



Item No. 14

Meeting Date: Wednesday 14th June 2017

Glasgow City Integration Joint Board Finance and Audit Committee

Report By: David Williams, Chief Officer
Contact: Jim Charlton, Principal Officer Rights and Enquiries
Tel: 0141 287 8714

BI-ANNUAL COMPLAINTS REPORT (SOCIAL WORK AND HEALTH) APRIL – SEPTEMBER 2016

Purpose of Report:	To advise activity and significant trends in complaints concerning Health and Social Care for the period April to September 2016.
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Recommendations:	The IJB Finance and Audit Committee is asked to: a) note the contents of this report.
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Relevance to Integration Joint Board Strategic Plan:

Page 3 strategic vision – focus on continuous improvement. Good complaints management and intelligence derived from complaints helps drive that process by highlighting opportunities for service improvement.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
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Personnel:	There are no direct personnel implications of this report.
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Carers:	There are no direct implications of this report on carers.
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Provider Organisations:	There are no direct implications of this report on provider organisations.
Equalities:	The report and supporting reports display due regard for equalities by specifically highlighting complaints of discrimination and human rights breaches and the disposition of those complaints.
Financial:	There are no new financial implications arising from this report.
Legal:	There are no legal implications arising from the report but the process and figures referred to derive from requirements of: (1) Section 5B Social Work (Scotland) Act 1968. (2) The Social Work (Representations Procedure) (Scotland) Directions 1996 and (3) The Patient Rights (Scotland) Act 2011.
Economic Impact:	There are no economic impacts associated with this report.
Sustainability:	There are no sustainability implications associated with this report.
Sustainable Procurement and Article 19:	There are no procurement implications of this report.
Risk Implications:	There are no risk implications of this report.
Implications for Glasgow City Council:	There are no implications for Glasgow City Council from this report.
Implications for NHS Greater Glasgow & Clyde:	There are no implications for NHS Greater Glasgow & Clyde from this report.

1. Background to Complaints Processes and Reports

- 1.1 This report covers the period 1st April 2016 – 30th September 2016 when social work and health complaints were handled under two separate processes defined respectively by Glasgow City Council and NHS Greater Glasgow and Clyde. Those arrangements are described in two supporting appendices reporting activity under the two procedures. Appendix 1 sets out social work complaints and Appendix 2 NHS complaints.
- 1.2 The social work complaints process at that time had 4 stages – (1) Investigation and response by frontline teams within 15 working days, (2) internal review by the central complaints (rights and enquiries) team within 20 working days, (3) review by independent council Complaints Review Committee, (4) Referral to Scottish Public Services Ombudsman (SPSO). SPSO had at that time no power to review social

work decisions or overturn findings of a review committee so appendix 1 looks only at the first three stages. There were no significant cases referred to SPSO.

- 1.3 The health complaints process at that time was essentially a two stage process of (1) formal investigation and response within 20 working days by NHS Greater Glasgow and Clyde staff and (2) Review by Scottish Public Services Ombudsman who did have power to review health decisions. Information on both these stages is presented in appendix 2.
- 1.4 Both processes changed with effect from 1st April 2017 but remain separate processes. Those changes are the subject of a separate report to this committee.
- 1.5 Each appendix contains detailed statistical analysis of complaints, trends and a summary of cases referred to independent committee (Social Work) or Ombudsman (NHS). Each report summarises service improvements arising from those complaints either in terms of intervention to improve services at the level of the individual client or in terms of more general improvements to systems and processes. Each report also contains an executive summary of the main findings. This report highlights only the most significant features of each report.

2. Summary of Main Findings

- 2.1 There has been a rise in social work complaints in the first two quarters of 2016-17 as compared with 2015-16, though levels are still reduced on the two preceding years. There has been an increase in complaints upheld or partially upheld compared with the previous years but these are still a minority of complaints (less than 30%).
- 2.2 There has been a rise in complaints related to staff performance or attitude, such that these are now a majority of complaints when they were not before. It should be noted however that these are not all complaints explicitly about staff attitude or conduct (those complaints are 27.6% of the whole) but rather complaints that may be attributable in a wider sense to staff performance such as communication and information errors or lack of response to clients. It should also be noted that a minority of such complaints (27%) are upheld or partially upheld.
- 2.3 Social work complaints amongst the children and family client group have risen slightly after a decline in the last two years. Homelessness complaints are also increasing.
- 2.4 There were a limited number of social work complaints alleging breaches of human rights or discrimination. None of these were upheld.
- 2.5 An unusually high number of social work complaints (13) were referred to review by independent committee. Nine were not upheld, three partially upheld on minor points and one partially upheld on significant issues.
- 2.6 Service improvements are identified across a range of issues including interventions to improve level of service and resolve particular issues in individual cases but also five process improvements in foster care preparation groups, use of pool cars, arrangements around deployment of student social workers, information on relatives being paid to provide care and the need to provide written confirmation of interventions that result in no further action.

- 2.7 There has been a slight rise in Health complaints generally, a continued high level of complaints from the Prison Health Sector and high level of complaints about the standard of clinical treatment, particularly in relation to the role of salaried General Practitioners and Dental Practitioners within that prison sector. In respect of Prison Healthcare it should be noted that an inquiry is currently being undertaken by the Scottish Government Health and Sport Committee. The HSCP submitted a response to the inquiry and a Head of Service from the Partnership gave oral evidence to the Health and Sport Committee on 28th March 2017.
- 2.8 Waiting times for appointments continued to be a significant source of complaint (22%). Complaints about the attitude and conduct of staff are a small minority (3%).
- 2.9 Only 13% of health complaints were upheld or fully upheld with the proportion in prisons being particularly low (12%) and driving the overall figure due to the high proportion of health complaints that originate in the prison population.
- 2.10 The Ombudsman issued 13 decisions in relation to health complaints in the first two quarters of 2016-17, of which 8 were upheld or partially upheld. These led to reviews of procedures on x-raying abscesses, changes to protocols on inhaler replacement in prisons and review of use of the ACT 2 approach for management of prisoners at risk of self-harm.
- 2.11 Other significant service improvements from health complaints as with social work complaints included interventions specific to individual patients and some general process improvements such as those to pharmacy practices, record keeping and documentation, medication checks and admissions processes in prisons.
- 2.12 For social work complaints there has been a decline in performance against timescales. It is hoped this trend will be reversed when the annual report is prepared and as staffing issues within the central complaints team were addressed towards the end of 2016, after this reporting period. By contrast, there has been a very high level of compliance of responses within timescales for health complaints in the first two quarters of 2016-17.

3. Recommendations

- 3.1 The IJB Finance and Audit Committee is asked to:
- a) note the contents of this report.



Appendix 1

**Glasgow City
Integration Joint Board
Finance and Audit Committee**

Report By: Jim Charlton, Principal Officer Rights and Enquiries
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Tel: 0141 287 8714

**Social Work Complaints Review 2016/17 Quarter 1 and 2
(1st April 2016 to 30th September 2016)**

Purpose of Report:	This report is presented as part of a bi-annual reporting of social work complaints activity and trends.
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Section 1 Executive Summary

1. Executive Summary

- 1.1 After a period in which volumes of complaints had steadily risen from 2007 to 2015 but then fallen quite markedly in 2015-16, there are signs that the volumes are again rising. There were 279 formal complaints in the first six months of 2016-17 as compared with 514 for whole of 2015-16. 81% of these are first stage complaints, 14% second stage reviews and 5% third stage (complaint review committees). Complaints in the Children and Families client group appear to be rising again in absolute and proportionate terms after what had been a two year fall in such complaints.
- 1.2 The number of complaints review committees has risen very steeply for reasons not fully understood. All such cases are summarised in section 3.6
- 1.3 Almost 30% of complaints were upheld or partially upheld, an increase in the 21% upheld in 2015-16. This again represents a rise after a lengthy period of declining numbers of complaints being upheld.
- 1.4 Of the upheld or partially upheld complaints, 51% resulted in some tangible benefit for the client. This is a decrease from 2015-16 (83%) however suitable apology was given in almost all cases and the complaints team is in fact becoming more effective in recording such outcomes on the complaints system at time of outcome. Further work will be done to follow up these complaints at year-end to see if any improvement has been overlooked.
- 1.5 Performance against timescales for response was poor and part of a declining performance over the past 4 years. This has been attributed to rising workloads and diminishing resources. Neither the statutory 28 day deadline (met in only 77% of cases) nor internal deadline of 15 working days (met in 56% of cases) met targets set. However the resourcing issues within the central complaints team at least were finally resolved in November 2016 and recovery and improvement is anticipated when full year figures are available.
- 1.6 There were variations in performance against timescales in the three localities with South being particularly poor. This may in part reflect higher volume of complaints in South as well as variations in the source and nature of complaints and outcomes between the three localities. However figures appear to show that these gaps are narrowing and that slippage of only one or two days in issuing responses at stage 1 appears to be a significant factor in the relatively poor performance.
- 1.7 Complaints in homelessness continue to rise, as do complaints about financial issues. Complaints about staff attitude and conduct have risen both in numeric and proportionate terms and in terms of likelihood of being upheld, although such complaints are still less likely to be upheld than other types of complaints. Complaints about self-directed support and those from clients with Learning Disability in general appear to be falling. Complaints about Free Personal and Nursing Care funding are small in number but persist as an issue. Serious complaints of discrimination and human rights breaches were small in number and not upheld.
- 1.8 The general trends may therefore be summarised as rising trends in volume of complaints, in proportion upheld, in numbers coming from children and families and homelessness clients, with more complaints about staff attitude and conduct, fewer leading to significant improvement if upheld and worsening performance in dealing with the complaints within timescale. None of this is encouraging. However some of this runs counter to trends exhibited last year and the preceding year and this is only a report on six months of data. In addition problems within the resourcing of complaints handling have only recently been resolved. Caution is therefore advised in interpreting the data and a more conclusive analysis should follow at year end.

Section 2 Social Work Complaints Process and report format

Social Work Services uses a statutory process set out in section 5B of the Social Work (Scotland) Act 1968 and directions (1996). This is a four stage process as set out below:

Stage 1 - initial investigation and response, usually carried out locally by a service manager on behalf of the Head of Service, within an internal target of 15 working days and a statutory deadline of 28 calendar days.

Stage 2 - internal review or formal investigation within 20 days carried out by the central social work complaints team. This stage is permitted but not mandatory within directions. Some complaints that are particularly complex, serious or submitted by persistent or vexatious complainers are escalated immediately to stage 2 review by the central complaints team without initial consideration at stage 1.

Stage 3 – independent review by Complaints Review Committee (CRC) which reports findings into the Operational Delivery Scrutiny Committee. The CRC may make recommendations with regard to decisions and professional practice as well as matters of service quality.

Stage 4 - external review by SPSO, as with the GCC model CHP. SPSO is however currently prohibited from making findings on matter of professional social work decisions but may adjudicate on matters of maladministration, process and quality of services.

Complaints are counted as distinct complaints when submitted at each stage as opposed to considering these as part of one end-to-end process. Figures in this report analyse stage one and two complaints. A separate overview is given of the small number of stage 3 complaints referred to Complaints Review Committee.

GCC SWS does not use the Lagan system used by other GCC services but continues to use the internally-developed 'C4' system, which has no reporting function. The data in this report is produced by manually coding records from the C4 system, downloaded as raw data into a spreadsheet. There is risk of error the download and manual coding processes but as much care as possible has been taken to reduce error and inconsistency. Some complexity is lost in this process. GCC SWS complaints are often complex; a single complaint may concern different parts of the service and multiple issues. For the purposes of this report such complaints are assigned to a primary service area and primary and secondary complaint issues only.

Figures are given on overall activity, timescales, client group, issue and outcome. There is a separate section on service improvement.

Figures are given first for SWS as a whole and then by four sectors - North West, North East, South and Centre. The localities are split by client group whereas Centre Functions are sub-divided into Finance, Homelessness, Children's Services (largely residential and fostering), Older People (largely residential and day care) and all other (combined due to low volumes). The latter combined category subsumes a range of functions including criminal justice, addiction, adult services, business development, business administration and social care direct.

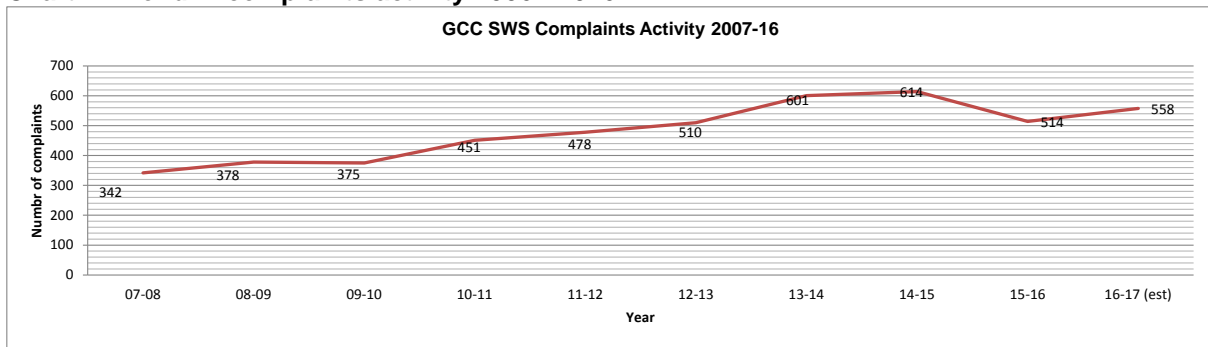
Section 3 Statistical Information and commentary

3.1 Overall volume and trends

A total of 279 formal complaints were dealt with from 1st April to 30th September 2016, comprised of 227 (81.3%) Stage 1, 39 (14%) Stage 2 reviews and 13 (4.7%) stage 3 committee hearings.

This is a slight rise on the equivalent period in 2015 (262 complaints in total), due to an increase in reviews; the number of stage 1 complaints is virtually identical. There is a particularly marked rise in referrals to Complaints Review Committee, as the 13 cases referred to CRC in the first half of 2016-17 has already exceeded the total in 2015-16 (only 10 cases). Total activity is nevertheless lower than total activity in the period 2013-15. The trend is illustrated in chart 1 below extrapolating the 279 for 6 months of figures as an annual total of 558.

