

July 2012

The SPSO laid three investigation reports before the Scottish Parliament today, two about health boards and one about a local authority. We also laid a report on 71 decisions about most of the sectors under our remit. All of the reports can be read on the 'Our findings' section of our website at [www.spsso.org.uk/our-findings](http://www.spsso.org.uk/our-findings).

## Case numbers

Last month (in June) in addition to the two investigation reports we laid before Parliament, we determined 354 complaints and handled 53 enquiries. Taking complaints alone, we:

- gave advice on 242 complaints
- resolved 68 in our early resolution team
- resolved 44 by detailed consideration
- made a total of 74 recommendations in decision letters.

## Ombudsman's Overview

### Annual statistics and annual letters

On 5 July, we published our annual statistics for the financial year 2011–12. The data shows that last year we received almost 4,000 complaints about public services in Scotland. This is an increase of 12%. Productivity kept pace with demand and the number of complaints we resolved also rose by 12%. Annual letters for local authorities and health boards will be published on our website on Friday 20 July. These provide information for individual bodies about the complaints we received and resolved in the course of the year.

### Widening remit

The increase in complaints received last year mostly results from the addition of new areas to the SPSO's jurisdiction. With the abolition of Waterwatch Scotland in August 2011, we took on complaints about water and sewerage services. Following the closure of the Scottish Prisons Complaints Commission in October 2010, 2011–12 was the first full

year of complaints to SPSO about prisons. In November 2011, the SPSO also became the final stage for health complaints from prisoners. Our remit was further widened earlier this month when we became the body with responsibility for complaints about Scottish canals.

### Significant trends

#### Increase in Upholds

*(Complaints that were valid for investigation and were fully or partially upheld)*

The overall level of upheld complaints rose from 34% in 2010–11 to 39% in 2011–12. In the health sector – where the SPSO can look at clinical decisions as well as administrative processes – the level of upheld complaints rose from 45% to 56%. In the local government sector, it rose from 29% to 32%. These are complaints where bodies have already had the opportunity to put things right, and in almost 40% of cases across all sectors, the SPSO found fault.

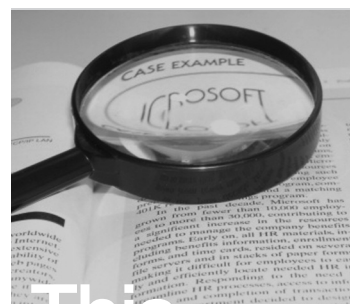
#### Fewer Premature Complaints

*(Complaints that went to the SPSO too early)*

The overall level of premature complaints received by the SPSO fell from 51% in 2009–10 to 45% in 2010–11 and 43% in 2011–12. The level of premature complaints received about local government – the sector about which the SPSO takes the most complaints – fell from 55% in 2010–11 to 52%. In the health sector it remained constant at 31%.

Comprehensive statistical information about all the sectors under our remit is available at the following link:

[www.spsso.org.uk/statistics](http://www.spsso.org.uk/statistics).



## This month's findings

### Delay in diagnosis; complaints handling; record-keeping

A Medical Practice in the Greater Glasgow and Clyde NHS Board area (201101691)

### Delay in diagnosis

A Medical Practice in the Borders NHS Board area (201101137)

### Planning – water supply

South Lanarkshire Council (201102194)

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## Complaints Standards Authority (CSA) Update

### Model Complaints Handling Procedures (CHPs) – local authorities and RSLs

The CSA is continuing to support local authorities and Registered Social Landlords (RSLs) as they move towards implementing the model CHPs. Progress so far has been good with most local authorities discussing their plans to move towards adopting the CHP and some having already submitted their finalised CHP for approval. A significant number of RSLs have confirmed adoption of the model CHP or outlined their plans for doing so.

As a reminder, the Ombudsman has asked local authorities to submit their CHPs or provide implementation plans by **14 September 2012**. RSLs have been asked to submit a pro-forma outlining their plans for implementation at any time before **12 October 2012**. This will enable us to follow up with those that still have to make progress towards compliance. If any organisation requires help or guidance in relation to implementing the model CHP, please contact the CSA.

