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NHS:
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THE SCOTTISH OFFICE

National Health Service in Scotland
Management Executive

St. Andrew's House
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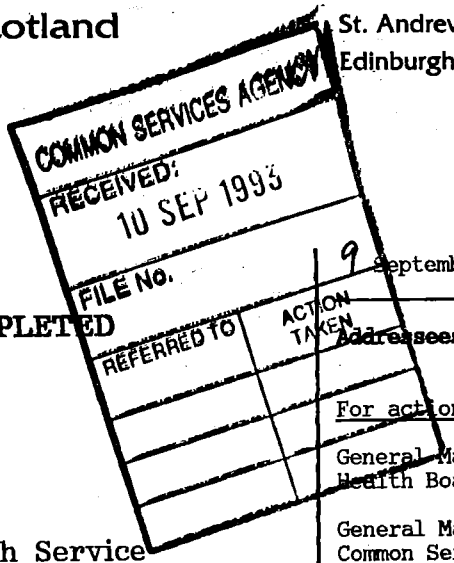

9 September 1993

Dear Colleague

REPORTS OF THE HEALTH SERVICE COMMISSIONER:

(1) SELECTED INVESTIGATIONS COMPLETED OCTOBER 1992-MARCH 1993

(2) ANNUAL REPORT 1992-93

Summary

1. The enclosed reports by the Health Service Commissioner highlight shortcomings in the provision of health care. The main issues raised are

* discharge procedures
* communications
* record keeping
* handling of complaints
* care and supervision

2. The reports are published to enable all those involved in health care to learn from the cases investigated by the Commissioner and to be aware of the general issues which arise from these investigations. Last year Health Boards and Trusts were asked to provide feedback on the use made of the reports. This feedback was very helpful and enabled the Chief Executive to provide information to the Select Committee of the House of Commons which oversees the work of the Commissioner.

3. The Select Committee have recently published their report on their investigations into issues raised in the Health Service Commissioner's annual report for 1991/92. One case which particularly concerned the Select Committee involved interference with the conduct of the Commissioner's investigations.

Addressees

For action:

General Managers, Health Boards

General Manager, Common Services Agency

General Manager, State Hospital

Chief Executives, NHS Trusts

For Information:

(Epitomes and press notices only)

Chief Officers/Secretaries of Local Health Councils

Deans of Medical Faculties

Health Service Commissioner for Scotland

To be copied to Unit General Managers for action

Enquiries to:

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Action

4. General Managers and Chief Executives are asked to:

4.1 distribute the enclosed epitomes and press notices widely within their organisations and to encourage reviews of procedures where necessary;

4.2 as last year, provide the Management Executive by the end of December with a note of the distribution made of the enclosed epitomes; the use made of the epitomes; any reviews of procedures and any changes to working practices which result and any steps taken to increase awareness of the Health Service Commissioner's work both among NHS staff and members of the public.

4.3 ensure that members of staff give full co-operation to any investigations by the Commissioner.

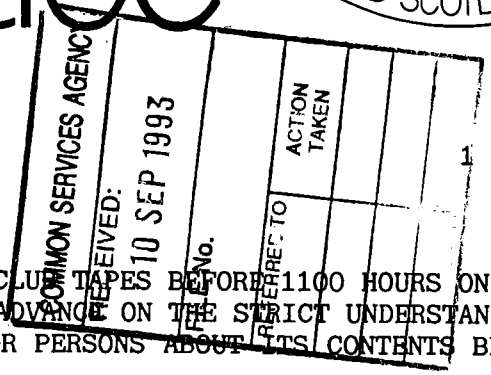
Yours sincerely

ISABELLE LOW
Director of Health Care

Church House, Great Smith Street, London SW1P 3BW

HEALTH SERVICE COMMISSIONER
OMBUDSMAN
ENGLAND SCOTLAND WALES

press notice



BACKGROUND NOTE FOR THE LOBBY

1 JULY 1993

NOT FOR PUBLICATION, BROADCAST OR USE ON CLUB TAPES BEFORE 1100 HOURS ON THURSDAY 1 JULY 1993. THIS DOCUMENT IS ISSUED IN ADVANCE ON THE STRICT UNDERSTANDING THAT NO APPROACH IS MADE TO ANY ORGANISATION OR PERSONS ABOUT ITS CONTENTS BEFORE THE TIME OF PUBLICATION.