Chart 1: Trend in complaints activity 2006 - 2016

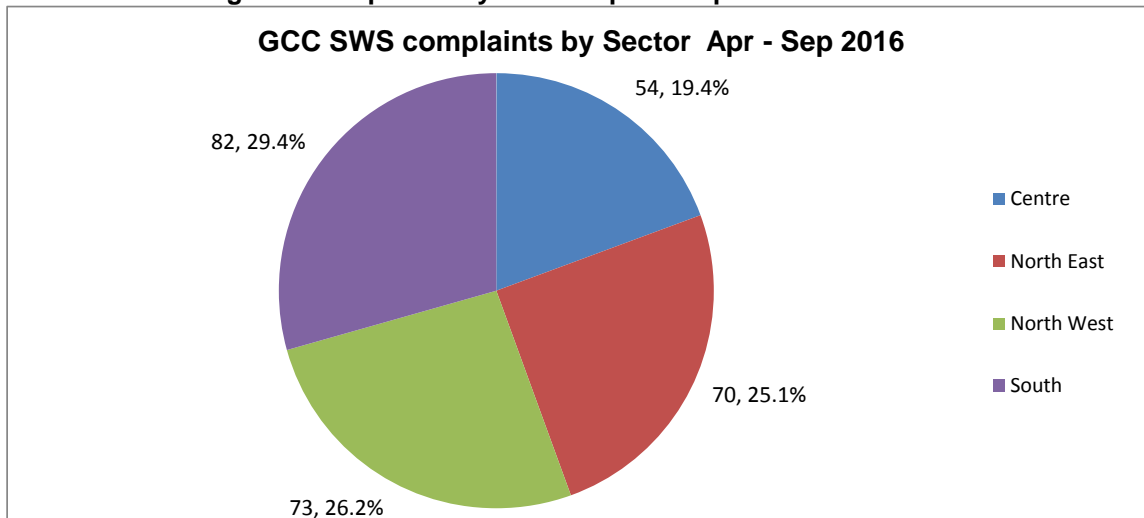


As can be seen from table 1 below, giving activity by sector in comparison with the whole previous year 2015-16, there is little difference in the overall volume of complaints and proportion proceeding to review between the four sectors. This is in contrast to 2015-16 where there was a marked difference between North-East and South sectors.

Table 1: Complaints by Sector April-September 2016 and comparison with 2014-15

Sector	Complaints			Total	%	% 2015-16
	Stage 1	Stage 2	Stage 3			
Centre	48	3	3	54	19.4	15.2
North East	55	10	5	70	25.1	20.8
North West	60	11	2	73	26.2	27.2
South	64	15	3	82	29.4	36.8
Grand Total	227	39	13	279	100.0	100.0

Chart 2: Percentages of complaints by Sector April – September 2016



3.2 Timescales overall and by sector

Performance targets are that 65% of complaints should be dealt with within 15 working days and 85% within a statutory 28 days. Unfortunately performance has been poor in the first six months of 2016-17 reflecting staffing and resource issues within the central complaints team that were not fully resolved until November 2016. This is part of a wider trend over a period of three years when resources have not kept demand with rising workloads but an overall improvement in performance is now anticipated when annual figures are available.

Table 2: Performance against 15 working day and 28 calendar day timescales 2007-16

Target/Year	07-08	08-09	09-10	10-11	11-12	12-13	13-14	2014-15	2015-16	Apr-Sep 16
% 15 WD	63	68	71	73	74	80	66	66	61	56
% 28 Days	86	86	86	89	90	90	88	90	82	81
								82	81	77

Chart 3: Trend in complaints timescales 2007-16

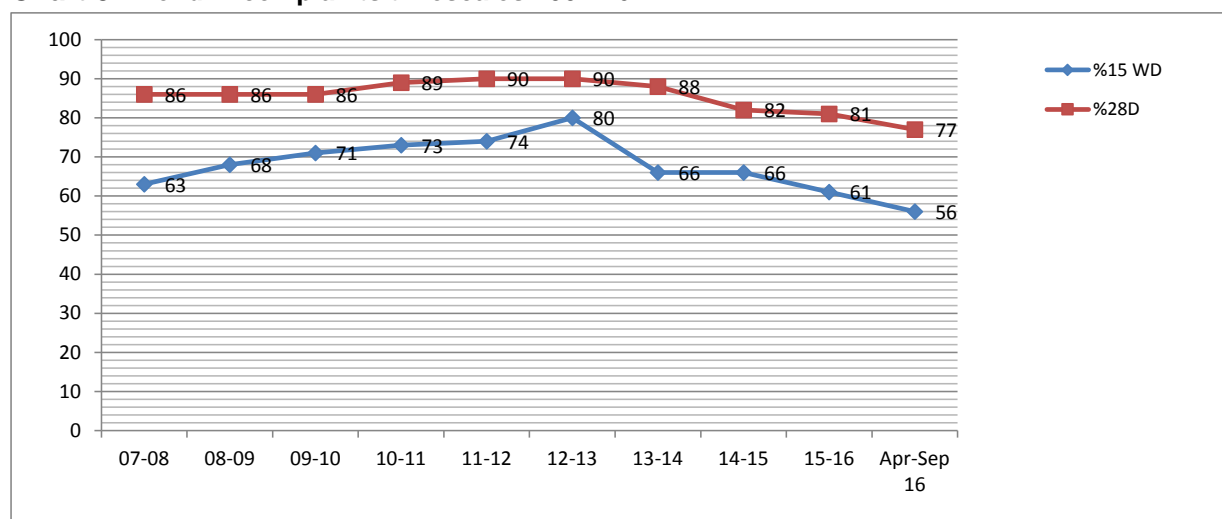


Table 3 shows the performance against the two targets by sector. South locality has clearly performed poorly against targets, particularly in terms of the internal 15 day target, as was the case in 2015-16 when performance was at 43.5% as opposed to the range of 64-86% for the other 3 sectors. There does appear to be an endemic issue in not getting complaints responses out in time within South area.

It should be borne in mind that whilst complaints are related to locality, stage 2 complaints are handled by the central complaints team and, as above, resource issues in that team's performance has pulled down the overall figures. This does appear to be a contributory factor but not the whole issue. When looking specifically at Stage 1 complaints in South only 22 of 64 (34%) were responded to within 15 working days and 49 (77%) within 28 days. For stage 2 complaints the equivalent figures were 1 of 15 (7%) and 6 of 15 (40%). The performance of the central team in review and escalated cases was therefore undoubtedly a factor but stage 1 performance was also poor once those cases are discounted. Twelve stage 1 complaints (approximately 20%) were responded to by South on the 16th and 17th working days, indicating a tendency to just miss the target in significant proportion of cases.

Table 3: Performance against timescales by sector

Sector	15 WD		28 days		Grand Total
		%		%	
Centre	32	62.7	38	74.5	51
North East	49	75.4	55	84.6	65
North West	44	62.0	57	80.3	71
South	23	29.1	55	69.6	79
Grand Total	148	55.6	205	77.1	266

3.3 Complaints by client group overall and by sector

Chart 4 on the next page illustrates complaints by client group. The most notable features are a fall in complaints from clients with learning disability (possibly because the self-directed support process is most established for that group), continued relatively high numbers of homelessness complaints and the rise in both absolute numbers and percentage terms for complaints in the children and families client group. The latter is unfortunate and unwelcome as there had been an observed trend of a fall in complaints from that client group over the past two years. This is however a six-monthly report and it may be more informative to view the full data at year end.

Chart 4: Complaints by client group Apr – Sep 2016

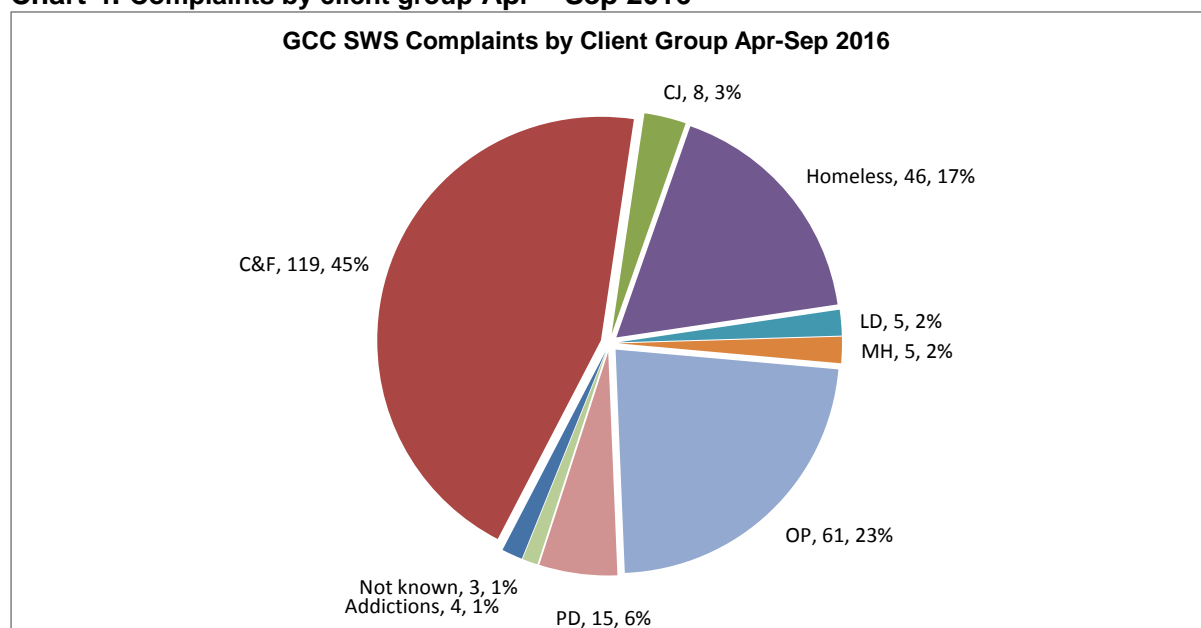


Table 4 below illustrates the variation between the sectors in terms of proportional complaints by client group. As with the figures for 2015-16, the most striking features of the data is the high relative proportion of North East complaints amongst the children and families client group and low proportion of complaints from older person when contrasted with the other sectors. It seems very likely that these are simply reflective of demographic differences in the populations and differing social needs in these areas.

Table 4: Comparison of complaints by client group and sector Apr – Sep 2016

Sector	Centre		North East		North West		South		Grand Total
	N	%	N	%	N	%	N	%	
Addictions	1	2.0	1	1.5	1	1.4	1	1.3	4
C&F	15	30.0	37	56.9	28	39.4	39	50.6	119
CJ	2	4.0	0	0.0	4	5.6	2	2.6	8
Homeless	13	26.0	10	15.4	13	18.3	10	13.0	46
LD	0	0.0	2	3.1	0	0.0	3	3.9	5
MH	0	0.0	1	1.5	4	5.6	0	0.0	5
OP	17	34.0	9	13.8	16	22.5	19	24.7	61
PD	2	4.0	5	7.7	5	7.0	3	3.9	15
Grand Total	50	100.0	65	100.0	71	100.0	77	100.0	263

The 15 complaints at children and families centre included three complaints from foster carers, two from children looked after in children's units, one child who had recently left care and four complaints from neighbours living next to children's units. The remaining complaints were from parents of children looked after in children's units and foster care and one parent of a child with disabilities complaining of services from the welfare rights team.

The 17 older person's complaints at centre were largely around finance issues including 2 about residential fees, 4 about charges for alarms, 1 deprivation of assets case and 3 complaints about day service charges. There was one complaint about the closure of a day service and three about aspects of care in GCC older person's care homes.

The 13 homelessness complaints at centre, 5 related to the Asylum and Refugee support team, 6 about temporary accommodation managed by the TADS team and the remaining two about lost belongings held in storage.

3.4 Complaints by issue

The main presenting issues have been categorised under thirteen separate headings in four groups as set out below. Secondary issues are also recorded such that the number of issues exceeds the number of complaints. Complaints with more than two presenting issues are summarised only in terms of the main two issues. The relevant headings are as follows:

P = A policy issue

F = A financial Issue

C = Staff personal performance issues subdivided as:

C1 – Attitude or conduct of staff

C2 – Lack of response to the customer

C3 – Poor information or communication / information errors

C4 – Breach of confidentiality / privacy

C5 – Discrimination or breach of human rights

Q = General Service Quality issues subdivided as:

Q1 - Poor quality of service

Q2 – Poor level or quantity of service

Q3 – Short terms waiting issues e.g waiting to be seen at an office

Q4 – Long terms delays e.g waiting lists for assessment.

Q5 – Procedures not being correctly followed.

Q6 – Refusal of service / not eligible for service / service withdrawn

Table 5 below shows the relative percentage of each issue as a percentage of all issues and compares them with annual figures 2015-16. Charts 5 and 6 show numbers and proportions visually.

The most notable features include the steady level of complaints about financial issues and the proportionate rise in complaints that are presented by complainers as being about staff actions rather than the general level and quality of services. In particular this is focussed on the personal attitude and conduct of staff and issues of information and communication.

This may reflect heightened awareness, concern and expectations around handling of information and ease of communication and may also be related to the rise of complaints in the children and families client group as these tend towards more personalised complaints, particularly in terms of complaints from parents and other family members of children who are looked after and accommodated. It will be interesting to see if this trend continues in 2016-17 and whether detailed analysis of individual complaints is required to highlight areas of staff engagement with clients that might be improved. It should be noted as per section 3.5 table 9 later in this report that whilst complaints about staff have risen when compared with previous years, they are still less likely to be upheld than complaints about service levels and quality. However the proportion upheld or partially upheld is also greater than was the case last year.

