1. Welcome and Introductions

1.1 The Chairman welcomed members to the second meeting of the implementation working group and introduced Wendy Nganasurian and Jim Rodger to the group.

2. Minutes of Previous Meeting

2.1 The minutes of the previous meeting were approved and all were in agreement that the action points had been covered.

3. Complainant Satisfaction Information and The Interpretation Of Satisfaction Findings In A Complaint Environment

3.1 Martyn Evans was asked to provide the group with the remit for research into the public and private sector complaints systems. (paper previously circulated to group). Discussion centred around the proposals were as follows:

3.1.1 the public need to know what services to expect from the complaints system

3.1.2 there is a need to look at good practice guides and to have a ‘marker’ for patients to assess the grounds for their complaint

3.1.3 people enter the complaints system not knowing the process, therefore what they should expect from the process needs to be made clearer

3.1.4 the complaints process is not seen as independent and there is a need to ‘tease out’ issues such as expectations
3.1.5 there is a need to look at the public sector and social work department as they have high levels of dissatisfaction

3.1.6 the research needs to look at the public sector just as much as the private sector, although research into the private sector would provide an idea of small businesses and their level of satisfaction

3.2 The Chairman informed the group that the aim of the research is to take stock of what has been learned and that there is a need for more background for a ‘Scottish’ report on the complaints system. The Chairman then asked the group if they were content for Martyn to go ahead with the research, reminding them that the research is about useful information and not ‘cost’.

**ACTION**: Martyn Evans to ask Peter Gibson (Customer Management Consultancy) to proceed with research.

4. **Work of the Health Service Ombudsman**

4.1 George Keil was asked to speak about the work of the Health Service Ombudsman. (paper circulated to group at meeting)

The following information was relayed to the group:

4.1.1 In 1996 the Ombudsman was given powers to investigate FHS complaints and issues of clinical care

4.1.2 they have in-house professional advisors who are part-time and are consulted with before agreeing/denying an investigation of a complaint

4.1.3 reports from clinical assessors (used from SE list) can add to the time taken for investigations

4.1.4 there has been a steady increase in the numbers of complaints received 224 new complaints for 2000, 61% were outside of the Ombudsman’s jurisdiction/made prematurely. Out of the 87 potential investigations, 34 were investigated

4.1.5 24 statutory reports were issued for 2000, 80% of these involved clinical issues

4.1.6 the average length of time for an investigation is 42 weeks

4.1.7 a customer satisfaction survey is carried out by the Ombudsman’s office after each investigation, and they have shown a small amount of success, dissatisfaction is usually down to the length of time taken

4.1.8 the Ombudsman is responsible to Parliament and Parliament does not put too many restrictions on the Ombudsman’s powers.
4.2 The group then discussed these points and the following extra points were made:

4.2.1 the public are made aware of the efforts/cost/amount of work put in to an investigation

4.2.2 Health Councils have often referred cases to the Ombudsman

4.2.3 NHS staff have the right to complain to the Ombudsman about the complaints process

4.2.4 the use of assessors/advisors can be quite costly

5. **Review of the Ombudsmen System in Scotland**

5.1 Stephen Bruce (Constitutional Policy Unit, Scottish Executive) joined the meeting to speak about the review of the Ombudsman system in Scotland. He provided the following information to the group:

5.1.1 the consultation paper was issues in October 2000, and included proposals for a ‘one-stop’ shop

5.1.2 most responses received were positive, with fewer negative responses from complainants

5.1.3 a second consultation paper has been drafted and is presently with the Minister

5.1.4 the plan is to introduce a bill after the consultation period, possibly in the autumn 2001, with new arrangements to be in place around spring 2002.

5.2 The group then raised some issues with Stephen and the following points were made:

5.2.1 the most significant change from the review is the use of the ‘one-stop shop’

5.2.2 the review will not affect the Regulation of Care bill

6. **Complaints Statistics, Focusing on Independent Review Data**

6.1 Judith Tait (Information and Statistics Division, CSA) joined the meeting to provide the group with information on the complaints statistics, particularly at independent review stage. (paper circulated to group at meeting) The main points of discussion were:

6.1.1 there is no indication of how many complaints are dealt with orally as they are not recorded
6.1.2 there is no consistency in the guidance for recording complaints, therefore this needs to be encouraged

6.1.3 the importance of why complaints are recorded needs to be addressed

6.1.4 there is a difficulty identifying complaints as it is often up to an individual to determine whether or not it should be recorded

6.1.5 it is important to capture informal and formal complaints to ensure having the relevant and correct information

7. Clinical Risk Management

7.1 Dr Alison Bramley (Secretary of CRAG, Scottish Executive) joined the meeting to provide the group with information on 'Implementing Patient Safety in NHSScotland.' (copy of slides circulated to group at meeting). Dr Bramley informed the group that she is working with the Chief Medical Officer and that guidance would be issued in the Summer. The following key points were raised during the discussion:

7.1.1 lessons learned can be shared throughout the NHS and channels will evolve to ensure this

7.1.2 anonymised information is used, therefore no consent will be needed

7.1.3 the report will give background on how the complaints system will be viewed in the future

7.1.4 there will not be a Patients Safety report specifically for Scotland

8. NHS Complaints Evaluation Report: A Scottish Perspective

8.1 The Chairman asked the group for comments on the report (previously distributed the group). The following comments were made during the discussion:

8.1.1 Paragraph 16 (page 3) needs to be looked at further, Is this the same experience for Scotland?

8.1.2 there is a need to look at complaints which have been resolved as well as those remaining dissatisfied

8.1.3 the measure of satisfaction is difficult to determine particularly within the Primary Care setting, many people have good relationships with their GPs, dentists etc, and do not want to complain directly to practice

8.1.4 there is the perception that the complaints process is not independent

8.1.5 Paragraph 2 (page 1) ‘satisfaction’ should be replaced with ‘fairness’
8.1.6 Question 2 (Annex A), re-word the question from ‘How should Boards be more rigorously held….’ to ‘How should Boards/Trust Management team be more rigorously held….’

8.1.7 there should be a brainstorming session to re-name ‘Independent review panel’

8.1.8 a Convenor should be invited to the next meeting to reflect on their role and experiences,

8.1.9 the issue of ‘honest broker’ needs to further addressed

**ACTION:** Richard and Merlyn to organise
A Convenor to attend the next meeting.

**ACTION:** Richard and Merlyn to address
Issue of ‘honest broker’ at next meeting.

8.2 The Chairman asked the group to provide any further comments within the next ten days.

9. **Date of Next Meeting**

The next meeting is to take place on Friday 31 August 2001 at St Andrews House.

**Health Planning and Quality Division**

July 2001