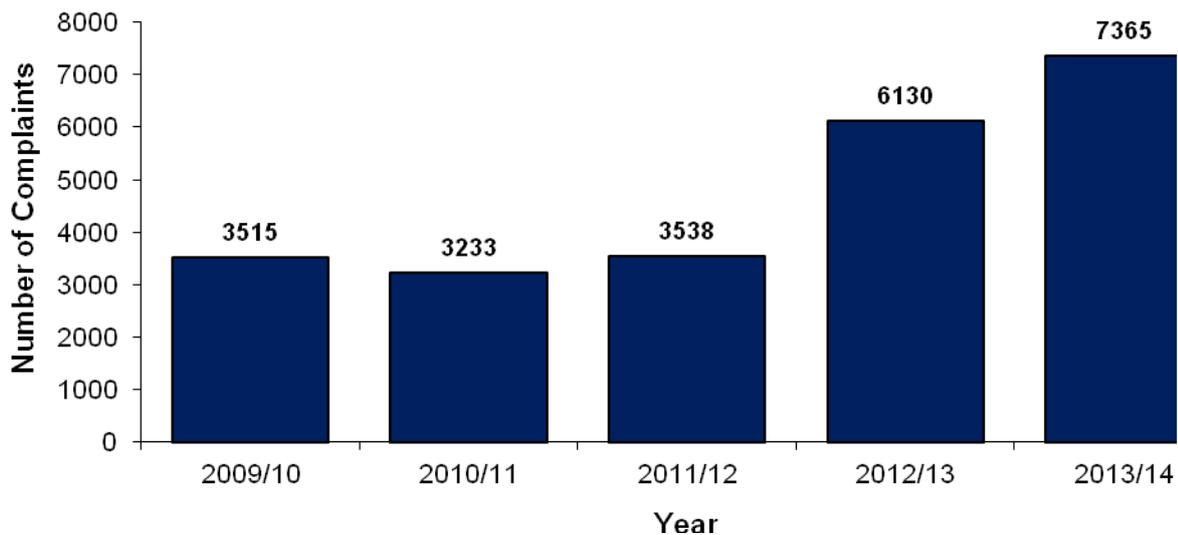
Historically, FHS data was restricted to the volume of complaints received and the percentage responded to within 20 working days. However, changes to the reporting template have allowed information to be provided on issues, outcomes and actions taken. For further information on the complaints dataset, definitions, data quality etc, please read the appendices within this publication.

Data is presented for the numbers of complaints and response times at NHS Board level for a five year period: 2009/10 – 2013/14. From 2012/13 onwards, complaints relating to pharmaceutical and ophthalmic services have been reported. Information on issues, outcomes (Alternative Dispute Resolution only) and a summary of actions taken is only available for 2013/14, and was not available for every NHS Board. There are also links to the relevant excel data files which contain more detailed information.

### Numbers of FHS complaints and response times

**Figure 7** and **Table 5** show FHS complaint numbers and response times for Scotland and by NHS Board level.

**Figure 7: Number of complaints received for Family Health Services<sup>1</sup>; Scotland: 2009/10 to 2013/14**



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

<sup>1</sup> Family Health Services only (excludes complaints relating to Hospital & Community Health Services and Special NHS Boards and National & Support Organisations).

- Figure 7 shows that FHS complaints have been increasing since 2011/12. These increases can be attributed in part to the inclusion of complaints relating to pharmaceutical and ophthalmic services since 2012/13, and also to an improved awareness of reporting amongst FHS contractors. For further information, please refer to the NHS Board Commentary paper.
- The overall FHS contractor return rate for 2013/14 was 80%. For Medical, Dental, Pharmaceutical and Ophthalmic this equates to 90%, 82%, 73% & 76% respectively.
- There was a 20% rise in FHS complaints received with 7,365 in 2013/14 compared to 6,130 in 2012/13. This follows a rise of 73% between 2011/12 and 2012/13.

**Table 5: Number of complaints received and response times for Family Health Services<sup>1</sup> by NHS Board: 2013/14**

NHS Board	No. of complaints	% dealt within 20 working days	% acknowledged within 3 working days
<b>Scotland</b>	<b>7,365</b>	<b>85.3</b>	<b>n/a</b>
Ayrshire & Arran	960	52.5	79.4
Borders	156	76.9	87.8
Dumfries & Galloway	167	94.6	..
Fife	370	95.4	100.0
Forth Valley	132	83.3	90.2
Grampian	648	97.7	..
Greater Glasgow & Clyde	2,030	96.7	..
Highland	364	73.4	75.0
Lanarkshire	546	88.3	..
Lothian	1,028	77.6	87.4
Orkney	21	90.5	90.5
Shetland	6	100.0	100.0
Tayside	910	92.3	..
Western Isles	27	96.3	96.3

Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications. 'n/a' denotes not applicable (used in cases where figures cannot be calculated due to zero data and/or no numerator/denominator etc). '..' denotes data not available / data not provided.

<sup>1</sup> Family Health Services only (excludes complaints relating to Hospital & Community Health Services and Special NHS Boards and National & Support Organisations).

- The total number of complaints about FHS in 2013/14 was 7,365 compared to 6,130 in 2012/13; an increase of 20%.
- The largest rise in the number of FHS complaints received between 2012/13 and 2013/14 was for NHS Greater Glasgow & Clyde which more than doubled from 1,012 to 2,030. NHS Ayrshire & Arran increased from 487 to 960; just less than double.
- Excluding the Island Boards, NHS Forth Valley and NHS Grampian had the largest reduction in FHS complaints at 31% and 27% respectively.
- The percentage of complaints dealt with within the national target of 20 working days was 85% in 2013/14. Excluding the Island Boards, NHS Grampian had the highest percentage dealt with within 20 days at 98%. NHS Ayrshire & Arran had the lowest percentage with 20 working days (53%).
- For Scotland, the percentage of complaints acknowledged within the national guidance timescale of three working days from receipt has not been calculated as this data was not available for many NHS Boards. The median working days for responding to complaints were also not available for NHS Boards.

It should be noted that the % acknowledged within 3 working days and median are not mandatory information requirements to be supplied from the data providers. For further information, please refer to the Background Information appendix.

- Excluding the Island Boards, NHS Fife had the highest % acknowledged within 3 working days at 100%. NHS Highland had the smallest % acknowledged within 3 working days at 75%.

Table 6 shows FHS complaint numbers for Scotland by service type / contractor.

**Table 6: Number of Complaints received for Family Health Services<sup>1</sup> by Service Type / Contractor; Scotland: 2009/10 to 2013/14**

Service/Contractor Type	2009/10	2010/11	2011/12	2012/13	2013/14
<b>All</b>	<b>3,346</b>	<b>3,233</b>	<b>3,538</b>	<b>6,130</b>	<b>7,365</b>
Medical	2,672	2,700	2,980	4,134	4,504
Dental	673	533	558	670	945
Pharmaceutical	..	..	..	1,022	1,290
Ophthalmic	..	..	..	304	625
Administration	1	-	-	-	1

Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications. '-' denotes zero i.e. nil data/records. '..' denotes data not available / data not provided. 2010/11 total excludes FHS data for NHS Highland as figures were unavailable.

<sup>1</sup> Family Health Services only (excludes complaints relating to Hospital & Community Health Services and Special NHS Boards and National & Support Organisations).

- Analysis by Service/ Type / Contractor shows that Medical, Pharmaceutical, Dental and Ophthalmic account for 61%, 18%, 13% and 8% of FHS complaints respectively.
- The largest change was observed in Ophthalmic complaints which more than doubled from 304 in 2012/13 to 625 in 2013/14; a 106% increase. There were 945 Dental complaints in 2013/14 compared to 670 in 2012/13; an increase of 41%. Pharmaceutical and Medical complaints have increased by 26% and 9 % respectively.

The data described here can be found in [FHS.xlsx](#)

## Issues Raised

For any one complaint, a maximum of three different types of issue may be recorded for national returns. All FHS contractors provided this information on behalf of their respective NHS Boards in varying levels of detail; from quantified numbers to a reflection of the main issues experienced. This is the first year that this information has been collected and reported on nationally for FHS. For further information, please refer to the Background Information appendix.

**Figure 8** shows a summary of the key issues raised for FHS in Scotland for 2013/14.

**Figure 8: Summary of issues raised for Family Health Services<sup>1</sup>; Scotland: 2013/14**



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

<sup>1</sup> Family Health Services only (excludes complaints relating to Hospital & Community Health Services and Special NHS Boards and National & Support Organisations).

- Figure 8 shows that the most prevalent issues concerned 'Treatment'; followed by 'Staff'; then 'Delays/Waiting Times'; and 'Environment/domestic'.

- ‘Staff’ issues relate mainly to staff attitude/behaviour/communication. ‘Treatment’ issues relate to clinical care and treatment. ‘Delays/Waiting Times’ issues are concerned with waiting times for and / or delays in appointments. Whilst ‘Environment/domestic’ issues relate to access and service issues.