Table 5: Main issues complained of Apr – Sep 2016

Issue	N	%	% 2015-16
Finance	45	14.3	11.4
Policy	1	0.3	0.6
Attitude/Conduct	87	27.6	21.7
No response	26	8.3	8.1
Info/Comm	43	13.7	8.1
Confidentiality	8	2.5	2.1
Discrim/HR	6	1.9	1.8
All Staff	170	54.0	41.9
Quality	26	8.3	7.6
Level	26	8.3	15.4
Wait	0	0.0	0.8
Delay	20	6.3	10.7
Procedure	20	6.3	5.5
Refused/withdrawn	7	2.2	6.2
All Gen Qual	99	31.4	46.1
Total of main issues	315	100.0	100.0

Chart 5: Number of complaints by issue complained of Apr – Sep 2016

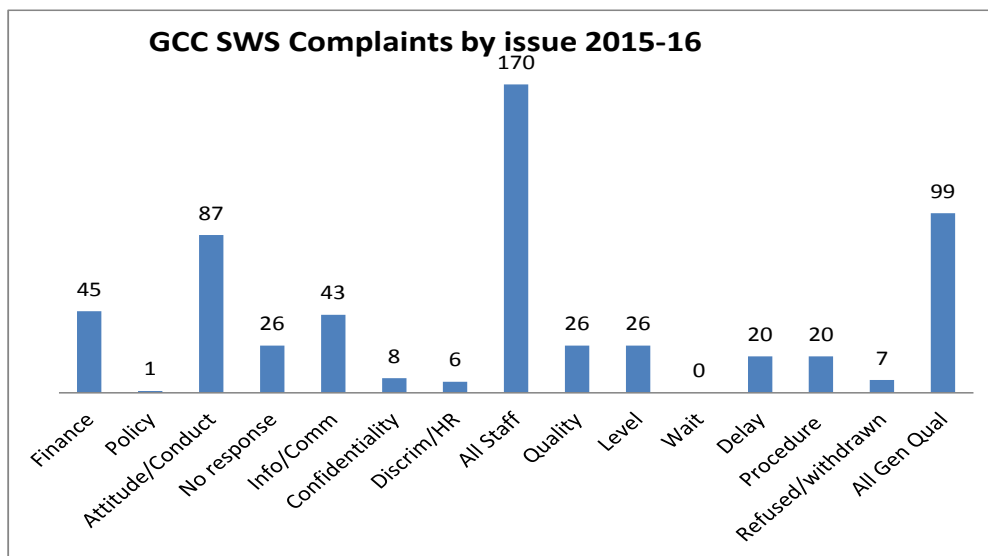
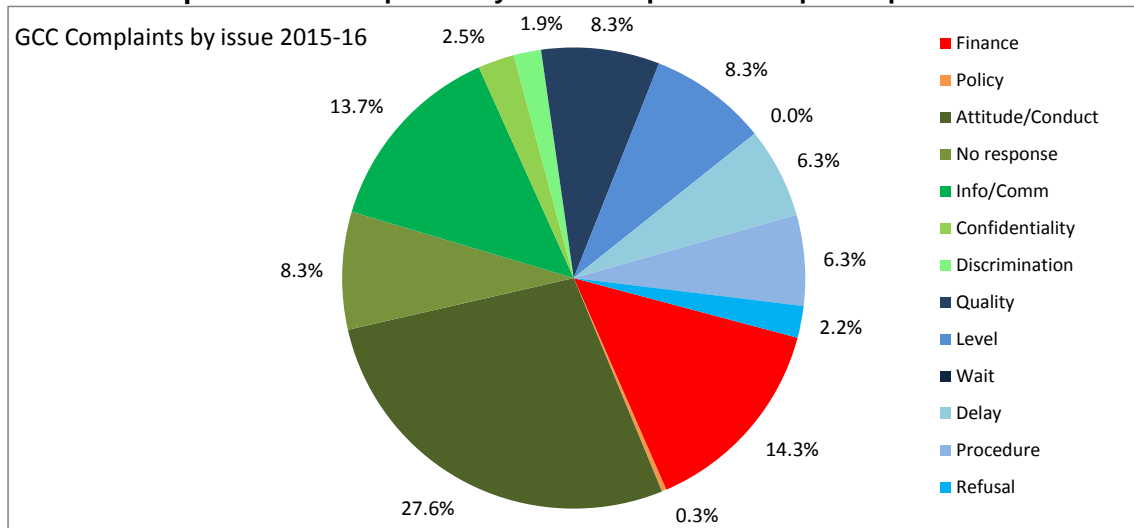


Chart 6: Proportion of complaints by issue complained of Apr – Sep 2016



The six complaints about discrimination or human rights breaches, though small in number were checked individually because of the potential seriousness of such complaints. One allegation of racial discrimination in respect of a homeless person seeking permanent accommodation was not upheld. A complaint by woman at the centre of child protection concerns claiming discrimination against her due to her mental health issues was also not upheld. A complaint claiming racial discrimination by a woman whose children were in care was withdrawn at her lawyers request in favour of a new complaints submitted by them on her behalf in different terms. A complaint by a woman of human rights breaches in respect of a relative not ordinarily resident in Glasgow seeking to be accommodated by GCC was not accepted and the complainer was referred to raise the matter with her own local authority. Two complaints from the same individual alleging racial discrimination in relation to the handling of his homelessness case were not upheld. This individual made many complaints in 2016-17 and was later identified as a vexatious complainer.

Other notable issues that reached double figures were as follows in descending order of volume:

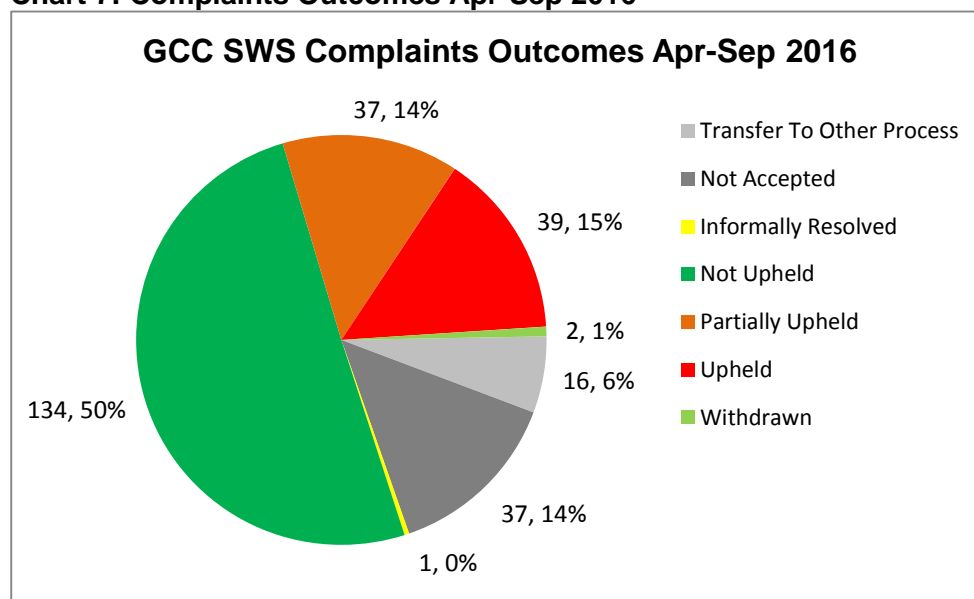
- The largest group of complaints – 48 (18%) were by parents of children in care, with an additional 10 (3.8%) by grandparents of children in care. These were on a range of issues but generally related to issues of contact, inter-personal difficulties with the allocated social worker, issues with communication and disputed accuracy of information within reports.
- Complaints from homelessness community casework clients about delays and other issues in the application process for permanent housing accounted for 23 (8.6%) of complaints.
- There were 21 complaints (7.9%) about child protection processes, often lodged by the people who were the subject of those concerns but also by parents of the children about whom concerns had been expressed.
- Complaints about the process of Self-Directed Support assessment and allocation of care packages through that process was relatively low compared with previous years at 15 (5.6%).
- There were 11 complaints (4.1%) from parents of children with disabilities alleging lack of support or response to request for assistance or delays with transition to adult services.
- There were 10 complaints (3.8%) complaints about delays in awarding Free Personal and/or Nursing Care funding. This is a small but significant proportion of complaints and these figure are in line with the previous two years.

3.5 Complaint outcomes overall, by sector, client group and issue

Table 6 and Chart 7 below show the outcomes of complaints in terms of whether they were upheld. In 2015-16 21.0 % of complaint were fully or partially upheld and 55% not upheld. For the first 6 months of 2016-17 the equivalent figures are 28.6% and 50.4%.

Table 6: Complaints Outcomes Apr – Sep 2016

Outcome	N	%
Informally Resolved	1	0.4
Withdrawn	2	0.8
Transfer To Other Process	16	6.0
Not Accepted	37	13.9
Not Upheld	134	50.4
Partially Upheld	37	13.9
Upheld	39	14.7
Grand Total	266	100.0

Chart 7: Complaints Outcomes Apr-Sep 2016

20% of complaints were either 'not accepted' or transferred to another process. These are responded to in some form, but do not fall under the Statutory SWS complaints process. Typically these would either be matters requiring to be addressed through claims and legal processes, the complaints process of a different part of GCC or the NHS or complainers who have no locus to complain on behalf of a service user (and therefore no right to receive confidential information about that person's dealings with GCHSCP). This also includes repeated or vexatious complaints. These can be considered as being a specific category of 'Not Upheld' complaints, in that they are not upheld on the grounds that no relevant and proper locus to complain exists in the first place.

Table 7 below shows complaint outcomes by sector. North East locality has a markedly higher proportion of upheld or partially upheld complaints than the other sectors. This is contrary to trends in previous years and will need to be checked again when the full year's figures are available. The majority of these appear to be either about progress of homelessness community casework or difficulties in communication and making contact with workers in children and families teams.

Table 7: Complaints Outcomes by Sector Area Apr- Sep 2016

Area	Centre		North East		North West		South		Total
	N	%	N	%	N	%	N	%	
Transfer To Other Process	6	11.5	4	6.3	5	7.0	1	1.3	16
Not Accepted	11	21.2	7	10.9	12	16.9	7	8.9	37
Informally resolved	1	1.9	0	0.0	0	0.0	0	0.0	1
Not Upheld	20	38.5	28	43.8	38	53.5	48	60.8	134
Partially Upheld	5	9.6	11	17.2	8	11.3	13	16.5	37
Upheld	8	15.4	14	21.9	8	11.3	9	11.4	39
Withdrawn	1	1.9	0	0.0	0	0.0	1	1.3	2
Grand Total	52	100.0	64	100.0	71	100.0	79	100.0	266

Table 8 below shows complaint outcomes by client group. Only the children and families, older people and homelessness groups have complaints in numbers allowing any conclusions and such conclusions would be tentative. The data do however suggest a higher proportion of upheld or partially upheld complaints relating to homelessness. This is also a group in which complaints are rising in number and proportion - (35 (6%) in 2014-15, 82(16%) in 2015-16 and now 46 (17%) for the first six months of 2016-17. This however may simply reflect pressures on social housing availability.

Table 8: Complaints Outcomes by client group Apr- Sep 2016

Client group Outcome	Addictions		C&F		CJ		Homeless		LD		MH		OP		PD		Grand Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Transfer To Other Process	0	0.0	10	8.4	0	0.0	2	4.3	0	0.0	0	0.0	4	6.6	0	0.0	16	6.1
Not Accepted	1	20.0	15	12.6	3	37.5	5	10.9	1	20.0	1	20.0	8	13.1	1	6.7	35	13.3
Informally resolved	0	0.0	1	0.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.4
Not Upheld	3	60.0	62	52.1	4	50.0	20	43.5	1	20.0	4	80.0	32	52.5	8	53.3	134	50.8
Partially Upheld	1	20.0	19	16.0	0	0.0	6	13.0	2	40.0	0	0.0	8	13.1	1	6.7	37	14.0
Upheld	0	0.0	11	9.2	1	12.5	13	28.3	1	20.0	0	0.0	8	13.1	5	33.3	39	14.8
Withdrawn	0	0.0	1	0.8	0	0.0	0	0.0	0	0.0	0	0.0	1	1.6	0	0.0	2	0.8
Grand Total	5	100.0	119	100.0	8	100.0	46	100.0	5	100.0	5	100.0	61	100.0	15	100.0	264	100.0

Table 9 below shows complaint outcomes by issue complained of grouped into financial issues, policy issues, staffing issues and general quality issues (including both quality and level of care provided). Complaints concerning financial matters are upheld less frequently than those about staff conduct which are in turn upheld less frequently than those about general issues of service level and quality tied to resource constraints. The disparity is greater in the first half of 2016-17 however, the percentage of complaints about staff upheld or partially upheld has nevertheless risen from 21.7% in 2015-16 to 27.1% in the first half of 2016-17.

Table 9: Complaints Outcomes by issue heading Apr – Sep 2016

Issue Outcome	Financial		Policy		All Staff		All Gen Qual		Grand Total	
	N	%	N	%	N	%	N	%	N	%
Transfer To Other Process	2	4.3	0	0.0	11	6.5	6	6.1	19	6.0
Not Accepted	4	8.7	0	0.0	18	10.6	19	19.2	41	13.0
Informally resolved	0	0.0	0	0.0	1	0.6	0	0.0	1	0.3
Not Upheld	27	58.7	0	0.0	93	54.7	38	38.4	158	50.0
Partially Upheld	4	8.7	1	100.0	25	14.7	17	17.2	47	14.9
Upheld	9	19.6	0	0.0	21	12.4	17	17.2	47	14.9
Withdrawn	0	0.0	0	0.0	1	0.6	2	2.0	3	0.9
Grand Total	46	100.0	1	100.0	170	100.0	99	100.0	316	100.0

3.6 Stage 3 Complaint Review Committees

Thirteen complaints progressed through the stage 3 process of review by committee during the period 1st April 2016 – 30th September 2016. Nine were not upheld in any aspect. Three were partially upheld but relatively minor issues rather than the main of complaint. One complaint was partially upheld on significant points. The four cases that were partially upheld collectively led to several recommendations and responses as follows:

- Improve the quality of communication with clients to ensure accurate recording of facts.
- GCHSCP indicated what measures were in place to generally assure accurate recording and what steps had been taken to address the specific inaccuracies in this case.
- Ensure that proper checks are undertaken when pool cars return from use in order to ensure they contain no items belonging to clients or staff
- The Chief Officer sent an instruction to the manager of that service to ensure that such checks were instituted in future.
- Inform clients in writing of the outcome of an assessment or other engagement with clients where the outcome decision had been to take no further action or that the client was ineligible for a service.
- The Chief Officer wrote to all heads of service to advise of the need to give written confirmation of such an outcome. A senior officer in the Business Development team was tasked with reviewing all relevant procedures to make sure that this was clearly set out in those procedures. This client was also offered a fresh assessment.

The full summary of all 13 cases is as follows:

April 2016 – C made a complaint on behalf of her mother B regarding Free Personal and Nursing Care (FPNC). C claimed that B was discriminated against in both the assessment of need and the application of FPNC because of the fact that she could not afford to arrange and pay for her own care. She complained that FPNC should have been backdated to admission. No points of complaint were upheld by committee.

April 2016- C made a complaint that SW were unfairly trying to reclaim overspent or misspent Direct Payments that she administered for her disabled son and that the accusation of misspending was false. There were five points of complaint, none of which were upheld.

April 2016- A complaint was made by a law centre acting on behalf of a young man with disabilities and a particular medical condition in respect of which he thought local authority funding should be provided for treatment in a specialist facility. The committee found no failings in the quality of service delivered to the complainant by Social Work, that proper consideration had been given to the residential option and that they had evidenced, that equally effective supports were available within the community. There were five points of complaint, none were upheld.

June 2016- D made a complaint on behalf of his sister J, regarding the failure of Social Work to meet J's assessed needs and provide support whilst she was in hospital. D also complained that J was distressed when family or care staff were not present. These two points of complaint were not upheld by Committee. They found that social work supports had continued to be provided to J whilst in hospital, albeit at a slightly reduced rate, despite the fact that J's care was at that time the responsibility of the NHS and no supports at all need have been offered. They also found no evidence that J was distressed as described.

June 2016- Foster carers B & A made complaints objecting to the minute of a placement breakdown meeting. Two points regarding minutes of the meeting were not upheld. It was accepted that Social Work had made appropriate changes due to factual inaccuracies and were correct not to make changes to disputed points that were matters of opinion, not fact. A third point of complaint was made to committee about perceived lack of support leading to the placement breakdown that had not formed part of the complaint originally considered. However as it was referred to in the original complaint, committee allowed this to form part of the focus and partially upheld the complaint, noting that there had been some gaps in support acknowledged by GCHSCP. No recommendation was made in respect of this finding.

