

THE SCOTTISH OFFICE

Department of Health

NHS MEL(1996)55

NHS Management Executive St. Andrew's House Edinburgh EH1 3DG

2 July 1996

Dear Colleague

REPORTS OF THE HEALTH SERVICE COMMISSIONER

Summary

1. This letter covers a number of important reports from the Select Committee on the Parliamentary Commissioner for Administration and the Health Service Commissioner, and requests that they should be distributed widely and that they should be used by all Health Boards and NHS Trusts to review performance and take remedial action as required.

Action

- 2. Enclosed are:
 - 2.1 extracts from the report of the Select Committee on the Parliamentary Commissioner for Administration on the Health Service Commissioner's report for 1994-95;
 - 2.2 the Health Service Commissioner's annual report for 1995-96;
 - 2.3 his report of selected cases (October 1995-March 1996);
 - 2.4 epitomes of the selected cases;
 - 2.5 a special report by the Commissioner about complaints handling at Salford Royal Hospitals NHS Trust;
 - 2.6 a special report by the Commissioner on Long-Term Care.

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Addressees

For action:
General Managers, Health Boards

Chief Executives, NHS Trusts

General Manager, Common Services Agency

General Manager, State Hospitals Board for Scotland

For information: (epitomes only)

General Manager, Health Education Board for Scotland

Executive Director, SCPMDE

Chief Officers/Secretaries Local Health Councils

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- 3. Board General Managers and Trust Chief Executives are asked to:
 - 3.1 distribute the reports as widely as possible;
 - 3.2 check performance against the findings of the reports and provide me by 27 September 1996 with a note of remedial action taken to improve procedures in the light of the reports, bearing in mind the new NHS complaints procedures implemented from 1 April 1996. I need this information, which should be sent to David Steel, Head of Health Gain Division, to prepare for my appearance before the Select Committee.
- 4. The Annex highlights a number of key points in the reports.

Conclusion

5. The Select Committee recognises that the NHS has done a great deal in recent years to make the service more sensitive to the needs of patients, but comments that serious cases of maladministration have not been avoided. We must sustain our efforts to improve our performance in this area.

Yours sincerely

GEOFF SCAIFE
Chief Executive

KEY POINTS ARISING FROM HEALTH SERVICE COMMISSIONER'S REPORTS

- 1. Although the Commissioner's criticisms stem from his investigation of a very small proportion of the total number of cases treated by the NHS, there is clearly no room for complacency. Of the 1,784 complaints received by the Commissioner in 1995/96, 146 were from Scotland.
- 2. The Commissioner's reports contain useful lessons to be learned by all NHS bodies and not just those identified in them. The general message is that the NHS must do better to resolve complaints at a local level and to ensure that satisfactory complaints systems are in place. Your particular attention is drawn to section 3 of the Annual Report which sets out the main topics covered by the Commissioner's investigation: complaints handling; language issues; consent to treatment; delay in A&E departments; supervision of patients at risk; and private treatment.
- 3. Other points requiring attention include:
 - a number of the Ombudsman's investigations have revealed poor quality record keeping, such as missing files and omissions to nursing notes;
 - the need for greater sensitivity when dealing with bereavement. This is an issue which the Ombudsman has raised a number of times in the last few years. The NHS Management Executive issued guidance on dealing with bereavement in NHS Circular: GEN(1992)33 dated 23 December 1992. This states that all hospitals should prepare written statements of policy for dealing with patients who are dying, including instructions on dealing with bereaved relatives. It is incumbent on NHS Trusts to ensure that staff are adequately trained and supported to carry out these procedures.
- 4. The Report also underlines that it is often getting the simple things right that holds the key to effective complaints handling. Good record keeping; effective communications; appropriate senior management involvement; thorough and timely written replies continue to be aspects requiring attention. Board General Managers and NHS Trust Chief Executives are asked to ensure that these points are addressed in their local procedures and that, in signing replies, as required in the Final Guidance issued under cover of MEL(96)24 which gives detailed guidance on applying the new NHS complaints procedures, they take a personal interest in both the substance and handling of each complaint.

