



Item No: 20

Meeting Date: Monday, 31st October 2016

Glasgow City Integration Joint Board

Report By: David Williams, Chief Officer

Contact: Jim Charlton

Tel: 0141 287 8716

HEALTH AND SOCIAL CARE COMPLAINTS ACTIVITY 2015-16 (ANNUAL REPORTS)

Purpose of Report:	To present statistical analysis and outcomes of complaints for both health and social care during the period 1 April 2015 - 31 March 2016.
---------------------------	--

Recommendations:	The Integration Joint board is asked to: a) note the contents of this report.
-------------------------	--

Implications for IJB:

Financial:	None
-------------------	------

Personnel:	None
-------------------	------

Legal:	None
---------------	------

Economic Impact:	None
-------------------------	------

Sustainability:	None
------------------------	------

Sustainable Procurement and Article 19:	None
--	------

Equalities:	None
--------------------	------

--	--

Risk Implications:

Implications for Glasgow City Council:	None
---	------

Implications for NHS Greater Glasgow & Clyde:	None
--	------

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose of report

- 1.1 This report summarises the findings of two separate annual reports on complaints activity in health and social care services now managed by Glasgow City Health and Social Care Partnership. The reporting period (2015-16) predates formal establishment of the Partnership.
- 1.2 Appendices 1 and 2 are respectively the separate annual reports of complaints activity in social care and health, representing a full and detailed analysis of that activity.
- 1.3 Service improvements have been identified and are outlined in both reports.

2. Summary of main findings

- 2.1 The volume of social work complaints has fallen for the first time since 2009. There were 514 formal complaints in 2015-16 as compared with 614 for 2014-15 (as 16% fall in volume). Eighty-six percent of these are first stage complaints, 12% second stage reviews and 2% third stage (complaint review committees).
- 2.2 In health services, 1,942 complaints were received about these services in 2015-16, together with 1,299 comments, concerns and other feedback. This was a slight reduction in complaints (4.8%) from the previous year. The vast majority of complaints (91%) were about prison-based health services at Barlinnie, Greenock and Lowmoss.
- 2.3 For social work 21% of complaints were upheld or partially upheld. However, 83% of all upheld or partially upheld complaints resulted in some tangible benefit, improved provision or support for the clients concerned.
- 2.4 For health complaints, 18% of complaints were upheld or fully upheld. Prison-based complaints were far less likely to be upheld or partially upheld (14.5%)

when compared with all other sectors combined (53%). Because of the high number of prison-based complaints the overall average is also low.

- 2.5 In social work the main review stage is an independent complaints review committee. Ten complaints were referred to that committee. Seven were not upheld at all and 3 upheld only on subsidiary and quite minor aspects of complaint. There were no Glasgow City Council Social Work complaints referred to Scottish Public Services Ombudsman and upheld. For the NHS, the main review stage is immediate referral to the Ombudsman. Thirty-nine decision letters were issued by the Ombudsman in 2015-16. Fourteen (36%) were upheld or partially upheld.
- 2.6 Performance against timescales within social work was relatively poor compared with previous years with responses within the statutory period of 28 calendar days being met in only 81% of cases. This is attributed to staffing issues in the complaints team and a major information system failure in December 2015. In health, responses were issued within the mandatory 20 working day period in 95% of cases.
- 2.7 In both services there were marked variations in performance against timescales and in percentage cases upheld between the different sectors and these are detailed in the supporting appendices.
- 2.8 The main issues complained of for health services were standard of clinical treatment (64%), waiting times for appointments (21.6%) and attitude and behaviour of staff (7.4%). In social care the main issues continued to be the attitude and conduct of staff (23.3%), level of service or care packages (14.1%) and financial issues (15.6%).
- 2.9 The largest source of complaints in social care in terms of client group (Children and Families) remains lower in 2015-16 than had historically been the case. Complaints related to Homelessness community casework, levels of care packages under Self-Directed Support and the awarding of Free Personal and Nursing Care to self-funders in older person residential care are rising. The trend in social care complaints is towards a lower number of complaints, fewer of which are upheld, very few of which are upheld by independent review and more of which are focused on issues arising from resource constraints. There is a persisting high, but diminishing, number of personalised complaints around children in care or subject to child protection processes or family disputes, but these are seldom upheld.
- 2.10 The prevailing trend in health complaints is of a slight fall in numbers but continued high volumes driven by complaints within prison-based health services that are less likely to be upheld than complaints in other sectors. However, they are upheld in sufficient numbers, in absolute terms, to cause concern and attract the interest of, and recommendations by, the Ombudsman.
- 2.11 In both health and social care it is possible to identify improvements in service arising from complaints in the majority of cases, although these are more likely to be systematic improvements within health services and more likely to be at the level of individual client interventions in social care.

3. Recommendations

3.1 The Integration Joint board is asked to:

a) note the contents of this report.

Glasgow City Health and Social Care Partnership

Social Work Complaints Report April 2015 – March 2016

<u>Index:</u>	<u>Page</u>	
Section 1	Executive Summary	2
Section 2	Complaints process and report format	3
Section 3	Statistical Information and commentary	4
3.1	Overall Volume and trends	4
3.2	Timescales overall and by sector	5
3.3	Complaints by client group overall and by sector	6
3.4	Complaints by issue	8
3.5	Complaints outcome overall and by sector, client group and issue	11
3.6	Stage 3 complaints review committees	14
3.7	Service Improvements	16

Section 1 Executive Summary

1. Executive Summary

- 1.1 The volume of social work complaints has fallen for the first time since 2009. There were 514 formal complaints in 2015-16 as compared with 614 for 2014-15 (as 16% fall in volume). 86% of these are first stage complaints, 12% second stage reviews and 2% third stage (complaint review committees).
- 1.2 Only 21% of complaints were upheld or partially upheld, a slight decrease on 2014-15. However, 83% of all upheld or partially upheld complaints resulted in some tangible benefit, improved provision or support for the clients concerned, as detailed in this report.
- 1.3 Of the 10 complaints that proceeded to review committee, 7 were not upheld at all and 3 upheld only on subsidiary and quite minor aspects of complaint. There were no GCC Social Work complaints referred to SPSO and upheld and therefore no such complaints referred to within this report.
- 1.4 Performance against timescales for response was poor. Neither the statutory 28 day deadline (met in 81% of cases) nor internal deadline of 15 working days (met in 61% of cases) met targets. This is largely attributed to staffing problems in the central complaints team throughout the period that are currently being addressed. However a substantial information systems failure in December 2015 also impacted on figures.
- 1.5 There were variations in performance against timescales in the three localities with only North East meeting targets and South being particularly poor. This may reflect markedly higher volume of complaints in South as well as distinct variations in the source and nature of complaints and outcomes between the three localities. These may in turn reflect demographic differences between areas. There were higher numbers of complaints by children and families clients in North East and higher numbers of complaints around adult community care, older people and homelessness in South.
- 1.6 Complaints by children and families clients remain lower than was the case for many years until a very marked drop in 2014-15. This is therefore now a sustained lower level likely to reflect known service improvements within the GIRFEC strategy. Conversely there are rising complaints related to Homelessness community casework, levels of care packages under Self-Directed Support and the awarding of Free Personal and Nursing Care to self-funders in elderly residential care. All of these reflect resource constraints.
- 1.7 There were 13 serious complaints of racism, discrimination and human rights breaches but only one of these was upheld. This was identified as a knowledge gap within one team relating to an asylum seeker whose application had failed and had No Recourse to Public Funds (NRPF). The matter was rectified following complaint and the client suitably assessed for support. The staff were given appropriate guidance.
- 1.8 Other notable complaints issues relate to occupational therapy services, home care and kinship care reflect experiences of delay and general perceived lack of an appropriate level of support, again therefore directly or indirectly related to resources.
- 1.9 Whilst falling in number, the children and families complaints remain the largest single group of complaints. This ranges from complaints from looked after children (few in number but largely upheld) to complaints from birth families of children in care, complaints from the people who are subject of child protection concerns and parents in custody disputes (all greater in number but seldom upheld).
- 1.10 The trends therefore are towards a lower number of complaints, fewer of which are upheld and more of which are focused on issues around resources. There is however a persisting relatively high number of personalised complaints around children in care or subject to child protection processes or family disputes.

Section 2 Social Work Complaints Process and report format

The social work complaints process is separate from other GCC Services, which use a process based on the Complaints Handling Procedure (CHP) set by the Scottish Public Services Ombudsman (SPSO) introduced in June 2013. That process has three stages: frontline resolution (5 working days), formal investigation (20 working days) and external review (SPSO).

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 subdivided 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.

This is different from 2014-15 when homelessness and Direct Services were reported as separate sectors. Direct Services is no longer an organisational structure at all and centre homelessness has contracted in terms of complaints volume due to the re-allocation of homelessness casework to the localities.

Section 3 Statistical Information and commentary

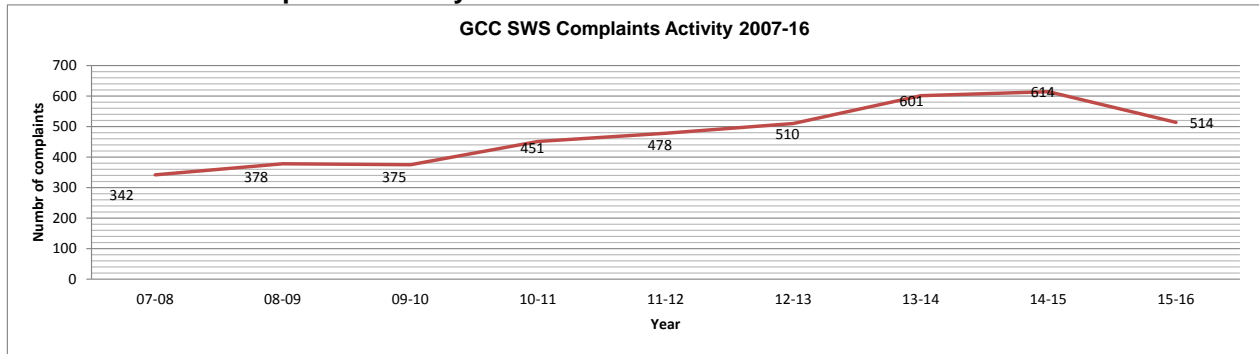
3.1 Overall volume and trends

A total of 514 formal complaints were dealt with in the period 1st April 2015 to 31st March 2016. 2015 comprised of 440 (85.6%) Stage 1, 64 (12.5%) Stage 2 reviews and 10 (1.9%) stage 3 committee hearings. Although the complaints team assisted the Scottish Public Services Ombudsman in respect of several complaints referred to that body, these were either not referred for further investigation or were not upheld following further investigation. This report does not therefore cover any stage 4 cases.