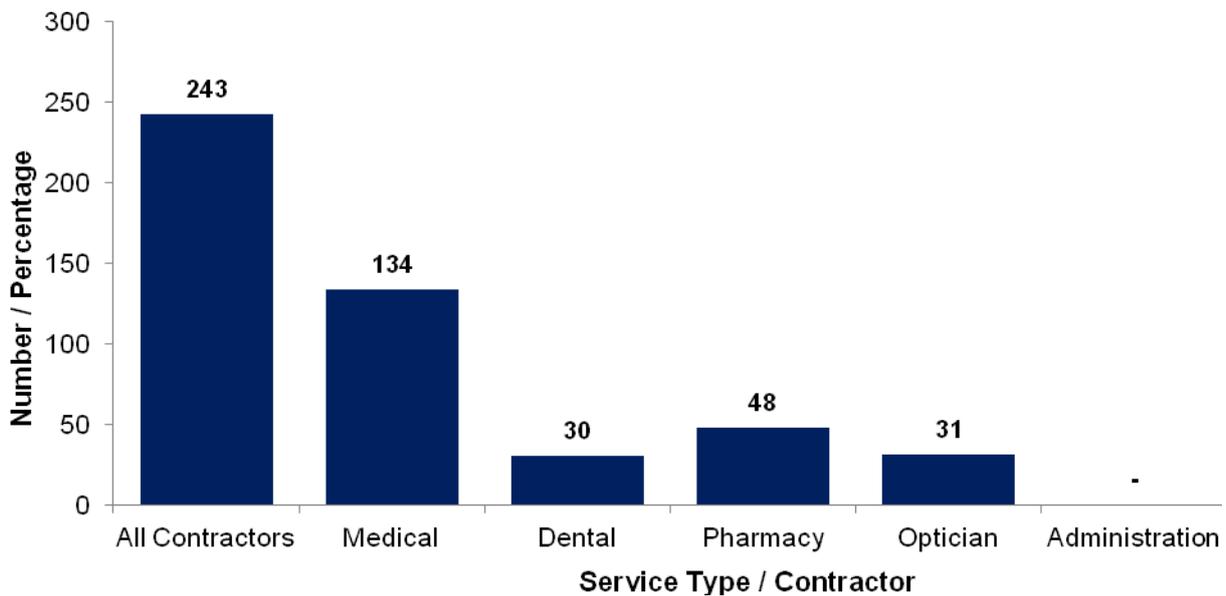
## Outcomes

The provision of outcome information is not a mandatory requirement for data providers. Therefore, historically this information was not available and/or provided by most data providers. The number of complaints where Alternative Dispute Resolution (ADR) was used i.e. mediation/conciliation to help resolve complaints, is a mandatory requirement and this is the first year that this information has been collected and reported on nationally for FHS. For further information, please refer to the Background Information appendix.

- For Scotland in 2013/14, of the 7,365 complaints received, ADR was used 243 times (3%). In NHS Boards where ADR was used, this ranged from 1% in NHS Lanarkshire to 23% in NHS Dumfries & Galloway.

**Figure 9** shows the number of ADRs for FHS by Service Type/Contractor

**Figure 9: The number of ADR outcomes for Family Health Services<sup>1</sup> by Service Type / Contractor; Scotland: 2013/14**



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

<sup>1</sup> Family Health Services only (excludes complaints relating to Hospital & Community Health Services and Special NHS Boards and National & Support Organisations).

- Figure 9 shows that by Service Type / Contractor; Medical has the highest number (134), accounting for 55% of all ADRs, followed by Pharmaceutical (20%), Ophthalmic (13%) and then Dental (12%).

The data described here can be found in [FHS.xlsx](#)

### Actions Taken

There is a requirement for NHS Boards and Organisations including Family Health Service providers to demonstrate that learning at the local level as a direct result of feedback, comments, concerns and complaints has led to opportunities for improvement and action. This is the first time that this information has been collected and reported on nationally for FHS. For further information, please refer to the Background Information appendix.

**Figure 10** presents information to summarise what action has been or is to be taken improve services.

**Figure 10: Summary of the actions taken to improve services for Family Health Services<sup>1</sup>; Scotland: 2013/14**



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

<sup>1</sup> Family Health Services only (excludes complaints relating to Hospital & Community Health Services and Special NHS Boards and National & Support Organisations).

- Examples of Actions Taken are staff training, local discussion and resolution with the complainant, and new systems/procedures being implemented to make improvements.

## Special NHS Boards and National & Support Organisations

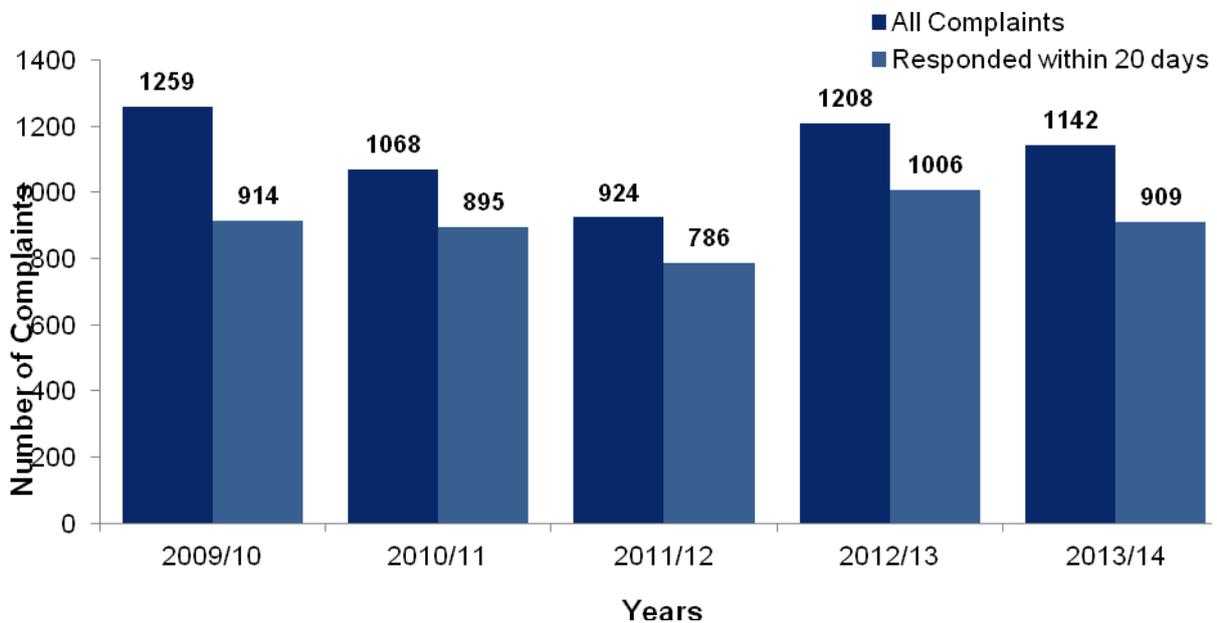
The information presented relates to the complaints summary information submitted to ISD Scotland by Special NHS Boards and National & Support Organisations. For further information on the complaints dataset, definitions, data quality etc, please read the appendices within this publication.

Data is presented for the numbers of complaints and response times at NHS Board level for a five year period: 2009/10 – 2013/14. Information on issues, outcomes and actions taken is only available for 2013/14. There are also links to the relevant excel data files which contain more detailed information.

### Numbers of Special Boards/Organisations complaints and response times

**Figure 11** and **Table 7** show Special Boards/Organisations complaint numbers and response times for Scotland and by NHS Board level.

**Figure 11: Number of complaints received and responded to within 20 days for Special NHS Boards and National & Support Organisations<sup>1</sup>; Scotland: 2009/10 to 2013/14**



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

<sup>1</sup> Special NHS Boards and National & Support Organisations only (excludes complaints relating to Hospital & Community Health Services and Family Health Services).

- Figure 11 shows that there has been variation in both the number of Special Boards/Organisations complaints received and responded to within 20 working days over the five year period.
- There was a 5% fall in Special Boards/Organisations complaints received with 1,142 in 2013/14 compared to 1,208 in 2012/13
- The number of complaints responded to with 20 working days went from 1006 in 2012/13 to 909 in 2013/14, a 10% fall.

**Table 7: Number of complaints received and response times for Special NHS Boards and National & Support Organisations<sup>1</sup>, by Special Boards: 2013/14**

NHS Board	No. of complaints	% dealt within 20 working days	median working days	% acknowledged within 3 working days
All Special Boards	1,142	79.6	n/a	90.8
Health Improvement Scotland (HIS)	2	100.0	..	100.0
National Education for Scotland (NES)	10	90.0	9	70.0
National Services Scotland (NSS - including SNBTS)	453	92.3	10	81.5
National Waiting Times Centre (NWTC)	40	72.5	19	87.5
NHS24	101	93.1	17	100.0
NHS Health Scotland*	2	100.0	..	100.0
Scottish Ambulance Service (SAS)	473	63.6	25	97.3
State Hospital for Scotland	61	90.2	15	100.0

Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications. 'n/a' denotes not applicable (used in cases where figures can not be calculated due to zero data and/or no numerator/denominator etc). '..' denotes data not available / data not provided: medians are only calculated where there are three or more complaints.

**\*NHS Health Scotland figures have been revised since the publication date. NHS Health Scotland received two complaints in total, one of which was subsequently withdrawn. The % dealt with within 20 days has been updated from 50% to 100% to reflect this change.**

1 Special NHS Boards and National & Support Organisations only (excludes complaints relating to Hospital & Community Health Services and Family Health Services).

