

Appendix 5

NHS Dumfries and Galloway Scottish Public Services Ombudsman Report Action Plan

Guidance On Providing evidence of action taken in response to SPSO recommendations

Where the SPSO have made recommendations following an investigation, they require the Board to provide them with clear evidence of the action that has been taken. Once the SPSO are satisfied that the action will address the concerns they identified, the SPSO will mark the recommendations as having been completed and their involvement in the case will end.

Please note: it is not enough to state that action has been taken – the SPSO require evidence of the action having been taken.

The table below gives examples of the types of evidence the SPSO will accept when considering whether a recommendation can be marked as complete. This is not an exhaustive list:

Recommendation Type	Evidence
Apology	A copy of the apology letter sent to the complainant, or minutes of any meetings where a formal verbal apology has been given.
Explanation	A copy of the letter sent to the complainant explaining the organisation's actions, or minutes of any meetings where an explanation has been given verbally.
Feedback to authority staff	If the SPSO have asked that their decision is shared with staff, we would require evidence of internal memos/emails, meeting agendas, or documentation showing feedback given at one-to-one discussions.
Financial redress/time and trouble payment	A copy of any written confirmation issued to the complainant detailing the payment/credit that has been made.
Procedure Change	Documented evidence of the new procedure and a written explanation as to how and when this is to be implemented.
Process review	Copies of process audits, internal meeting minutes, review reports or a detailed explanation of the review and its conclusions/any resulting process changes.
Training	Documented evidence of the training that was provided and the date of completion.

Complainant name: Removed for confidentiality
SPSO Ref:

- a) The Board's decision to move Mr A from the hospital to the nursing home was unreasonable; (Upheld)
 b) It was unreasonable that the Board did not make it clear to Mr A before he accepted the move to the nursing home that he would be charged for his stay there; (upheld)
 c) the Board's decision not to pay the nursing home charges themselves was not made in line with policy; (Not Upheld)
 d) The Board's delay in reaching a decision about his operation was unreasonable. (Not Upheld)

Complaint Number	What the SPSO Found	Recommendation	Person Responsible	Action taken	Evidence	Date due SPSO
a) and b)	The Board failed to take all reasonable steps to ensure Mr A was in a position to make an informed decision about the move to a nursing home, in line with the guidance, and an opportunity	Cover the costs of the nursing home fees Mr A has paid for the time he was in the nursing home on production of an invoice or receipt (or other evidence it was paid). The resulting payment should be made by the date indicated: if payment is not made by that date, interest should be paid at the standard interest rate applied by the courts from that date to the date of payment	Katy Lewis, Director of Finance	Apology letter dated 27/11 included request for proof of payment documentation. Initial documentation provided by Mr A was insufficient. Further documentation received 14/12. Bank details from Mr A provided 21/12/17. Memo sent to finance requesting payment. Due to	Evidence of payment: <i>20180111RemittanceAdvice</i> <i>ReJohnWebster</i> <i>20180111FinaceReRemittance</i> <i>WebsterJEmail</i>	22 January 2018 Status: Complete

	for discharge home was missed.			Festive period this is likely to be paid early-mid January. Payment made to Mr Webster 15/01/18.		
a) and b)	The Board failed to take all reasonable steps to ensure Mr A was in a position to make an informed decision about the move to a nursing home, in line with the guidance, and an opportunity for discharge home was missed.	Apologise to Mr A for failing to ensure he was discharged in a reasonable way and, in particular, in a position to make an informed decision about the move to a nursing home. The apology should comply with the SPSO guidelines on making an apology, available at https://www.spsso.org.uk/leaf-lets-and-guidance	Jeff Ace, Chief Executive Officer	Apology letter sent 27 November 2017.	A copy or record of the apology <i>20171127AceJWebsterApology LetterSigned</i>	22 December 2017 Status: Complete
a) and b)	Staff failed to follow elements of the guidance on choosing a care home	Staff should comply with the relevant guidance when arranging discharge	Barbara Aitken, Rebecca Aldridge and Patient Flow & Discharge	Discussions have already taken place with relevant staff at Newton Stewart hospital. Staff have been	Evidence the guidance has been raised with relevant staff, and that staff are complying with the terms of the guidance. This could be via an audit, undertaken regularly, to	22 January 2018

