

Greater Glasgow NHS Board

Board Meeting

Tuesday, 17 September 2002

Board Paper No. 02/64

HEAD OF BOARD ADMINISTRATION AND TRUST CHIEF EXECUTIVES

QUARTERLY REPORTS ON COMPLAINTS : APRIL - JUNE 2002

Recommendation

The Board is asked to:-

- (a) note the quarterly report on NHS complaints in Greater Glasgow for the period 1 April to 30 June 2002 (Appendix A); and
- (b) note the extract from the Annual Report of the Scottish Parliamentary Ombudsman and The Health Service Ombudsman for Scotland 2001 - 2002 (Appendix B).

1. Greater Glasgow NHS Board

One Local Resolution complaint was received in this quarter and related to concerns about obtaining Board Papers via the telephone agenda hotline and website. This complaint was acknowledged on the day it was received and answered within seven working days. The complainant responded advising that he was satisfied with the outcome of Local Resolution. Following this complaint, two new procedures around the handling of webmaster mail and the process of advertising and providing information on the Board's public meetings have been drawn up and adopted.

There were no requests for an Independent Review this quarter.

2. Trust Performance

The information contained in the Complaints Report will ultimately form part of the Performance Assessment Framework (PAF) and will be reported under the PAF reporting arrangements once agreed. Until then, the Complaints Report will continue to be submitted to the NHS Board.

- (a) April - June 2002

Shown below are the performances of each Trust against the Board's target of 70% of written Local Resolution Complaints to be completed within 20 working days of receipt:-

	<u>No. of Complaints</u>	<u>No. Completed Within 20 Working Days</u>	<u>As Shown as %</u>
North Trust	183	113	62%
South Trust	77	51	66%
Yorkhill Trust	48	21	44%
PCT Trust (excluding FHS)	20	15	75%

EMBARGOED UNTIL DATE OF MEETING

(b) Further Breakdown of Trust Performance

For ease of reference Trust performance against the Board's target has been summarised to show the last four quarters as follows:-

	<u>Current</u> <u>Quarter</u>	<u>01/01/02 -</u> <u>31/03/02</u>	<u>01/10/01 -</u> <u>31/12/01</u>	<u>01/07/01 -</u> <u>30/09/01</u>
North Trust	62%	63%	66%	56%
South Trust	66%	62%	59%	51%
Yorkhill Trust	44%	62%	63%	70%
PCT Trust (excluding FHS)	75%	79%	86%	70%

3. Themes and Trends

Trust Chief Executives may wish to expand, at the meeting, on any themes or trends noticed with regard to complaints handling at their Trust. For the purposes of an NHS Greater Glasgow analysis, it is clear that staff attitude and behaviour continues to attract most complaints followed by clinical treatment, communication and waiting times. Communication also shows an improvement and this has to be welcomed given the comments noted in the Ombudsman Report regarding continuing complaints about communication within the NHS.

Action taken and lessons learned for patient care as a result of complaints completed this quarter is as follows:-

North Trust	<p>Improved communication - training in Medicine Division of complaint handling with emphasis on local resolution using previous complainers as examples.</p> <p>As Members will recall from the June NHS Board meeting, the North Trust were asked to comment on the impact the new CT scanners had had on patient waiting times in North Glasgow. They report that the new CT scanner installation is on target and will be operational in the next few weeks. The Trust had a mobile CT scanner at GRI over the summer months and this had an impact on the numbers of patients waiting.</p> <p>The Trust has been working hard across all systems within imaging and have seen significant reductions in numbers of patients waiting. There has been a marked difference in patients waiting for a CT scan from 1818 in March 2002 to the projected figure of 996 by the end of September 2002.</p>
South Trust	GRI Fertility Service to make it more specific to referring departments the age limit for treatment.
Yorkhill Trust	Efforts continue to be made to reduce waiting times.