June 2016- Client C made a complaint regarding an incorrect Occupation Therapy Assessment and poor attitude of the worker carrying out the assessment. Committee partially upheld one focus and wholly upheld another, citing two main failings. The first was that the case had been closed following assessment without confirmation of that fact. Whilst worker and client disagreed as to the basis of that and what was communicated between them, committee noted that there was no written confirmation of the outcome, leading to their recommendation as referred to above. The second point was that the worker acted outwith her remit by advising C that she would not receive a specific piece of equipment which led C to refuse further assessment. Committee highlighted that the decision on whether to provide that equipment was a matter for the Housing association and the worker should not have speculated upon what their decision would be.

July 2016 – Client W complained of three matters relating to an incident when his grandchild was taken into care. He complained that the social worker had failed to hand over a bag containing his granddaughter's belonging to her carer, that he was owed an apology for the bag being lost and that the response to his complaint had wrongly stated that all the facts in his original complaint had been incorrect. Committee did not uphold the first two focus but partially upheld the final focus on the basis that the response of social work was wrong to state that the bag had been mislaid rather than lost, albeit that it had been returned and had not been lost by social work staff. Committee made no recommendations and confirmed their view that no apology was necessary.

August 2016 – A complaint was made by C, carer for a young woman with profound disabilities. There were seven focus of complaint, none of which were upheld. These related to alleged failings in the assessment process and decisions about the level of support that her daughter should receive as well as an alleged failure to properly respond to a Subject Access Request. The Committee found that SWS had followed the procedures and processes ensuring that C's needs were properly assessed and had also properly executed the subject access request with the terms of their procedures.

August 2016 – W made a complaint about delays in awarding Free Personal and Nursing Care (FPNC) for his aunt who was in private residential care. There were four focus of complaint around this issue, none of which were upheld.

August 2016 – A made a complaint about the support for his family and progress of his application for permanent housing. There were in particular 5 focus of complaint relating to him living in overcrowded temporary accommodation for an extensive period of time without reasonable progress in his application, this being a risk to the health of his daughter, unsuitable for the needs of his disabled wife, a breach of their human rights and a failure to execute statutory duties on the part of the Local Authority. None of these complaints were upheld. Committee acknowledged the difficulty of A's situation and the complex needs of his family members but found that GCHSCP had attempted to offer alternative strategies for housing to meet those needs and suggested that a more flexible approach by Mr A may lead to a positive resolution for the family.

August 2016 – K made two complaints about the charges applied to her by her housing provider on behalf of the local Authority in respect of housing support services. There were two focus of complaint that the charge was unfair and that she was unaware of what supports she was being provided with in respect of these charges. Committee did not uphold either complaint.

August 2016 – O made complaints in relation to the attitude and competence of a student social worker who had carried out an assessment of her needs. There were 5 focus of complaint that the worker did not advise O that she was a student and had made many mistakes in the assessment, that the student and social work more generally had told may lies to O and had assassinated her character and that GCHSCP staff had refused to deal with her partner in respect of the matter. There were further complaints that she had been given incorrect information by Cordia and had not dealt properly with the complaint. Committee determined that complaints about Cordia were outwith their remit and upheld none of the other complaints other than partially upholding the complaint about the handling of the complaint on the grounds that the initial response had been sent to a wrong address and therefore the client was unaware it had been sent.

September 2016 – A law centre complained on behalf of C, a disabled service user objecting to proposed reductions in her package of care following review. There were five focus of complaint relating to the council proposing a drastic reduction in care without putting a viable care package in place, the reduction being unreasonable because it did not follow from a reduction in need, a failure to take into account the wishes of C and her carer leading to unfairness, a failure to take into account the psychological needs of C and a breach of Article 8 of the Human Rights Act (right to family life). None of these complaints were upheld by committee who commented that there was no evidence that the reductions in care proposed were drastic or would fail to meet C's needs, clear evidence that her wishes and those of her carer had been taken into account as well as her physical and psychological health needs, that the care plan and assessment appropriately reflected her needs and the resources that would meet those needs and that the human rights legislation cited had no obvious bearing on the matter. They further commented that social work had been more than considerate in deferring the proposed changes for 18 months.

3.7 Service Improvements

Of the 39 complaints that were fully upheld, 20 of them (51%) resulted in some remedial action or improvement in terms of provision of service for the client. All of the remainder led to an apology but no specific action. Of 37 complaints that were partially upheld 19 (51%) led to some improvement of provision. Of the remainder, 11 of 18 led to an apology to the client. Overall therefore for all complaints that were partially or fully upheld, 51% led to some improved provision.

The service improvements in question were usually at the level of individual interventions in the cases rather than service-wide changes to policy or procedure. This is likely to be the case for complaints that are often of a highly individual, complex and specific nature.

The kinds of improvements that took place at an individual level included those as listed below:

- **Financial:** Two service users had Free Personal and/or Nursing Care granted as a result of their complaint. Two services users had other funding put in place as a result of their complaints, Four clients were financially reimbursed or had debts written off
- **Allocation of workers:** Six service users had workers allocated to their case who had no allocated worker previously or an increased level of personal contact and support from the allocated worker as a result of complaint.
- **Expedited assessments and reviews:** Seven service users had assessments or reviews carried out or care plans approved either prior to or within a short period of the complaint being responded to, or a commitment made to carry out such an assessment within a short defined time period. This included one case where a LAAC review was convened again because the complainers had not been properly invited to the meeting
- **Increase in support:** One service users had 90% increase in his self-directed support care package.
- **Resolving homelessness:** Three homeless persons had revised decisions and/or further referrals for housing.
- **Staffing issues:** Six complaints led to staff being given additional support and training, instructed to improve their support to the client or spoken to formally about their work on the case. In one it was indicated that disciplinary action was being contemplated.
- **Information provision / Communication:** Five cases led to information being provided that had previously been absent, information being amended to improve accuracy or agreements being set out to improve communications with individual clients. These included the CBS website for Blue Badges being updated to advise clients that in certain circumstances blue badges might be issued for less than one year.
- **Process improvements / Review of practice:** Five cases led to improvements in process. (1) Fostering preparation groups were reviewed to ensure they gave applicants a full understanding of the possible impacts on families of foster carers. (2) Processes were amended to formally record on Care first a second point of contact for clients when student workers were allocated to a case. (3) Checks on pool cars were improved. (4) Procedures were updated to ensure that clients are advised in writing when there is an outcome of no further action following assessment. (5) A practice guidance note was sent advising all workers of the need to advise family members of the rules around funding relatives to provide care and the need to communicate decisions in writing where relatives were requesting this.

Glasgow City Integration Joint Board Finance and Audit Committee

Report By: Lorraine Reid, Administration Manager

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Tel: 0141 287 0421

**Health Complaints Review 2016/17 Quarter 1 and 2
(1st April 2016 to 30th September 2016)**

Purpose of Report:	This report is presented as part of a schedule of reporting on complaints, feedback, comments and concerns. The intention is that the information collated will be shared with local management teams and clinical governance structures to aid in achieving service improvement. Information as presented will also be incorporated into the quarterly report on Complaints made to the Health Board. Additionally the Board is now seeking more information on complaints processing and outcome, particularly in relation to the lessons learned from complaints and Ombudsman Reports.
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- Section 1 Executive Summary
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- Section 4 Cases referred to Scottish Public Services Ombudsman
- Section 5 Service Improvements

Section 1: Executive Summary

- 1.1 This report covers complaints, feedback, comments and concerns for the period 1st April 2016 – 30th September 2016 (Quarter 1 and 2 of 2016/17) related to Health Services now managed by Glasgow City Health and Social Care Partnership.
- 1.2 1004 complaints were received about these services during this period, together with 531 comments, concerns and other feedback. This was a slight increase in complaints by (2%) from the same period the previous year. The vast majority of complaints (94%) were about prison health care at HMP Barlinnie, HMP Greenock and HMP Low Moss.
- 1.3 On average (96%) of complaints were investigated and responded to within the time limit in the model procedure of 20 working days. However there was variation between sectors with North East sector meeting the target on (63%) West sector (63%) and South sector (73%).
- 1.4 90% of complaints were about three issues: standard of clinical treatment (65%), waiting times for appointments (22%) and attitude and behaviour of staff (3%).
- 1.5 Most complaints related to services offered by Salaried GPs and Salaried Dentists, reflecting their role within prison health care and the very large number of complaints in that area.
- 1.6 Overall 13% of complaints were upheld or fully upheld, split evenly between those two outcomes. However prison-based complaints were far less likely to be upheld or partially upheld (12%) when compared with all other areas combined (48%). Because of the high number of prison health care complaints the overall average is also low.
- 1.7 Complaints relating to health services at HMP Barlinnie prison were far more likely to be 'not upheld' (94%) than was the case at HMP Greenock (56%) and HMP Low Moss (84%). Complaints in South sector were also upheld significantly less frequently than those in North East and North West.
- 1.8 13 decision letters relating to these health services were issued by Scottish Public Services Ombudsman in this period. 8 (62%) were upheld or partially upheld. Details of decisions from the Quarter 1 and Quarter 2 of 2016/17 are given in section 4 of this report.
- 1.9 Service improvements and action plans have been identified in the majority of upheld or partially upheld complaints. These are detailed for complaints arising in the Quarter 1 and Quarter 2 of 2016/17 as set out in section 5 of this report. An e-learning package to assist staff in dealing with complaints is available on the NHSGGC Board's Learn Pro e-learning system modules and the recording of improvements and action plans is mandatory.

Section 2: Complaints process and report format

- 2.1 This report covers complaints, feedback, comments and concerns related to Health Services now managed by Glasgow City Health and Social Care Partnership. The information collated within this report is intended to be shared with local management teams and clinical governance structures to aid in achieving service improvement. Statistical information as presented is also incorporated into the quarterly report on Complaints made to the Health Board. This report addresses the requirement of both the Health Board and Integrated Joint Board for more detailed information on complaints processing and outcome, particularly in relation to the lessons learned from complaints and Ombudsman Reports.
- 2.2 The Patient Rights (Scotland) Act 2011 introduced an extension of the legal right of patients to complain, give feedback or comments, or raise concerns about the care they have received from the NHS. It placed a responsibility on the NHS to encourage, monitor, take action and share learning from the views received and the concerns expressed about the care they have received from the NHS. Further rights and duties were set out in Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012 and the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012. The process operates within the context of current Scottish Government Guidance "Can I Help You?" This report covers not only complaints but also feedback, comments and concerns.
- 2.3 The complaints process is the model NHS complaints procedure and policy as revised and updated within Glasgow on 1st August 2015. This is essentially a two stage process of (1) formal investigation and response within 20 working days and (2) Referral to the Scottish Public Services Ombudsman. The formal investigation may be preceded by a process aimed at informal resolution. The Ombudsman is currently reviewing this model and a new Complaints Handling Procedure (CHP) is expected in April 2017.
- 2.4 Whilst the usual timescales for response is 20 working days, there is provision to seek agreement to extend this to a total of 40 working days. Where a response is not provided within this timescale the Director is required to write to the complainant with the reasons for delay and giving the complainant the opportunity either to await the formal response or to pursue their complaint with the Ombudsman. Where consent to investigate is required, the timescale does not commence until consent has been received.
- 2.5 The report covers: (1) statistical information on volumes, timescales, issues complained of and outcomes (2) volume of cases referred to the Scottish Public Services Ombudsman and details of decisions in the final quarter (3) details of service improvements.
- 2.6 The data presented within this report is split geographically between Glasgow City Community Health Partnership and three geographic sectors (North East, North West and South) and sub-divided into the following headings: Health & Community Care, Mental Health Services, Specialist Children's Services, Children & Family Services, Sexual Health/Sandyford, Addiction Services. Data is provided separately for Acute Sites and Prison services.
- 2.7 All data on complaints is collated nationally by ISD and published annually. From 2015/16 ISD and Scottish Government have indicated that they will seek further information on action taken in response to complaints. The information will initially be limited to collecting information on action taken using 11 pre-set codes as follows: (1) Access (2) Action Plan (3) Communication (4) Conduct (5) Education (6) No Action Required (7) Policy (8) Risk (9) System (10) Share (11) Waiting. Information on actions / service improvement is presented in section 5 of this report.

Section 3: Statistical Information and Commentary

3.1 Volume of Complaints Received

During the period 1st April 2016 to 30th September 2016 a total of 1004 complaints were received as compared with 981 for the same period in the previous year.

A breakdown of complaints received during Quarter 1 and Quarter 2 of 2016/17 along with Quarter 3 and 4 of 2015/16 is set out in Table 1.

Table 1 – Volume of Complaints Received by sector / location

	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	Total
Glasgow City HSCP – Corporate (Homelessness)	0	1	1	1	3
Police Custody Healthcare	0	0	0	0	0
HMP Barlinnie	259	198	274	241	972
HMP Greenock	33	37	44	42	156
HMP Low Moss	181	169	157	182	689
Glasgow City HSCP - North East	16	10	10	8	44
Glasgow City HSCP - North West	16	17	14	15	62
Glasgow City HSCP - South	13	11	6	9	39
Total	518	443	506	498	1965

Clearly the highest volume of complaints overall are received within prison services which account for 1817 (92%) of the 1965 complaints received over the previous year.

Table 2 below reflects information on more informal feedback of comments and concerns which have, since October 2012, been recorded onto the DATIX complaints recording system. For Quarter 1 and Quarter 2 of 2016/17, there were 531 forms of feedback (including comments and concerns), the majority of which again came from Prison Health Care Services and from Sandyford clinic (North West Sector).

Table 2 – Volume of Feedback, Comments and Concerns by sector

	Comment	Concern	Feedback	Appreciation	Total
Glasgow City HSCP – Corporate (Homelessness)	0	0	0	0	0
HMP Barlinnie	0	0	262	0	262
HMP Greenock	0	0	25	0	25
HMP Low Moss	0	0	186	0	186
Glasgow City HSCP - North East	0	0	1	0	1
Glasgow City HSCP - North West	0	0	55	0	55
Glasgow City HSCP - South	0	0	2	0	2
Totals:	0	0	531	0	531

A more detailed breakdown of complaints received by each sector and location is given at table 3 below. This makes clear that although there are variations between the volumes in North East, North West and South Sector, these are determined by the individual services within each sector. For example the Sandyford Clinic located in North West accounts for more than half of all complaints in that sector as well as accounting for a volume of more informal feedback as highlighted in the preceding table .

Table 3 – Volume of Complaints Received by sector/location by quarter.