- Complaints to National Services Scotland (NSS) [including the Scottish National Blood Transfusion Service (SNBTS)] fell by 25%, from 608 in 2012/13 to 453 in 2013/14. The 2013/14 figures are similar to that seen in 2011/12.
- Around 224,000 donors attend blood donation sessions in a single year. When looking at SNBTS complaints as a proportion of this attendance activity; this equates to 1.02 complaints per 1,000 attendances at blood donation services.
- The number of complaints to the State Hospital Board for Scotland decreased in 2013/14; 61 complaints were recorded, compared to 75 in 2012/13. This represents a 19% reduction.
- There has been a large rise in the number of complaints to NHS24; from 68 in 2012/13 to 101 during 2013/14. This equates to a 49% increase, and is similar to the number of NHS24 complaints (112) witnessed 5 years ago in 2009/10.
- NHS24 received around 1.35 million calls in 2013/14. Complaints as a proportion of telephone call activity are 0.07 complaints per 1,000 calls to NHS24.
- The number of complaints to the National Waiting Times Centre rose by 48% (27 in 2012/13 to 40 in 2013/14). The last year that observed an increase in figures was in 2009/10.
- The number of complaints to the Scottish Ambulance Service (SAS) increased from 412 in 2012/13 to 473 during 2013/14; a 15% rise.
- In 2013/14, SAS made around 1.83 million ambulance journeys. The number of complaints as a proportion of SAS journey activity is 0.26 complaints per 1,000 ambulance journeys.
- For all Special Boards/Organisations, the percentage of complaints dealt with within the national target of 20 working days was 80%, a decrease of 4% when compared to 2012/13 (83%). At Special Board level, the highest percentages within 20 days were for HIS and NHS24 at 100% and 93% respectively. The lowest was for SAS (64%).
- The overall percentage of complaints acknowledged within the national guidance timescale of three working days from receipt was 91% in 2013/14. This ranged from 70% in NES to 100% for HIS, NHS24, NHS Health Scotland and the State Hospital.
- For Scotland, the median time taken to deal with complaints has not been calculated as this data could not be provided by HIS and NHS Health Scotland due to the small numbers involved.

It should be noted that the median is not a mandatory information requirement to be supplied from the data providers. For further information, please refer to the Background Information appendix.
- SAS had the highest median time at 25 working days, whilst NES had the lowest median time at 9 working days.

The data described here can be found in [Special Boards.xlsx](#)

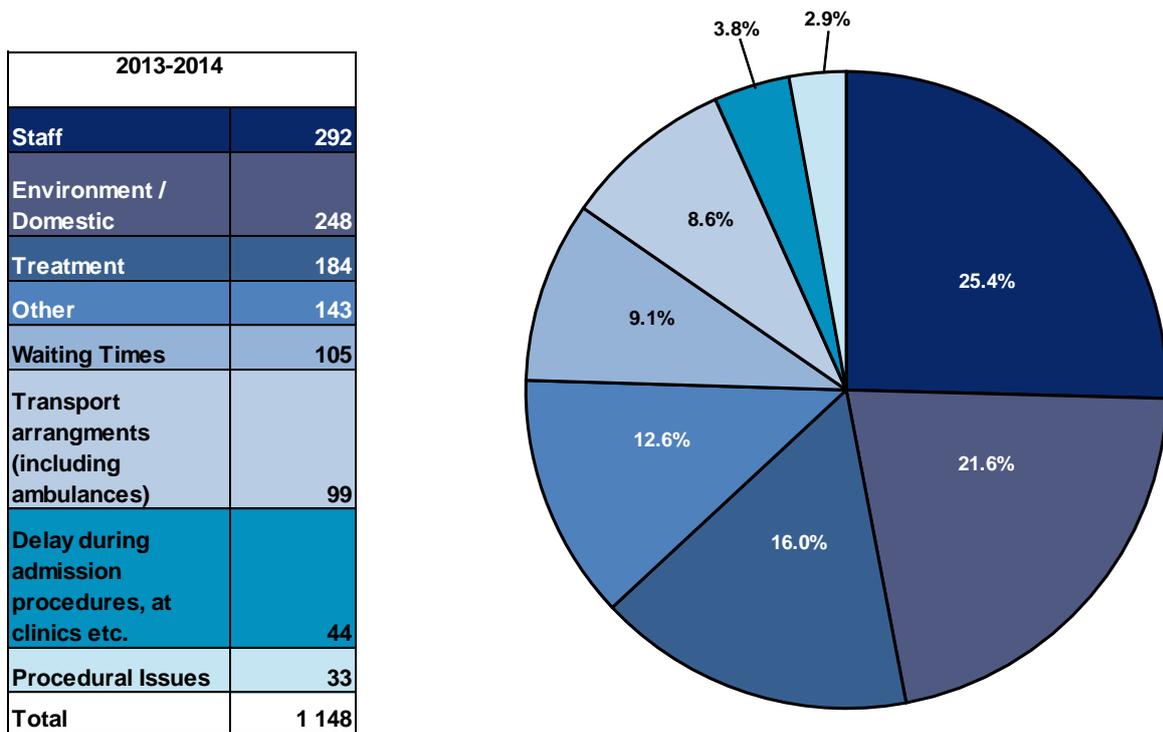
## Issues Raised

For any one complaint, a maximum of three different types of issue may be recorded for national returns and for this reason the total number of issues recorded may be greater than the total number of complaints. This is the first year that this information has been collected and reported on nationally for Special NHS Boards and National & Support Organisations. For further information, please refer to the Background Information appendix.

- For Scotland, of the 1,142 Special Boards/Organisations complaints received during 2013/14, 1,148 issues were raised.

Figure 12 shows the Special Boards/Organisations issues raised in Scotland for 2013/14.

**Figure 12: Number and Percentage of issues raised for complaints received for Special NHS Boards and National & Support Organisations<sup>1</sup>; Scotland: 2013/14**



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

<sup>1</sup> Special NHS Boards and National & Support Organisations only (excludes complaints relating to Hospital & Community Health Services and Family Health Services).

- Analysis of issues raised for each Special Board/Organisation shows that the issue reasons can vary by each Special Board due to the unique service they provide. However, they can be grouped into the categories above. For example Staff issues relate mainly to staff attitude/behaviour/communication; Environment/Domestic are

issues concerned with aids, appliances, equipment & premises; Treatment relates to clinical treatment, care and assessment and the Other category represents issues such as opportunity to donate, donor selection and expectation of service.

- Figure 12 shows that the majority of issues raised in 2013/14 concerned 'Staff' (25%), followed by 'Environment/domestic' (22%), 'Treatment' (16%) and 'Other' (13%).
- The least prevalent issues raised were around 'Waiting Times' and 'Transport Arrangements' (both 9%), 'Delays' (4%) and 'Procedural Issues' (3%).

The data described here can be found in [Special Boards.xlsx](#)

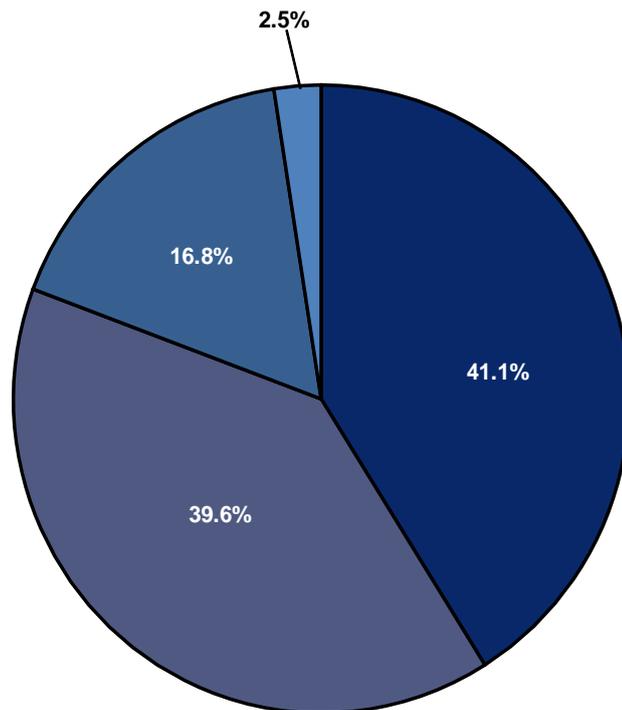
### Outcomes

The provision of outcome information (excluding Alternative Dispute Resolution) is not a mandatory requirement for data providers. Therefore, historically this information was not available and/or provided by most data providers. This is the first year that this information has been collected by the majority of Special NHS Boards and National & Support Organisations. For further information, please refer to the Background Information appendix.

**Figure 13** and **Table 8** show Special Boards/Organisations complaint outcomes for Scotland and by NHS Board level.

**Figure 13: Number and Percentage of outcomes for complaints received for Special NHS Boards and National & Support Organisations<sup>1</sup>; Scotland: 2013/14**

2013-2014	
Not Upheld	283
Upheld	273
Partly Upheld	116
Other Outcomes	17
Other / Not Known	15
Alternative Dispute Resolution (ADR) i.e. mediation or conciliation	2
<b>Total</b>	<b>689</b>



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

1 Special NHS Boards and National & Support Organisations only (excludes complaints relating to Hospital & Community Health Services and Family Health Services).

- It is important to note that the total number and percentages for Scotland have been calculated by excluding National Services Scotland (NSS) from the total. These figures were not available from NSS, as the business units within NSS don't all report on the outcome of complaint.
- For Special Boards/Organisations complaints in 2013/14, 40% were fully upheld, 17% were partially upheld and 41% were not upheld. A further 2% of complaints resulted in 'Other' outcomes including Alternative Dispute Resolution (ADR) i.e. mediation or conciliation, Irresolvable and Other / Not Known.

**Table 8: Percentage of outcomes for complaints received for Special NHS Boards and National & Support Organisations<sup>1</sup>, by Special Boards: 2013/14**

NHS Board	Upheld	Partially Upheld	Not Upheld	ADR	Other / Not known
All Special Boards	39.6	16.8	41.1	0.3	2.2
Health Improvement Scotland (HIS)	n/a	n/a	50.0	n/a	50.0
National Education for Scotland (NES)	30.0	10.0	10.0	20	30.0
National Services Scotland (NSS - including SNBTS)	..	..	..	n/a	3.8
National Waiting Times Centre (NWTC)	55.0	30.0	15.0	n/a	n/a
NHS24	33.7	17.8	42.6	n/a	5.9
NHS Health Scotland	n/a	n/a	50.0	n/a	50.0
Scottish Ambulance Service (SAS)	42.1	16.7	40.4	n/a	0.8
State Hospital for Scotland	24.6	9.8	65.6	n/a	n/a

Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications. 'n/a' denotes not applicable (used in cases where figures cannot be calculated due to zero data and/or no numerator/denominator etc). '..' denotes data not available / data not provided.