EMBARGOED UNTIL DATE OF MEETING

PCT Trust (excluding FHS)	<ul style="list-style-type: none"> ➤ The procedure for highlighting alerts on case records would be reviewed and responsibilities made more explicit. ➤ Individual practitioners would be subject to scrutiny under their professional codes of conduct and any corrective action required would be undertaken. ➤ A training programme had been introduced with nursing staff to ensure that more staff were trained and available to administer venepuncture. ➤ Patients and relatives must be given verbal and written information about the Trust observation policy. ➤ Working party to be set up to review procedures at a Community Clinic that is managed jointly by the PCT and another Trust.
---------------------------	---

Following a request from Greater Glasgow Health Council, the outcome of complaints completed at Local Resolution, in terms of number upheld, number upheld in part and number not upheld have been analysed as follows:-

April to June 2002

	<u>Complaints Completed</u>	<u>Upheld</u>	<u>Upheld in Part</u>	<u>Not Upheld</u>
North Trust	183	51 (28%)	53 (29%)	79 (43%)
South Trust	77	13 (17%)	16 (21%)	48 (62%)
Yorkhill Trust	48	10 (21%)	23 (48%)	15 (31%)
PCT Trust (excluding FHS)	20	4 (20%)	7 (35%)	9 (45%)

4. Conciliation

Within this quarter, no requests have been received for conciliation.

Following the June 2002 Board meeting when Members commented on the poor uptake of the conciliation services from Greater Glasgow, the Secretariat Manager wrote out to all Trust Complaints Officers to again draw their attention to the benefits of conciliation and remind them how to access the Board's trained Conciliators. At this time, further copies of the conciliation leaflet were sent to Trust Complaints Officers for distribution to all complainants or as they saw appropriate. The leaflet details the process and how to access conciliation - for completeness, a copy is attached.

5. NHS Greater Glasgow Procedure for Vexatious and Habitual Complaints

Following a request from the North Trust, it was agreed that a short life Working Group be set up to establish a Policy for dealing with Vexatious and Habitual Complaints - NHS Greater Glasgow wide.

The membership of this group is as follows:-

- Representative from Greater Glasgow Health Council.
- The NHS Board's Head of Board Administration and Secretariat Manager.
- The Associate Convener, GGNHSB and Associate Convener, South Glasgow University Hospitals NHS Trust.
- One representative from each Greater Glasgow NHS Trust.

EMBARGOED UNTIL DATE OF MEETING

The Working Group had its first meeting on 8 August 2002 and the Board's Secretariat Manager has prepared a first draft of the Policy. This will be sent shortly to the members of the Working Group for comments prior to consultation with all NHS Greater Glasgow Complaints personnel.

6. Consultation on Revised Complaints Procedure

The Scottish Executive intended to launch a consultation paper on a new and revised Complaints Procedure during the course of Summer 2002. We are advised that it will now be launched in the Autumn.

The Head of Board Administration, Mr J C Hamilton, and Secretariat Manager, Ms S Gordon, will be closely involved in presenting the consultation document's findings/recommendations to all key players in the Complaints Procedure with a view to responding to the Scottish Executive with the views/comments of Greater Glasgow NHS Board. Board Members will be kept advised.

7. NHS Complaints Association Scotland

The Head of Board Administration, Mr J C Hamilton and Secretariat Manager, Ms S Gordon, are both members of the NHS Complaints Association Scotland. This continues to provide an opportunity for Complaints Officers in Scotland to discuss various topical issues in relation to complaints.

8. Annual Report Of The Scottish Parliamentary Ombudsman And The Health Service Ombudsman For Scotland 2002 - 2002 (Appendix B)

An extract of this report is attached - Appendix B. The full report is available on the following website : www.ombudsman.org.uk.

9. Report Distribution

The quarterly Complaints Report continues to be circulated to Conveners, Lay Chairmen and Members, Trust Complaints Officers, as well as Conciliators for their information.

North Glasgow University Hospitals NHS Trust

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	183
(b)	Number of complaints completed at Local Resolution within 20 working days	113
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	62%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	51
	Number upheld in part	53
	Number not upheld	79

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	4
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	6
	Number refused	4
	Number proceeding	0
	Decision Awaited	2
(c)	Number of requests for Independent Review <u>completed</u>	1
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	1

Ombudsman

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

Improved communication - training in Medicine Division of complaint handling with emphasis on local resolution using previous complainers as examples.