	15/16	15/16	16/17	16/17	Total
	Q3	Q4	Q1	Q2	
	Oct 15 to Dec 15	Jan 16 to Mar 16	Apr 16 to Jun 16	Jul 16 to Sep 16	
Glasgow City HSCP – Corporate & Prisons	473	405	476	466	1820
Health & Community Care (Note 1)	0	0	1	0	1
Police Custody Healthcare	0	0	0	0	0
HMP Barlinnie	259	198	274	241	972
HMP Greenock	33	37	44	42	156
HMP Low Moss	181	169	157	182	689
Mental Health Services (Note 2)	0	0	0	1	1
Rowanbank Forensic Medium Secure	0	1	0	0	1
Glasgow City HSCP - North East	16	10	10	8	44
Health & Community Care	3	2	1	1	7
Specialist Children's Services***	8	3	3	2	16
Skye House Adolescent Unit***	0	1	1	1	3
Mental Health Services	4	3	2	3	12
Stobhill Hospital	0	1	1	1	3
Parkhead Hospital	0	1	2	0	3
Homelessness Services**	1	0	0	0	1
Glasgow City HSCP - North West	16	17	14	15	62
Children & Family Services	0	0	0	1	1
Health & Community Care	1	3	9	5	18
Mental Health Services	4	1	0	0	5
Gartnavel Royal Hospital	4	1	2	2	9
Sexual Health/Sandyford	7	12	3	7	29
Glasgow City HSCP - South	13	11	6	9	39
Children & Family Services	0	0	1	0	1
Health & Community Care	3	5	0	1	9
Mental Health Services	10	3	4	4	21
Leverndale Hospital	10	2	1	4	17
Pharmacy and Prescribing Support Unit	0	1	0	0	1
Totals:	518	443	506	498	1965

Note 1 – Prison Health Care listed under relevant establishment

Note 2 – Covers Forensic & Tier 4 Learning Disabilities – these services transferred to Acute and East Renfrewshire HSCP from April 16

** Homelessness Services recorded under Glasgow City HSCP – Corporate from April 2016

*** Currently Specialist Children's Services are coded under Glasgow City HSCP - North East

3.2 Timescales for response

Table 4 below provides detail on the timescales achieved in responding to complaints. Performance is measured in terms of a normal response within 20 working days however, as referred to in section 2 above, there is provision to seek an extension with the consent of the service user. As can be seen there is some variation in performance with North West Sector performing relatively poorly compared with the other sectors. They do however have a higher volume of formal complaints and much higher volume of feedback and concerns to deal with.

Table 4 – Response Times of Closed Complaints

	Within 20 working days	Over 21 working days	Total	% by sector within 20 working days
Glasgow City HSCP - Corporate	2	0	2	100%
HMP Barlinnie	489	12	501	98%
HMP Greenock	82	2	84	98%
HMP Low Moss	294	7	301	98%
Glasgow City HSCP - North East	10	6	16	63%
Glasgow City HSCP - North West	15	9	24	63%
Glasgow City HSCP - South	8	3	11	73%
Total	900	39	939	96%

3.3 Complaints by issue

Table 5 below shows complaint issues by the staff groups with whom the complaints are associated. Table 6 shows complaints by issue and table 7 the specific type of service with which those issues are associated.

Table 5 – Complaint issues by staff group complained of

Category	Code	Issue	Sector					Total
			Prisons	Corporate	North East	North West	South	
J – Staff Group	1	Consultants / Doctors	2	11	11	15	6	34
	2	Nurses	396	8	8	8	5	417
	3	Allied Health Professionals	2	5	5	5	1	13
	4	Scientific/Technical	0	0	0	0	0	0
	5	Ambulance	0	0	0	0	0	0
	6	Ancillary Staff / Estates	0	0	0	1	0	1
	7	NHS board/hospital admin staff/member (exc. FHS admin)	1	1	1	2	1	5
	8	GP	476	0	0	0	0	476
	9	Pharmacists	0	0	0	0	0	0
	10	Dental	109	0	0	0	0	109
	11	Opticians	9	0	0	0	0	9
	12	Other	0	0	0	0	0	0

The high incidence of complaints regarding Salaried GPs and Salaried Dentists relates to the fact that, in the context of complaints falling within the domain of GCHSCP, these two

groups provide services within prisons, which are the source of the vast majority of complaints.

In terms of issues complained of, as set out in table 6 below, dissatisfaction with aspects of clinical treatment was the major issue of complaint (64% of all complaints cited this issue), followed by waiting times for appointments (21.6%) and complaints concerning the attitude and behaviour of staff (7.4%). Together these accounted for 93% of all issues complained of. The total number of issues exceeds the number of complaints as some complaints would have focussed on more than one issue.

Table 6 – Complaints by issue complained of

Category	Code	Issue	Sector					Total
			Corporate	Prisons	North East	North West	South	
A – Staff	1	Attitude/Behaviour	1	39	7	9	6	62
	2	Complaint Handling	0	10	0	0	0	10
	3	Shortage/Availability	0	0	0	0	0	0
	4	Communication (written)	0	0	0	0	2	2
	5	Communication (oral)	0	4	1	9	0	14
	7	Competence	0	2	0	1	0	3
			Total	1	55	8	19	8
B – Waiting times for	11	Date of admission/attendance	0	1	0	0	0	1
	12	Date for appointment	0	230	0	1	0	231
	13	Test Results	0	6	0	0	0	6
			Total	0	237	0	1	0
C – Delays in/at	21	Admissions/transfers/discharge procedure	0	1	0	4	0	5
	22	Out-patient and other clinics	0	0	0	0	0	0
			Total	0	1	0	4	0
D – Environmental /domestic	29	Premises	0	4	0	1	0	5
	30	Aids/appliances/equipment	0	2	0	0	0	2
	32	Catering	0	1	0	0	0	1
	33	Cleanliness/laundry	0	0	2	0	0	2
	34	Patient privacy/dignity	0	0	2	0	0	2
	35	Patient property/expenses	0	0	0	0	0	0
	36	Patient status	0	0	0	0	0	0
	37	Personal records	0	0	0	0	0	0
	38	Bed Shortages	0	0	0	0	0	0
	39	Mixed accommodation	0	0	0	0	0	0
	40	Hospital Acquired Infection	0	0	0	0	0	0
		Total	0	7	4	1	0	12
E – Procedural issues	41	Failure to follow agreed procedure	0	4	2	1	1	8

	42	Policy and commercial decisions of NHS Board	1	0	0	0	0	1
	43	NHS Board purchasing	0	0	0	0	0	0
	44	Mortuary/post mortem arrangements	0	0	0	0	0	0
		Total	1	4	2	1	1	9
F – Treatment	51	Clinical Treatment	0	689	11	5	4	709
	52	Consent to treatment	0	0	0	0	0	0
		Total	0	689	11	5	4	709
G – Transport	61		0	0	0	0	0	0
		Total	0	0	0	0	0	0
H – Other	71		0	0	0	0	0	0
		Total	0	0	0	0	0	0

In terms of services complained of by issue, table 7 below emphasises that, as with complaints, the overwhelming number of issues raised relate to clinical services within prisons.

Table 7 – Complaint issues by service

Service Area	Corporate	Prisons	North East	North West	South	Total
Accident and Emergency	0	0	0	0	0	0
Hospital Acute Services	0	0	0	0	0	0
Care of the Elderly	0	0	0	0	0	0
Rehabilitation	0	0	0	5	0	5
Psychiatric / Learning Disabilities Service	1	0	15	7	6	29
Maternity Services	0	0	0	0	0	0
Ambulance Services	0	0	0	0	0	0
Community Hospital Services	0	0	1	0	0	1
Community Health Services - not elsewhere specified	1	0	8	16	6	31
Continuing Care	0	0	0	1	0	1
Purchasing	0	0	0	0	0	0
Administration	0	0	1	2	1	4
Unscheduled Health Care	0	0	0	0	0	0
Family Health Services	0	0	0	0	0	0
Prison Services	0	993	0	0	0	993
Other	0	0	0	0	0	0
Total	2	993	25	31	13	1064

3.4 Complaints Outcomes

A breakdown of outcomes for those complaints completing the process is given at table 8 below. The number of formal complaints which were completed within Quarter 1 and Quarter 2 of 2016/17 was 1003. This includes complaints received in Quarter 4 2015/16 but not responded to until Quarter 1 of 2016/17. Overall (85%) of complaints were not upheld and (13%) were partially or fully upheld. A further (2%) were withdrawn or otherwise not progressed.

There were 940 complaints relating to prison services. Overall (87%) of complaints were not upheld and (12%) were partially or fully upheld. A further (1%) were withdrawn or otherwise not progressed.

Table 8 – Outcome of completed complaints by sector

	Consent Not Received	Fully Upheld	Partially Upheld	Not Upheld	Withdrawn	Transferred	Other	Total
Glasgow City HSCP - Corporate	0	0	1	1	0	0	0	2
Police Custody Healthcare	0	0	0	0	0	0	0	0
HMP Barlinnie	0	15	16	489	2	0	0	522
HMP Greenock	0	21	10	49	3	4	0	87
HMP Low Moss	0	22	28	279	2	0	0	331
Glasgow City HSCP - North East	0	1	8	9	1	0	0	19
Glasgow City HSCP - North West	0	10	4	13	2	0	0	29
Glasgow City HSCP - South	0	1	5	7	0	0	0	13
Total	0	70	72	847	10	4	0	1003
% of total (to 1 d.p.)	0	6%	7%	85%	1%	1%	0	100%

Table 9 below shows more detailed outcomes by sector and location. It can be seen from both tables that there is in fact some variation between outcomes for complaints in the three prison health services. Whilst complaints in Greenock and Low Moss are found to be 'not upheld' on 56% and 84% of occasions respectively, in Barlinnie complaints are 'Not Upheld' 94% of the time. There is also variation between the sectors, with North East upholding or partially upholding 47% of their complaints, North West 48% and South 46%.

Table 9 – Outcome of completed complaints by sector and location

	Fully Upheld	Partially Upheld	Not Upheld	Complaint Withdrawn	Consent Not Received	Transferred	Other	Total
Glasgow City HSCP – Corporate and Prisons	58	55	818	7	0	4	0	942
HMP Barlinnie	15	16	489	2	0	0	0	522
HMP Greenock	21	10	49	3	0	4	0	87
HMP Low Moss	22	28	279	2	0	0	0	331
Mental Health Services	0	0	1	0	0	0	0	1
Homelessness Services	0	1	0	0	0	0	0	1
Glasgow City HSCP - North East	1	8	9	1	0	0	0	19
Health & Community Care	1	1	0	0	0	0	0	2
Specialist Children's Services	0	4	3	0	0	0	0	7
Mental Health Services	0	3	6	1	0	0	0	10
Glasgow City HSCP - North West	10	4	13	2	0	0	0	29
Children & Family Services	0	1	0	0	0	0	0	1
Health & Community Care	1	2	7	1	0	0	0	11
Mental Health Services	2	1	1	1	0	0	0	5
Sexual Health/Sandyford	7	0	5	0	0	0	0	12
Glasgow City HSCP - South	1	5	7	0	0	0	0	13
Health & Community Care	0	1	1	0	0	0	0	2
Mental Health Services	1	4	5	0	0	0	0	10
Children and Family Services	0	0	1	0	0	0	0	1
Totals:	70	72	847	10	0	4	0	1003

Section 4: Cases referred to Scottish Public Services Ombudsman

- 4.1 The Ombudsman issues either formal reports, which are laid before Parliament, or decision letters which are issued to the relevant public sector body. Such decision letters may advise that the authority should comply with recommendations made by the Ombudsman. Formal reports cover those matters of public interest which the Ombudsman considers should receive wide awareness beyond the affected authority.
- 4.2 During Quarter 1 and Quarter 2 of 2016/17, there were 13 Ombudsman decision letters received involving the HSCP or local GP/Dental Services. Table 10 below shows the outcomes of those decisions.

Table 10 – Outcome of decisions by SPSO

Service	Upheld/ Partially Upheld	Not Upheld	Not Progressed/Taken Forward
GP Services	0	1	0
Dental Services	2	0	0
Mental Health Services	2	1	0
Community	2	0	0
Prison Healthcare	2	3	0
Total	8	5	0

- 4.3 Certain reports or decision letters have an impact on the services provided within Glasgow City. Where decisions are made against a General Practitioner it is for the Practice to respond, but through the Locality Clinical Directors support may be provided in helping GPs to respond or change systems. The Ombudsman also looks to Boards to ensure recommendations made in relation to GP Practices are implemented.
- 4.4 Decisions issued for five cases in the period 1st April – 31st Sept 2016 are outlined below indicating whether complaints were upheld and any recommendations made.

(a) Complaint against Community Healthcare Services xxxx07796
Decision dated 17th May 2016 – Complaint Partially Upheld (1 recommendation)

This complaint has 2 issues:

Issue 1: The pharmacy has not provided a reasonable response to the patient’s complaint about the way she was treated by a pharmacist.

Issue 2: The pharmacy failed to reasonably respond to the issues the patient raised during the complaint process.

The Ombudsman reviewed all documentation provided as part of this investigation.

Issue 1: In this issue the Ombudsman noted the Pharmacy responded promptly to the complaint with an apology. The Ombudsman is satisfied that the Pharmacy were not under any obligation to provide a detailed point by point account, or analysis, of the conversation based on the recollection of the pharmacist in the way the complainant wanted. The Ombudsman has not upheld this complaint.

Issue 2: Whilst the Ombudsman noted the Pharmacy responded promptly and reasonably to the complaint they failed to refer the patient to the Ombudsman office at any stage of the complaint process, as they are obliged to do under NHS rules. On the basis of this the Ombudsman has upheld this complaint and has made 1 recommendation.

Recommendation	Completion Date
Pharmacy to update their complaints procedure to ensure the correct advice is given to complainants. Provide SPSO with a written process and evidence of its circulation to relevant staff	19 th August 2016

(b) Complaint against Dental Healthcare Services xxxx7696
Decision dated 23rd May 2016 – Complaint Upheld with (2 recommendations)

The patient is complaining that the service did not provide her with reasonable dental treatment while attending the service with gum disease.

The Ombudsman reviewed all documentation provided as part of this investigation and sought professional advice from an Independent Dental Adviser (the Adviser).

The Advisor has noted that the overall treatment received by the patient was appropriate for the periodontal disease she presented with. However, the patient had developed an abscess which was wrongly considered to be only a periodontal (gum) abscess. The diagnosis was shown to be incorrect and it would have been appropriate for this to have been confirmed by x-ray. The Ombudsman considered the failure to x-ray the infected tooth resulted in a delay in providing the patient with the correct diagnosis which led to repeated visits to the dentist before the patient was provided with the correct treatment. This complaint has been upheld with recommendations.