### Model CHPs – Further and Higher Education

We continue to work closely with stakeholders from further and higher education to develop model CHPs for those sectors. A number of positive meetings and discussions with representatives of both sectors has led to the development of draft model CHPs for each which will be adapted. We intend to publish both by October 2012 with further work being undertaken over the summer months through groups led by Universities Scotland and Scotland's Colleges.

### Valuing Complaints online forum

As outlined in last month's commentary, our re-launched Valuing Complaints website now plays host to the SPSO online community forum which provides an excellent basis for public sector complaints handling professionals to share expertise and best practice across sectors. The forum continues to attract interest and we would encourage complaints handlers from all sectors to sign up and actively participate in sharing their knowledge and experience. The forum will increasingly become the main channel for information on the CSA and implementation of the model CHPs.

Log on now to join the discussions and to access a range of recent Q&A articles with some of the organisations who have implemented the model CHP, outlining some of the benefits they have seen and challenges they have faced.

### E-learning training

The eight e-learning training modules on frontline resolution for local authority staff were launched in May 2012 and have received positive feedback from those who have signed up. The training modules are accessible to organisations from all sectors via the training section of the Valuing Complaints website and are focused, for now, on providing training for staff on the key skills required for frontline resolution in line with the model CHP.

Sector specific modules will soon be developed for housing with other sectors to follow but we would encourage organisations to review the local authority modules to assess suitability for their staff.

**The CSA team is happy to provide further information on any aspect of this work and can be contacted at [CSA@sps.org.uk](mailto:CSA@sps.org.uk). See the CSA website for more information: [www.valuingcomplaints.org.uk](http://www.valuingcomplaints.org.uk)**

# Ombudsman's Commentary

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## Reports

Two of this month's investigation reports are about delays by medical practices in taking action to investigate serious conditions. The delays resulted in significant health issues for the people involved. I upheld the complaints and made a number of recommendations.

The third investigation involved a planning dispute where the complainant considered that, in dealing with the planning application for a development, the council failed to ensure that the developer provided an adequate water supply to the site. Although the council's duty as planning authority is not to ensure the provision of a water supply but rather to ensure that a supply of sufficient quality and quantity is provided, I found that the council had not ensured the latter and I upheld the complaint. I recommended that the council make an apology to the complainant and consider whether they should contribute to the costs incurred in securing a satisfactory water supply.

## Case Summaries

### Health

#### Delay in diagnosis; complaints handling; record-keeping

A Medical Practice in the Greater Glasgow and Clyde NHS Board area (201101691)

Mr C raised concerns about his medical practice's failure to diagnose that he had Crohn's disease (inflammation, thickening, and ulceration of any of various parts of the intestine). He had attended the practice about stomach problems over a five-year period and was diagnosed with irritable bowel syndrome. Another medical practice he registered with after this period referred him for tests and Crohn's disease was diagnosed. Mr C said that the consultant who made the diagnosis told him that it should have been diagnosed much earlier. He said that the first practice failed to carry out appropriate investigations, despite his regular complaints about stomach problems. I upheld this complaint, as I considered that the practice should have been more proactive when Mr C attended with ongoing bowel symptoms at a particular time. I also upheld Mr C's complaint that the practice failed to respond properly to his letter of complaint.

I recommended that the practice apologise to Mr C for failing to carry out further investigations and/or make a referral when he attended with ongoing bowel symptoms over a particular period. I also recommended that they apologise for the failure to try to take steps to try to obtain his full medical records in order that they could respond to his complaint in full; and make relevant staff aware of our findings on this matter.

#### Delay in diagnosis

A Medical Practice in the Borders NHS Board area (201101137)

Ms C raised concerns about delays and failures in the care and treatment provided to Mr A when he attended a medical practice on a number of occasions due to bowel problems and then due to pain in his groin. Mr A had an ultrasound and CT scan. He was diagnosed with diverticular disease and had to undergo emergency surgery. He had an abscess drained, repairs to his bladder and a section of his bowel removed. He was discharged with a stoma bag. Mr A said he was left traumatised by the events and suffered physical and mental distress.