1 Special NHS Boards and National & Support Organisations only (excludes complaints relating to Hospital & Community Health Services and Family Health Services).

- The NWTC had the highest percentage of complaints upheld and partially upheld at 55% and 30% respectively. Whilst the State hospital had the largest percentage of complaints not upheld at 66%.

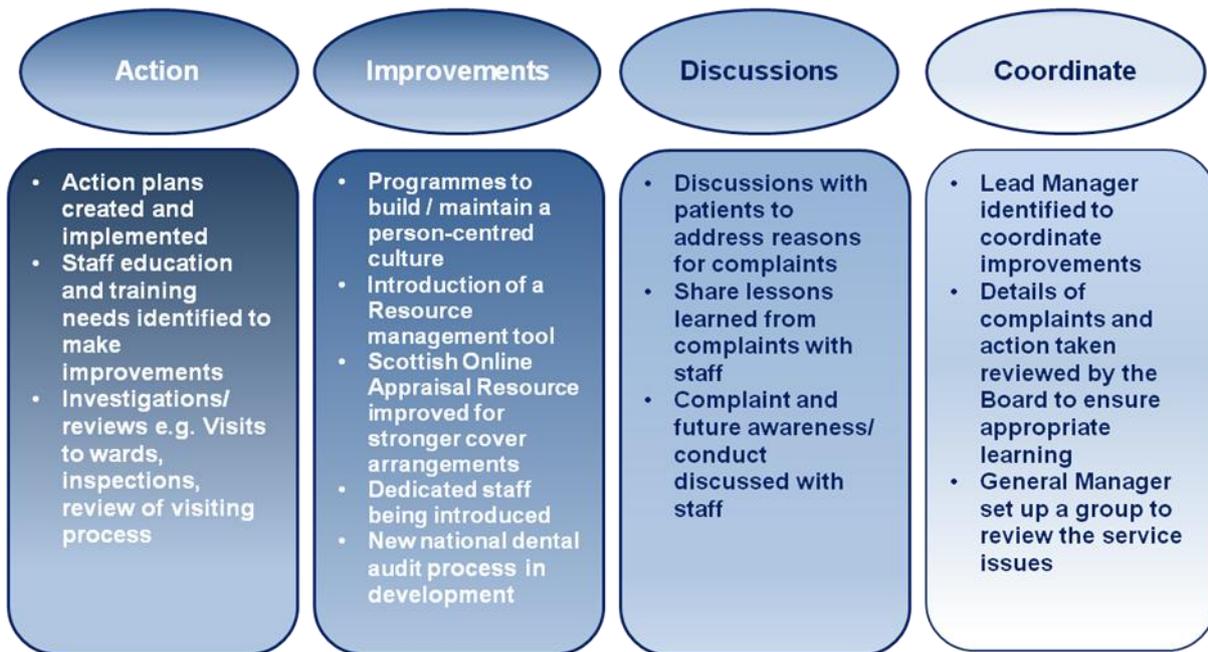
The data described here can be found in [Special Boards.xlsx](#)

### Actions Taken

There is a requirement for NHS Boards and Organisations including Special NHS Boards and National & Support Organisations to demonstrate that learning at the local level as a direct result of feedback, comments, concerns and complaints has led to opportunities for improvement and action. This is the first time that this information has been collected and reported on nationally for Special Boards/Organisations. For further information, please refer to the Background Information appendix.

Figure 14 presents information to summarise what action has been or is to be taken to improve services.

**Figure 14: Summary of the actions taken to improve services for Special NHS Boards and National & Support Organisations<sup>1</sup>; Scotland: 2013/14**



Source: ISD (Scotland) NHSScotland complaints: Data provided from NHS Boards and compiled by ISD Scotland. Data as at July 2014 and may be subject to change in future publications.

<sup>1</sup> Special NHS Boards and National & Support Organisations only (excludes complaints relating to Hospital & Community Health Services and Family Health Services).

- Figure 14 shows that examples of actions taken include action plan implementation, new audit processes & resource tools and sharing lessons learned.

## Inter-UK Comparisons

Complaints data is routinely collected and published for England and Northern Ireland; however these are not directly comparable with the Scottish data presented within this publication.

### England

In England the annual collection is a count of written complaints which are made by or on behalf of patients. Data are collected via two forms; KO41A (NHS Hospital & Community Health Service (HCHS)) and KO14B (Family Health Service (GP including Dental (FHS))). In Scotland the data submitted to ISD includes all formal written complaints; however, as there is a variation in recording practice across Scotland some NHS Boards / organisations include telephone and other formal oral complaints. Complaints which were initially made orally and subsequently made in writing are also included.

From 2011/12, following a review of feedback received in England, an additional data item, "Number of Complaints Upheld", has been added to the KO41 data returns. This means it is now possible to see how many complaints were upheld in addition to the number of complaints made to an organisation. This was published as experimental statistics by the Health and Social Care Information Centre (HSCIC) in England for the first time in August 2012.

Further information on the English complaints system is available from the following link: <http://www.hscic.gov.uk/article/2021/Website-Search?productid=15261&q=complaints&sort=Relevance&size=10&page=1&area=both#top>

### Northern Ireland

Northern Ireland have an integrated health and social care system, which mean that Trusts figures include complaints regarding social workers, Scottish figures do not include social workers.

Further information on the Northern Irish complaints system is available from the following link: <http://www.hscboard.hscni.net/publications/Complaints/>

### Wales

Up until April 2011, the Welsh annual collection was also a count of written complaints via the KO14 A and B forms. However, new regulations aimed at streamlining the handling of complaints about the NHS in Wales, referred to as [Putting Things Right](#), came into force on 1 April 2011. As a result of these new arrangements, the KO41 data collection was terminated after the 2010-11 return and the last statistical release was published on 14 September 2011.

Further information on the Welsh complaints system is available from the following link: <http://wales.gov.uk/topics/statistics/headlines/health2011/110921/?lang=en>

## Next Update

The next update reporting on complaints received between 1 April 2014 and 31 March 2015, will be made available on the ISD website in 2015.

## Feedback

In order to ensure that the publications we produce are relevant, informative and as useful as possible; we welcome any feedback on this publication. These comments will be carefully considered and will help inform the production of future publication reports.

Please email your feedback comments to the [Complaints Team](#).

## Glossary

**Complaint:** In the NHS complaints procedure a complaint is defined as: "an expression of dissatisfaction requiring a response." Citizen's Charter Complaints Task Force.

**FHS:** Family Health Services.

**HCHS:** Hospital & Community Health Services.

**HIS:** Health Improvement Scotland.

**NES:** National Education for Scotland.

**NSS:** National Services Scotland.

**NTWC:** National Waiting Times Centre.

**SAS:** Scottish Ambulance Service.

**SNBTS:** Scottish National Blood Transfusion Service (part of NSS).

## List of Tables

Name	Time period	File & size
<a href="#">Numbers and Response Times</a>	1 April 2013 – 31 March 2014	Excel [537kb]
<a href="#">Issues Raised</a>	1 April 2013 – 31 March 2014	Excel [687kb]
<a href="#">Outcomes</a>	1 April 2013 – 31 March 2014	Excel [655kb]
<a href="#">FHS</a>	1 April 2013 – 31 March 2014	Excel [605kb]
<a href="#">Special Boards</a>	1 April 2013 – 31 March 2014	Excel [414kb]

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## Further Information

Further information can be found on the [ISD website](#)

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## A1 – Background Information

### Current Complaints Procedure

There is a wide variation in the type of contacts that patients have with the NHS (e.g. treatment as an inpatient, outpatient, attendance at A&E, blood donation and transportation by ambulance) and patients (or their representatives) can make a complaint if they feel dissatisfied with any aspect of these interactions.

The NHS Complaints procedure first introduced in April 1996; was subsequently revised in April 2005 and again in April 2012. The revision in 2012 reflects the provisions within [The Patient Rights \(Scotland\) Act 2011](#), which gives patients the right to give feedback, make comments, raise concerns or make complaints about the health care received from the NHS in Scotland.

Secondary legislation to support the implementation of the Patient Rights Act came into force on 1 April 2012 and revised [‘Can I help you?’ Good Practice Guidance](#) on handling and learning from feedback and complaints was issued to the NHS in March 2012. This makes NHS Boards directly responsible for the collection, monitoring and reporting of complaints received in relation to services they provide and places additional responsibility on Boards for the collection and monitoring of complaints received by their Family Health service providers. The emphasis is on early and local resolution and ensuring learning is shared and improvements acted upon as soon as possible after the issue that gave rise to the complaint.

### Scottish Public Services Ombudsman (SPSO)

If a complainant remains dissatisfied with the response from the normal complaint process, there is recourse to the [SPSO](#) who provides a 'one-stop-shop' for individuals making complaints about organisations providing public services in Scotland. The SPSO also produce an [annual complaints report](#).

### Patient Advice and Support Service (PASS)

Citizens Advice Bureau across Scotland was funded by local NHS Boards to deliver the Independent Advice and Support Service (IASS). The aim was to support patients, their carers and relatives in their dealings with the NHS and in other matters affecting their health. [The Patient Rights \(Scotland\) Act 2011](#) made provision for the establishment of the [Patient Advice and Support Service \(PASS\)](#) which replaced IASS from 1 April 2012.

### Complaints data and ISD

NHS Boards and other NHS organisations submit summary information about complaints they receive to ISD Scotland. The data covers complaints received by Hospital &

Community Services, Family Health Services and Special NHS Boards and National & Support Organisations. The data submitted includes all formal written complaints. In some NHS Boards/organisations, telephone and other formal oral complaints are also recorded in their submission to ISD.

