### **SPSO NEWS**

# May 2018

#### WARNING! This newsletter could be your last one from us

You may have heard about the new General Data Protection Regulation that comes into effect later this month. So we comply with GDPR consent requirements, we need to confirm you still want us to contact you. Please update your subscription settings by following the link below to opt-in to continue receiving our e-newsletters.

If you do not update your subscription settings by 30 May 2018, we will remove you from our mailing list.

#### [Update your settings BUTTON]

#### Casework decisions

This month we are publishing 91 reports of complaints we investigated about a range of sectors, including local authorities, health, colleges, universities, the prison service and water authorities.

We are publishing two full public reports, both about investigations into health complaints.

In one, (201700591) we looked at a complaint about the care and treatment received by someone diagnosed with a rare and serious neurological condition. In the second case (201701715), we investigated the care provided to a man following a diagnosis of prostate cancer. We found a number of serious failings in both cases and have made recommendations for learning and improvement to each of the health boards involved.

# **Learning and Improvement**

We know that a substantial number of complaints across all sectors arise from poor communication. This can be communication between the body and the member of the public, communication between staff, or indeed communication between different services and bodies. Several of our recommendations in the cases we are publishing

this month instruct bodies to be more detailed, considerate and consistent in their communication. For example:

- <u>Case 201608947</u> we made a recommendation to a health board regarding improving how staff communicate during formal handovers.
- <u>Case 201700217</u> we made a recommendation about improving communication by providing more information about the frequency of reviews in mental health services.
- <u>Case 201700690</u> we made a recommendation to improve communication for haematology patients by being copied into clinic letters to their GPs and having an identifiable key worker who serves as their first point of contact.

# **Complaints Standards Authority**

#### The latest CSA update includes:

- an update on stakeholder engagement activity
- progress on our work around the role of the Independent National Whistleblowing Officer
- details of recent and future complaint handlers' network meetings

#### Scottish Welfare Fund

# **Communications and engagement**

We will soon be publishing our second annual report on our delivery of the independent SWF review service. The report will include: key statistics about case numbers; trends; findings and learning and improvement activity. The report will be supplemented by a letter to each council that received at least one of decision from us. This will set out specific information regarding casework, findings and uphold rates from their case work. These will also be published on our website.

We held our local authority sounding board in April. This was a great opportunity for us to discuss and get feedback about our findings. One suggestion was that we give further information about cases where we sought medical advice, so we have tried to reflect that in the case studies for this month's commentary, which have been

selected with this in mind.

Statistics and reporting

During April 2018 the SWF team:

responded to 46 enquiries

made 36 decisions (11 community care grants and 25 crisis grants).

The most enquiries came from applicants living in Glasgow, Highland, Dundee and

Aberdeenshire.

We made 62 findings, 17 of which caused us to disagree with the council's overall

decision. The most frequent reason for us disagreeing with the council's decision

was that the council had gathered insufficient information to arrive at a robust

decision. This included cases where we considered the council should have spoken

with the applicant to clarify gaps in the evidence and allowed them an opportunity to

respond.

**Casework outcomes** 

We have determined a number of cases where it was necessary for us to seek

advice from the SPSO's GP adviser. We should stress, the advice we take on SWF

cases is general and does not relate to an applicant's specific circumstances. If we

think more specific information is needed about an applicant's personal

circumstances, with their permission, we may contact their own GP or other health

professionals. We are publishing two case studies this month about cases where we

took medical advice. Full information about these can be found on our Scottish Welfare

Fund website.

For further information contact:

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