As GCC SWS deals with some 80,000 clients each year, this activity represents a small dissatisfaction level when expressed as a proportion of clients (less than 0.65% per annum) particularly since some individuals have submitted multiple complaints.

This volume represents a fall of 16% from 2014-15 volumes, confirming a prediction in the 2014-15 annual report that complaints would level off or fall. The trend is illustrated in chart 1 below. This was based on a predicted fall in complaints about day service charges, a large influx of which had inflated the figures in 2014-15, and an underlying trend of falling complaints about children and family services in the localities. These predicted trends now appear confirmed.

Chart 1: Trend in complaints activity 2006 - 2015



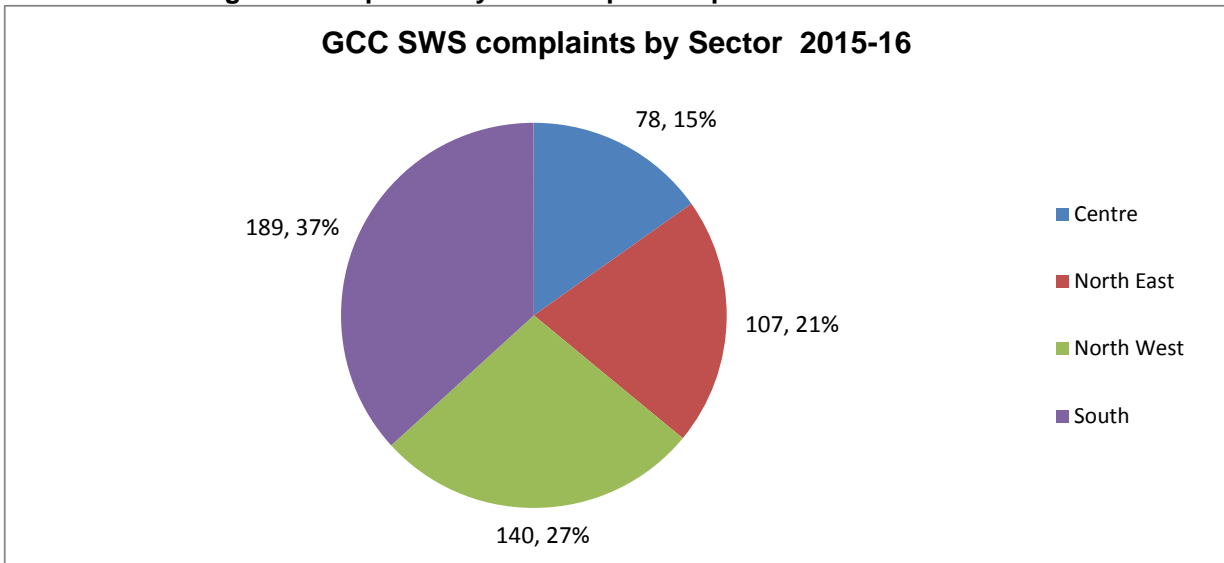
As can be seen from table 1 below, giving activity by sector in comparison with the previous year, there has been a significant fall in complaints at centre since 2014-15 and consequent proportionate rise in complaints about two of the three localities (North West and South), although complaints in North East have fallen. This is largely explained by two factors – the fall in complaints about day service charges (dealt with by Centre Finance) and transfer of homeless casework complaints from centre to the localities. There were few complaints about homeless community casework services in North East, as will be seen later in this report.

Table 1: Complaints by Sector April-September 2015 and comparison with 2014-15

Sector	Complaints					
	Stage 1	Stage 2	Stage 3	Total	%	% 2014-15
Centre	70	5	3	78	15.2	27
North East	96	11	0	107	20.8	26.1
North West	114	24	2	140	27.2	17.3
South	160	24	5	189	36.8	29.6
Grand Total	440	64	10	514	100.0	100

Both the table above and chart below demonstrate a marked difference between North-East and South sector not only in terms of volume but in terms of the proportions of complaints dealt with by North-East which progressed on to the second or third stage. Only 11% of North-East complaints progressed beyond stage 1 as reviews or were escalated to the second stage on receipt, as opposed to 21% of North-West complaints and 15% of South complaints. No North East complaints were referred to review committee during 2014-15.

Chart 2: Percentages of complaints by Sector April – September 2015



3.2 Timescales overall and by sector

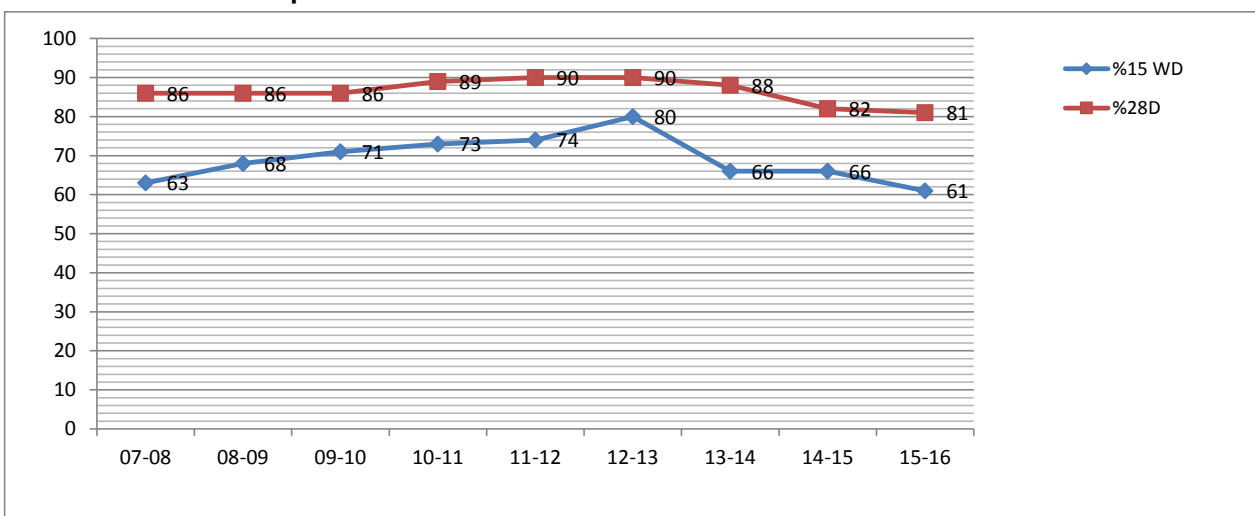
Performance targets are that 65% of complaints should be dealt with within 15 working days and 85% within a statutory 28 days. In 2014-15 the statutory target was missed for the first time in 10 years. Unfortunately this trend has continued with 2015-16 showing the worst performance against timescales in 10 years, having fallen below both targets, as table 2 and chart 3 illustrate.

A new social work complaints procedure was implemented in December 2015 to shadow legislative changes to be brought in in April 2017. Under this process stage 2 complaints should be investigated and responded to within 20 working days, but only 50% of stage 2 reviews were completed in this timescale, clearly demonstrating that poor performance in the central complaints team was a significant factor in bringing down performance overall. This is largely attributable to ongoing staffing difficulties in that team. These continued into 2016 but have now been addressed with the recruitment of an additional senior officer from October 2016.

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
% 15 WD	63	68	71	73	74	80	66	66	61
% 28 Days	86	86	86	89	90	90	88	82	81

Chart 3: Trend in complaints timescales 2007-16



One additional factor that should be noted however was that there was a major information systems failure on 15th December 2015 that prevented access to the complaints database and other systems required to investigate complaints up to and beyond the Christmas and New Year period. It is notable that of the complaints received in December 2015 that had not already been answered by 15th December, only 11 of 24 (45%) were dealt with within either target timescale.

Table 3 shows the performance against the two targets by sector. Only North East sector hit the targets set. Poorest performance can be seen in South locality, particularly in relation to the 15 working day timescale. It should be borne in mind however that whilst complaints are related to locality, stage 2 complaints are handled by the central complaints team and, as above, that team's performance has pulled down the overall figures. Also, performance can be seen to correlate to volume of complaints with South having the highest volume to deal with.

However, given that overall volumes have decreased since 2014-15, this is undoubtedly a disappointingly poor performance overall. The introduction of a new complaints procedure in December 2015 has not noticeably improved performance, but has made clearer that the under-performance of the central team is one of the main factors. Given that staffing issues within that team continued into 2016-17, this may not be rectified until the latter part of 2016.

Table 3: Performance against timescales by sector

Sector	15 WD		28 days		Grand Total
		%		%	
Centre	49	65.3	61	81.3	75
North East	92	86.0	97	90.7	107
North West	88	63.8	114	82.6	138
South	80	43.5	135	73.4	184
Grand Total	309	61.3	407	80.8	504

3.3 Complaints by client group overall and by service

Chart 4 on the next page illustrates the continued trend for both a lower absolute number and lower proportion of complaints within the children and families client group. This group, which includes fieldwork in the three localities as well as foster care, adoption and residential care, had represented between 40 and 50% of all complaints consistently until 2014-15 when it fell to 33%. For 2015-16 it remains historically quite low at 37%.

The lower prevalence of complaints in the children and family client group during 2014-15 compared with the preceding 9 years was referred to in the last annual report as being a potential trend arising from improvements in support for vulnerable children and families through initiatives such as the 'One Glasgow' approach, GIRFEC, the targeting of neglect within the child protection action plan and a focus on expediting permanency planning for children under 5 years of age. The fact that this has been sustained in 2015-16 suggests that this is a real effect which has assisted in lowering overall volume of complaints.

The other noticeable feature of this data is the rise in complaints regarding homelessness from 6% in 2014-15 to 16% in 2015-16, almost trebling since last year. This may in part be attributable to a residual backlog of work as a result of the protracted industrial action by homelessness caseworkers, however the fact it was sustained throughout the year suggests a more solid underlying trend, perhaps related to strains on the availability of social housing.