	<p>on discharge from hospital and hospital-based complex clinical care to ensure Mr A was discharged in a reasonable way.</p>		<p>Manager</p>	<p>made aware of this guidance and it is on the agenda for team meetings to ensure it is kept topical.</p> <p>HSC officers have been tasked with reviewing the local guidance including a comparison with the national guidance.</p> <p>Consideration being given to how we can best review and track compliance going forward. Options being explored.</p>	<p>evidence compliance</p> <p>Awaiting evidence of discussions from the Locality Manager.</p> <p>This review of the local and national guidance is still in progress and further discussions are required to conclude the review of the guidance. Further update will be provided when available.</p> <p>NHS D&G utilises a Care Assurance programme across all Cottage Hospitals. This allows specific areas of care and response to care to be measured and findings analysed and improvements developed.</p> <p>The care assurance questions re Discharge Planning for Cottage Hospitals from April 2018 will include :</p> <p>To the person: How have you been involved with the planning of your discharge? And Where applicable, have you been given the choice guidelines for residential care. 2. For the staff: Can you explain the choice</p>	<p>Status: In progress Update by 23 February 2018</p>
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					<p>guideline content and when you use it?</p> <p>This will support our evidencing improvement and of course making improvement. We are aiming to implement monthly improvement data sets around these two questions when they commence and as such have run charts demonstrating ongoing monthly status (Discharge –run chart re provision of choice guidelines and a run chart for staff knowing content and using).</p>	
a) and b)	<p>Staff failed to provide clear written information in line with the hospital-based complex clinical care guidance about discharge to Mr A to ensure Mr A was discharged in a reasonable way</p>	<p>Staff should ensure information is provided as part of the hospital based complex clinical care guidance</p>	<p>Nurse Managers and Social Work Managers</p>	<p>Nurse Managers and Social Work managers have been tasked with producing a paper outlining suggestions for improving the Multi Disciplinary Team practice and process within Cottage Hospitals. This will include a recommendation/s around improving the written information provided to patients (see meeting minute for</p>	<p>Evidence that the process relating to the provision of information has been reviewed to ensure it complies with guidance</p> <p><i>20171208HSCMeetingMinute</i></p>	<p>22 January 2018</p> <p>Status:</p>

				<p>more detail).</p> <p>Update: 22/01/18</p> <p>A draft protocol for MDT meetings within Community Hospitals, has been devised this has been shared with Social Work colleagues for feedback.</p> <p>A template for a letter that will be forwarded to the patient following the meeting has also been created, this to ensure they are fully informed in writing of any discussions that took place and decisions reached.</p> <p>In Wigtownshire there are weekly FLOW meeting which brings together multiple professionals to discuss patients of concern within</p>	<p><i>Protocol will be shared with SPSO once finalised.</i></p> <p><i>20180122MDTLetterTo PatientTemplate</i></p> <p><i>20180122BoyceDPatientServices RecommendationsUpdateEmail</i></p>	<p><i>In progress Update by 23 February 2018</i></p>
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				<p>Newton Stewart Hospital (NSH) and the Community. Information from this meeting is invaluable and will link directly to any MDT meeting arranged for an individual.</p>		
a) and b)	<p>Staff failed to offer advocacy service to Mr A to ensure he was in a proper position to make an informed choice about his discharge</p>	<p>Staff should ensure patients are offered advocacy services where appropriate</p>	<p>Emma Murphy, Patient Feedback Manager</p>	<p>Recommendation discussed at meeting of senior HSC staff on 8/12/17</p> <p>Also discussed at the Health and Social Care Senior Management Team meeting on 13/12 General Managers have agreed to support the recommendation across the Board and will cascade information to their teams. Information also to</p>	<p><i>Evidence Mr A's complaint has been raised with the staff responsible for advising advocate services in his case in a supportive way; and to staff involved in advising advocate services in cases such as this</i></p> <p><i>20171208HSCMeetingMinute</i></p> <p><i>20171213PollardJoanMurphyEHSCSMTUpdate</i></p> <p><i>20171213HSCSMTMinute 13.12.17EXTRACT</i></p>	<p>22 December 2017</p> <p>Status: Complete</p>

			<p>Mhairi Hastings, Lead Nurse Community Health and Social Care</p>	<p>be shared with Primary Care colleagues.</p> <p>Advocacy service signposting is discussed with all patients and information on how to contact them is given on admission. This then is recorded in the patients notes.</p> <p>Further discussions to take place with the Mental Health Directorate who already have a well established relationship with local independent advocacy services to establish the most effective way of promoting and engaging.</p> <p>Further work planned to establish whether this can be</p>	<p>20180122BoyceDPatientServicesRecommendationsUpdateEmail</p> <p>NHS D&G utilises a Care Assurance programme across all Cottage Hospitals. This allows specific areas of care and response to care to be measured and findings analysed and improvements developed.</p>	<p>Status: <i>In progress</i></p> <p>Status: <i>In progress</i></p>
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				<p>included in Care Assurance processes and to explore other opportunities for embedding learning.</p>	<p>The care assurance questions re Advocacy Service for Cottage Hospitals from April 2018 will include :</p> <p>1. To the person: Are you aware of advocacy services if you want them? 2. To the staff (part of their supervision during CA process): When would you contact advocacy services for people and How do you contact advocacy services for people.</p> <p>This will support our evidencing improvement and of course making improvement. We are aiming to implement monthly improvement data sets around these two questions when they commence and as such have run charts demonstrating ongoing monthly status (advocacy, person was aware or not; staff how to contact advocacy yes or no)</p>	<p>Status: <i>In progress</i></p>
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						<p>Status: <i>Complete</i></p>
					20180118CoreBriefingEXTRACT	<p>Status: <i>In progress</i></p>
				<p>Training is being arranged for all staff re POA, guardianship, advocacy etc, staff have also been advised that they have e responsibility to ensure they have</p>		<p>Status: <i>In progress</i></p>
						<p>Status: <i>In</i></p>

				<p>an understanding of these subjects, and information is readily available on line.</p> <p>Update provided to all staff through our Core Briefing. Evidence provided.</p> <p>Further planned actions include:</p> <ul style="list-style-type: none">• Article to be included in the weekly blog which goes to all staff and the public (approx February)• An invite will be extended to advocacy services to attend a Senior Nurse and Midwifery team meeting• Additional promotional materials will be circulated to		<i>progress</i>
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				all public facing locations (on receipt from advocacy services)		
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