In 2006 research was conducted into the [Experience and Attitudes in relation to NHS Complaints](#). This highlighted some discrepancies between a patient's perception of responsiveness to their complaints and what was reported in national statistics. Part of this was due to variability in the way complaints seemed to be dealt with. This was mostly down to a lack of consistency in the application of codes to record complaints made against an NHS Service in organisations across Scotland. Each Complaints Office follows general guidance about complaint recording within the NHS, but may also use their own local set of categories to register the details, or have their own interpretation of how to complete the dataset.

To help address these issues, ISD built an NHS Complaints system containing revised codes and detailed definitions and subsequently rolled out these definitions and codes nationally to ensure consistency in recording practices within NHS Boards across NHS Scotland. Implementation of this new dataset for Hospital & Community Services commenced mid-way through 2008. Prior to the 2008/9 report, new codes were mapped to ensure consistency in reporting and, despite some data submission difficulties, data were received and reported against as normal. For further information, please refer to the [NHS Complaints web pages](#).

### Annual Process

There is currently a complicated landscape of complaints information available across NHS Scotland, with much variability in both the format and content of data, which has a major influence on what can be consistently reported on and published.

To simplify this process and to reduce the administrative burden, ISD have standardised Complaints data collection and reporting by producing reporting templates for Family Health Services and Special Boards, National & Support Organisations and a timetable. It is intended that this streamlined process will facilitate the data to be collected and received in an efficient, consistent, and timely manner, in line with the information requirements detailed within ['Can I help you?' Good Practice Guidance](#).

Sections 3.17 and 3.20 of this guidance state that the relevant NHS bodies have a responsibility to gather, review and supply information from their own service and their health service providers on the:

- numbers of complaints received;
- number of complaints where alternative dispute resolution was used;
- whether the best practice response period of 20 working days was complied with;
- summarise the key themes of complaints received; and

- summarise what action has been taken to improve services as a result of complaints.

This information must be submitted by relevant NHS bodies to ISD in an appropriate format to allow collation and publication of national complaints statistics.

The latest reporting year relates to complaints received between 1 April 2013 and 31 March 2014. These data are presented for Hospital & Community Health Services & Family Health Services by NHS Board; and for Special NHS Boards and National & Support Organisations e.g. Scottish Ambulance Service, NHS24.

### **Data Sources**

NHS Boards and other NHS organisations deal with the complaints received by their area. Summary information for all the complaints received is recorded by each organisation and submitted to ISD. These data are confirmed with NHS Boards/NHS organisations after submission.

For Hospital & Community Services, information such as the date the complaint was received, service area, issues raised, staff group and outcome of the complaint is summarised by using standard coding convention.

This summary information is submitted electronically onto the ISD Complaints National Database (Universe) where it is validated and analysed. Note that ISD does not hold any identifiable information with regards to the complaint - only summary codes for each complaint are held. The codes used are available from this link: [Definitions Document](#).

NHS Complaint Statistics are then published annually on the ISD website. Data is presented for the numbers of complaints, response times, issues raised and outcomes at NHS Board level; with a further breakdown by Service Area and Staff Group where available for a five year period: 2009/10 – 2013/14. Information on Actions Taken is currently not available nationally. For Hospital & Community Services data, there are records which are not included within this publication. These refer to complaints which are either 'Withdrawn', 'Consent not received' or have been 'Transferred to another unit'. These [figures](#) are available within the Metadata section.

For further information on NHS Complaints, please refer to the [website](#). Further information on the HCHS dataset can be found on the [National Data Catalogue \(NDC\)](#) web pages.

For Family Health Services, the complaints summary information is submitted manually to ISD Scotland via an annual aggregated return completed by the FHS contractors on behalf of the NHS Board. Five broad service/contractor types are included within the Family Health Services complaints: Medical, Dental, Pharmaceutical, Ophthalmic and Administration.

As previously mentioned, FHS data was restricted to the volume of complaints received and the percentage responded to within 20 working days. However, changes to the reporting template have allowed information to be provided on issues, outcomes and actions taken.

Data is presented for the numbers of complaints and response times at NHS Board level for a five year period: 2009/10 – 2013/14. From 2012/13 onwards, complaints relating to pharmaceutical and ophthalmic services have been reported. Information on issues, outcomes (Alternative Dispute Resolution only) and a summary of actions taken is only available for 2013/14, and was not available for every NHS Board.

For further information on NHS Complaints, please refer to the [website](#). Further information on the HCHS dataset can be found on the [National Data Catalogue \(NDC\)](#) web pages.

For Special NHS Boards and National & Support Organisations, complaints summary information is also submitted manually to ISD Scotland via an annual aggregated return. The improved reporting template has allowed information to be provided on issues, outcomes and actions taken.

Data is presented for the numbers of complaints and response times at NHS Board level for a five year period: 2009/10 – 2013/14. Information on issues, outcomes and actions taken is only available for 2013/14.

For further information on NHS Complaints, please refer to the [website](#). Further information on the HCHS dataset can be found on the [National Data Catalogue \(NDC\)](#) web pages.

### ***Timeliness***

For Hospital & Community Health Services data, the NHS Boards (including the National Waiting Times Centre and the State Hospital for Scotland) submit their hospital complaints data to ISD approximately 6 weeks after the end of each quarter of the financial year. These data are validated by ISD and figures are checked via validated management information reports to be signed-off for accuracy/quality by NHS Boards after submission. The Family Health Services statistics are collated via an aggregated annual return approximately 3 months after the previous financial year.

It was decided from 2006/07, all Special Boards and a number of National & Support Organisations would submit complaints data to ISD at the end of each financial year (also approximately 3 months). Below is a list of links to the websites of these organisations if further information is required:

- [Scottish Ambulance Service](#)
- [NHS 24](#)

- [The State Hospital for Scotland](#)
- [The National Waiting Times Centre](#)
- [NHS Education for Scotland](#)
- [NHS Health Scotland](#)
- [NHS Healthcare Improvement Scotland](#)
- [NHS National Services Scotland](#)
- [Scottish National Blood transfusion Service](#)

### ***Previously published data***

Please note that historic information may change slightly as the data will have been revised/updated to allow for further reporting on these complaints in subsequent years.

### ***Data Definitions***

#### ***Complaints 'received' / complaints 'dealt with'***

Information is reported on all complaints received within financial years, from 1996/97 onwards. In a small number of cases it is not possible to report on the response times or an outcome of complaints as the response is not known. Such complaints are classified as "response not known".

#### ***Issues raised***

For any one complaint ISD collects a maximum of three different types of issue may be recorded for national returns and for this reason the total number of issues recorded may be greater than the total number of complaints.

#### ***Staff group***

For each complaint an associated staff group is attributed. This does not imply, however, that a particular member of staff in that group was directly involved in the circumstances leading to the complaint. For example, a complaint against a hospital for its lack of car parking facilities would be coded under "Division administrative staff/members".

#### ***Time taken to acknowledge***

The time taken to acknowledge a complaint is calculated using working days. Analysis for 2005/06 onwards has been updated to exclude public holidays; however analysis prior to 2005/06 does not take into account any local or national public holidays. Any investigation of a complaint completed within five days of receipt is notionally treated as if it had been acknowledged within three days, irrespective of whether a formal acknowledgement was actually made in that time.

#### ***Time taken to respond***

The time taken to respond is calculated over 20 working days (20 working days is the equivalent of 28 calendar days). It should be noted that for analysis prior to 2005/06 public holidays are not taken into account when response times are calculated. Analysis for 2005/06 onwards has been updated to take account of public holidays.

### ***Median time taken to respond***

The median is a useful statistic for comparing response times between organisations. The median number of days taken to respond to a complaint is such that half of all complaints received were responded to in less than this time, and half were responded to in more than this time. Note that the median is used in preference to the mean (average) to ensure that complaints that took a long time to resolve do not skew the overall picture, which could present a misleading view of how long it takes to deal with complaints on the whole.

### ***Calculation of times***

The time taken to acknowledge a complaint is calculated using the date of receipt of complaint. The time taken to respond to a complaint is calculated using the date of receipt of complaint or where there is consent required the date consent is received at, and the date of despatch from, the Division or NHS Board. This excludes any delivery time between the complainant and the Division/NHS Board.

### ***Private sector***

In cases where the complainant has complained directly to a private sector organisation that is providing NHS care, information about the complaint may not necessarily be reported.

### ***Outside agencies***

Details of investigations instigated by outside agencies (e.g. Police, Health Service Commissioner, Coroner's Court) are not included in the national returns.

For further information on NHS Complaints Definitions, please refer to the [website](#).

## How NHS Complaints statistics are used

It is important that we understand the range of users and uses of these statistics, and use this information to better support the use of the data. Details of how the statistics are used are outlined below.

The **Scottish Government** use the statistics to inform policy strategy:

- The NHS Complaints procedure first introduced in April 1996; was subsequently revised in April 2005 and again in April 2012. The 2012 revision reflects the provisions within [The Patient Rights \(Scotland\) Act 2011](#), which gives patients the right to give feedback, make comments, raise concerns or complaints about the health care received from the NHS in Scotland. The act also made provision for the introduction of the [Charter of Patient Rights and Responsibilities](#) which was published in October 2012 and summarises the rights and responsibilities that patients have when using NHS services.

and to monitor performance against national guidance and targets:

- Time taken to acknowledge a complaint – national guidance timescale of three working days from receipt, and
- Time taken to respond to a complaint – national target timescale of 20 working days.

**NHS Boards** use the statistics to:

- Improve services by implementing policy and monitoring and learning from the feedback and complaints they receive. For example, secondary legislation to support the implementation of [The Patient Rights \(Scotland\) Act 2011](#) came into effect on 1 April 2012 and revised [Good Practice Guidance](#) issued to the NHS makes NHS Boards directly responsible for the collection, monitoring and reporting of complaints. The emphasis is on early and local resolution and ensuring learning is shared and improvements acted upon as soon as possible after the issue that gave rise to the complaint.
- Monitor local progress against national targets listed above and report this in NHS Board reports. For example, [NHS Greater Glasgow & Clyde quarterly reports](#).
- Review the effectiveness of the complaints process. For example, [NHS Lothian](#).