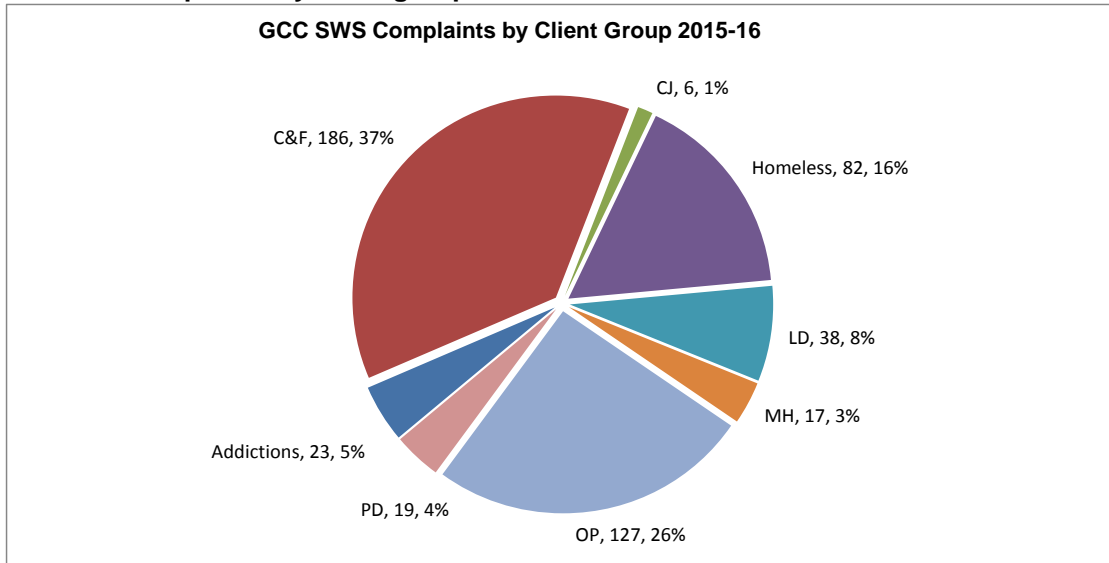
Chart 4: Complaints by client group 2015-16

Table 4 below illustrates the variation between the sectors in terms of proportional complaints by client group. The most striking features of the data are the high relative proportion of North East locality complaints amongst the children and families client group, lower proportion of complaints from older person when contrasted with the other sectors and the higher relative proportion of homeless community casework complaints in South. These differences are most likely the result of demographic differences between the sectors.

Table 4: Comparison of complaints by client group and sector 2015-16

Sector	Centre		North East		North West		South		Grand Total
	N	%	N	%	N	%	N	%	
Addictions	2	2.8	7	6.5	9	6.6	5	2.7	23
C&F	20	27.8	62	57.9	47	34.3	57	31.3	186
CJ	2	2.8	2	1.9	0	0.0	2	1.1	6
Homeless	20	27.8	6	5.6	19	13.9	37	20.3	82
LD	1	1.4	7	6.5	15	10.9	15	8.2	38
MH	1	1.4	6	5.6	6	4.4	4	2.2	17
OP	26	36.1	14	13.1	35	25.5	52	28.6	127
PD	0	0.0	3	2.8	6	4.4	10	5.5	19
Grand Total	72	100.0	107	100.0	137	100.0	182	100.0	498

The 20 complaints at children and families centre were largely directed at the Families For Children team who deal with fostering and adoption. These included 7 complaints from current or de-registered foster carers about lack of support and accuracy of minutes and reports. There were 2 from young people dissatisfied with their foster care and 2 from birth parents dissatisfied with letterbox contact arrangements.

Of the nine remaining, 2 were from young people in residential units complaining of bullying by other residents but there were no other significant complaints from young people in residential units about the units. The remaining 7 complaints were an assortment of individual issues such as the neighbour of a residential unit complaining about nuisance and two persons complaining about lack of assistance in tracing family members or their own historic case records.

The 26 older person's complaints at centre were largely around finance issues and dealt with by the finance team. These included 7 complaints about charging for day services and supported living and 7 complaints about billing issues such as bills being sent to the wrong address, to deceased clients or to the client when a request had been made that they should be sent to a relative. There were also 6 complaints about the quality of local authority residential care and 2 about the quality of day services.

The 20 homelessness complaints at centre were comprised of 11 relating to the Asylum and Refugee support team, 5 to the TADS team who manage temporary accommodation and 3 concerning Emergency Services at the Hamish Allan Centre. The remaining complaint was about quality of general homelessness information on the council's website.

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 2014-15. Charts 5 and 6 show numbers and proportions visually.

Table 5: Main issues complained of 2015-16

Issue	N	%	% 2014-15
Finance	81	11.4	15.6
Policy	4	0.6	0.5
Attitude/Conduct	155	21.7	23.3
No response	58	8.1	7.5
Info/Comm	58	8.1	11.4
Confidentiality	15	2.1	2.4
Discrim/HR	13	1.8	2.5
All Staff	299	41.9	47.2
Quality	54	7.6	10.3
Level	110	15.4	14.1
Wait	6	0.8	0.3
Delay	76	10.7	7.2
Procedure	39	5.5	1.6
Refused/withdrawn	44	6.2	3.4
All Gen Qual	329	46.1	36.9
Total of main issues	713	100.0	100.0

There is some variation in issues complained of in 2015-16 when compared with 2014-15. Complaints about direct financial matters have dropped proportionately as the numbers of complaints concerning the introduction of older person’s day service charges have diminished. However, complaints directly referencing financial matters remain quite high and account for over 10% of complaints. These include complaints about the award of Free Personal and Nursing Care for self-funding older persons in residential care, the budgetary levels of packages of care following personalisation assessments and some complaints about client contribution and service charges.

Complaints about the actions and attitudes of staff have dropped proportionately (as well as in absolute terms since complaints are lower in 2015-16 than in the preceding year). These remain high, at over 40%, but it should not be assumed that these are predominately valid complaints. There is a tendency within some service user groups to personalise complaints, particularly when the complaints originate from parents of children removed from their care and people subject to child or adult protection processes.

There has been a proportionate increase in complaints about general standards of service, particularly in terms of the level of service as opposed to the quality (which have reduced slightly). Complaints about delays in accessing services and the refusal of services have also increased slightly. The latter may relate to the introduction of eligibility criteria. Overall the issues of level of service, refusal or service and delay are most likely related to resource constraints on service provision. In that context it is perhaps encouraging that complaints about staff and quality of services are dropping and that complaints overall have fallen.

Chart 5: Number of complaints by issue complained of 2015-16

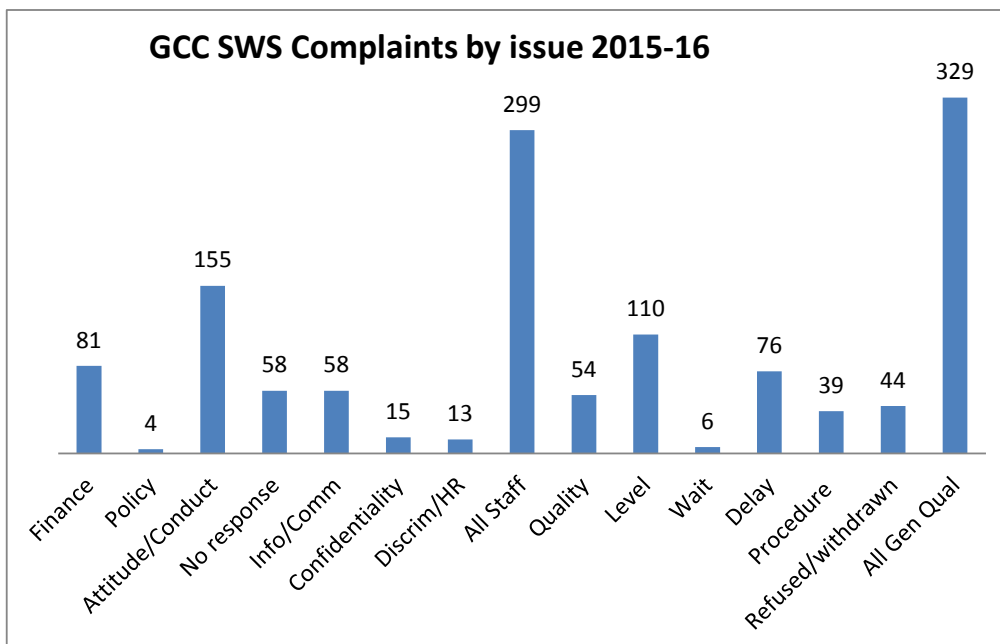
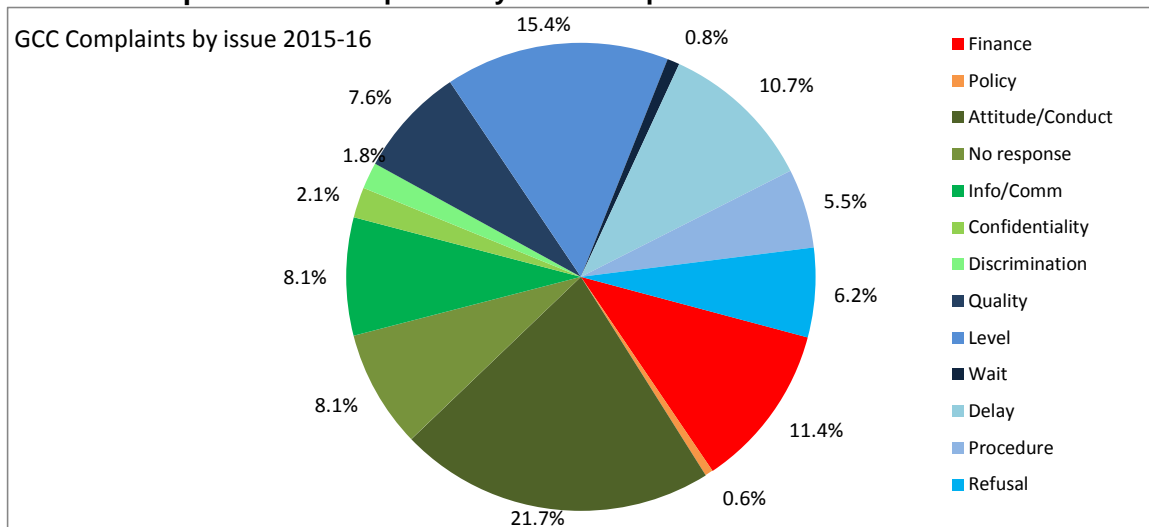


Chart 6: Proportion of complaints by issue complained of 2015-16

Because of the particular seriousness of complaints concerning discrimination and human rights breaches, the 13 complaints in this group have been individually analysed.