THE LESSONS FROM COMPLAINTS SHOULD BE MORE WIDELY HEEDED SAYS NHS OMBUDSMAN

There was a further rise, to a new record level of 1227, in the number of complaints received by the Health Service Commissioner (Ombudsman) in 1992/93 and an increase in the proportion of complaints accepted for investigation. The Ombudsman, Mr William Reid, considers that patients are now better informed about how to complain - and some are less ready to accept the outcome of a local health authority's investigation. Complaints about the actions of doctors and nurses dropped back from the 65% in 1991/92 to the level (57%) seen in the year before.

Mr Reid has expressed disappointment that some NHS authorities pay insufficient heed to the lessons to be learned from the reports he publishes of how complaints have been handled. He was speaking today (1 July) at the publication of his annual report* for 1992/93.

He said "I rarely if ever receive complaints about some authorities, yet I receive many from patients about other health authorities. There is ample evidence in my reports of how to avoid mistakes. It is not much to expect that all NHS authorities and the members of their staff should observe basic good practice, much of which is founded on courtesy and common sense. Sensitivity, a thorough and prompt investigation and a full reply free of jargon - and, when appropriate, a courteous apology - should all characterise the handling of a complaint but these elements too often are lacking in the cases which I investigate. Responsibility is not always shouldered at the top of the health authorities and trusts. Board members and managers must recognise that complaints matter provide an excellent opportunity for improving standards of service.

"If only those in the health service who do not give enough attention to complaints were to follow the example of those who handle them with rigour and openness, the complainants would have their concerns dealt with much sooner and fewer complaints would have to come to me. In one third of the cases which I investigated last year the complaint had been made by the family about the care of someone who had died, and about related problems. Relatives and friends of those who have died are usually affected deeply by their bereavement, and great sensitivity and understanding are called for. A member of staff's lack of experience or pressures of work in a ward can result in denying a family the time and support that they need."

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*HEALTH SERVICE COMMISSIONER'S ANNUAL REPORT FOR SESSION 1992-93 HC764 £11.00

Church House, Great Smith Street, London SW1P 3BW

HEALTH SERVICE COMMISSIONER OMBUDSMAN ENGLAND SCOTLAND WALES

press notice

BACKGROUND NOTE FOR THE LOBBY

10 JUNE 1993

NOT FOR PUBLICATION, BROADCAST OR USE ON CLUB TAPES BEFORE 1200 HOURS ON THURSDAY 10 JUNE 1993. THIS DOCUMENT IS ISSUED IN ADVANCE ON THE STRICT UNDERSTANDING THAT NO APPROACH IS MADE TO ANY ORGANISATION OR PERSONS ABOUT ITS CONTENTS BEFORE THE TIME OF PUBLICATION.

"Poor communications in the NHS cause distress", says Health Service Ombudsman

Mr William Reid, the Health Service Commissioner (Ombudsman), has said that poor communications in the NHS must be improved because they cause real distress to patients.

He was speaking today at the publication of a volume of 19 cases selected from a total of 89 investigations completed between October 1992 and March 1993*. The volume contains both a summary and the full text, in anonymised form, of each of those 19 cases.

"Many of the cases I see feature blameworthy failures in communications in one form or another, whether amongst staff or between staff and patients or their relatives. Failure to write things down, pass on messages or give information in a clear and unambiguous way can create anxiety or lead to inappropriate treatment," said Mr Reid.

"The mistake often lies not in the clinical decision, but in the way in which it is communicated or put into effect. There are staff in the NHS who simply must do better.

"To have an operation cancelled three times, or not to be told until 18 months later that test results revealed breast cancer, or to be encouraged to walk on a fractured ankle - all these were examples of deplorable failures in communication."

Mr Reid said that, though the particular circumstances of each of these cases may be new, there is nothing novel in the underlying situation.