**NHS Health Scotland (NES)** reviews complaints data in order to raise general awareness for staff of the implications of [The Patient Rights \(Scotland\) Act 2011](#), and to support the development and delivery of education and training for staff in relation to feedback, comments, concerns and complaints. See the [Good Practice Guidance](#) for more information.

Other users include:

- [Scottish Public Services Ombudsman \(SPSO\)](#): If a complainant remains dissatisfied with the response from the normal complaint process, there is recourse to the SPSO who provides a 'one-stop-shop' for individuals making complaints about organisations such as: councils, universities, prisons, housing associations, NHS etc, that provide public services in Scotland.
- [NHS Complaints Personnel Association Scotland \(NCPAS\)](#): NCPAS meetings allow NHS and non-NHS representatives e.g. SPSO, PASS, Scottish Mediation Network etc, the opportunity to discuss complaints issues including complaints reporting.
- [Patient Advice and Support Service](#): independent service delivered by the Scottish Citizens Advice Bureau (CAB) Service that raises awareness of patients/public rights and responsibilities when using health services. PASS supports patients and the public to give feedback, comments, raise concerns or make complaints.
- The public, for example patients, relatives and their carers interested in complaints within their local area.
- The media: for example highlighting [NHS Board figures](#).

## A2 – NHS Board Commentary / Data Quality

The purpose of the NHS Board Commentary section is to highlight data accuracy and data quality as well as the comments from NHS Boards and NHS Organisations regarding comparisons with previous years figures, including the **possible** reasons why their complaints figures have increased / decreased.

The Hospital & Community Health Services validation reports and FHS and Special Boards templates give our data providers the opportunity to highlight any specific information with regard to data accuracy and quality issues (via sign-off). ISD ask the complaints contacts to ensure that the figures accurately reflect the data submitted to us and to approve it to be included in the NHS Complaints Statistics Publication. If any data accuracy and quality issues are highlighted they can be footnoted within the publication tables and/or included within this commentary section.

### Hospital & Community Health Services

#### NHS Ayrshire & Arran:

- Improved organisational approach to feedback (early engagement and frontline resolution) is having a positive impact on formal complaints, resulting in a decrease in figures.

#### NHS Borders:

- Actively encourages patient feedback.
- Organisation takes feedback seriously and uses it to make improvements to the services provided.
- Continue to promote complaints and feedback as part of the requirement of the Patients Rights (Scotland) Act (2011), which may explain the rise in complaints.
- Received 100 more commendations compared with 2012/13.

#### NHS Dumfries & Galloway:

- Rise in complaints between 2012/13 and 2013/14 could be explained by the rise in Prison Services Complaints.
- Increase in Prison Services complaints likely due to the review and introduction of a new form to raise either a complaint or give feedback via a tick box.
- Large majority of prisoners wish their issues to be dealt with as a formal complaint which has resulted in a rise in the number of formal complaints being recorded.

#### NHS Fife:

- In 2012, all Acute Services were centralised to a new hospital site. In the months following the move, there was an increase in the number of complaints and concerns associated with this. It is likely that the peaks in the figures are as a direct result of the transfer of services.

### **NHS Forth Valley:**

- NHS Forth Valley 20 day response rate (%) published within the Feedback, Comments, Concerns and Complaints Annual Report is reported as 69.63% and not 70.8% as stated in the National ISD report, due to difference in how the date of receipt of a complaint is recorded locally.
- Revised feedback & complaints form issued to all Prisons within NHS Forth Valley which created a significant increase in the number of complaints received.
- NHS Forth Valley have a well developed system in place to capture feedback, comments and concerns including that of Patient Public Involvement.
- Focus on the top three complaint themes, Clinical Treatment, Waiting Times and Staff Attitude/Behaviour and engagement with Senior Nurses and the Patient Relations Team.
- An improvement plan working locally with the clinical directorates to reach local resolution and gain learning from complaints.
- Patient Experience/Person Centred National Programme: a focus on the "5 Must Do's".

### **NHS Grampian:**

- The service experienced resourcing problems due to staff shortages/recruitment process and staff sickness which caused pressure in achieving the 3 day acknowledgement target. In addition, there was a large management restructure in October 2013 within the Acute Sector which caused many delays in responding to complaints. Following the redesign, acute services management implemented changes to their complaint handling, which proved unsuccessful and caused further delays to their complaint handling. This has now been resolved and efforts continue to be made to provide high quality, timely complaint responses.
- Increase in complaints could be due to actively encouraging and promoting members of the public to give us feedback of our services.
- Sending out of freepost Feedback Cards and the Feedback and Complaints fact file (Oct 12) to all clinical areas across Grampian, to ensure patients know we value their feedback and inform them how to provide it to us.
- Total complaints have been under reported as NHS Grampian's data submission excluded Psychiatric service area complaints. ISD could not include a re-submission of this data as the ISD publication snapshot date had passed. It has therefore been footnoted within publication report and will be revised for the next publication.

### **NHS Greater Glasgow & Clyde (Acute & Community Services)**

- According to local systems, the Greater Glasgow & Clyde Community number of records still open should be 12 and not 8. The reason for the change in number is that the local system has been updated since the previous set of data was submitted to ISD.
- Focus was given to resolving complaints at local resolution stage by front-line staff.
- The combined complaints and feedback form was revised to separate the two processes and prisoners were required to clearly indicate if an issue was a complaint or Feedback. This has meant that more submissions have been processed as formal complaints.
- Also significant increase in prison population & new prison opened.

- Increase in the number of prisoners who have submitted multiple complaints about the same issue before the service has had opportunity to respond.

### **NHS Highland:**

- Most of the complaints not meeting the 20 day response were noted to be of a complex nature, some of these also involved meeting with the patient (at their convenience) which did affect the time taken to resolve the issue. Of the cases still open, the majority of these are subject to Significant Event Reviews (SER) processes and therefore delayed by the detailed investigation.
- Generally; the continuing increase in complaints together with an increase in the complexity of the complaints made, have all affected the Board's ability to meet the 20 day target. The Board preferring to ensure quality of response and patient / complainant satisfaction over speed.
- Rise in prison complaints could be due in part to increased publicity promoting the complaints process.
- NHS Highland produces a patient newspaper which is sent to every household in Highland and all feedback is encouraged through this medium.
- NHS Highland website's feedback page was also redesigned with the aim of improving ease of making complaints.
- Increase in complaints relating to delays in treatment and consultant recruitment problems.
- Adult Social Care was transferred from The Highland Council Services to NHS Highland on 1 April 2012. Complaint processes around adult social care were only passed over during 2013/14.

### **NHS Lanarkshire: (Acute & Community Services)**

- The significant increase in the number of complaints is the recording of all prison complaints. We have recorded all prison complaints that are locally resolved within 3 working days, which accounts for a large % of the complaints received.
- NHS Lanarkshire has centralised treatment room services to ensure access for all patients. A practice manager provided patients attending their GP practice with a pre printed complaint form for them to complete and sent a batch of 65 + to us. We therefore had to log individually as these patients had signed and thus giving consent and we responded individually.
- Focus on the "5 Must Do's".
- Patients are invited to provide feedback during their stay. Staff from outwith the ward areas ask patients about aspects of their stay (for example eating and drinking, contacts with staff, visiting times and communication).
- Range of opportunities available to patients, relatives and carers to provide spontaneous feedback.
- The NHS Lanarkshire website has a "Contact Us" section which advises the public how they can get in touch to provide feedback, a comment, a compliment or a complaint.

### **NHS Lothian:**

- New Prison Complaints form allowing prisoners to clearly indicate (via tick box) whether they wish to give feedback, comments, concerns or raise a complaint.

- Prison figures for 2012/13 incorrect as not being recorded properly within NHS Lothian's data submission due to coding issues within their system. ISD could not include a re-submission of this data as the ISD publication snapshot date had passed. It has therefore been footnoted within publication report and will be revised for the next publication.

### **NHS Orkney:**

- Change/numbers too small for comment.

### **NHS Shetland:**

- Feel it would be incorrect to draw direct conclusions from changes in the number of Formal Complaints received by the Board in 2013/14.
- Continue to develop the way in which we receive; record and report Feedback, including the introduction and promotion of the Patient Opinion website.
- Feedback provides us with opportunities to improve the service we provide, which we also monitor through our Clinical Governance Committee.

### **NHS Tayside:**

- Prison Complaints: improvements and changes, in particular rigour around policies for drug administration and ensuring robust clinical and care governance systems, have resulted in an increasing volume of complaints. Improved availability of complaints forms throughout the prison setting and patients are encouraged to provide feedback on their healthcare experience.
- Increase in complaints could be due to an increase in patient activity.
- NHS Tayside has been actively promoting opportunities for patients and carers to provide feedback, including how to complain.
- NHS Tayside, therefore views this increase as a positive indication that more patients and carers are aware of how they can provide feedback to us regarding their experience, which offers us an opportunity to learn and improve our services.

### **NHS Western Isles:**

- NHS Western Isles undertook careful analysis of the feedback to ensure that any areas for potential improvement were identified and acted upon.
- Comprehensive action plan of 35 actions was developed, shared with senior charge nurses, and monitored by the Single Operating Division.
- Significant improvements have included:
  - Review of patient appointment letters.
  - 'Intentional rounding' introduced.
  - Admission pack reviewed.
  - Introduction of patients own drug lockers.
  - Development of Patient Group Directions to speed up discharge arrangements.