Five were allegations of racism, three of these (two of which were from a single service user) related to the asylum and refugee homelessness team. None of these complaints were upheld. Two other complaints of racism and religious discrimination were also not upheld. Two service users with mental health difficulties who were detained under relevant legislation complained of discrimination on grounds of mental health and these were again not upheld.

One complaint of human rights breaches by a child in foster care was withdrawn. One by a relative of a service user who complained her right to family life was being breached because GCC would not pay her to care for her relative, was not upheld.

Three complaints by lawyers that reductions in care packages following reassessment were a breach of human rights were similarly not upheld.

One complaint of discrimination and breach of rights was however upheld. This was by an asylum seeker whose application had been refused and consequently had no recourse to public funds (NRPF). She complained that her request for an assessment was refused and that this was both discriminatory and a breach of her rights. It was identified that there was a general lack of awareness within the team concerned as to the rights of people who have NRPF. An apology was issued, an assessment done and the training needs of the staff addressed.

Other notable issues complained of were as follows in descending order of volume:

- The largest group of complaints were 72 (14.3%) by parents of children in care, complaining on various issues around the arrangements for their child's care, contact or disputes with the evidential basis of concerns. 60 of these complaints focussed on alleged faults in the actions or attitude of individual staff members. Few were upheld.
- Complaints about homelessness community casework, usually focussed on delays or lack of support, increased again in 2015-16 with 60 (11.9%) complaints on these issues. Twelve of these complaints were upheld although a few others were informally resolved by some relevant action at an early stage.
- Complaints about the level of care package set through the Self-Directed Support and the associated assessment processes increased slightly in proportional terms in 2015-16. These has accounted for 7.3% of complaints in 2014-15 but this year there were 43 such complaints (8.3%). Only 7 of these did not include a complaint about the level of budget or support set.

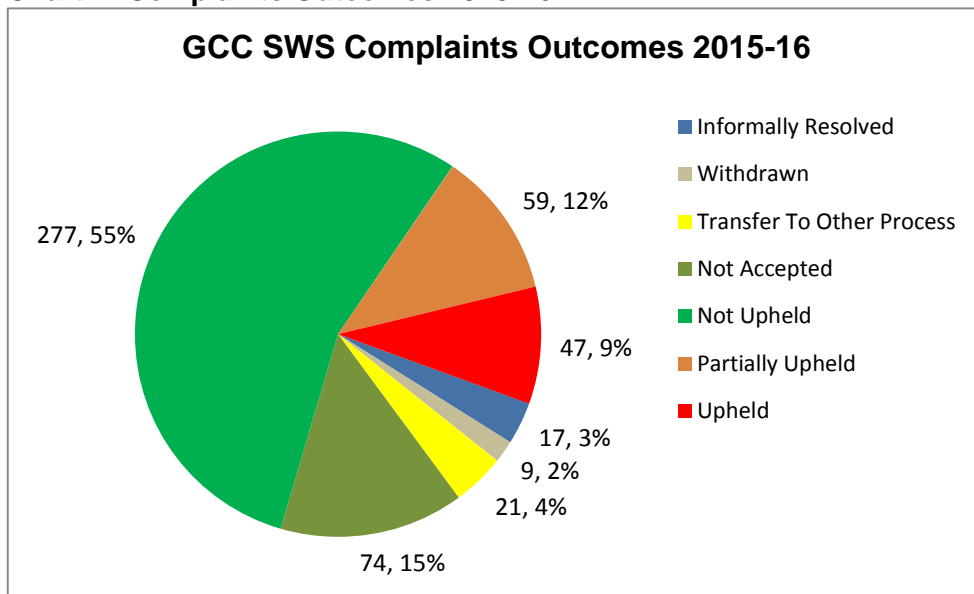
- There were 28 complaints (5.6%) about Occupational Therapy services, usually complaining either of delay in aids and adaptations being delivered or registering disagreement with the outcome of assessment. However only 6 of these were upheld or partially upheld.
- There were 22 complaints (4.4%) about home care, usually focused on the level of service being inadequate to meet needs rather than on quality of service. However few of these were upheld or partially upheld (only three).
- There were 18 complaints from kinship carers or potential kinship carers (3.6%), 6 of which were upheld or partially upheld. These concerned complaints of poor support or communication. No complaints were upheld that challenged the rejection of potential kinship carers as suitable for the scheme. There were additionally 13 (2.6%) complaints from grandparents of looked after children who were not kinship carers but were critical of aspects of case handling. Two of these were partially upheld and one fully upheld on issues concerning contact. The others were either not upheld or rejected on the grounds that the grandparents had no locus to complain about the matters they raised.
- There were 18 complaints (3.6%) by people whose children were subject to child protection processes and 3 from people who were the focus of concern in adult protection processes, alleging some error in the application of processes. However none of these were fully upheld and only two partially upheld.
- There were additionally 16 complaints (3.2%) by parties involved in custody disputes in which SWS had no formal locus other than investigation of concerns raised by one or both parties about their children. These usually alleged either that concerns were not being taken seriously or that information had been inappropriately shared with the other party. Again these were seldom upheld.
- There were 16 complaints (3.2%) by looked after and accommodated children or those leaving care. Two of these were informally resolved and one withdrawn but of the remaining 13, 8 were upheld or partially upheld and relevant action taken. These related to lack of information, lack of contact with siblings, dissatisfaction with foster placements and one concerning bullying within a children's unit (by other residents). Although small in number these complaints are individually important and it is notable that when such complaints are made they are generally upheld in whole or part and acted upon.
- There were 15 complaints (3.0 %) about delays in awarding Free Personal and Nursing Care (FPNC) for self-funding elderly persons in care homes or refusal to backdate such payments once awarded. This is more than the number of complaints on this issue in 2014-15 and represents a small but growing area of dissatisfaction. Only 4 of these complaints were partially upheld. These complaints relate to a resource issue. In general terms, whilst outwith Scottish Government Guidelines for timescales for awarding FPNC, staff are generally acting within legislative requirements and Council policy on this issue.
- There were 10 complaints (1.2%) from parents of children with disabilities alleging lack of support. Four of these were upheld and appropriate interventions made.

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 2014-15 only a minority of 21.6% of complaints were upheld or partially upheld and 56% were not upheld. In 2015-16, the pattern is virtually identical with 21.0 % of complaint fully or partially upheld and 55% not upheld.

Table 6: Complaints Outcomes 2015-16

Outcome	N	%
Informally Resolved	17	3.4
Withdrawn	9	1.8
Transfer To Other Process	21	4.2
Not Accepted	74	14.7
Not Upheld	277	55.0
Partially Upheld	59	11.7
Upheld	47	9.3
Grand Total	504	100.0

Chart 7: Complaints Outcomes 2015-16

As in 2015-16, 1 in 8 complaints were 'not accepted'. Such complaints are responded to in some form, but these do not fall to be considered under the Statutory SWS complaints process and the complainers do not have the right to refer their complaint for further review by CRC under that procedure. Typically these would either be 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) or vexatious or persistent complainers making 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 on the following page shows complaint outcomes by sector. North East locality has a markedly lower number and proportion of upheld complaints than the other sectors. It should be borne in mind however that this area also has a markedly higher proportion of complaints in the children and families client group. This client group has a disproportionate focus on issues that, as referenced in the section above, are less likely to be upheld: parents of children in care making personalised complaints about staff, complaints from people in custody disputes with one another and complaints from people who are the focus of child protection concerns.

Table 7: Complaints Outcomes by Service Area 2015-16

Area	Centre		North East		North West		South		Total
	N	%	N	%	N	%	N	%	
Informally Resolved	4	5.3	3	2.8	6	4.3	4	2.2	17
Withdrawn	0	0.0	1	0.9	3	2.2	5	2.7	9
Transfer To Other Process	5	6.7	6	5.6	6	4.3	4	2.2	21
Not Accepted	17	22.7	19	17.8	22	15.9	16	8.7	74
Not Upheld	24	32.0	64	59.8	72	52.2	117	63.6	277
Partially Upheld	10	13.3	9	8.4	19	13.8	21	11.4	59
Upheld	15	20.0	5	4.7	10	7.2	17	9.2	47
Grand Total	75	100.0	107	100.0	138	100.0	184	100.0	504

Table 8 below shows complaint outcomes by client group. The client group 'children and families' subsumes complaints from parents of children with disabilities, foster carers, kinship carers and looked after and accommodated children who had proportionately high numbers of complaints upheld or partially upheld, together with parents of children in care, people in custody disputes and those subject to child protection procedures, who had proportionately low numbers of complaints upheld.

There is proportionately little variation between client groups with a range of 12.5% (mental health) to 23.7% (older people) of complaints being upheld. For those groups having sufficient complaints to make comparisons meaningful (Children and Families, Older People and Homelessness) the range is very narrow (21.6 – 23.7%) and other variation can be accounted for by the small number involved. It is fair to say that for most client groups a little over 1 in 5 of complaints is likely to be upheld or partially upheld.

Table 8: Complaints Outcomes by client group 2015-16

Client group	Addictions		C&F		CJ		Homeless		LD		MH		OP		PD		Grand Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Informally Resolved	0	0.0	5	2.7	0	0.0	4	4.9	0	0.0	2	12.5	6	4.7	0	0.0	17	3.4
Withdrawn	0	0.0	4	2.2	0	0.0	3	3.7	1	2.6	0	0.0	0	0.0	0	0.0	8	1.6
Transfer To Other Process	3	13.0	5	2.7	0	0.0	1	1.2	0	0.0	2	12.5	9	7.1	1	5.3	21	4.2
Not Accepted	6	26.1	34	18.3	2	33.3	6	7.3	7	18.4	2	12.5	11	8.7	1	5.3	69	13.9
Not Upheld	9	39.1	98	52.7	3	50.0	49	59.8	24	63.2	8	50.0	71	55.9	14	73.7	276	55.5
Partially Upheld	4	17.4	20	10.8	1	16.7	9	11.0	4	10.5	0	0.0	19	15.0	2	10.5	59	11.9
Upheld	1	4.3	20	10.8	0	0.0	10	12.2	2	5.3	2	12.5	11	8.7	1	5.3	47	9.5
Grand Total	23	100.0	186	100.0	6	100.0	82	100.0	38	100.0	16	100.0	127	100.0	19	100.0	497	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) as set out in section 3.4, complaints concerning council policy are infrequent and seldom upheld. Complaints concerning financial matters are upheld less frequently than those about staff conduct which are in turn upheld slightly less frequently than those about general issues of service level and quality tied to resource constraints.

