Dear Duncan,

I read with interest the Official Report of the Health and Sport Committee evidence session on 15 January 2013 in relation to the Committee’s inquiry on the regulation of the care of older people in acute settings. I was particularly interested in the evidence from Jim Martin, the Scottish Public Services Ombudsman (SPSO), and wanted to offer the Committee some further information to help clarify the position in relation to some of the issues raised in that session.

It may be helpful if I first of all confirm some of the practices which have already been established to make real, measurable improvements in services and care for older people. The aim is that these initiatives will lay groundwork for long-term transformation of care required to respond to the demographic shift. The measures already in place include:

- Scotland’s first National Dementia Strategy (2010), which is underpinned by a rights-based approach to care, treatment and support. The Strategy includes a commitment, from April 2013, to a minimum of one year’s dedicated post-diagnostic support, co-ordinated by a named person. We are currently engaging with stakeholders on the successor Dementia Strategy, which will be published in June 2013.
- The Standards of Care for Dementia and Promoting Excellence published in 2011 provide a framework for up-skilling staff caring for people with dementia. There are 8 Standards which should apply in hospitals. This includes monitoring of bed moves (e.g. ‘boarding’) with the aim of reducing these for people with cognitive impairment; access to a liaison service specialising in diagnosis and caring for people with dementia; regular audit of the physical environment; and guidelines on management of delirium.
The Comprehensive Geriatric Assessment (CGA), a multi-dimensional, interdisciplinary, diagnostic process, which has already been established to determine a frail elderly person's medical, psychological and functional capability, and also their social environment. This allows the development of an integrated plan for treatment and follow-up. The CGA approach is being rolled out into community settings through the Reshaping Care for Older People Programme, launched in 2010.

The Older People in Acute Hospitals (OPAH) Improvement Programme which has been running since April 2012. The programme is closely aligned to the National Person-Centred Health and Care Programme and will give an opportunity to spread the CGA approach within hospitals beyond specialist geriatric assessment units. A major focus is to inspect against the Standards of Care for Dementia. Other key areas of focus are falls, nutrition and hydration and pressure area care. Overarching all these are dignity, compassion and respect.

Turning to the SPSO evidence session I note that one of the first points made by Mr Martin was that he had upheld 56% of all the health cases that were brought to his office and which were fit for his office to look at. It is important to put this statement into context and for the Committee to understand that during 2011-12 the NHS recorded 12,348 complaints. From these a total of 1,022 were referred to SPSO and 296 cases were judged to be ‘fit for his office to look at’ and were investigated. Of those investigated, SPSO fully or partially upheld 165 cases. This represents 1.3% of NHS complaints during 2011-12. This should also be seen against a backdrop of an increasing number of patients being treated across the health and care system as shown by the annual statistics published by the Information Services Division of NHS National Services Scotland http://www.isdscotland.org/Health-Topics/Hospital-Care/Publications/data-tables.asp?id=1028#1028.

It is also perhaps worth noting that the number of complaints upheld or partially upheld during 2011-12 by the NHS following their investigation had increased by 12% during 2011-12. This could suggest that the NHS investigation, handling and response process is improving.

This relatively low level of upheld complaints is reaffirmed in the high level of patient satisfaction. National results from the 2012 Patient Experience Surveys of inpatients, GP practices and local NHS services indicate that:

- 85% of Scottish inpatients continue to report good or excellent experiences in our hospitals; and
- 89% of patients rated the overall care provided by their GP surgery as good or excellent.

Many of the members of the Committee will no doubt be aware that the NHS complaints procedure was reviewed to reflect the provisions in the Patient Rights (Scotland) Act 2011. Revised good practice guidance was issued to NHSScotland in March 2012 (http://www.sehd.scot.nhs.uk/mels/CEL2012_08.pdf) to support the further development of a culture that actively encourages and welcomes feedback,
from its users in order to learn from their experiences and to promote learning and improvement.

Mr Martin referred to the Patient Rights Act in his evidence and acknowledged that it was perhaps too early to determine whether the provisions, which came into force from 1 April 2012, had yet had an impact. The guidance also includes information on the monitoring and reporting requirements placed on NHS Boards.

SPSO’s office was amongst those directly involved in the review of the complaints procedure and I note that SPSO did inform the Committee that his office “was setting up standardised complaints-handling procedures across the whole of the public service in Scotland that are based on the National Health Service model.” Mr Martin went on to say that “As a result, from April, all of Scotland’s local authorities will have the same model as that in the National Health Service.” It is worth noting in relation to this statement that this does not include social work services as these are currently subject to legislative guidance and directions and Mr Martin referred to these later in his evidence. The Committee will wish to be aware that a short-life working group has been set up by my officials to consider Social Work Complaints and to review options for updating the social work complaints system. SPSO’s office is included in the membership of the group which will hold its first meeting next month. The Group will focus on the findings of the Scottish Government consultation on social work complaints, which ended in March 2012, and take forward revisions to the procedures for dealing with these types of complaints.

The NHS Complaints process focuses on local and early resolution and getting it right first time wherever possible. The guidance includes advice in relation to providing a meaningful apology where appropriate and also refers staff to the guidance issued by SPSO on apology which is available at: (http://www.spsso.org.uk/files/2011_March_SPSSO%20Guidance%20on%20Apology.pdf). We recognise that the success of the complaints handling process is dependent on well trained staff being empowered to deal with feedback and complaints where it is appropriate for them to do so. We are committed to improving the way the NHS handles and learns from complaints and to this end NHS Education Scotland is working closely with SPSO to scope and develop a framework to support the development and delivery of education and training for staff. This will be delivered over the next 18 months and will include a focus on customer care, communication and staff attitude, which were all identified during the session as recurring issues.

It might also be helpful if I highlight at this point that all NHS Boards are expected to implement the recommendations made in the Ombudsman’s reports following his investigation of complaints. Boards are also required to report through my officials on the actions and steps taken to address the concerns raised in the report and to show that the wider process issues are addressed to ensure that similar incidents do not happen again.

In relation to concerns raised around staff reports of bullying the Committee will wish to be aware that we are currently in the process of setting up a pilot National Confidential Alert line facility for NHSScotland staff that will allow them to report concerns about misconduct or wrongdoing in NHSScotland.
Looking forward, the National Person-Centred Health and Care Programme, launched in November 2012, provides a framework to support the delivery of the person-centred aims and ambitions of the NHSScotland Healthcare Quality Strategy. The programme will use a focused improvement approach to support the testing, reliable implementation and spread of interventions and changes that are known to support health and care services and organisations to be truly person-centred. The aim is that, by 2015, health and care services are more person-centred as demonstrated by improvements in care experience, staff experience and in co-production.

The topic of no-fault compensation also featured in the debate and in relation to this I can advise that we are currently considering the responses received to the recent consultation (http://www.scotland.gov.uk/Publications/2012/08/4456) which sought wider views on the No-fault Compensation Review Group’s recommendations. The responses to the consultation, which will help in our understanding of the potential implications of introducing a no-fault compensation scheme in Scotland, are currently being analysed. The report of the analysis and our response will be issued as soon as possible.

I hope this is helpful and offers further clarity on some of the important issues discussed during the Committee’s evidence-taking session.