Breakdown of the Three Issues Attracting Most Complaints this Quarter and the Reasons for this

1. Attitude and Behaviour
2. Communication
3. Treatment

Trends of Complaints Noticed this Quarter

No information provided.

Specific Service Improvements Made as a Result of Complaints Completed

No information provided.

EMBARGOED UNTIL DATE OF MEETING

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

ISSUES RAISED

NUMBER

Staff

Attitude/behaviour

Medical/Dental

13

Nursing

14

PAMS

0

Ambulance (& paramedics)

0

Administration

2

Other

9

• Complaint handling

0

• Communication (written/oral)

38

• Shortage/availability

4

Waiting times for

• Date for admission/attendance

8

• Date for appointment

28

• Result of tests

2

Delays in/at

• Admission/transfer/discharge procedures

7

• Outpatient and other clinics

13

• A & E

7

Environment/domestic

• Aids & appliances, equipment, premises (including access)

7

• Catering

3

• Cleanliness/laundry

6

• Patient privacy/dignity

4

• Patient property/expenses

2

• Patient status/discrimination (e.g. race, gender, age)

1

• Personal records (including medical, complaints)

6

• Shortage of beds

2

Procedural issues

• Failure to follow agreed procedure

0

• Policy and commercial decisions (of trusts)

0

• NHS Board commissioning

0

• Mortuary/post mortem arrangements

0

• *Code of Openness* complaints

0

Treatment

• Clinical treatment (all aspects)

74

Medical/Dental

49

Nursing

21

Other Staff

4

• Consent

0

• **Transport Arrangements (including ambulances)**

3

• **Other** (where no definition applies)

12

South Glasgow University Hospitals NHS Trust

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	77
(b)	Number of complaints completed at Local Resolution within 20 working days	51
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	66%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	13
	Number upheld in part	16
	Number not upheld	48

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	4
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	1
	Number refused	0
	Number proceeding	0
	Decision Awaited	3
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

Ombudsman

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

GRI Fertility Service to make it more specific to referring departments the age limit for treatment.

Breakdown of the Three Issues Attracting Most Complaints this Quarter and the Reasons for this

1. Date for Out-Patient Appointment
2. Clinical Treatment
3. Attitude and Behaviour.

Trends of Complaints Noticed this Quarter

There had been an increase in the number of complaints for patients awaiting surgery for Orthopaedics. This was due to the Victoria Infirmary having had to close on two separate occasions due to a virus. One Consultant had retired and the Trust were awaiting the new appointment to take up post.

Specific Service Improvements Made as a Result of Complaints Completed

The Trust had carried out Waiting List Initiatives to try and reduce the waiting times in Orthopaedics for surgery and had also received funding for 150 to have surgery carried out at HCI to help bring the waiting times down.

EMBARGOED UNTIL DATE OF MEETING

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

ISSUES RAISED

NUMBER

Staff

Attitude/behaviour

Procedural issues

Medical/Dental	6
Nursing	8
PAMS	0
Ambulance (& paramedics)	0
Administration	2
Other	2

• Failure to follow agreed procedure	0
• Policy and commercial decisions (of trusts)	0
• NHS Board commissioning	0
• Mortuary/post mortem arrangements	0
• <i>Code of Openness</i> complaints	0

• Complaint handling	0
• Communication (written/oral)	6
• Shortage/availability	2

Treatment

• Clinical treatment (all aspects)	18
Medical/Dental	12
Nursing	5
Other Staff	1

Waiting times for

• Date for admission/attendance	7
• Date for appointment	23
• Result of tests	2

• Consent	0
-----------	---

Delays in/at

• Admission/transfer/discharge procedures	2
• Outpatient and other clinics	2
• A & E	0

• Transport Arrangements (including ambulances)	1
--	---

Environment/domestic

• Aids & appliances, equipment, premises (including access)	3
• Catering	1
• Cleanliness/laundry	2
• Patient privacy/dignity	2
• Patient property/expenses	1
• Patient status/discrimination (e.g. race, gender, age)	0
• Personal records (including medical, complaints)	2
• Shortage of beds	3

• Other (where no definition applies)	1
--	---

Yorkhill NHS Trust

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	48
(b)	Number of complaints completed at Local Resolution within 20 working days	21
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	44%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	10
	Number upheld in part	23
	Number not upheld	15

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	1
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	0
	Number refused	0
	Number proceeding	0
	Decision Awaited	1
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

Ombudsman

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

Efforts continue to be made to reduce waiting times.