Table 9: Complaints Outcomes by issue heading 2015-16

Issue	Financial		Policy		All Staff		All Gen Qual		Grand Total	
	N	%	N	%	N	%	N	%	N	%
Informally Resolved	3	3.7	0	0.0	5	1.7	13	4.0	21	2.9
Withdrawn	1	1.2	1	25.0	7	2.3	6	1.8	15	2.1
Transfer To Other Process	2	2.5	0	0.0	13	4.3	10	3.0	25	3.5
Not Accepted	7	8.6	0	0.0	50	16.7	38	11.6	95	13.3
Not Upheld	54	66.7	3	75.0	159	53.2	181	55.0	397	55.7
Partially Upheld	6	7.4	0	0.0	41	13.7	43	13.1	90	12.6
Upheld	8	9.9	0	0.0	24	8.0	38	11.6	70	9.8
Grand Total	81	100.0	4	100.0	299	100.0	329	100.0	713	100.0

3.6 Stage 3 Complaint Review Committees

Ten complaints progressed through the stage 3 process of review by committee during 1st April 2015 – 31st March 2016, as detailed below. Seven were not upheld in any aspect. Three were partially upheld but on subsidiary matters rather than the main of complaint. GCHSCP was advised of one having been progressed to the Ombudsman but no further investigation was initiated by that body in respect of that complaint.

1. April 2015: 'B' complained through his advocate about the levying of day service charges in respect of his wife, arguing that these had been unreasonably applied without assessment, were for the purpose of respite which should not be charged for, were incorrectly calculated on the basis of joint rather than sole income, included transport costs that 'B' had not incurred and failed to take into account the impact on 'B' as carer. None of these complaints were upheld and committee made no recommendations as to required action on the part of social work services.
2. August 2015: 'W' complained that prison-based social work staff had not passed proper information as to discharge accommodation and reporting arrangements to the local authority social work department in whose care 'W' was being discharged. This complaint was not upheld and no recommendation for action was made by committee. 'W' did not attend the hearing and sent no apologies or prior notification.
3. August 2015: A disabled service user, 'A', complained about the manner in which she had been spoken to by staff at a meeting. Secondary to the initial complaint A made further complaints about the complaints process. 'A' complained that she had not been spoken to by the complaints investigator to give her account of this incident and that she was unreasonably asked to attend a meeting with the staff member and their line manager at the time she made her complaint.

Committee did not uphold the original complaint about the conduct of staff but did uphold one of the secondary complaints, finding that this was not a straightforward case and that the investigating officer should therefore have made contact to ascertain more details before responding to the complaint. The circumstances in which an investigating officer must contact the complainer and those in which such contact can be waived were subsequently clarified in new complaints procedures implemented in December 2015.

4. September 2015: Lawyers acting for a different 'A', also a disabled service user, complained that her care plan did not adequately provide for her physical needs, did not adequately support her need for social activities and was not a proper discharge of the Council's statutory responsibilities towards her. This hearing had been twice postponed from December 2014 at the complainer's request but she did not attend the hearing in person.

No part of the complaint was upheld and committee unusually made recommendations for her and her representatives, rather than for social work. These related to the manner in which she might engage with a forthcoming review of her care and seek social opportunities other than those funded by social work.

5. October 2015: Parents 'S' of a child who had been interviewed jointly by police and SWS about concerns relating to both of the parents complained raised five focus of complaint about the child protection process and in particular the treatment of their child within that process. No aspect of the complaint was upheld and no recommendation made for SWS.
6. December 2015: 'G', a client of addictions services complained about four aspects of the services to him alleging a failure of duty of care and breach of confidentiality. None of these complaints were upheld. 'G' did not attend the hearing and sent no apologies or prior notification.

7. January 2016: 'A' is a homelessness services client who raised six issues alleging an initial failure to execute a duty to provide him with suitable temporary accommodation, unsuitability of accommodation once provided, delays, poor support, lack of information, inappropriate advice and lack of interpreter provision. None of the complaints were upheld but committee did highlight the potential for communication difficulties and recommended that social work should strive to ensure good communication with service users. The matter was referred to SPSO by 'A' but the Ombudsman declined to investigate further.
8. January 2016: 'M' complained on behalf of her disabled son in respect of five issues, supported by Govan law Centre. These were that a proposed reduction of his care and support budget from a previous level of 24/7 support at home was unreasonable, that proposals to meet his needs in a shared care or residential environment were unacceptable, that the reductions had been made without any change in his needs and without explanation, that proposals failed to take into account his psychological needs or his wishes or the wishes of his carers.

The complaint was partially upheld on one of those elements – the issue of psychological needs not being taken into account in that a report from 'M's general practitioner (that was not made available to SWS until the complaint hearing itself) should be considered. In the subsequent report to ODSC, the Chief Officer GCHSCP undertook to have his staff consider this new information. Other than that no element of the complaint was upheld.

9. February 2016: In a case similar to that above, 'B' was a disabled service user complaining with the support of Govan Law Centre. There were again five focuses of complaint relating to alleged unreasonableness of a reduction in care package without a change in needs, that proposals to meet his needs in a shared care arrangement in order to improve his social opportunities were 'disingenuous', that proposed changes placed his life at risk, that 'B's psychological needs had not been taken into account and that his human rights had been breached.

The complaint was again partially upheld on one element – that 'B' was not socially isolated - based on new information presented for the first time at the hearing. However committee also noted that this was not in fact the basis of the proposed change in the care package to shared living.

Committee recommended that when shared accommodation was being considered, care should be taken as to the locality to ensure that B's social and family contacts could be maintained. They also stated that there should be no reduction in the level of care (as distinct from the model of care delivery or the setting). Complaints regarding the proposed changes to the care package, alleged failures to take into account B's wishes, needs, mental health or rights under the Human Rights Act were not upheld.

When the matter was reported to ODSC, The Chief Officer GCHSCP gave a commitment to ensure that new information as to client's social activities would be included in any future assessment or care package and that locality would be taken into account when recommending a shared tenancy to ensure that social and family connections are maintained.

10. February 2016: 'M' also complained on behalf of her disabled son about changes to the care package and was represented legally (though not by Govan law Centre). Again there were five focuses of complaint. These related to the assessment process allegedly being flawed and financially-led rather than needs-led. There were also complaints that the assessment did not take into account the needs of the carer, that those needs had not changed but support decreased and that no suitable explanation had been given as to how proposed changes to the package of care related to any change in the client's needs. None of these complaints were upheld and no recommendations were made.

3.7 Service Improvements

Of the 47 complaints that were fully upheld, 43 of them (91%) resulted in some remedial action or improvement in terms of provision of service for the client. Of 59 complaints that were partially upheld 45 (76%) led to some improvement of provision. Overall therefore for all complaints that were partially or fully upheld, 83% 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 were as listed below:

- **Financial:** Three service users had Free Personal and/or Nursing Care granted as a result of their complaint. Two kinship carers had payments approved and in one case these were backdated. Another client had a 50% waiver on client charges backdated five months. Another had invoices adjusted to give a rebate for days that the client did not attend day services. In two cases the finance department and TADS service arranged to intercede with third parties to resolve financial issues for service users.
- **Allocation of workers:** Thirteen 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 etc:** Twelve 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.
- **Increase in support:** Ten service users had a measurable increase or improvement in the level of support given to them in terms of additional respite or hours in their care package, the delivery and installation of aids and adaptations, a move to a more suitable care home and improved management of falls within their home.
- **Resolving homelessness:** Eight homeless persons had revised decisions and/or further referrals for housing. Two had received offers of permanent tenancies by time of response. A further three were offered meetings to progress their applications.
- **Family contact:** Four children had contact with their parents, siblings or other family members improved in terms of frequency or amenities.
- **Staffing issues:** Six complaints led to staff being given additional support and training and in one case subject to disciplinary action.
- **Information provision:** Eleven of the remaining cases led to information being provided that had previously been absent or information being amended to improve accuracy, for example in the matter of client billing processes.
- **Process improvements:** The process for transferring important information from the welfare rights to the finance team and updating finance systems was reviewed and improved. A local process for managing unallocated work was adjusted to prevent cases being missed.

For those few cases where no tangible benefit was derived from complaining, a suitable apology and explanation was issued.

Glasgow City Health and Social Care Partnership

Health Complaints Report April 2015 – March 2016

<u>Index:</u>	<u>Page</u>
Section 1 Executive Summary	2
Section 2 Complaints process and report format	3
Section 3 Statistical Information and commentary	4
3.1 Volume of complaints and feedback	4
3.2 Timescales for complaint response	6
3.3 Complaints by issues	6
3.4 Outcomes of complaints	8
Section 4 Cases referred to Scottish Public Services Ombudsman	10
Section 5 Service Improvements	14

Section 1: Executive Summary

- 1.1 This report covers complaints, feedback, comments and concerns for the period 1st April 2015 – 31st March 2016 related to Health Services now managed by Glasgow City Health and Social Care Partnership.
- 1.2 1942 complaints were received about these services in 2015-16, together with 1299 comments, concerns and other feedback. This was a slight reduction in complaints (4.8%) from the previous year. The vast majority of complaints (89%) were about prison-based health services at Barlinnie, Greenock and Lowmoss.
- 1.3 On average 95% 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 West sector, which had the highest volume of complaints and feedback outwith prison-based services, only meeting the target on 71% of occasions.
- 1.4 93% of complaints were about three issues: standard of clinical treatment (64%), waiting times for appointments (21.6%) and attitude and behaviour of staff (7.4%).
- 1.5 Most complaints related to services offered by G.Ps and Dentists, reflecting their role in prison-based healthcare and the very large number of complaints in that sector.
- 1.6 Overall 18% 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 (14.5%) when compared with all other sectors combined (53.6%). Because of the high number of prison-based complaints the overall average is also low.
- 1.7 Complaints relating to health services at Barlinnie prison were far more likely to be 'not upheld' (94.4%) than was the case at Greenock (68%) and Low Moss (72.5%). Complaints in South sector were also upheld significantly less frequently than those in north East and North West.
- 1.8 39 decision letters relating to these health services were issued by Scottish Public Services Ombudsman in 2015-16. 14 (36%) were upheld or partially upheld. Details of decisions from the last quarter of 2015-16 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 last quarter of 2015-16 as set out in section 4 of this report. An e-learning package to assist staff in dealing with complaints is available on the 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 to be 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 2015 to 31st March 2016 a total of **1942** complaints were received as compared with 2040 in the previous year (a 5% reduction). A breakdown of complaints received during 2015/16 is set out in Table 1.