Recommendations	Completion Date
The Board review its procedures to ensure that patients presenting with abscess or associated swelling receive x-rays in line with GDC guidance	8 weeks from date of this letter
The Board apologises for the failures to identified in this case	6 weeks from date of this letter

(c)Complaint against Mental Healthcare Services xxxx08551
Decision dated 31st May 2016 – Complaint Not Upheld

This complaint has 3 issues:

Issue 1: Her daughter was unreasonably detained

Issue 2: Nursing staff unreasonably restrained her daughter around the time that she was sectioned.

Issue 3: It was unreasonable that appropriate medical staff were unavailable until the day after her daughter was sectioned.

The Ombudsman reviewed all documentation provided as part of this investigation and sought professional advice from a Psychiatric Adviser (the Adviser).

The Ombudsman did appreciate that the events that occurred must have been extremely distressing for the patient and her family. However, concluded that the cumulative criteria were met, it was reasonable that the patient was detained under an Emergency Detention Certificate. In view of this together with advice received, the Ombudsman has not upheld this complaint.

(d)Complaint against Prison Healthcare Services xxxx08524
Decision dated 2nd June 2016 – Complaint Partially Upheld (3 recommendations)

The patient's complaint involves 2 issues:

Issue 1: a nurse unreasonably refused to issue an inhaler on 21st Aug 2015

Issue 2: the board failed to inform the patient of their inhaler policy

The ombudsman reviewed the letter of complaint, information provided by the board and the patient's prison health records.

Issue 1: The Ombudsman had noted from the patients' prison records that there was no entry written on 21st Aug 2015 by Nurse 1. An entry written on 22nd Aug indicated it was written by Nurse 2, the patient had been asked for his old inhaler in exchange for a new one (as per guidance). The ombudsman cannot reach a finding that the nurse 1 unreasonably refused to issue the inhaler, therefore, does not uphold this complaint.

Although the Ombudsman has not upheld the complaint, there is concern about the recording of this incident and it should have been made clear in the entry relating to the incident date and why it was written the next day. Therefore, the Ombudsman is making a recommendation to address this failing.

Issue 2: The board advised the Ombudsman the protocol had been in place since March 2012 and all prisoners were made aware of the protocol on admission and while receiving inhalers from the pharmacy. However, the board said they do not record that empty inhalers have been returned, and they could not provide the Ombudsman with a copy of the protocol for receiving empty inhalers. Since the Ombudsman had not seen any evidence to show that the patient had been informed of the inhaler policy the Ombudsman has come to the decision that this complaint should be upheld.

The Ombudsman is concerned that the board are apparently applying a protocol that is no longer available. Therefore, assuming prisoners are to continue returning empty inhalers, a recommendation will be made to address this issue.

Recommendations	Completion Date
The board ensure that Nurse 1 is reminded of the importance of complying with Section 10 of the NMC Code in relation to record keeping	1 st July 2016
If prisoners are to continue returning empty inhalers, the board ensure that a replacement protocol is written without delay, and is stored so it can be accessed and will not be lost due to staff changes	1 st July 2016
The board ensure that prisoners are made aware of the replacement protocol, and provide evidence of this to the Ombudsman.	1 st July 2016

(e)Complaint against Prison Healthcare Services xxxx08695
Decision dated 9th June 2016 – Complaint Upheld (3 recommendations)

The patient is complaining that the service failed to provide a reasonable standard of care.

The Ombudsman reviewed all documentation provided as part of this investigation, and obtained independent professional advice from a mental health adviser.

The Ombudsman had noted that the patient gave a commitment to staff in the past that he would let them know when he was experiencing thoughts of harming. The patient reported such thoughts to the psychologist who in turn referred him to the Mental Health Team for assessment. From the advice the Ombudsman has received, as set out in the ACT 2 Care strategy, there should have been a team approach to assessing and making a joint decision on the risk of harming in light of historic factors which do not appear to have been considered at this time. The Ombudsman received advice that the patient should have been managed under ACT 2 care until such time that a multi-disciplinary team decided the level of risk no longer needed such arrangements to be in place. In view of this advice, this complaint has been upheld and recommendations made.

Recommendations	Completion Date
The Board issue a written apology to the patient for the failings identified	8 th July 2016
Ensure all relevant staff in the health centre are aware of the ACT 2 Care approach where patients should be subject to the individualized risk management arrangements	5 th August 2016
Share these findings with the staff involved in the	8 th July 2016

Section 5: Service Improvements

- 5.1 Since Quarter 1 of 2015/16 actions arising from complaints are now recorded using a national coding system set out by ISD as referred to in section 2.7 above. Table 11 below lists these codes in details. This excludes prison healthcare however. Actions relating to Prison healthcare are reported to the Prison Healthcare Operational and Clinical Governance meetings for review and to help inform the Action Plan.
- 5.2 Table 12 below shows the actions taken in each individual case that has been fully or partially upheld for the period 1st January – 31st March 2016. Actions for preceding quarters have been reported in previous quarterly reports. Where applicable, a description of the planned or implemented service improvements are listed in the final column of this table. In some cases no service improvement has been identified.
- 5.3 Staff have been advised of the importance of ensuring that where a complaint is upheld lessons learned are recorded so that these can be shared with colleagues and other clinical teams. In cases where service improvement is indicated as “none”, this confirms that the investigator has considered this point and identified that there was no specific learning or action point arising from the complaint. The extent to which investigators and managers actively review lessons learned from complaints is variable and remains an area for Improvement.
- 5.4 NHS NES have developed an e-learning package to assist staff in recognising complaints, feedback, comments and concerns and providing advice on conducting investigations. This is available on the Board’s Learn Pro e-learning system modules. The core complaints modules are required to be undertaken by all staff involved in handling NHS complaints on a regular basis.

Table 11 - Listing of ISD codes Action Type and Action Taken

Check Box	Code	High Level	Check Box	Code	Detail Descriptor
<input type="checkbox"/>	K01	ACCESS			Improvements made to service access e.g.
			<input type="checkbox"/>	01	booking arrangement
			<input type="checkbox"/>	02	signage
			<input type="checkbox"/>	03	appointment times
			<input type="checkbox"/>	04	patient pathway/journey
<input type="checkbox"/>	K02	ACTION PLAN			Action plan(s) created and instigated e.g.
			<input type="checkbox"/>	01	Lead Manager co-ordinating improvements
			<input type="checkbox"/>	02	Service review instigated
<input type="checkbox"/>			<input type="checkbox"/>	03	Service improvement identified
<input type="checkbox"/>	K03	COMMUNICATION			Improvements in communication staff-staff or staff-patient e.g.
			<input type="checkbox"/>	01	Early engagement/resolution with complainant
			<input type="checkbox"/>	02	Meeting complainant – Provide explanation
			<input type="checkbox"/>	03	Staff suggestions for improvement
			<input type="checkbox"/>	04	Agenda for Board or team meeting
			<input type="checkbox"/>	05	Patient involvement
<input type="checkbox"/>	K04	CONDUCT			Conduct issues addressed e.g.
			<input type="checkbox"/>	01	Conduct issues – discussed with staff
<input type="checkbox"/>			<input type="checkbox"/>	02	Values/behaviour – agreed with staff
<input type="checkbox"/>	K05	EDUCATION			Education/training of staff e.g.
			<input type="checkbox"/>	01	Learning/training opportunities identified
			<input type="checkbox"/>	02	Training/development implemented
<input type="checkbox"/>	K06	NO ACTION REQUIRED			No action required e.g.
			<input type="checkbox"/>	01	Case still open
			<input type="checkbox"/>	02	Consent not given
			<input type="checkbox"/>	03	Irresolvable – Funding or expectations too high
			<input type="checkbox"/>	04	Not upheld
			<input type="checkbox"/>	05	Transferred to another Board/Organisation
			<input type="checkbox"/>	06	Withdrawn
<input type="checkbox"/>	K07	POLICY	<input type="checkbox"/>	01	Policy/procedure review
<input type="checkbox"/>	K08	RISK	<input type="checkbox"/>	01	Risks added to risk register
<input type="checkbox"/>	K09	SYSTEM			Change to systems e.g.
			<input type="checkbox"/>	01	Change – Booking system
			<input type="checkbox"/>	02	Change – Complaints reporting system
<input type="checkbox"/>	K10	SHARE			Share lessons with staff/patient/public e.g.
			<input type="checkbox"/>	01	Learning points shared with teams
			<input type="checkbox"/>	02	Demonstrate lessons learned
			<input type="checkbox"/>	03	Share improvements/action plans with complainant
<input type="checkbox"/>	K11	WAITING			Review waiting times
			<input type="checkbox"/>	01	Review of waiting times

Table 12 - Service Improvements Identified for Completed Complaints Partially or Fully Upheld (1st April 2016 – 30th September 2016)

Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
B2016/0197	Patient states he has not received a repeat of his cream.	Fully Upheld	Action Plan	Pharmacy to issue all medication for treatment of scabies in the first prescription
B2016/0221	Patient states he has not received his medication.	Fully Upheld	Communication	K03-01 Early engagement/resolution with complainant. Patient's medication had been ordered late, patients medication has now been supervised to stop further issues.
B2016/0234	Patient states he has not seen the Doctor after submitting two requests.	Partially Upheld	Communication	K03-01: early engagement/resolution with complaint. Patient has medication and an appointment has been arranged for 15/04/2016 to see the GP re results and hospital appointment.
B2016/0238	Patient states he was not seen by the Doctor on his appointment date and has not heard back why and if he has another appointment date.	Fully Upheld	Access	K01-01: Access - Booking appointment. Patient has been seen by the GP and analgesia prescribed.
B2016/0239	Patient states he has not been receiving his medication on time.	Fully Upheld	Communication	K03-01 Early engagement/resolution with complainant. Apologies given to patient. Patient has also been referred to Oral Health Improvement Service regarding registering with a Dentist.
B2016/0242	Patient states he has not received his next Hep B vaccination.	Fully Upheld	Communication	K03-01 Early engagement/resolution with complainant. Optician appointment has been re-arranged. Hep A & B vaccination arranged for this week. Patient has dental appointment 27/05/2016.
B2016/0248	Patient states he is not happy with his location in the hall due to his leg ulcers and has issues with his medication.	Partially Upheld	Communication	K03-01 early engagement/resolution with complainant. Patient and Doctor to agree care plan.
B2016/0258	Patient states he has not received his medication since being admitted to prison.	Partially Upheld	Communication	K03-01 early engagement with complainant. Meeting with patient to supply patient with a GP appointment to allow discussion re medication not being prescribed.
B2016/0263	Patient states he is not receiving his medication correctly.	Partially Upheld	Communication	K03-01 Early engagement /resolution with complainant. Patients medication has now been ordered

B2016/0265	Patient states he is not receiving his medication.	Fully Upheld	Action Plan	K02-03: Action Plan-Service improvement identified. Practitioner Nurses returning from hall clinics should ensure and double check that all medications which have been prescribed are ordered from pharmacy. Clinical Managers/Senior Nurses responsible for clinical care should on a daily basis check with Primary care staff the outcome of consultations and support protected time for staff to complete necessary administration. Issues regarding record keeping should be raised and recorded during supervision with P/N.
B2016/0282	Patient states he is not receiving his medication on time.	Fully Upheld	Communication	K03-01:Early engagement /resolution with complainant. Patient given apology for no communication given to him in regards to change of medication. GP appointment given to discuss medication
B2016/0335	Patient states his course in packet medication is over one week late.	Partially Upheld	Communication	K03-01: Communication - Patient has been apologised to on behalf of the health centre due to the oversight
B2016/0352	Patient unhappy with medication being late	Fully Upheld	Communication	K03-01 Early engagement/resolution with complainant - Senior Nurse apologised to patient and has ordered his discharge prescription.
B2016/0354	Patient wishes to see GP due to anxiety and panic attacks	Fully Upheld	Communication	K03-01: Communication - Early engagement/resolution with complainant -Patient now has an appointment to see the GP.
B2016/0356	Patient has not received his medication	Fully Upheld	Communication	K03-01 early engagement/resolution with complainant - Patient is currently awaiting assessment by the Mental Health Team.
B2016/0396	Patient states he has not been receiving his medication since being admitted.	Partially Upheld	Action Plan	K02-03 Service Improvement Identified. Consideration of process development to identify and cover non response should be developed to improve service
B2016/0402	Patient is unhappy with not receiving his medication	Partially Upheld	Action Plan	K02-03 Service improvement identified. GP's should make reference to ECS as part of the admission process and give reasons why medication is not prescribed

B2016/0417	Patient states he is not happy with the treatment he has received from the Doctors.	Partially Upheld	Share	K10-01 Share. Learning points share with teams.
B2016/0451	Patient unhappy with his prescription by GP	Partially Upheld	Share	K10 - 01 Share learning points with staff.GP should be examining the prisoner to determine whether he requires a detoxification before discontinuing another GP's prescription
B2016/0464	Patient states he is not receiving his medication.	Fully Upheld	Communication	K03-01 Communication. Early engagement/resolution with complainant.
B2016/0481	Patient unhappy with not receiving his medication and also previously not receiving his medication on time.	Partially Upheld	Action Plan	K02-01 Lead Manager co-ordinating improvements.
B2016/0491	Patient states he has not been receiving his medication.	Partially Upheld	Communication	K03-02: Communication: Meeting with patient and explaining that the service are trying develop a robust ordering service which can evidence when patients do not order medication on time.
B2016/0492	Patient states he has not seen the Doctor on his appointment dates. Patient also states he is not receiving his treatment for his nails.	Partially Upheld	Action Plan	K02-03 Service Improvement Identified. Staff issuing Appointment slips for all services should sign and date the slip and make a corresponding entry into the Vision Record to support accountability and responsibility for delivery of health care.
B2016/0498	Patient states he is not receiving his medication.	Partially Upheld	Share	K010-01 Share learning points with staff re patient's locations during court appearance.
B2016/0536	Patient states he is not receiving his medication on time.	Fully Upheld	Communication	K03-01 Early engagement/resolution with complainant and discuss with staff the importance of prescription being submitted to ensure continuity for care.
B2016/0542	Patient states he has been waiting too long for a vaccination.	Fully Upheld	Communication	K03-01 Early engagement/resolution with complainant and early engagement to supply patient with appointment to continue continuity of treatment.
B2016/0551	Patient states he is not receiving his medication on time and continues to have problems with his medication.	Partially Upheld	Share	K10-01 Learning points to be shared with teams. Will be raised at staff meeting.