"Poor communications show carelessness, lack of insight, absence of checks in the system, or, occasionally, pressure of work caused by inadequate staffing", he pointed out.

"The patient or relative is entitled to expect that such problems will not stand in the way of effective treatment. That is why I always look for a remedy such as an improved system or clearly set out procedures for staff to follow. These should eradicate the problem and benefit future patients."

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*Report of the Health Service Commissioner: Fourth Report, Session 1992/93. Selected Investigations completed October 1992 - March 1993. HMSO £16.50 HC704

A SELECTION OF PUBLISHED CASES

Women with breast cancer deprived of information and care - W.572/91-92 and W.892/91-92

In the first case a woman was denied the opportunity of counselling before a mastectomy as the consultant and the breast care nurse were both away. The Ombudsman recommended that arrangements for giving counselling when key members of staff are absent should be improved.

In the second case a woman had an out patient operation to remove a breast lump for analysis but, due to failure to recognise the need for a follow up appointment, she was not seen for another 15 months. Only after a further three months was she told that the lump was cancerous. The health authority agreed to remedy the failure revealed by this case.

Woman with breast cancer have a special need not only for proper and effective care but for support through what can be a very stressful time. The Ombudsman said that communications lapses in such cases are therefore particularly to be deplored. He also criticised the health authorities for their lack of rigour in the local investigations and the skimpiness of their replies which showed that they did not have, or at least did not convey, any appreciation of the seriousness of the complaints.

Woman's operation cancelled three times - W.41/92-93

On two occasions a patient telephoned the hospital as instructed on the day of her admission for surgery and was told that no bed was available. On the third she was admitted and prepared for operation but, because an emergency arose, she could not be fitted into the operating list and was sent home. The chief executive said that there had been yet another failure in that the third cancellation was not entered into the computer and the woman was recorded as not having attended! In despair she appealed to her GP who referred her to another hospital where the operation was performed three months later.

Although this case took place before the Patient's Charter for England was issued, it shows how communications failures can thwart delivery of the level of service which an authority intends to provide. The Ombudsman is now receiving complaints from patients who believe they have not received the standard of service to which they are entitled under the Patient's Charter. One of the Charter Standards is that an operation should not be cancelled on the day the patient is due to arrive in hospital and where, exceptionally, it has to be postponed twice, the patient will be admitted to hospital within one month of the date of the second cancellation.

Discharge by ambulance of an elderly patient - W.786/91-92

Because ward nurses apparently did not know that ambulance control staff could give an estimated collection time they prepared an eighty-four year old man at 8.30 am. He was kept waiting in a ward for seven hours before he was collected for transfer to a nursing home. He then had to endure a long ambulance journey to the home because other patients had to be delivered to various destinations on the way as the ward staff also did not know they could ask for a direct journey.

The Ombudsman said that he regarded as a feeble excuse the explanation that an ambulance users group had been unsuccessful in addressing the problem revealed by this case. He expected the health authority to act in order to avoid the discomfort and worry experienced by this elderly patient.

Woman with fractured ankle encouraged to walk - W.401/92-93

An elderly woman was encouraged to walk for several days when she was suffering from a fractured ankle. This was discovered by x-ray only after her discharge. The patient had complained to staff, in rather imprecise terms, about an incident in which her foot or let was hurt. Her remarks were not taken seriously and friends who visited her assumed that the hospital staff were aware of her pain. Her complaint was not recorded and the consultant wrongly assumed that x-rays taken at her admission included one of the ankle and that her pain was caused by a long-standing deformity. This meant that for a further two weeks after he had seen her she was expected to put weight on a fractured ankle. Her records included entries such as "this lady says she will refuse to mobilise".

The Ombudsman felt that this was hardly surprising and that the staff concerned had failed in their duty to care for the patient. A clinical decision that the patient should be encouraged to walk as part of rehabilitation would not normally be a matter for comment by him, but the decision in this case was open to criticism because it was founded on mistakes and poor communication.

Issued by Olive Braman, press officer for the Health Service Commissioner

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