Table 1 – Volume of Complaints Received by sector / location

	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	Total
Glasgow City CHP – Corporate (Forensic and Learning Disabilities)	0	1	0	1	2
Police Custody Healthcare	1	0	0	0	1
HMP Barlinnie	176	295	259	198	928
HMP Greenock	35	29	33	37	134
HMP Lowmoss	223	128	181	169	701
Glasgow City CHP - North East Sector	12	19	16	10	57
Glasgow City CHP - North West Sector	15	25	16	17	73
Glasgow City CHP - South Sector	10	12	13	11	46
Total	472	509	518	443	1942

Clearly the highest volume of complaints overall are received within prison services which account for 1763 of 1942 complaints (91%).

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 2015/16, there were 1299 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 CHP – Corporate (Forensic and Learning Disabilities)	0	0	0	0	0
HMP Barlinnie	0	0	518	0	518
HMP Greenock	0	0	26	0	26
HMP Low Moss	0	0	305	0	305
Glasgow City CHP - North East Sector	2	8	1	0	11
Glasgow City CHP - North West Sector	0	9	402	8	419
Glasgow City CHP - South Sector	0	7	11	1	19
Totals:	2	24	1264	9	1299

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	15/16	15/16	Total
	Q1 Apr 15 – Jun 16	Q2 Jul 15 – Sep 15	Q3 Oct 15 – Dec 15	Q4 Jan 16 – Mar 16	
Glasgow City CHP – Corporate	435	453	473	405	1766
Health & Community Care (Note 1)	0	0	0	0	0
Police Custody Healthcare	1	0	0	0	1
HMP Barlinnie	176	295	259	198	928
HMP Greenock	35	29	33	37	134
HMP Low Moss	223	128	181	169	701
Mental Health Services (Note 2)	0	0	0	0	0
Rowanbank Forensic Medium Secure	0	1	0	1	2
Glasgow City CHP - North East Sector	12	19	16	10	57
Health & Community Care	2	2	3	2	8
Specialist Children's Services	5	5	8	3	21
Skye House Adolescent Unit	0	2	0	1	3
Mental Health Services	4	4	4	3	15
Stobhill Hospital	0	3	0	1	4
Parkhead Hospital	1	0	0	1	2
Homelessness Services	0	3	1	0	4
Glasgow City CHP - North West Sector	15	25	16	17	73
Children & Family Services	0	1	0	0	1
Health & Community Care	3	4	1	3	11
Mental Health Services	2	5	4	1	12
Gartnavel Royal Hospital	4	3	4	1	12
Sexual Health/Sandyford	6	12	7	12	37
Glasgow City CHP - South Sector	10	12	13	11	46
Health & Community Care	2	3	3	5	13
Mental Health Services	4	4	10	3	11
Leverndale Hospital	3	5	10	2	20
Pharmacy and Prescribing Support Unit	0	0	0	1	1
Planning & Health Improvement	0	1	0	0	1
Totals:	472	509	518	443	1942

Note 1 – Prison Health Care listed under relevant establishment

Note 2 – Covers Forensic Services and Tier 4 Learning Disabilities

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 – Complaints Response Times

	Within 20 working days	Over 21 working days	Total	% of total within 20 working days
Glasgow City Corporate	1668	59	1727	96%
North East Sector	48	11	59	81%
North West Sector	49	26	75	65%
South Sector	39	5	44	88%
Total	1804	101	1905	95%
%	95%	5%		

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
			Corporate	Prisons	North East	North West	South	
J - Staff Group	1	Consultants/Doctors	1	20	24	29	12	86
	2	Nurses	1	595	46	28	31	701
	3	Allied Health Professionals	5	0	13	10	1	29
	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	2	3
	7	NHS Board/hospital admin staff/members (exc FHS administrative)	0	0	3	10	2	15
	8	GP (Salaried GPs in prison healthcare)	1	1047	1	0	0	1049
	9	Pharmacists	27		0	0	0	27
	10	Dental (Salaried Dentists in prison healthcare)	0	203	0	0	0	203
	11	Opticians	17	0	0	0	0	17
	12	Other	6	0	2	1	1	10

The high incidence of complaints regarding G.Ps and 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. All complaints relating to dentists and all but two complaints relating to G.Ps were within this service context.

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	80	31	29	17	158
	2	Complaint handling	0	12	0	2	0	14
	3	Shortage/availability	0	1	0	2	1	4
	4	Communication (written)	0	3	0	3	1	7
	5	Communication (oral)	0	9	4	6	4	23
	7	Competence	0	13	3	6	3	25
	Total			1	118	38	48	26
B - Waiting times for	11	Date of admission/attendance	0	5	0	4	0	9
	12	Date for appointment	0	448	9	5	0	462
	13	Test Results	0	14	0	0	0	14
Total			0	467	9	9	0	485
C -Delays in/at	21	Admissions/transfers/discharge procedure	0	0	0	4	0	4
	22	Out-patient and other clinics	0	4	0	1	0	5
Total			0	4	0	5	0	9
D - Environmental/domestic	29	Premises	0	6	1	1	2	10
	30	Aids/appliances/equipment	0	0	0	0	1	1
	32	Catering	0	1	0	0	0	1
	33	Cleanliness/laundry	0	0	2	1	0	3
	34	Patient privacy/dignity	0	4	4	0	0	8
	35	Patient property/expenses	0	0	1	0	0	1
	36	Patient status	0	0	0	0	0	0
	37	Personal records	0	4	0	0	0	4
	38	Bed Shortages	0	0	0	0	0	0
	39	Mixed accommodation	0	1	0	0	0	1
	40	Hospital Acquired Infection	0	0	0	0	0	0
Total			0	16	8	2	3	29
E - Procedural issues	41	Failure to follow agreed procedure	0	1	4	4	0	9
	42	Policy and commercial decisions of NHS Board	0	0	0	0	0	0
	43	NHS Board purchasing	0	0	0	0	0	0
	44	Mortuary/post mortem arrangements	0	0	0	0	0	0
Total			0	1	4	4	0	9
F - Treatment	51	Clinical treatment	2	1311	29	11	20	1373
	52	Consent to treatment	0	0	0	0	0	0
Total			2	1311	29	11	20	1373
G - Transport	61		0	0	0	0	0	0
H - Other	71		0	3	1	1	0	5

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	1	0	0	1
Hospital Acute Services	0	0	0	1	0	1
Care of the Elderly	0	0	0	1	0	1
Rehabilitation	0	0	0	15	1	16
Psychiatric/Learning Disability Services	2	0	56	11	29	98
Maternity Services	0	0	0	0	0	0
Ambulance Services	0	0	0	0	0	0
Community Hospital Services	0	0	0	1	1	2
Community Health Services - not elsewhere specified	1	0	27	43	16	87
Continuing Care	0	0	0	5	0	5
Purchasing	0	0	0	0	0	0
Administration	0	0	4	3	1	8
Unscheduled Health Care	0	0	0	0	0	0
Family Health Services	0	0	0	0	0	0
Prison	0	1921	1	0	0	1922
Other	0	0	0	0	1	1
Total	3	1921	89	80	49	2142

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 2015/16 was **1905**. This includes complaints received in last quarter of the previous year, but not responded to until Quarter 1 of 2015/16. Overall 79.5% of complaints were not upheld and 18% were partially or fully upheld. A further 2.5% were withdrawn or otherwise not progressed.

For all complaints relating to prison services, 250 of 1719 (14.5%) of complaints were partially or fully upheld. For all other services, 96 of 181 were either upheld or partially upheld (53%).

Table 8 – Outcome of completed complaints by sector

	Consent Not Received	Fully Upheld	Partially Upheld	Not Upheld	Withdrawn	Transferred	Other	Total
Glasgow City Corporate	0	0	0	0	1	0	1	2
Police Custody Healthcare	0	0	0	1	0	0	0	1
HMP Barlinnie	0	23	22	865	5	0	1	916
HMP Greenock	0	19	19	88	1	1	0	128
HMP Low Moss	0	84	83	493	20	0	0	680
North East Sector	0	12	26	21	0	0	0	59
North West Sector	0	24	17	29	2	0	3	75
South Sector	3	8	9	19	5	0	0	44
Total	3	170	176	1516	34	1	5	1905
% of total (to 1 d.p.)	0.15%	9%	9.3%	79.5%	1.8%	0.05	0.2%	

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 68% and 73% of occasions respectively, in Barlinnie complaints are 'Not Upheld' 94.4% of the time. There is also variation between the sectors, with North East upholding or partially upholding 64.4% of their complaints, North West 54.7% and South only 38.6%.

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 CHP - Corporate	126	124	1447	27	0	1	2	1727
Health & Community Care	0	0	0	0	0	0	0	0
Police Custody Healthcare	0	0	1	0	0	0	0	1
HMP Barlinnie	23	22	865	5	0	0	1	916
HMP Greenock	19	19	88	1	0	1	0	128
HMP Low Moss	84	83	493	20	0	0	0	680
Mental Health Services	0	0	0	0	0	0	0	0
Rowanbank Forensic Medium Secure	0	0	0	1	0	0	1	2
Glasgow City CHP - North East	12	27	20	0	0	0	0	59
Health & Community Care	4	3	2	0	0	0	0	9
Specialist Children's Services	6	10	6	0	0	0	0	22
Skye House Adolescent Unit	0	2	1	0	0	0	0	3
Mental Health Services	1	7	6	0	0	0	0	14
Stobhill Hospital	1	1	4	0	0	0	0	6
Parkhead Hospital	0	1	0	0	0	0	0	1
Homelessness Services	0	3	1	0	0	0	0	4
Glasgow City CHP - North West	24	17	29	2	0	0	3	75
Children & Family Services	0	1	0	0	0	0	0	1
Health & Community Care	6	2	5	0	0	0	0	13
Mental Health Services	3	3	6	1	0	0	0	13
Gartnavel Royal Hospital	0	0	10	1	0	0	2	13
Sexual Health/Sandyford	15	11	8	0	0	0	1	35
Glasgow City CHP - South Sector	8	9	19	5	3	0	0	44
Health & Community Care	4	2	5	1	0	0	0	12
Mental Health Services	1	3	4	1	1	0	0	10
Leverndale Hospital	3	3	9	3	2	0	0	20
Pharmacy and Prescribing Support Unit	0	0	1	0	0	0	0	1
Planning & Health Improvement	0	1	0	0	0	0	0	1
Totals:	170	176	1516	34	3	1	5	1905

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 the 2015/16, there were 39 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	8	8	2
Dental Services	3	3	1
Mental Health Services	2	0	2
Community	1	0	0
Prison Healthcare	0	6	3
Total	14 (39%)	17 (43.5%)	8 (20.5%)

- 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 Sector CDs 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 to December 2015 have been advised in previous quarterly reports. Decisions issued for five case in the period 1st January – 31st March 2016 are outlined below indicating whether complaints were upheld and any recommendations made.