Breakdown of the Three Issues Attracting Most Complaints this Quarter and the Reasons for this

1. Attitude and Behaviour of Staff
2. Clinical Treatment
3. Waiting Times

Trends of Complaints Noticed this Quarter

No specific trend identified.

Specific Service Improvements Made as a Result of Complaints Completed

Efforts continue to be made to reduce waiting times.

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

ISSUES RAISED

NUMBER

Staff

Attitude/behaviour

Procedural issues

Medical/Dental	4
Nursing	5
PAMS	0
Ambulance (& paramedics)	0
Administration	0
Other	0

• Failure to follow agreed procedure	0
• Policy and commercial decisions (of trusts)	2
• NHS Board commissioning	0
• Mortuary/post mortem arrangements	0
• <i>Code of Openness</i> complaints	0

• Complaint handling	0
• Communication (written/oral)	3
• Shortage/availability	1

Treatment

• Clinical treatment (all aspects)	10
Medical/Dental	9
Nursing	0
Other Staff	1

Waiting times for

• Date for admission/attendance	3
• Date for appointment	7
• Result of tests	0

• Consent	2
-----------	---

Delays in/at

• Admission/transfer/discharge procedures	0
• Outpatient and other clinics	1
• A & E	0

• Transport Arrangements (including ambulances)	0
--	---

Environment/domestic

• Aids & appliances, equipment, premises (including access)	4
• Catering	0
• Cleanliness/laundry	1
• Patient privacy/dignity	0
• Patient property/expenses	0
• Patient status/discrimination (e.g. race, gender, age)	0
• Personal records (including medical, complaints)	0
• Shortage of beds	1

• Other (where no definition applies)	4
--	---

Greater Glasgow Primary Care NHS Trust (Community & Mental Health)

Local Resolution

(a)	Number of complaints completed at Local Resolution (all complainants)	20
(b)	Number of complaints completed at Local Resolution within 20 working days	15
(c)	(b) shown as a percentage of (a) <i>[The Board's target is to complete 70% of Local Resolution Complaints within 20 working days]</i>	75%
(d)	Outcome of complaints completed at Local Resolution:	
	Number upheld	4
	Number upheld in part	7
	Number not upheld	9

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	1
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	0
	Number refused	0
	Number proceeding	0
	Decision Awaited	1
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

Ombudsman

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

Action Taken and Lessons Learned for Patient Care as a Result of Complaints Completed this Quarter

- The procedure for highlighting alerts on case records would be reviewed and responsibilities made more explicit.
- Individual practitioners would be subject to scrutiny under their professional codes of conduct and any corrective action required would be undertaken.
- A training programme had been introduced with nursing staff to ensure that more staff were trained and available to administer venepuncture.
- Patients and relatives must be given verbal and written information about the Trust observation policy.
- Working party to be set up to review procedures at a Community Clinic that is managed jointly by the PCT and another Trust.

Breakdown of the Three Issues Attracting Most Complaints this Quarter and the Reasons for this

1. Attitude) These remain constant as the three main issues attracting most complaints but were not
2. Clinical Treatment) specific to any particular area.
3. Communication)

Trends of Complaints Noticed this Quarter

This quarter admission/discharge procedures had featured in five complaints; this may be as a result of shortage of acute beds.

Specific Service Improvements Made as a Result of Complaints Completed

A review of the discharge protocol was currently being undertaken on a Trust wide basis. The requirement for wearing of name badges had been emphasised in an in-patient ward and notice boards giving staff information had been erected.