B2016/0568	Patient states there is a lack of continuity of treatment.	Fully Upheld	Communication	K03-03 staff suggestions for improvement. All prescription kardex's should be transferred with prisoners and / or scanned onto docman prior to transfer Nurses should add patient to hall treatment list for the day's treatment are due and inform patient of treatment days.
B2016/0570	Patient states he is not receiving his medication on time.	Partially Upheld	Share	K10-01 Learning points shared with teams. Senior Nurse met with Practitioner Nurses to ensure error does not happen again. Practitioner Nurses to be more careful when filing prescriptions.
B2016/0621	Patient states he is not receiving his medication and is affecting his mental health.	Partially Upheld	Education	K05-01 Learning/training opportunities identified. Ensure patients are ordering medications correctly to stop any delay in patient's receiving medications.
B2016/0627	Patient states he is not receiving his medication on time.	Fully Upheld	Communication	K04-03 Staff suggestions for improvements. Ensure medications are reviewed on time.
ECY16-07	Lack of care. Frustration. Feel son is being discriminated against	Partially Upheld	Communication, Education	K03 - 05 - COMMUNICATION - Patient involvement - Staff reminded to be clear when communicating with families with regards to explain underlining speech and language difficulties that have been identified K05 EDUCATION - 02 - Training/development implemented Speech and Language Therapy senior staff intend to organise a seminar about Speech, Language and Communication difficulty and underlying causes, for professional colleagues. This will ensure that correct advice about speech, language and communication is given to parents by professionals who are not registered Speech & Language Therapists.
ECY16-09	Unhappy with the conduct and manner of clinician	Partially Upheld	Education	K05 01 - EDUCATION - 02 All our staff have regular supervision and continuous personal development sessions that allow them to reflect on how they can improve

ECY16-13	Unhappy information has been shared with school without her consent & son fell after an incident in a clinic	Partially Upheld	Communication	K03-04: Agenda for team meeting Remind all medical staff of good practice standards regarding sharing of information with parents in these circumstances.
ECY16-19	Feels a Therapist unlawfully shared information regarding daughter	Partially Upheld	Action Plan	K02-01 - Action Plan - Lead Manager coordinating improvements the investigation acknowledged that there requires to be more clarity in relation to requests for child information made by partner agencies in relation to the purpose of the request and whether these requests fall under welfare, wellbeing and/or child protection. Furthermore clarity is required in terms of the processes linked with each of these areas and the responsibility for communicating these concerns and to whom. A meeting with senior colleagues in Education Services is to be arranged to discuss communication protocols across agencies and to parents in situations where our staff are exercising their duty to attend a meetings regarding welfare called by our partner agencies in the context of wellbeing.
G2016/032	Complaints relate to not receiving painkillers that is need for ulcerated leg and not receiving medication for high blood pressure as Service user was advised by hospital that she would be prescribed medication once she was returned to prison.	Partially Upheld	Education	K05-01: Education - Case highlighted to staff and advice for similar circumstances given.
G2016/033	Service user was previously informed she would be started on Suboxone 3 weeks prior to release but is now told that due to new protocol this will not happen even though her outside prescriber has agreed to prescribe it. Due to see doctor 31.03.2016 - This did not happen and further complaint has been rec'd for the same reasons as above.	Fully Upheld	Access	K03-02: Communication - Met with patient and offered an explanation and apology.

G2016/038	Service user wishes to be prescribed the medication he was taking before being admitted into Prison as he is in severe pain.	Fully Upheld	Communication	K03-03: Doctor to be advised of correct process to follow in future.
G2016/040	Patient's times to receive his medication coincide with his gym time. Unhappy and wants times changed to allow him to go to gym.	Fully Upheld	Access	K01-03: Patient will attend the gym and medication will be given at a different time.
G2016/041	Service user had consultation with Medical Officer and felt he had no interest in helping with her medical issues.	Partially Upheld	Conduct	K04-01 Partially upheld. New app made for patient to see another Medical Officer
G2016/047	Complaint is regarding patient's taking of suboxone and how quickly this was digested and the repercussions of this.	Fully Upheld	Education	K05-02: Education- Training/Development Implemented. Staff agree it can take less than 3 minutes for Suboxine to dissolve in mouth
G2016/050	Patient unhappy with attitude of member of staff regarding his medication and treatment.	Partially Upheld	Conduct	K04-01: Conduct was discussed amongst staff
G2016/056	Service user unhappy with time she has had to wait so long for dentures. She attended hospital for dental treatment and had taken dentures with her as planned however they did not fit - she has had new impressions taken and was told she would be seen again in 4 weeks, this has not happened.	Fully Upheld	Waiting	K11-01: Delay in her treatment to be discussed with Dentist.
G2016/057	Unhappy with Dental appointments	Fully Upheld	Waiting	K11-01: Review of how waiting list is managed.
G2016/058	Unhappy with Dentist waiting list	Fully Upheld	Share	K10-01: Learning points to be shared amongst the team
G2016/061	Unhappy with results from drug testing	Fully Upheld	Communication	K03-02: Meet with complainant and correct processes with be reiterated to SPS managers
G2016/064	Patient needs his mattress.	Partially Upheld	Access	K01-04: Access - Patient Pathway/Journey. Mattress will be sent from previous establishment for patient to use.
G2016/066	Patient was listed for the dentist on 4th May but due to computer issues he was not seen. He is still waiting to have	Fully Upheld	Access	K01-03: Access - Appointment times to be reviewed, Clinical manager will approach the dental manager.

	another appointment to have his tooth fixed.			
G2016/070	Patient complaining about length of time waiting to see Dentist	Fully Upheld	Communication	K03-02: Communication. Senior practitioner nurse to discuss with Dental Team.
G2016/071	Patient unhappy she is having to see Doctor again prior to receiving Methadone.	Fully Upheld	Communication	K03-01: Resolution agreed with patient.
G2016/076	Patient has referred to see the dentist many times but feels she has been forgotten about. She is worried that she will lose most of her teeth if she is not seen soon.	Fully Upheld	Communication	K03-01: Communication - Early engagement/resolution with complainant. It has been explained to patient that 2 Officers are required to facilitate the clinic but only one was available on the day. Apology offered and listed for next available appointment.
G2016/080	Been in prison 4 months and not seen dentist.	Partially Upheld	Access	K01-03: Access. Due to meet with dental nurse regarding management of waiting list.
G2016/081	Patient believes his medication has been cut since he has been here even when he has countless health problems. Patient believes he should be attending Stobhill Hospital for a CT scan.	Partially Upheld	Access	Patient has been listed for Doctor to discuss his medication issues
G2016/085	Complaint is regarding medication issues following his transfer from HMP Kilmarnock.	Fully Upheld	Access	K01-04:Patient pathway/journey - Patient transferred from another establishment who did not share information about medication. Patient met with MO on 07/07/2016.
G2016/088	Patient stating he did not receive his medication on Thursday last week when prescribed by Medical Officer on Thursday morning.	Fully Upheld	Share	K10-01:Learning points shared with team - Information shared with Nursing team.
G2016/091	Complainant has not received his medication despite asking for them numerous times.	Fully Upheld	Communication	K03-01 - Communication - Have met with patient and apologised, patient has now received his medication.
G2016/094	Patient is unhappy at the way nursing staff treated her when she was swallowing her medication.	Fully Upheld	Share	K10 01:Learning points shared with team - Nurse involved and rest of team advised visual check only.

G2016/096	Patient has not had two of his medications since he arrived here on Monday 1st Aug.	Partially Upheld	Share	K10-01: Management met with patient and the Pharmacy issues were explained to patient. The management team will continue to work with staff during supervision and training to ensure learned points are shared.
G2016/097	Having issues with his medication states he hasn't received what he is prescribed	Partially Upheld	Share	K10-01: Management have explained to patient the timescales they worked to in regard to the medication he expected. The learned points will be shared with the team during supervision and training.
G2016/098	Patient feels he has not received his proper medication and is having sleeping difficulties	Fully Upheld	Communication	K03-02: Communication - Meeting with patient to provide explanation and apology was given to patient for any distress or discomfort he may have suffered during the process of clarifying his medication regime.
G2016/100	Service user has not had depot injection he believes he should have had last week.	Partially Upheld	Share	K10-01: Management met with patient and explained that due to a Pharmacy issue, injection was late. Management will continue to work with staff during their supervision and training to share learned points.
G2016/104	Patient is complaining that he has been unable to see an Addictions Nurse since his transfer, regarding his medication.	Fully Upheld	Access	K01-04: Management met with patient and apologised for delay in discussing their medication. An appointment with the MO was arranged within 24hrs. Patient was fully satisfied with this.
G2016/108	Service user states he was at court and missed receiving his weekly medication. On returning from court an officer spoke to a nurse who stated she had placed medication in service users cell. Service user was put on report by SPS staff and states the Governor looked at camera footage to note the nurse did not go inside the service user's cell. Service user wishes an apology and also to receive his weekly medication unsupervised again.	Fully Upheld	Communication	K03-01: The Health Care Support Worker met with patient and apologised for any upset and distress caused by her mistake. Patient accepted the apology. New process has been designed & implemented.
G2016/115	Unhappy with GP changing her medication and delay in receiving wrist	Fully Upheld	Communication	Investigator advised patient he would discuss with GP and look into delay in receiving wrist brace

	brace			
G2016/119	Patient was told by GP that her dose of Seroxat (20mg) would be increased to 40mg. This has not happened as yet.	Fully Upheld	Communication	K03-01: Clinical Manager met with patient and as she has tolerated the 20mg dose of seroxat, this dose cannot be increased to 40mg. Patient happy with decision.
G2016/121	Patient is concerned because she has put in 5 medical referrals and has seen the doctor and nurse but still feels that her medication is not correct for how she is feeling at the moment and she is concerned she will self-harm as a result.	Partially Upheld	Communication	K03-01: Communication - Early resolution with complainant - Senior Alcohol Liaison Nurse informed patient he would relist her for an appointment with Medical Officer on 27/09/2016. Immediate Response signed by patient.
GCHSCP2016/01	Patient made a complaint about treatment received from MHS. Complaints were as follows: 1. Staff attitudes and behaviour 2. Lateness of CPN for planned appointments 3. Referral to Trauma Service 4. Letter sent to your Doctor 5. Student Nurses in attendance at CPN appointments 6. CPN visiting without informing you or support worker of visit 7. CPN told Elpis staff you wanted to rebuild relationship with family and you advise this was not the case	Partially Upheld	Communication, Share	
LM2016/123	Patient claims that he suffers from depression and PTSD. Patient claims that he is not being prescribed the medication that he requires for these conditions.	Fully Upheld	Action Plan	K02-03: Action Plan - Service improvements have been identified, will discuss at next team meeting. K02 03 service Improvement Identified
LM2016/140	Patient complaining about not seeing the GP after putting in referral forms. Also wants to see mental health team.	Fully Upheld	Share	K10-03: Share - Apologies have been given to the patient, the patient is now set up to see the GP and mental health team.

LM2016/146	Patient claims that he has not received his medication despite ordering it on time.	Fully Upheld	Action Plan	K02-03: Action Plan - Service improvement identified and will be discussed with staff members at next team meeting.
LM2016/147	Patient claims that he has fillings that have fallen out and want to see the dentist.	Fully Upheld	Action Plan	K02-03: Service Improvement identified - Apologies given to patient, service improvements have been identified.
LM2016/155	Patient wants his medication at the proper dose and at the correct time.	Partially Upheld	Action Plan	K02-03: Service improvement Identified - Apologies given to patient, service improvements have been identified.
LM2016/162	Patient not happy about not receiving his medication.	Partially Upheld	Communication	K03-01: Communication/Early Engagement with complainant - Patient now getting medication, Apologies given to patient.
LM2016/163	Patient wants an apology and an explanation because an officer knows his medication.	Partially Upheld	Conduct	K04-01 - Conduct - Discussed with staff - Apology has been given to the patient. Clinical Manager will meet with staff members and discuss the importance of following policy procedures.
LM2016/171	Patient not happy that he is without medication.	Partially Upheld	Communication	K03-02 Meeting complainant - Provide explanation - Apologies given to patient on the delay of his medication.
LM2016/179	Patient not happy with his medication and how the nurse handled his medication.	Fully Upheld	Action Plan	K02 Action Plan 02 Service Review Instigated - The handling of Kardex's is currently being reviewed
LM2016/195	Patient not happy that medication did not come.	Fully Upheld	Share	K10-01: Share - Apologies given to patient as his medication was late. To discuss and share learning points at next team meeting.
LM2016/205	Patient not happy about not getting his medication.	Fully Upheld	Communication	K03-01: Communication. Apologies to patient on not getting his medication on time.
LM2016/212	Patient feel he has be punished for doing nothing wrong.	Partially Upheld	Share	K10-01 Learning points shared with teams. Nurse will share learning points so the same situation does not occur again.
LM2016/215	Patient wants the nursing staff to do their jobs.	Fully Upheld	Communication	K03-03: Communication-Staff suggestions for improvements - Will discuss improvement ideas with staff at next team meeting.

LM2016/227	Patient doesn't think that the staff listen to him and wants his complaints answered correctly.	Fully Upheld	Share	K10-01: Share - Learning points will be shared with staff teams at next staff meeting.
LM2016/231	Patient claims that he did not get his medication	Fully Upheld	Communication	K03-02 Meeting complainant - Provide explanation. An apology given to patient as medication was a day late.
LM2016/233	Patient claims that he was given the wrong medication for his illness on 2 separate occasions.	Partially Upheld	Communication	K03-02 Meeting complainant - Provide explanation. Met with complainant and apologies to patient, explained how this happened and nurse will speak to team to ensure this does not occur again.
LM2016/250	Patient wants the medication that he requires.	Fully Upheld	Share	K10-01 Learning points shared with teams
LM2016/252	Patient wants his medication when it's due.	Partially Upheld	Share	K10-01 Learning points shared with teams. Nurse will share learning points so the same situation does not occur again.
LM2016/254	Patient wants to see the dentist.	Partially Upheld	Share	K10-01 Learning points shared with teams. Nurse will share learning points so the same situation does not occur again.
LM2016/257	Patient states that he has not received any pain or sleep medication.	Partially Upheld	Share	K10-01 Learning points shared with team. Nurse will share learning points so the same situation does not occur again.
LM2016/259	Patient claims that he was prescribed new medication when he saw the GP and he did not receive it.	Partially Upheld	Share	K10-01 Learning points shared with teams. Nurse will look how this happened and make sure this does not happen again.
LM2016/262	Patient wants to see the dentist.	Partially Upheld	Communication	K03-02 Meeting complainant - Provide explanation. Nurse has spoke to patient about the situation and patient is now happy with the plan.
LM2016/265	Patient wants his medication sorted out.	Partially Upheld	Share	K10-01 Learning points shared with teams. Nurse will share learning points so the same situation does not occur again.