## Family Health Services

### NHS Ayrshire & Arran:

- Improved knowledge of the Practitioners and awareness of the importance of how to report and gather information on complaints have increased the figures considerably.

### NHS Borders:

- Change/numbers too small for comment.

### NHS Dumfries & Galloway:

- NHS Board collates this data on a quarterly basis via a simple questionnaire to each practice regarding the number of complaints they have had. Independent Contractors compile this information and do not provide any further information regarding the figures. Therefore, unable to establish any pattern or rationale to explain the comparison in the figures between last year and this year.
- Still some practices who did not respond to the request for FHS information in Quarter 4. This matter is being taken up with the Medical Director to try to improve compliance for this coming year's data request.

### NHS Fife:

- More effort is taken to encourage FHS practitioners to record complaints appropriately.
- Reflection of the process we now have in place to ensure that practices send in their returns.

### NHS Forth Valley:

- Unfortunately we cannot offer a full explanation as to why there has been decrease in activity but give reassurance that work is ongoing with these particular services.

### NHS Grampian:

- Decrease is due to the new reporting system for Family Health Services which is still not being completed by all Independent Practices and therefore not a true reflection of the all the complaints information.
- We will be working with Contractor Group Leads to ensure compliance with the requirement for Family Health Services to report on their complaints and feedback received in the future.

### NHS Greater Glasgow & Clyde:

- Independent contractors submitted the information requested/required with no further information regarding the figures. Therefore, unable to comment on the FHS figures.

**NHS Highland:**

- More contractors are sending in their information than in previous years.
- Contractor leads have been raising awareness around the requirements of Patient's Rights to report to the board.

**NHS Lanarkshire:**

- Returns via survey monkey have been done since May 2013 and we believe these to be more robust in terms of reporting thus making figures more accurate.
- Contractors are asked to return on a more frequent basis and are guided on what information is required to be submitted.
- Contractors are also more aware of the patients' rights act and their responsibilities round the process.

**NHS Lothian:**

- Unable to determine the reason or cause for the changes in the figures.

**NHS Orkney:**

- No significant comment to make.

**NHS Shetland:**

- No significant comment to make.

**NHS Tayside:**

- Difficult to offer any kind of accurate or valuable comparison of the two sets of figures.
- Number of independent contractors did not fully understand the process during the first year.

**NHS Western Isles:**

- No specific reason for the changes.

## **Special NHS Boards and National & Support Organisations**

### **Healthcare Improvement Scotland:**

- Change/numbers too small for comment.

### **NHS Education for Scotland:**

- Change/numbers too small for comment.

### **NHS NSS:**

- NSS undergoing significant organisational change in 2013.
- Complaints leads in each service area have been encouraged to participate in the online complaints model implemented by NHS Education for Scotland.
- Supportive measures for staff to embrace feedback, comments, concerns and complaints.
- Implemented staff retraining and also included the publication of complainant's analysis results in staff briefings.
- NSS has worked with primary care practitioners to raise awareness of patient entitlements and to ensure patients are correctly informed and complaints are reduced.
- Learning and development plan has been developed to include a complaints module for NSS staff.
- Improvements have been made to the NSS website to encourage feedback from the public.
- Customer engagement framework is being developed.

### **National Waiting Times Centre:**

- Increase in the amount of patients seen and treated.
- Recorded extra 13 complaints this year with an increase of 5,880 in patients and 3,424 new outpatient / clinic appointments.

### **NHS24:**

- Demonstrates an awareness by persons who use our services, of the benefits of raising a complaint with us, and of our open and transparent approach to managing patient feedback.
- May be attributable to an increased provision of a range of services by NHS 24.
- Overall levels of all categories of patient feedback have decreased slightly from 1,459 in 2012/13 to 1,290 for 2013/14.
- All feedback relating to complaints is investigated to ensure that any organisational learning opportunities are identified.

### **NHS Health Scotland:**

- Difficult to draw any meaningful conclusions.

**Scottish Ambulance Service:**

- Continues to highlight the importance of feedback to staff and the public, while making feedback mechanisms accessible through a range of channels, including online, telephone, letter, face to face and via social media channels.
- Providing meaningful and empathetic responses, both direct to the complainant and via public, to highlight that the Service values feedback, which it uses to help drive improvement.
- This may be influencing people who may have been hesitant in the past about making a complaint, that their feedback will lead to a better patient experience.

**State Hospital Board for Scotland:**

- The reduction in the number of formal complaints may be attributable to a rise in the number of issues that were raised as concerns compared to the previous year.
- Many hospital wide issues are discussed at patient partnership forums keeping patients informed in advance of changes to service, reduced uncertainty and possibly the need to complain.
- We have also seen a steady decline in patient numbers over the last year.

**Links to NHS Boards & Special Boards/Organisations Annual Reports:**

NHS Board/Organisation	Annual Report
Ayrshire & Arran	<a href="http://www.nhsaaa.net/media/300524/fcccar1314.pdf">http://www.nhsaaa.net/media/300524/fcccar1314.pdf</a>
Borders	<a href="http://www.nhsborders.scot.nhs.uk/media/206196/nhs-borders-feedback-and-complaints-annual-report-2013-14.pdf">http://www.nhsborders.scot.nhs.uk/media/206196/nhs-borders-feedback-and-complaints-annual-report-2013-14.pdf</a>
Dumfries & Galloway	<a href="http://www.nhsdg.scot.nhs.uk/About_Us/Publications/Files/Complaints_Annual_Report_2013-14_-_Final.pdf">http://www.nhsdg.scot.nhs.uk/About_Us/Publications/Files/Complaints_Annual_Report_2013-14_-_Final.pdf</a>
Fife	<a href="http://www.nhsfife.org/nhs/index.cfm?fuseaction=publication.pop&amp;pubID=16670A32-A3A2-4499-2F72A245B75675CA">http://www.nhsfife.org/nhs/index.cfm?fuseaction=publication.pop&amp;pubID=16670A32-A3A2-4499-2F72A245B75675CA</a>
Forth Valley	<a href="http://nhsforthvalley.com/wp-content/uploads/2014/01/Annual-Report-2013---2014.pdf">http://nhsforthvalley.com/wp-content/uploads/2014/01/Annual-Report-2013---2014.pdf</a>
Grampian	<a href="http://www.nhsgrampian.org/grampianfoi/files/NHS_Grampian_Annual_Report_2014_-_Handling_and_Learning_from_Feedback.pdf">http://www.nhsgrampian.org/grampianfoi/files/NHS_Grampian_Annual_Report_2014_-_Handling_and_Learning_from_Feedback.pdf</a>
Greater Glasgow & Clyde	<a href="http://library.nhsggc.org.uk/mediaAssets/library/annual_report_fccc_2013-2014.pdf">http://library.nhsggc.org.uk/mediaAssets/library/annual_report_fccc_2013-2014.pdf</a>
Highland	<a href="http://www.nhshighland.scot.nhs.uk/Publications/Documents/Reports/Feedback%20and%20Complaints%20Annual%20Report%202013-14.pdf">http://www.nhshighland.scot.nhs.uk/Publications/Documents/Reports/Feedback%20and%20Complaints%20Annual%20Report%202013-14.pdf</a>
Lanarkshire	<a href="http://www.nhslanarkshire.org.uk/publications/Documents/An">http://www.nhslanarkshire.org.uk/publications/Documents/An</a>

	<a href="#">nual-Report-on-Feedback-Comments-Concerns-and-Complaints-2013-14.pdf</a>
Lothian	<a href="http://www.nhslothian.scot.nhs.uk/WorkingWithUs/Documents/Annual%20Report%202014.doc">http://www.nhslothian.scot.nhs.uk/WorkingWithUs/Documents/Annual%20Report%202014.doc</a>
Orkney	<a href="http://www.ohb.scot.nhs.uk/images/pdf/7.3.pdf">http://www.ohb.scot.nhs.uk/images/pdf/7.3.pdf</a>
Shetland	<a href="http://www.shb.scot.nhs.uk/board/documents/facr-fullreport-20132014.pdf">http://www.shb.scot.nhs.uk/board/documents/facr-fullreport-20132014.pdf</a>
Tayside	<a href="http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&amp;dDocName=PROD_208243&amp;Rendition=web&amp;RevisionSelectionMethod=LatestReleased&amp;noSaveAs=1">http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&amp;dDocName=PROD_208243&amp;Rendition=web&amp;RevisionSelectionMethod=LatestReleased&amp;noSaveAs=1</a>
Western Isles	<a href="http://www.wihb.scot.nhs.uk/publications/annual-reports/documents?view_doc=sub&amp;view=category&amp;id=64">http://www.wihb.scot.nhs.uk/publications/annual-reports/documents?view_doc=sub&amp;view=category&amp;id=64</a>
Health Improvement Scotland (HIS)	No Annual Report produced but HIS are currently setting up a system to provide one.
National Education for Scotland (NES)	<a href="http://www.nes.scot.nhs.uk/media/2724069/feedback_comments_concerns_and_complaints_annual_report_2013-14.pdf">http://www.nes.scot.nhs.uk/media/2724069/feedback_comments_concerns_and_complaints_annual_report_2013-14.pdf</a>
National Services Scotland (NSS - including SNBTS)	<a href="http://www.nhsnss.org/uploads/board_papers/B1468_Complaints_Report.pdf">http://www.nhsnss.org/uploads/board_papers/B1468_Complaints_Report.pdf</a>
National Waiting Times Centre (NWTC)	<a href="http://www.nhsgoldenjubilee.co.uk/files/9314/1451/7040/afr_2014.pdf">http://www.nhsgoldenjubilee.co.uk/files/9314/1451/7040/afr_2014.pdf</a>
NHS24	<a href="http://www.nhs24.com/AboutUs/NHS24Board/~/_media/NHS24/AboutUs/AnnualReport/Patient%20feedback%20annual%20report/Patient%20Feedback%20Annual%20Report%2013-14.ashx">http://www.nhs24.com/AboutUs/NHS24Board/~/_media/NHS24/AboutUs/AnnualReport/Patient%20feedback%20annual%20report/Patient%20Feedback%20Annual%20Report%2013-14.ashx</a>
NHS Health Scotland	No Annual Report produced due to small numbers.
Scottish Ambulance Service (SAS)	<a href="http://www.scottishambulance.com/UserFiles/file/TheService/Publications/Complaints_and_Feedback_Report_2013-2014.pdf">http://www.scottishambulance.com/UserFiles/file/TheService/Publications/Complaints_and_Feedback_Report_2013-2014.pdf</a>
State Hospital for Scotland	<a href="http://www.tsh.scot.nhs.uk/About_Us/docs/Complaints%20and%20Feedback%20Annual%20Report%202013-14.pdf">http://www.tsh.scot.nhs.uk/About_Us/docs/Complaints%20and%20Feedback%20Annual%20Report%202013-14.pdf</a>