COMPLAINT CATEGORIES

ISSUES RAISED

NUMBER

ISSUES RAISED

NUMBER

Staff

Attitude/behaviour

Medical/Dental

0

Nursing

0

PAMS

0

Ambulance (& paramedics)

0

Administration

0

Other

0

• Complaint handling

0

• Communication (written/oral)

5

• Shortage/availability

1

Waiting times for

• Date for admission/attendance

0

• Date for appointment

1

• Result of tests

1

Delays in/at

• Admission/transfer/discharge procedures

5

• Outpatient and other clinics

1

• A & E

0

Environment/domestic

• Aids & appliances, equipment, premises (including access)

1

• Catering

1

• Cleanliness/laundry

0

• Patient privacy/dignity

1

• Patient property/expenses

1

• Patient status/discrimination (e.g. race, gender, age)

1

• Personal records (including medical, complaints)

0

• Shortage of beds

1

Procedural issues

• Failure to follow agreed procedure

0

• Policy and commercial decisions (of trusts)

1

• NHS Board commissioning

0

• Mortuary/post mortem arrangements

0

• *Code of Openness* complaints

0

Treatment

• Clinical treatment (all aspects)

0

Medical/Dental

0

Nursing

0

Other Staff

0

• Consent

1

• **Transport Arrangements (including ambulances)**

0

• **Other** (where no definition applies)

1

Greater Glasgow Primary Care NHS Trust (Family Health Service Practitioners)

Family Health Service Practitioners (that is, doctors, dentists, pharmacists and opticians) are not required to report the number of complaints they receive at Local Resolution quarterly - they report their Local Resolution figures annually to Greater Glasgow Primary Care NHS Trust. Similarly, FHS Practitioners are not required to advise the Trust (or NHS Board) on any action taken or lessons learned as a result of Local Resolution complaints.

Independent Review

(a)	Number of requests for Independent Review <u>received</u>	5
(b)	Outcome of requests for Independent Review <u>received</u> :	
	Number referred back to Local Resolution	1
	Number refused	4
	Number proceeding	0
	Decision Awaited	0
(c)	Number of requests for Independent Review <u>completed</u>	0
(d)	Outcome of Independent Review Panel Hearings <u>completed</u> :	
	Number upheld	0
	Number upheld in part	0
	Number not upheld	0

Ombudsman

Notification from the Ombudsman this quarter that he is investigating any Trust complaint. If so:

(a)	Number:	0
(b)	Of these:	
	Number from Independent Review refusal	0
	Number gone through Independent Review	0

**THE ANNUAL REPORT OF THE SCOTTISH PARLIAMENTARY OMBUDSMAN
AND THE HEALTH SERVICE OMBUDSMAN FOR SCOTLAND 2001 - 2002**

Introduction

This will be the last report published from the Scottish Parliamentary and Health Service Ombudsman because a new one-stop shop (the Scottish Public Services Ombudsman) would start operating later in 2002. This would combine the offices of the Scottish Parliamentary, Health Service, Local Government and Housing Association Ombudsmen. It would also take over the functions now performed by the External Complaints Adjudicators for Scottish Enterprise and Highlands and Islands Enterprise, together with some complaints handling functions from the Mental Welfare Commission. The legislation setting up the new Ombudsman service, the Scottish Public Services Ombudsman Act 2002 had received Royal Assent. It was not yet known exactly when the Act would come into force but it was likely to be later in 2002.

Overview of the Year from the Scottish Health Service Ombudsman's Report

During 2001/2002, the Health Service Ombudsman's office in Scotland received 225 complaints against NHS bodies and practitioners in Scotland. That was one more than the 224 received in 2000/2001 and less of an increase than had been expected. There was no reason, however, to believe that the increase over recent years in the numbers of new complaints reaching the Ombudsman's office would not continue.

In 2001/02, the Ombudsman's office accepted 27 complaints for investigation and completed 25 investigation reports. Of the completed investigation reports, 19 (76%) concerned matters of clinical judgement.

