

## March 2021

This month sees the first anniversary of SPSO going into lockdown and delivering services remotely. Like many of you, we have juggled family, service delivery and different ways of working to maintain as good a level of service as we can. Our very best wishes to everyone and we hope to see you soon.

In this month's e-newsletter:

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- COVID-19 information

## Making a complaint

We have produced a handy step-by-step video explaining how to complain about a public service.



For more detailed information about how to make a complaint, [please see our website](#).

## Our findings

### Complaints

This month we:

- published 33 decision reports available [here](#)
- upheld 20 complaints in full or part
- made 54 recommendations for learning and improvement.

#### *Decision reports: Learning points*

This month we are publishing two cases relating to communication issues around treatment options.

[201908410](#) – the complainant was concerned that the board changed their inhaler following a flare up of their chronic pulmonary disease. While we considered the decision to change the inhaler was reasonable based on the information known to the consultant at the time, we found that the change in medication was not explained to the complainant in a reasonable way. The possible risks and benefits of the change were not explained, meaning the complainant was not able to make an informed choice about whether to make the change to their inhaler.

We asked the board to apologise and ensure that changes to inhalers are not recommended without discussing the risk and benefits to the patient first.

[201905498](#) – the complainant raised a number of concerns regarding the reasonableness of the management plan for their cancer, delays to their treatment and that decisions had been made without their involvement. We identified that the monitoring of the complainant's lung lesion was unstructured, that they were not provided with a clear picture of their condition and management plan, and that treatment was not instigated as soon as it should have been.

While it was accepted that treatment options were limited and earlier treatment may not have altered the prognosis, earlier discussion with oncology could have cleared up some of the uncertainty and alleviated the complainant's associated distress. Finally, we also found a failure to check for a tattoo marker that had previously been placed to mark the tumour, resulting in a 'near miss'. We asked the board to apologise and to review several of their processes, including those for referrals to oncology, monitoring specific issues and reporting 'near miss' events.

## Scottish Welfare Fund reviews

### *Statistics*

During February we:

- responded to 80 enquiries
- made 59 decisions
  - 13 community care grants
  - 29 crisis grants
  - 17 self-isolation support grants
- upheld five (38%) community care grants, ten (34%) crisis grants and four (24%) self-isolation support (SIS) grants. We referred one SIS grant back to the council to remake their decision due to a change in the statutory guidance.
- signposted an additional 122 applicants to other sources of assistance. More than half of these (67) called us instead of their local council in error. Seventeen applicants told us that they had accessibility issues relating to contacting the council as there was no Freephone number in place. Ten calls were from councils seeking advice.

### *Case studies*

In recent weeks, we have disagreed with the council's assessment of exceptional circumstances in a number of cases.

In one such case the applicant (C) had applied to the council for a crisis grant in order to obtain food, gas and electricity. They explained that they had withdrawn a significant amount of cash but had experienced memory loss and believed they had lost the money, but were unsure exactly when or where. The council assessed that the circumstances of the application were unlikely as C did not have a diagnosed condition which would explain such significant memory loss.

During our review of the case we spoke with C for further information. In the conversation it became apparent that they appeared to be suffering from very poor mental health including suicidal ideation. They mentioned a previous substance misuse issue that may have had ongoing mental health implications. C provided evidence of their lack of available funds in their bank account after a withdrawal, which was consistent with what they stated in their application. Overall, while we recognised the reasonableness of questioning this version of events, we were satisfied that the applicant met the qualifying criteria. On balance, it appeared likely that they had lost their money while struggling with a crisis in their mental health. We instructed the council to award £159.50 for a period of 25 days, in line with the guidance.

We also provided feedback to the council regarding the stage of the decision-making process that the application was refused at.

Further examples can be found in the searchable directory [on our website](#) under the title '*Exceptional circumstances for crisis grants*'.

## Model Complaints Handling Procedures

### *Revised MCHP implementation*

Don't forget, public bodies are required to ensure their Complaints Handling Procedure is compliant with the revised Model Complaints Handling Procedure (MCHP) by 1 April 2021. A video presentation giving an overview of the key changes to the procedure and other relevant tools and resources are available on our website [here](#).

Once implemented, organisations should have appropriate self-assessment arrangements in place to provide assurance that complaints are handled in accordance with the MCHP, and to track performance as required of the MCHP. We encourage you to contact our Complaints Standards staff for any advice and guidance you may require around implementation and complaints handling in general by phone 0131 297 4814 or email [csa@spsso.gov.scot](mailto:csa@spsso.gov.scot).

### *Complaints handling timescales*

While we recognise the pressures on public services during the COVID-19 pandemic, we would like to highlight that handling complaints in line with the MCHP, including the NHS MCHP, is a legal requirement for all public bodies under the SPSO Act. For licensed providers who operate in Scotland there is a legal requirement to comply with the [Statement of Complaints Handling Principles](#) which states that an effective complaints handling procedure should have as few steps as necessary within an agreed and transparent timeframe.

Timescales can be extended in appropriate circumstances; however, **it is important to be realistic and clear about timeframes, and to advise the customer early if you think it will not be possible to meet the timeframes. It is also important to tell them why, and give them a revised timescale for completion.**

While we understand that over the last year public bodies made their own decisions about what work to prioritise at the time, we expect organisations to have developed/be developing recovery plans for how to restore complaint handling services to normal.

We will write directly to public services with further advice and guidance in due course.

[Further information and guidance about the MCHPs is available on our website.](#)

## INWO: New information for NHS boards and contractors

The National Whistleblowing Standards (the Standards) come into force in Scotland on 1 April 2021 when the Ombudsman, Rosemary Agnew, takes up the role of the Independent National Whistleblowing Officer for the NHS in Scotland (INWO).

We have published further information for NHS boards and contractors (including primary care contractors) on how to move towards full implementation of the

Standards ahead of the go-live date. Any contractors that deliver services on behalf of the NHS are also obliged to comply with the requirements of the Standards.

We encourage NHS providers to use our compliance self-assessment checklist. This includes a comprehensive list of the key requirements from the Standards and enables providers to check that their policy and procedures are compliant. Once providers have met all elements of this checklist, they will be compliant with the Standards.

[You can access further guidance and the self-assessment checklist for NHS providers on our website.](#)

### *INWO e-bulletins*

Our INWO team sends out regular updates with further information about the development of the service. [Our March e-bulletin can be found here.](#)

If you would like to receive future e-bulletins from the INWO straight to your inbox, please [register here to sign up to the mailing list.](#)

## **COVID-19 information**

As lockdown restrictions are starting to be lifted, our office remains closed and our service provision is not changing.

Please read our [website for more service information](#), such as operating hours of our Freephone advice line.

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For further information contact:  
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