### A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	NHS Complaints Statistics Scotland 2013/14
Description	Analysis of NHS Complaints reported from NHS Boards in Scotland showing number and percentage of complaints received; time taken to resolve; by issues raised, staff group and service area
Theme	Health & Social Care
Topic	Quality Indicators
Format	Web publication
Data source(s)	ISD(Scotland) NHSScotland complaints
Date that data are acquired	For HCHS: quarterly (approx 6 weeks after end of financial year). For FHS and Special: annual (approx 3 months after end of financial year)
Release date	25 November 2014
Frequency	Annual
Timeframe of data and timeliness	See date that data are acquired section
Continuity of data	For Hospital & Community Health Services (HCHS) and Family Health Services (FHS) - each year since 1996. For Special Boards – from 2006 onwards
Revisions statement	<p><b>Revised as at 30 January 2015 (see below for more information).</b></p> <p>Figures contained within each publication may also be subject to change in future publications. See <a href="#">ISD Statistical Revisions Policy</a></p>
Revisions relevant to this publication	<p>If data providers discover that data submitted for publication is incorrect, or that data is missing, further re-submissions can be made up until the publication submission deadline date. Any revised figures will then be reflected within the current publication. Figures contained within each publication may also be subject to change in future publications as submissions may be updated to reflect a more accurate and complete set of data submissions.</p> <p>Within last years' report (2012/13) for HCHS data, the NHS Lothian Pharmacist 'Number' and '% within 20 days' data was transposed with the equivalent Optician data. This has been corrected within this publication.</p> <p>This publication was subsequently revised on 30 January 2015: NHS Health Scotland figures have been revised since the publication date. NHS Health Scotland received</p>

	<p>two complaints in total, one of which was subsequently withdrawn. The % dealt with within 20 days has been updated from 50% to 100% to reflect this change.</p>
Concepts and definitions	<p>For further information on NHS Complaints Definitions, please refer to the <a href="#">website</a>. Also see the <a href="#">National Data Catalogue</a> web pages</p>
Relevance and key uses of the statistics	<p>National performance and quality improvement/assurance</p>
Accuracy	<p>Quality assured by NHS Boards (management information/quality assurance validated reports. Data quality/accuracy issues highlighted via sign-off by NHS Boards after submission). For FHS and Special Boards, ISD also provide data providers with the opportunity to highlight any data quality/accuracy issues via the reporting template and sign-off. In addition, ISD produce a comparison report of each data providers figures, highlighting variations between the current and previous reporting year. For more information, please see the NHS Board Commentary Paper</p>
Completeness	<p>For HCHS, approximately 99.1% in 2013/14 as some records remain open. For HCHS data, there are records which are not included within this publication (379). These refer to complaints which are either 'Withdrawn', 'Consent not received' or have been 'Transferred to another unit'. <a href="#">These figures are available here.</a></p> <p>For Special Boards/organisations, approximately 99.9% in 2013/14 as some records remain open.</p> <p>For FHS, the overall FHS contractor return rate for 2013/14 was 80%. For Medical, Dental, Pharmaceutical and Ophthalmic this equates to 90%, 82%, 73% &amp; 76% respectively.</p>
Comparability	<p>A new dataset was introduced in 2008. The new codes in this dataset could be mapped onto older codes making data comparable.</p> <p>There is currently a complicated landscape of complaints information available across NHS Scotland, with much variability in both the format and content of data, which has a major influence on what can be consistently reported on and published.</p> <p>To simplify this process and to reduce the administrative burden, ISD have standardised Complaints data collection and reporting by producing reporting templates for FHS and Special Boards and National &amp; Support Organisations and a timetable. It is intended that this streamlined process will facilitate the data to be collected and received in an efficient, consistent, and timely manner, in line with the</p>

	<p>information requirements detailed within <a href="#">‘Can I help you?’ Good Practice Guidance</a>.</p> <p>For HCHS, data is presented for the numbers of complaints, response times, issues raised and outcomes at NHS Board level; with a further breakdown by Service Area and Staff Group where available for a five year period: 2009/10 – 2013/14. Information on Actions Taken is currently not available nationally. For HCHS data, there are records which are not included within this publication e.g. Withdrawn records (see Completeness section above). Introduction of Prison Services complaints from 2011/12 onwards i.e. no data prior to 2011/12.</p> <p>FHS data is presented for the numbers of complaints and response times at NHS Board level for a five year period: 2009/10 – 2013/14. From 2012/13 onwards, complaints relating to pharmaceutical and ophthalmic services have been reported. Information on issues, outcomes (Alternative Dispute Resolution only) and a summary of actions taken is only available for 2013/14, and was not available for every NHS Board.</p> <p>For Special Boards/organisations, data is presented for the numbers of complaints and response times at NHS Board level for a five year period: 2009/10 – 2013/14. Information on issues, outcomes and actions taken is only available for 2013/14.</p> <p>FHS and Special Boards/organisations may contain records which are withdrawn. However, these numbers are minimal.</p> <p>Links to the NHS Boards and NHS organisations Annual Reports have been provided. The data contained within these reports may not be comparable to the data presented within this publication for a variety of reasons. Examples include, data being extracted at different times, records previously open can be closed, and/or withdrawn.</p> <p>Report contains a section on inter-UK comparisons; data is not directly comparable with similar measures used in England or Northern Ireland.</p>
<p>Accessibility</p>	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a></p>
<p>Coherence and clarity</p>	<p>Measures to enhance coherence and clarity within this report include: explanatory chart/table notes, minimal use of abbreviations/abbreviations explained in text,</p>

	comprehensive notes on background and methodology
Value type and unit of measurement	Number and percentage of complaints, ratio of issues to complaints i.e. Average Issues Per Complaint and complaints as a proportion of NHS Activity (rate per 1,000)
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Assessment report published (ref no. 249). Confirmed as National Statistics April 2014
Last published	24 September 2013
Next published	To be confirmed (2015)
Date of first publication	April 1996
Help email	<a href="mailto:kirstyanderson@nhs.net">kirstyanderson@nhs.net</a>
Date form completed	12 November 2014

## A4 – Early Access details (including Pre-Release Access)

### Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

#### Standard Pre-Release Access:

Scottish Government Health Department  
 NHS Board Chief Executives  
 NHS Board Communication leads

#### Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

#### Early Access for Management Information / Quality Assurance

These statistics will also have been made available to those who needed access to 'management information', i.e. as part of the delivery of health and care and to help quality assure the publication:

Data Providers (Complaints Officers / Lead Contacts for all NHS Boards and National & Support Organisations) and HIS colleagues.

NHS Board/Organisation	Standard Pre-Release Access
Ayrshire & Arran	Martha McCrea; Feedback and Complaints Officer
Borders	Susan Cowe; Feedback and Complaints Officer
Dumfries & Galloway	Michaela Cannon; Patient Feedback and Complaints Co-ordinator

Fife	Louise Ewing; Patient Relations Manager
Forth Valley	Caroline Logan; Patient Relations Administrator
Grampian	Louise Ballantyne; Feedback Service Manager
Greater Glasgow & Clyde	Margaret L Smith; Acting Divisional Lead for Complaints & Patient Feedback John C Hamilton; Head of Board Administration
Highland	Louise McInnes; Clinical Governance Support Manager
Lanarkshire	Shona Welton; Head of Patient Affairs Laura Bryan; Patient Affairs Manager
Lothian	James Jamieson; Customer Relations and Feedback Team
Orkney	Julie Tait; Patient Experience Officer
Shetland	Barbara Foran; Corporate Services Administrative Officer
Tayside	Alison Moss; Complaints and Feedback Team Lead Doreen Melville; Office Manager Primary Care Services
Western Isles	Angela Grant; PA to Director of Public Health/ Complaints Officer Dr Vanessa Strong; Primary Care Manager
Health Improvement Scotland (HIS)	Christine Hill; Executive Office Business Manager (Edinburgh)/Complaints Officer Donald Morrison; Head of Data, Measurement & Business Intelligence Kris Wright; Data and Measurement Advisor Ross Davies; Data and Measurement Advisor
National Education for Scotland (NES)	Donald Cameron; Head of Planning and Corporate Governance
National Services Scotland (NSS - including SNBTS)	Lynn Morrow; Corporate Affairs & Administration Lead
National Waiting Times Centre (NWTC)	April Molloy; Senior Clinical Governance Lead
NHS24	Shona Lawrence; Patient Affairs Manager
NHS Health Scotland	Jenny Kindness; Project Manager – Chief Executives’s Office
Scottish Ambulance Service (SAS)	Sharon Hammell; Head of Corporate Affairs and Engagement

State Hospital for Scotland

Anne Donnelly; Feedback & Complaints Officer

## A5 – ISD and Official Statistics

### About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

### Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.