(a) Complaint against Dental Service (Glasgow East) xxxx07051. Decision dated 16th Feb 2016 – Complaint Not Upheld – 1 recommendations

The patient had complained about the dental practice failing to properly communicate with him about the change of dentist.

The Ombudsman looked at whether the dental practice had provided the patient with a reasonable response to his concerns about communication of the change of dentist, the practice advised during the investigation that they received an assurance from the former dentist that they would make all patients aware of the changes in care that were forthcoming. The patient advised that he did not receive this information and the Ombudsman accepted the position on this. However, as the expectation of the practice was that all their new NHS patients would have been made aware of the change in both location and staffing, the Ombudsman does not consider it unreasonable that they did not separately advise the patient of this.

This complaint has not been upheld.

During the investigation, the patient's original complaint to the practice along with their acknowledgement, response and policy for handling complaints had been reviewed. This highlighted that while the practice had acted in line with their own policy, the policy itself was not compliant with the Scottish Government guidance to assist NHS Boards and health service providers to handle feedback, comments and complaints in line with the Patient Rights (Scotland) Act 2011.

In particular, it had been noted no reference had been made to the SPSO in the final response to the complaint and that the timeframes detailed in their policy were not in line with the two stage complaints process. There was also no evidence that information on PASS was provided to the patient.

This complaint has not been upheld.

Recommendations:

That the Practice reviews their complaints handling procedure to ensure that it reflects the requirements of the Scottish Governments, Can I Help You? Guidance.

(b) Complaint against Dental Service (Glasgow East) xxxx06140. Decision dated 16th Feb 2016 – 1 Complaint Upheld – 1 Complaint Not Upheld

The patient had complained that the dentist failed to provide appropriate dental treatment and failed to properly communicate with him about the change of dentist and his ongoing treatment as between appointments the dentist sold his business to a new owner.

Complaint 1: Dentist failed to provide appropriate dental treatment. The Ombudsman has reviewed the documentation provided by the patient and the dental practice and also sought professional advice from one of the Ombudsman's dental advisors (the advisor) who is a registered dentist to investigate whether the actions taken, or not taken, were reasonable in the circumstances and in light of the information available to those involved. The advisor had explained that the examination highlighted possible areas for treatment and that the plan was for x-rays to be carried out at your next appointment to determine the extent of the treatment required. The Ombudsman accepts the comment that it may have been more appropriate to x-ray your teeth at that time, this is not considered to be an unreasonable failing.

This complaint has not been upheld.

Complaint 2: The dentist failed to communicate with the patient about the change of dentist and his ongoing treatment. The dentist was given the opportunity to respond to the complaint via his solicitor, however, no comments were received. The Ombudsman could find no evidence in the patient's records of reasonable steps being taken to ensure he was aware of the upcoming changes. The Ombudsman is satisfied that as the dentist is out of contact, living overseas and no longer practising in the United Kingdom. It is not appropriate to make recommendations in this case. The Ombudsman noted that the new practice is aware of the difficulties the patient has experienced, providing them with the opportunity to learn from the complaint and GG&C NHS Health Board will be made aware of the outcome of this complaint.

This complaint has been upheld.

(c) Complaint against Dental Service (Glasgow East) xxxx06142. Decision dated 17th Feb 2016 – 1 Complaint. Upheld with 2 recommendations / 1 Complaint Not Upheld

The patient's complaint is that the dentist failed to properly communicate with him about the change of dentist, ongoing treatment and failed to provide appropriate dental treatment.

Complaint 1: The patient had complained that the dentist failed to properly communicate with him about the change of dentist and ongoing treatment at his appointment. The patient had initially been seen at the practice on 7th Nov 2014 and was given a further appointment for follow-up, between these appointments the practice had been sold and the staff changed. The patient had attended his appointment on the 8th Dec 2014 to be met by a new dentist and another female member of staff but no introductions were made. The patient stated this made him feel uncomfortable, he was advised that another visit would be needed to complete the treatment, however, he was subsequently given different information at his later appointment.

The Ombudsman reviewed all documentation and sought advice from the advisor who noted that the General Dental Council (GDC) standards state that in order to obtain valid consent, patients must be given all options including the risks and benefits of all. The advisor considered that the patient was not given enough information at his appointments in order to make an informed decision about his treatment options.

The Ombudsman reviewed all documentation and taking into consideration the advice from the advisor the Ombudsman is not satisfied that the communication in this case was of a reasonable standard.

This complaint has been upheld.

Recommendation:

- To review the process followed for obtaining patient consent and ensure this is in line with the GDC standards.
- To issue the patient with an apology for the standard of communication with him.

Complaint 2: The patient has complained that the dentist failed to provide appropriate dental treatment. The patient attended his appointment on 8th Dec 2014 expecting to have a filling, however, the dentist carried out an examination. Following an appointment for root canal treatment on 19th Dec 2014 the temporary filling that had been applied fell out, causing him pain, when he phoned the practice he was advised that the practice closed at 5pm so the next available appointment would be on the 22nd Dec 2014.

The Ombudsman reviewed all documentation and sought advice from the advisor on whether it was reasonable to be left over the weekend without a filling. The advisor explained that the Scottish Dental Clinical Effectiveness Programme guidance on emergency dental care states that urgent treatment is required when a patient is in severe pain (within 24hrs) and that moderate or mild pain is classified as routine and the patient should be seen within 7 days. The advisor considered it was reasonable to have to wait over the weekend. The advisor also noted the treatment over the month of Dec was reasonable.

This complaint has not been upheld.

(d) Complaint against GP Service xxxx06252. Decision dated 23rd Feb 2016 – Complaint Upheld and 5 recommendations.

The patient's complaint is regarding the surgery's unreasonable actions in relation to repeat prescription and removal of patient from their patient list.

Complaint 1: The patient has been having difficulty in obtaining a repeat prescription from the surgery and had to get the cardiac nurse from the hospital to request this on his behalf, the patient has also raised another matter about a change in prescription and the length of time taken to get appointments. The Ombudsman reviewed all documentation and advice given by a GP advisor to the Ombudsman (the advisor) this highlighted administration/communication failures, the Ombudsman also has concerns with what appears to be a lack of investigation into the matter by the surgery and their failure to provide a comprehensive response to the patient.

This complaint has been upheld.

Recommendations:

- The surgery review their process for recording missing prescriptions and ensure that information is shared with the appropriate GP who has been asked to re-issue a prescription.
- The surgery should share these findings with the staff involved and remind them of the importance of providing full and accurate responses to complaints.
- The surgery should apologise to the patient for the failings identified.

Complaint 2: The surgery has removed the patient from their practice list as they had regarded this as a breakdown in the doctor patient relationship. The Ombudsman asked the surgery if the patient had been warned prior to him being removed from the practice list, the practice manager had confirmed this had not been done. The advisor considered this action by the surgery did not comply with the General Medical Service guidelines. The Ombudsman has reviewed all complaint correspondence; the GMS contractual guidance; the surgery's policy of removing patients from their practice list; the surgery's complaints procedure; and the independent advice.

This complaint has been upheld.

Recommendations:

- The surgery apologises to the patient for failing to issue him with a warning prior to removing him from their practice list.
- The surgery ensures all relevant staff are fully aware of the GMS contractual guidance and their own policy before removing patients from their practice list.

(e) Complaint against GP Service (Glasgow North) xxxx01220. Decision dated 23rd Feb 2016 – Complaint Upheld and 4 recommendations

The patient is complaining that the practice failed to provide her with appropriate care and treatment between her first consultation on 12th March 2015 and a scan on 20th March 2015.

The patient feels the Practice was very neglectful and there was a reluctance to address her symptoms which she considers could have resulted in her death. The patient attended an appointment at the Practice on 12th March 2015 with a three week history of constipation, vaginal bleeding and pain in the lower right abdomen. The patient was asked by the GP if she could be pregnant and she said she was not. The patient carried out a pregnancy test that same night as a precaution and found she was two to three weeks pregnant. The patient subsequently had a number of telephone consultations with different GP's in the practice between 13th March and 20th March 2015. On 13th March she was advised to contact the Early Pregnancy Assessment Service (EPAS) at the former Southern General Hospital, Glasgow. The patient contacted EPAS on 13th March 2015 and gave her symptoms and was advised that she may be having a miscarriage; she was given an appointment for a scan on 20th March 2015.

While contacting the Practice regarding ongoing symptoms the patient learned she had a urinary tract infection and she was not prescribed antibiotics until she insisted. On the 20th March 2015 the patient attended the EPAS for a scan. The scan revealed an ectopic pregnancy, burst fallopian tube, internal bleeding and a cyst on the left ovary. As a result, the patient was admitted to Glasgow Royal Infirmary for emergency surgery. The patient considers that despite her contacting the practice on a number of occasions there was a failure to ask her to attend the practice for an examination and feels there were many opportunities for the practice to have intervened earlier, she is also unhappy with the GP's attitude towards her during the telephone conversations.