LM2016/269	Patient not happy his medication was reduced.	Partially Upheld	Action Plan	K02-02 Service review instigated Investigation will take place around the reason for the community GPs prescribing higher doses of certain medication.
LM2016/270	Patient wants to see the doctor to get the correct treatment.	Fully Upheld	Waiting	K11-01 Review of waiting times Nurse will look how this happened and make sure this does not happen again.
LM2016/301	Patient not happy about medication.	Fully Upheld	Share	K10-01 Learning points shared with teams. This will be passed on to the team to make sure they are aware of the situation and so this does not occur again.
LM2016/323	Patient wants put on suboxone.	Partially Upheld	Policy	K07-01 Policy/procedure review Nurse will speak with line manager in regards of patient issue.
LM2016/328	patient unhappy at the waiting time for dental treatment.	Partially Upheld	System	K09-01: System - Booking System - There has been an additional dentist added to assist with the waiting times.
LM2016/334	Patient wants his medication.	Fully Upheld	Policy	K07-01: Policy/procedure review - Nursing staff will speak with line manager concerning this complaint.
LM2016/335	Patient is unhappy at the time he has been waiting to have a reduction on his Methadone.	Partially Upheld	Communication	K03-01 Early engagement /resolution with complainant Nurse spoke with patient and advised him of the reason he had not been seen. Patient has now been given an appointment.
LM2016/345	Patient states that he had requested his Methadone dosage increased and no one has been to see him to discuss this. Patient states that he had also asked for a crutch and had no response regarding this.	Partially Upheld	Access	K01-01: Access - Patient now has an appointment to discuss his request for crutches.
LM2016/346	Patient asked for help with his addiction and is unhappy at being offered Methadone as well as the length of time having to wait for appointments.	Partially Upheld	Access	K01-03: ACCESS -An apology has been given for the length of time patient had to wait for appointment.

LM2016/362	Patient did not get his medication as his kardex was missing.	Fully Upheld	Policy	K07-01 Policy procedure review. New kardex tracker in place.
LM2016/363	Patient wants all his medication.	Fully Upheld	Communication	K06-01: Early engagement/resolution with complainant-Apology given to patient for the delay.
LM2016/365	Patient not happy that he has not had his ensure plus fibre drinks.	Partially Upheld	Communication	K03-01: Apology given to patient. Drinks will now be issued weekly.
LM2016/367	Patient wants his methadone.	Fully Upheld	Communication	K03-01: Methadone fax sent to outside prescriber.
LM2016/368	Patient not happy that he has not received his methadone.	Fully Upheld	Communication	K03/01: Communication - Apologies have been given to the complainant, he has now received his Methadone.
LM2016/370	Patient states that his Verruca treatment has been stopped.	Fully Upheld	Communication	K03-02: Communication - Apology given to complainant and explained this was due to staff shortages.
LM2016/382	patient claims that he is not receiving his pain medication.	Fully Upheld	Communication	K03-02: Communication - Will highlight this incident with the GP's.
LM2016/402	Patient did not receive his medication on time.	Fully Upheld	Communication	K03-01: Communication - Early Engagement resolution with patient - Apology given to patient. patient was also advised that in the event his medication was late every effort would be made to medicate patient.
LM2016/411	Patient claims that he has not received his Insulin and has suffered a Diabetic Hypo.	Partially Upheld	Communication	k03-01 Partially Upheld Early Engagement /resolution with complainant. Patient has had the medication ordering process explained.
LM2016/417	Patient states that he has been in custody for 1 week and has still not received his medication.	Partially Upheld	Communication	K03-02: Communication - Meeting Complainant- Provide Explanation - Apology given and patient has now received his medication.
LM2016/420	Patient states that he has not received his mental health medication.	Partially Upheld	Communication	K03- 01 Partially Upheld Communication Early engagement resolution with complainant.
LM2016/426	Patient unhappy at not receiving his glasses after being told he would have them in 2 weeks' time. Patient states that it has been over 6 weeks and he has still not received his glasses.	Partially Upheld	Communication	K03-01 Partially Upheld Early engagement / resolution with complainant - Contacted optician glasses should be here on Monday 29/08/2016.

LM2016/427	Patient states that he is not receiving a full weeks supply of medication.	Partially Upheld	Communication	K03-01: Communication - Apology given patient's medication has been re-ordered. Patient advised to order medication 48hrs in advance.
LM2016/428	Patient unhappy at the waiting time to see the dentist.	Partially Upheld	Communication	K03-01: Communication - Early Engagement/ resolution with complainant-Patient has now been given a dental appointment for today.
LM2016/430	Patient states that he is still waiting for his Pt card.	Partially Upheld	Communication	K03-01: Early engagement with complainant, patient has now seen the GP and has been signed fit for work.
LM2016/436	Patient states that his addictions appointment keeps being rescheduled.	Fully Upheld	Communication	K03-01: Communication - Early Engagement/ Resolution with complainant-Apology Given and patient has been started on his medication.
LM2016/440	Patient claims that he was called for medication and It should of been for another patient with the same name.	Partially Upheld	Communication	K03-01 Early Engagement/resolution with complainant.
LM2016/452	Patient wants his medications and the wright hospital appointment.	Partially Upheld	Communication	K03-01 Early engagement/resolution with complainant - Apology given to patient and a new hospital appointment has been received.
NE245	Daughter waited 17 weeks for an appointment and when she met with the doctor he didn't understand or care about her views. Mother is concerned that her daughter is very vulnerable, needs more help than was offered and the phrase "kick up the bum" should not have been used.	Partially Upheld	Action Plan	Doctor will discuss the use of inappropriate phrase as part of reflective practice at the end of April at his clinical supervision meeting with supervising consultant
NE251	Patient is very unhappy with the attitude of staff member when asking for directions to X-Ray Department	Fully Upheld	Communication	K03-04 Communication - Agenda for Board or Team Meeting. At Team Meeting on 31 05 16 Reception staff were reminded that they must be polite, helpful and non-judgemental at all times. Staff were also reminded of the purpose of their e-KSF and PDP.

NE253	Complainant is worried about her husband's mental health and feels doctor is not helping by constantly advising he is going to discharge her husband.	Partially Upheld	Education	K05-01-Education (Learning/training opportunities discussed)Consultant to be provided with feedback about avoiding the discontinuation of anti-depressants and anti-psychotics without at least a further follow up appointment being in place and about the value of pre-discharge meetings for patients who have been in hospital for a while and when consideration is being given to discharge without passes beforehand
NE254	Patient is unhappy with the attitude of consultant psychiatrist and wants someone to take responsibility for his treatment.	Partially Upheld	Communication	K03-01 - Communication - Early engagement/resolution with complainant. Medical Supervisor will discuss with consultant the importance of asking patients more detail about their symptoms
NE256	Sister is unhappy with the care her brother is receiving from the District Nursing Service.	Partially Upheld	Education, Share	K05-01: -Education - Learning/training opportunities identified - Further training on importance of record keeping, wound management, use of pressure relieving equipment, recognising sepsis and information on spinal injuries is required for staff involved. Communication with the team and with others is also required. K10-01 - Share - Learning points shared with Teams - To avoid re-occurrence details of complaint to be shared anonymously with other teams at staff meetings.
NW1604	Lack of treatment and care in the Kershaw Unit in Gartnavel Royal Hospital.	Fully Upheld	Communication	training to be given to all staff relating to attitudes and behaviours.
NW1621	Client heard inappropriate language from staff and thought it was directed at him.	Fully Upheld	Education	K05-02: Manager will speak to member of staff to discuss the use of any type of language that can be perceived as offensive to either staff or clients.
NW1623	Service user unhappy with service and staff members	Partially Upheld	Action Plan	Service Manager to ask Staff to discuss the discharge process fully with patients.

NW1624	Wrong information given by ward staff relating to Patient Affairs	Fully Upheld	Communication	Head of Service will speak to Managers regarding wrong information being given out regarding Patient Affairs.
NW1626	Poor communication from CMHT staff. Information being sent to GP and not to patient.	Partially Upheld	Education	K05-01: Education-Learning/Training Opportunities Identified. Staff should have accepted complaint verbally and apology given. Manager will ensure that staff are reminded complaints can be accepted in writing or verbally.
NW1640	Patient moved from private facility ward to another open ward which he thought has prolonged his treatment.	Partially Upheld	Action Plan	Clinical Director to keep stable transfer guidance under review via local consultant meeting and clinical governance meeting. Lead Nurse will share findings of complaint with all SCN's and Page Holders for future reference via email and local business meetings.
NW1642	Complainant unhappy with lack of contact with Health Visitor.	Partially Upheld	Action Plan	K02-03: Action Plan - Immunisation delivery will now change so that HVs will resume responsibility – they can oversee the whole process. Have asked HVs to look at queue list and offer additional sessions Front desk aware of all HVs numbers and can pass information on. HV has answer phone for families to leave messages.
NWS14016	Central - Client unhappy with service from Gender Team, was mis-prescribed hormones which resulted in client receiving 30 weeks of hormones with a space of 6 weeks. Client was told they could not have further injections as the hormone levels would need to even out, client felt Sandyford did not make any attempt to find out how they were. Because of this error client was taken off waiting list of chest surgery, once	Fully Upheld	Education	K05-01 Learning/training opportunities identified: The current development of the gender service should include attention to an active case management approach. This should encompass information to patients about likely timescales for referrals, clear communication with patients about outcome of funding requests and referrals made, and information for patients about how and when to get in touch if they have not received information (e.g. blood test results, referrals outcomes, copies of letters to GPs about hormone prescribing changes). With appropriate permissions patients should be given copies of all correspondence so that they can be partners in their care as much as

	<p>the hormones had leveled out client contacted waiting list to find out if they could go back to their originally place, client was told no.</p>			<p>possible and alert the team to any errors or omissions sooner.</p> <p>2. All clinical staff should annotate the EPR correctly with any actions and make sure of appropriate handover in times of absence or at the end of a post.</p> <p>3. This should also include appropriate administration of the clinical activity, so that if actions are required an administrator is tasked with ensuring that 'fail-safes' are in place, using electronic systems as much as possible for regular review of outstanding referrals and bringing the gender clinic practices for referral and other actions into line with the rest of Sandyford services where appropriate.</p> <p>4. Sandyford staff should be aware of their need to be as transparent as possible and be aware of the impact that misinformation may have – this patient was mistakenly under the impression that there was a sound clinical reason for delay in referral. Given the waiting list for chest surgery it would have been perfectly reasonable to make the referral in August 2015. Although there was no intention to mislead this was the effective outcome.</p>
NWS18516	<p>Client unhappy with delay after appointment time and also re the treatment she received from the nurses.</p> <ul style="list-style-type: none"> • Client arrived at 1.55 for 2pm appointment • Client states she was not seen until 2.40pm • Client states the treatment she received from the nurse was appalling • Client states she has been kept at least 20 mins late every time she has attended Sandyford Barrhead 	Fully Upheld	Waiting	<p>There is now a poster clearly displayed informing waiting clients that there may be several different clinics operating at the same time</p>

NWS18716	Client unhappy that their appointment was cancelled last minute. Unhappy that they couldn't make the next appointment and that they have had to have such a long wait.	Fully Upheld	Waiting	To look at clinic management
NWS19316	Complainant raised concerns about the questions asked within a research questionnaire that was sent to her as part of the ACE study being conducted at Sandyford.	Fully Upheld	Education	K05-01 - Education - Sandyford's Research Governance Group will discuss the complaint and investigation findings to support the development of a revised process for informing service users of the purpose of contacting them by e-mail for research or service evaluation.
NWS19516	<p>Patient attended SRP on 25/7/16, and had a sexual health screen performed. He received a phone call from a nurse on 1/8/16, and states that he was advised that he had a positive syphilis test, indicating a new infection. He attended the urgent care service on 2/8/16. There was a delay of almost an hour in being seen. He was seen by a member of medical staff, who informed him that he did not have a new syphilis infection.</p> <p>The patient raises the following concerns:</p> <ul style="list-style-type: none"> - the nurse who gave him the result by telephone gave him incorrect information - he is concerned that the nurse did not check all his results appropriately - he was unhappy that he had a wait of around an hour before being seen on 2/8/16 - he is concerned that the staff managing results are not appropriately skilled for this task, and are putting patients at risk 	Fully Upheld	Education	Nurse involved has been provided more training.

NWS5016	Client expressed frustration at phones not being answered and that every time it went to voice mail it cost them money.	Fully Upheld	Access	Updates to the website
NWS7316	Client unhappy that they asked for their Gender Recognition Certificate in October and still hadn't received it. Client tried to call the Gender service to discuss this but could not get through on the phone. When client finally got through on the phone they were told there was a note on their record to do so however nothing had been done. Client asked if they could attend an appointment with Dr to discuss but were told no as a note could be left. Client also wanted to complain about not being able to get through on the phone.	Fully Upheld	Action Plan	K02-03: Service Improvement Identified. As part of restructuring gender service, case management approach and follow up of actions should be integrated into care pathways.
SO10/16	When asking for apt at reception desk, was told it was closed, although it was only 4.55 pm. Told to come back tomorrow to make apt. Member of staff was unhelpful and closed blind in front of him. Work man from reception came and stood over him in n intimidating manner.	Partially Upheld	Action Plan	Improved signage to be placed at reception desks. a Treatment Room leaflet for patients and staff is awaiting final approval and this will help Practices explain to patients how to make an appointment and give details about urgent appointments.
SO14/16	Complainant's partner is currently an inpatient in Ward 4B. Complainant is concerned that patient is being abused by a member of the nursing staff. complainant has heard verbal abuse and threats being made via telephone.	Partially Upheld	Communication, Conduct	K03-01: Communication. The senior charge nurse will reiterate with his staff the requirement that they act in a professional manner at all times. K04-01: Conduct. Staff must ensure that clear explanations for their decisions are conveyed to patients and relatives. A rationale for these decisions should also be given.

SO16/16	Requests CBT despite having previously been appointed on two separate occasions and failing to attend due to being unwell. Staff advised alternative support from "Living Life" , reluctant to attend due to knowing the staff in a work capacity. Requests refunding of costs for private treatment. Complainant also states there were no opportunities to resolve these issues informally.	Partially Upheld	Share	K10-01 Learning points shared with teams:Process is now changed to ensure senior clinician will respond to informal complaints via telephone. Admin process changed to ensure a compliment slip will now be included when complaint information is posted out.
SO22/16	Complainant is having issues with a staff member who parks outside his residence while completing house calls. Staff member is alleged as being abusive and conducts themselves in an unprofessional manner. Complainant is reluctant to attend for mental health treatment as he fears his confidentiality will be breached if he attends the base site of the staff member in question.	Partially Upheld	Communication	Staff member will avoid parking in front of complainants home and avoid any interaction with him.
SO24/16	Complainant feels that the Dr was dismissive and confrontational during the consultation. Complainant is distressed to have received a letter telling her she had been referred to the Bluebell Clinic which she believes to be a Post Natal Depression clinic. Complainant has never had and cannot have children. Complainant was extremely distressed as this had not been discussed.	Partially Upheld	Communication	K03-02: Communication - Meeting with complainant, clinician and clinician supervisor. Explanation re leaflet
SO9/16	Would like details of what risk assessments are in place in Balmore Ward. Why her aunt was able to fall 3 times and why she sat in pain for the length of time she did.	Fully Upheld	Action Plan	Review of Falls Assessment on admission improve communication with families Person centred care training for nursing staff improvement in surroundings for patients