One of my medical advisers reviewed this case and I concluded from their comments that there was an avoidable delay in fully investigating and diagnosing Mr A's condition. There was little detail of examination findings in the notes in relation to Mr A's symptoms, especially after he reported the pain in his groin. In particular, there was no referral or discussion with secondary care clinical colleagues when he presented with a further condition. The advice I received was that the practice should have obtained advice from a surgical colleague as a matter of urgency and it was not reasonable for them to decide to wait for the results of a scan that was to be carried out four days later.

I therefore upheld the complaint that there was an avoidable delay by the practice's GPs in fully investigating and diagnosing Mr A's condition and I recommended that the practice apologise to Mr A for the delay. Further, I recommended that the practice carry out a Significant Event Audit on this case; carry out a review of a sample of case notes to assess the quality of the recording of examination findings; and ensure that revision of common abdominal conditions, including diverticulitis, forms part of the continuing professional development of all the GPs involved in this case.

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## Case Summaries

### Local government

#### Planning – water supply

South Lanarkshire Council (201102194)

In December 2007, Mr C bought a recently constructed property in a small rural development. He and other residents experienced a problem with low water pressure in their water supply. He considered that to be as a result of the council not taking appropriate action when the developer informed them of a change in source of the water supply a year after planning consent was granted.

Planning consent for the development had been granted in 2005. In 2006, a director of the development company informed the council that, while the application had been made on the basis that the source of the water supply would be private, he intended to make a connection to the public mains and wished two conditions in the 2005 consent relating to the water supply deleted. The council took no action. While the company director contacted Scottish Water, he did not pursue a formal application for connection to the public mains. Problems with low water pressure emerged after all the houses were occupied and were only eventually resolved when one of Mr C's neighbours organised a new connection.

I investigated the complaint that the council failed to ensure that the developer provided an adequate water supply to the site. I found that the council's duty as planning authority is not to ensure the provision of a supply but rather to ensure that a supply of sufficient quality and quantity is provided. The council had not ensured the latter and so I upheld the complaint. I recommended that the council apologise to Mr C for their failure to take appropriate action in respect of the 2006 letter from the developer.

I note that since the complaint was made to this office an authorised connection to the public mains supply has been made at considerable cost to existing residents, and that the grant aid provided covers only a small percentage of the overall costs. I also note that Mr C (and other purchasers of the properties) had solicitors acting for them at the time of purchase and property enquiry checks would normally have been carried out at that time. However, given the failings outlined above, I am of the view that the council should consider whether the circumstances merit them meeting more of that recent expenditure. My second recommendation, therefore, is that the council consider, in the light of the circumstances detailed in the report, whether they should contribute to the costs incurred in securing a satisfactory water supply.

## Compliance and follow-up

In line with SPSO practice, my office will follow up with the organisations to ensure that they implement the actions to which they have agreed.



**Jim Martin, Ombudsman, 18 July 2012**

The compendium of reports can be found on our website [www.spsso.org.uk](http://www.spsso.org.uk)

For further information please contact:

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# Ombudsman's Commentary

July 2012

The Scottish Public Services Ombudsman (SPSO) provides a 'one-stop-shop' for individuals making complaints about organisations providing public services in Scotland. Our service is **independent, impartial** and **free**.

We are the final stage for handling complaints about councils, housing associations, the National Health Service, prisons, the Scottish Government and its agencies and departments, the Scottish Parliamentary Corporate Body, water and sewerage providers, colleges and universities and most Scottish public authorities.

We normally consider complaints only after they have been through the formal complaints process of the organisation concerned. Members of the public can then bring a complaint to us by visiting our office, calling or texting us, writing to us, or filling out our online complaint form.

The Scottish Public Services Ombudsman was set up in 2002, replacing three previous offices – the Scottish Parliamentary and Health Service Ombudsman, the Local Government Ombudsman for Scotland and the Housing Association Ombudsman for Scotland. Our role was also extended to include other bodies delivering public services.

We aim not only to provide justice for the individual, but also to share the learning from our work in order to improve the delivery of public services in Scotland. We have a programme of outreach activities that raise awareness of our service among the general public and promote good complaint handling in bodies under our jurisdiction.

Further details on our website at: [www.spsso.org.uk](http://www.spsso.org.uk)

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