Ombudsman's Overview

The core function of the SPSO is to consider and investigate complaints. However, in this month’s Overview, I am highlighting the other work that my office carries out to support improvement in public services in Scotland. As many readers of this Commentary and our other publications will be aware, we are involved in outreach and partnership work across the public sector. This work has several aims and usually consists of working towards one or more of the following goals:

- supporting and guiding public bodies in improving their complaint handling practices;
- raising informed awareness of our role and remit; and
- making sure that our work complements that of other offices.

We promote and support good complaint handling through sharing best practice and disseminating guidance on our Valuing Complaints website (www.valuingcomplaints.org.uk). The site encourages service providers to foster a responsive and learning culture that recognises the benefits of complaints. We believe that such an approach will in turn enhance confidence and satisfaction in public service organisations and the services they deliver. Valuing Complaints is the foundation of the ‘design authority’ role, a specific statutory role which the Government and Parliament are considering adding to the SPSO.

Our Outreach team and investigators also carry out a busy programme of activities to support good complaint handling in the public sector. We give presentations to senior management and frontline staff involved in complaint handling. We are always pleased to engage with service providers in this way, as it gives us opportunities to understand the unique situations in which they work, as well as for them to learn about our processes and approach. We also work to strengthen our links with other organisations that work directly with the general public, in order to reach people who may need the Ombudsman service.

I was pleased to note in my most recent Annual Report that there is some evidence of a shift in culture within the whole range of organisations that deliver public services with complaints increasingly being seen as a positive opportunity to learn from the public about their experiences as users of services and to drive up improvement. We welcome the opportunities to continue our work with public service providers, supporting them in embedding efficient and effective complaints processes and promoting a culture of service among frontline staff, with early, local resolution of complaints being the goal.

Professor Alice Brown, Ombudsman 17.12.2008
The reports are summarised below and the full reports are available on the SPSO website at http://www.spso.org.uk/reports/index.php

Further and Higher Education

Higher Education, Teaching and supervision, policy and administration, complaint handling
University of Glasgow (200501473)
Mr C complained that defective procedures were used for dealing with assessments within a University Department, specifically relating to assessments submitted for a Masters course. Mr C also complained that there was a failure to apply quality assurance procedures to the Masters course. He also complained that the University did not deal with his complaint appropriately. I partially upheld all three complaints. I upheld the complaints about quality assurance and procedures to the extent that staff acted contrary to regulations in respect of both, and recommended that the University apologise for this and ensure that staff adhere to regulations in future, and to the current Code of Practice in respect of holding Boards of Examiners. I also recommended that the University consider the feasibility of recording assessments received from students and ensure that staff communicate clearly with students about deadlines for resubmission of work.

I did not uphold a complaint about the following University:

Higher Education, student discipline
The Robert Gordon University (200700254)

Health

Diagnosis, clinical treatment
Greater Glasgow and Clyde NHS Board (200700814)
Mr C raised a number of concerns about the clinical treatment that his late father, Mr A, received while under the care of the Board. He believed that hospital staff failed to give due consideration to his father’s previous medical history and that, had they done so, Mr A’s death could have been avoided. Mr C also complained that some medication prescribed was unsuitable and potentially contributed to his father’s deterioration, and that the death certificate provided did not accurately reflect the cause of death.

I concluded that it was impossible to know whether different treatment, maintained over a longer period, would have led to Mr A making a full recovery, and I did not uphold the complaints about inappropriate drug treatment or the accuracy of the death certificate. However, I did uphold Mr C’s other complaints. I recommended that the Board apologise to Mr C and his family and ask the clinical team to review the circumstances of this case to see what lessons may be learned from it. I also recommended that the Board remind all staff of the importance of sourcing and reviewing historical clinical records, and review their record-keeping practices and introduce procedures to ensure that such records are promptly identified, sourced and provided, and to consider how to do so when relevant information is raised by patients and their families.

Local Government

Consultation, policy/administration, communication
North Ayrshire Council (200703152)
Mr C raised a number of concerns about a Council decision to remove warden provision from sheltered housing. He said there had been a failure to consult with tenants and that the information available to Councillors when the decision was made was inadequate. He also complained about the process of implementation; the transition provisions; and communication generally, including the Council’s response to complaints raised. I upheld his complaints about consultation (to the extent that no legal advice was sought on the decision not to consult tenants), planning for implementation and transition, and communication inadequacies. I did not, however, uphold the complaint about the information provided to Councillors. I recommended that the Council review their procedures for ensuring appropriate legal advice is obtained and recorded prior to significant decisions; use this example as a case study, to ensure appropriate planning is in place for future service changes; ensure that, for future service changes, adequate and appropriate communication planning is undertaken and monitored. I also recommended that the Council review the information currently provided to tenants about the new system and ensure that systems are in place to allow tenants to communicate with the Council simply and effectively.
Local Government

Complaint handling
Scottish Borders Council (200601561)
Ms C’s complaint resulted from the concern she raised that her elderly aunt had been incorrectly charged for Homecare Services for the preparation of meals by the Council. Ms C’s concern was addressed by the Council, but Ms C alleged that the Council dealt inadequately with her complaint about the handling of her concerns. I did not uphold her complaint that the Council failed to guide her through the complaint process or handle her concerns adequately, but I did uphold complaints about delay in holding the relevant hearing and in supplying Ms C with a copy of the report from that hearing. I recommended that the Council apologise to Ms C for these delays.

I did not uphold a complaint about the following Local Authority:

Social work; policy/administration; complaint handling
The Moray Council (200503543)
Although I did not uphold the complaint, I recommended that the Council reflect on their handling of it, with a view to giving further consideration to signposting individuals to the Complaints Procedure to express their dissatisfaction with a Council service.

Scottish Government and Devolved Administration

Policy/administration; complaint handling
Police Complaints Commissioner for Scotland (200702044)
Although I did not uphold the complaint about a report issued by the Commissioner, I recommended that the PCCS reconsider their decision not to issue draft reports, in order to allow any possible errors of fact to be amended prior to the publication of a final report.

Compliance & 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.

The compendium of reports can be found on our website, www.spsso.org.uk
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Scottish Public Services Ombudsman

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 in handling complaints about councils, housing associations, the National Health Service, the Scottish Government and its agencies and departments, the Scottish Parliamentary Corporate Body, 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

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