In his Annual Report for 2000/01, the Ombudsman commented that his office was investigating a significantly higher proportion of complaints than in the recent past; some 39% of complaints which were not obviously outside jurisdiction or premature because either they had not been put to the NHS body or practitioner concerned or the NHS complaints procedure had not been completed, were accepted for investigation. In 2001/02 that figure fell to 24%. This fall had come about because much more work had been put into examining clinical complaints at the screening stage. The Ombudsman was still concerned to ensure that matters needing investigation were not missed by his office and in all potentially investigable clinical complaints considered during 2001/02, the Ombudsman's office obtained the patient's clinical records and sought clinical advice from professional advisers. As a result, fewer clinical cases needed to go to investigation and in many cases the Ombudsman's staff were able to relay to the complainer additional explanations from the professional advisers.

The 25 investigations completed in 2001/02 covered a total of 44 grievances, of which 28 (64%) were wholly or partly upheld. In 2000/01, 24 investigations covered a total of 37 grievances of which 51% were wholly or partly upheld. The increase in the percentage of grievances upheld suggested that the Ombudsman's office had been more successful in identifying those complaints which merited further examination by his office. As a result of the jurisdictional changes that came into effect in April 1996, his office had transformed itself from an organisation dealing predominantly with complaints about administration into one dealing mainly with complaints about clinical care and treatment.

Although the number of new complaints received in 2001/02 was virtually the same as in the previous year, because of the high number of investigations in hand at the start of the year, the Ombudsman's staff had been involved in more investigations during the year than in the past. Despite the other demands on their time, particularly the preparatory work towards the setting up of the new Ombudsman's office, staff had responded well. They replied to 77% of correspondence received within 18 calendar days and completed a record number of reports of investigations. In 2001/02, the average time taken to complete investigations was 52 weeks compared with 42 weeks in 2000/01. This was regarded as not satisfactory but although staff continued to make strenuous efforts to reduce the time taken, it was unrealistic to expect an immediate dramatic improvement in the situation with the continuing demands on staff time in preparation for the new Ombudsman's office, the need to train new staff and the loss of an experienced investigator.

EMBARGOED UNTIL DATE OF MEETING

Themes from Health Service Investigations

Although the number of cases was relatively small there were apparent common themes to a number of them. These tended to be the same themes which appeared year after year.

The Ombudsman made no apology for returning to the issue of communication between professionals and with patients and their families. Such cases illustrated two particular matters, the first was the need for explicit and open communication with patients and others even when there were sensitive and difficult issues involved.

The second was to do with tailoring communications to fit individual circumstances. There was a danger of providing standardised information, rather than information tailored to individual needs.

Several of the investigation reports included criticisms of the way complaints had been handled locally. Very often, the Ombudsman found that failure to handle complaints well deepened the complainer's concerns - a thorough investigation and a quicker response could resolve many problems.

The investigations reported on this year covered a wide range of issues; they included decisions about diagnosis and admission to hospital, pain and relief and provision of explanations and information to patients. The recommendations the Ombudsman made ranged as widely, and included detailed recommendations about the care of people with particular conditions, and communication links between hospitals and general practice. All recommendations were accepted by the organisations concerned - indeed, some had already made changes as a result of the local investigation or in the course of the Ombudsman's inquiries.

Case Summaries

As mentioned earlier, the Ombudsman completed 25 investigation reports in connection with complaints against NHS bodies and practitioners in Scotland.

Two of these investigations concerned complaints raised about North Glasgow University Hospitals NHS Trust. These can be broken down as follows:

- Services provided to a patient at Lightburn Hospital - following the Ombudsman's investigation, the Trust agreed to review its incident reporting procedures, to remind ward staff to ensure that when hip protectors were required an adequate quantity was supplied and to explore methods of enhanced security at exits. It agreed to review the use of care plans and the skill mix of the nurses at the hospital. It apologised for the short comings revealed by the Ombudsman's investigation.
- Concerns raised about the Trust's response to a complaint made in July 1999 and its handling of the request for an Independent Review - the Ombudsman upheld this complaint and noted that the Trust had since adopted a new process for monitoring such complaints.

Copies of the Health Service Commissioner's Report

Copies of the full report are available on the following website:

www.ombudsman.org.uk