The Ombudsman's independent adviser advised that the ectopic pregnancy would have always warranted surgery and could not have been avoided by earlier treatment or identification. Also considered were the concerns raised about the GP's communications with the patient, it had been noted the Practice, in their response to the complaint, stated they were sorry the patient had found the GP to be abrupt and that this was not his intention. The adviser was of the view that there was room for improvement. The adviser considered that the GP should reflect on his consultation skills and discuss this complaint and, in particular, his communication skills as part of his yearly appraisal. In relation to the consultation on 17th March 2015 the SIGN guidance on the management of bacterial urinary tract infections in pregnant women; and NHS GG&C prescribing guidelines the Ombudsman is satisfied that the doctor failed to follow appropriate prescribing guidance when managing the care and treatment of a patient with a urinary tract infection in pregnancy.

The Ombudsman taking account of the advice received considers there were failings in the care and treatment the patient received from the Practice, resulting in this complaint being upheld.

Recommendations:

- The Practice to apologise to the patient for the failings identified in the complaint.
- The Practice to feedback the findings of this investigation to relevant staff for reflection and learning; conduct a significant event meeting to discuss all aspects of this case; and submit a further significant event analysis for review to this office to include their reflection on communication and prescribing.
- The GP should reflect on his consultation skills and discuss this complaint and, in particular, his communication skills as part of his yearly appraisal.
- The GP should review the relevant prescribing guidance for the management of urinary tract infection in pregnancy and identify this as a learning need as part of his yearly appraisal.

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.

Tables 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"/>	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"/>	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 of Fully Upheld (1st January – 31st March 2016)

Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
B2015/0944	Patient states he is unhappy with previous response and he continues to not receive all of his medications on the same day.	Partially Upheld	Policy	K07-01 - change the procedure for requesting and receiving medication.
B2015/0947	Patient states he did not receive his medication.	Partially Upheld	Share	K01001 Share Lessons - Communication between SPS, Patient and Health Centre
B2015/0968	Patient states that he did not receive his medication on time.	Fully Upheld	Action Plan	K02-01 Lead Manager Co-coordinating Improvements. Healthcare manager with raise issues with Pharmacy and Lead Clinician. Clinical Manager will speak to Health Care Assistants and Nurses about issues raised.
B2016/0053	Patient states the he needs strong painkillers as he is in agony. Patient also would like to know about his dentist appointment.	Partially Upheld	Communication	K03-01 Partially upheld
B2016/0084	Patient states he had appointments at the dentist which have been re-arranged, patient unhappy with length of re-arrangement and would like explanation as to why this has happened.	Partially Upheld	No Action Required	Appointment slips to be sent to patients advising new appointment and reason for cancellation of appointment.
B2016/0096	Patient is not happy with the way he has been treated by a Senior Nurse as medical information has been given to Prison Officers which patient does not agree with. Patient also is not being listened to by the Senior Nurse about his weight issues.	Partially Upheld	No Action Required	Staff members to take into consideration patient confidentiality at all times during Nurses station refurbishment and find alternative locations if need be.

Appendix 2: GCHSCP NHS Complaints report 2015-16

B2016/0099	Patient states he has requested three times to be seen by the Addiction Nurses and has yet to be seen, however while receiving medication from the Addiction Nurse he was told that she had tried to see him but that the patient has refused. Patient denies this.	Partially Upheld	Access	
B2016/0102	Patient states that he is having problems with the timings that he is receiving his medication and that he received the wrong medication.	Partially Upheld	Communication	
B2016/0118	Patient states he has not received his medication, patient states he requested medication 1 day too early.	Partially Upheld	Communication, No Action Required	K03-01 Early engagement/resolution with complainant.
B2016/0143	Patient claims he has not received any care.	Fully Upheld	Access	k01-04
ECY15-33	Not happy with service daughter receiving from CAMHS. Asked for approach to focus on best interventions and who can deliver them rather than venue for appointments	Partially Upheld	Action Plan	K02 - 02 - ACTION PLAN - Service Review Instigated There should be a more detailed formal review carried out of specialist children's service teams involvement
ECY16-02	Ask for an explanation of why they had to wait so long for a psychiatrist after presenting at A&E	Partially Upheld	Action Plan	K02-03 Partially Upheld - NHSGG&C CAMHS are currently developing the PLS which is based at the Royal Hospital for Children. This development will include additional staff to enable the referral pathway for young people attending the QEUH to a new pathway via the 'on site' CAMHS PLS. Reducing the response time for such referrals.

Appendix 2: GCHSCP NHS Complaints report 2015-16

ECY16-05	A number of complaints either cancelled or not attended by clinician without letting patient or mother know.	Partially Upheld	Access	Clinician agreed to ensure that all appointments with venue and times are confirmed and agreed at least the day before the scheduled meeting by either telephone or text message.
G2015/114	Complaint is regarding gabapentin which should be taken at night time but he has been told to take it at 4pm. He feels this will result in him being in pain from 8pm onwards.	Fully Upheld	Communication	K03-01 staff training
G2015/118	Complaint is regarding treatment received at the dentist and that only part of a tooth was removed and root which is rotten was left in the mouth.	Partially Upheld	Communication	K03-01
G2016/002	Patient waited 4 months for a dental appointment and was given one for the 30th Dec which was cancelled. She is in complete agony and cannot eat or sleep with the pain.	Fully Upheld	Communication	K03-01 Fully Upheld
G2016/004	Complaint is regarding being taken off suboxone after being accused of withholding drugs.	Partially Upheld	Share	K10 - 01 Learning points shared with teams.
G2016/012	Patient was at the dentist on 20th Jan for teeth to be fixed as he is in pain and needs treatment. Dentist told patient he would get him back as soon as possible but no treatment was given for pain and his new appointment is 12 weeks away.	Fully Upheld	Communication	K03-01 communication from dentist to improve
G2016/013	Patient was put on medication which he had previous been given but which did not help. He is suffering from pain and is willing to come off methadone in order to be given stronger pain medication to help.	Fully Upheld	Communication	K03-01 better communication

Appendix 2: GCHSCP NHS Complaints report 2015-16

G2016/027	Patient put in medication slip on 12th February for medication on 17th February but hasn't received any.	Fully Upheld	Communication	Post box ordered and temporary measures in place until its receipt.
G2016/028	Patient is complaining about not being given a detox. Refused to sign immediate response. Gone to Formal complaint.	Partially Upheld	Communication	None
G2016/029	Patient unhappy with the Dentist waiting list. Got appointment for after her liberation date and wants since as emergency.	Fully Upheld		None
G2016/034	Service user was due to be prescribed methadone prior to transfer to Greenock, he completed a self-referral to see one of the Addictions staff on 9th March 2016, however he has not heard anything back.	Fully Upheld	Communication	K03-01
LM2015/642	Patient not happy about waiting to get his medication and medical attention.	Partially Upheld	Share	K10-01 Learning points shared with teams Apologues given to patient however patient is now prescribed the right medication for him.
LM2015/659	Patients Medication has changed and he is not happy.	Partially Upheld	Share	K10-01 Learning points shared with teams. Patient on a reduction regime for medication. Patient has future GP appointment.
LM2015/665	Patient wants his medication as agreed with medical staff.	Partially Upheld	Share	K10-01 Learning points shared with teams. GP has explained procedures to patient on why the medication will be reduced. Nurse told patient to keep the boot on so that the patient is in less pain.
LM2015/675	Patient claims that the doctor has stopped his medication and is suffering.	Fully Upheld	Share	K10-01 Learning points shared with team. Apologies as there was an oversight by the GP who prescribed the patients medication which has now been rectified.

Appendix 2: GCHSCP NHS Complaints report 2015-16

LM2016/08	Patient claims that he has not been given his proper medication	Fully Upheld	Action Plan	K02 01 Lead Manager coordinating improvement Measure will be taken so that this does not happen again in the future.
LM2016/102	Patient wants to see the Doctor and dentist ASAP	Partially Upheld	Action Plan	K02 02 Service review instigated
LM2016/104	Patient claims that he has not had his medication from being transferred from Barlinnie.	Fully Upheld	Communication	K03 02 Meeting Complainant - Provide explanation
LM2016/105	Patient claims he is not getting his medication.	Fully Upheld	Access	K01 04 Patient pathway/journey
LM2016/109	Patient claims that he attended the dispensing room for his medication and was unhappy that the nurses were only dispensing supervised medication and detox's at this time.	Fully Upheld	Action Plan	K02 03 Service Improvement identified
LM2016/117	Patient claims that he has not been receiving his medication on time.	Fully Upheld	Communication	K03 03 Staff suggestions for improvements
LM2016/41	Patient claims that he saw the GP in Barlinnie and that she stated that he was to be put on to Gabapentin. Patient claims that he is not getting them at LM due to them not being able to find his kardex. Patient has put in another complaint regarding this issue 28/01/2016, this will be answered as one complaint.	Fully Upheld	Communication	K3-02 Meeting complainant - Provide explanation Apology to patient, patient has now seen doctor and his medication is sorted.
LM2016/52	Patient not happy because he did not get his medication.	Fully Upheld	Action Plan	K02-02 Service review instigated Apology's given to patient, this has been a pharmacy error. A review will be carried out on the process.

Appendix 2: GCHSCP NHS Complaints report 2015-16

LM2016/68	Patient claims that he was not given the appropriate medication on entering the establishment and would like his proper medication.	Fully Upheld	Communication	
LM2016/75	Patient claims that he has not been getting his dressing done when he should be.	Partially Upheld	Communication	K03 02 Meeting Complainant - Provide Explanation
LM2016/82	Patient not happy that his medication is not sorted.	Fully Upheld	Communication	K03 03 Staff Suggestion for improvement
LM2016/94	Patient wants methadone.	Partially Upheld	Communication	
LM2016/95	Patient claims that he was given an appointment to see the GP and was no called for his appointment. Patient also claims that the nurse breached his confidentiality by discussing his medical problem in front of an SPS officer.	Partially Upheld	Communication	K03 02 Meeting complainant - Provide Explanation
LM2016/97	Patient claims that he did not receive his medication that the GP prescribed for him.	Fully Upheld	Share	K10-01 Learning points shared with team.
LM2016/98	Patient not happy about who is giving him his medication.	Partially Upheld	Action Plan	K02 02 Service review instigated
NE243	Complainant concerned about the lack of family involvement in sister's care and treatment and the poor practice of communicating formally and sharing information with legal guardian	Fully Upheld	Action Plan	Implementation of operational standards from redesign of LD Services will be implemented by Service Manager and Team Leader within the next 3 months.
NW1568	Complaint first received on 24.12.16. Acknowledged and sent mandate to be signed. Signed mandate was received on the 18.1.16.	Fully Upheld	Communication	1. OOH Service has spoken to GEMS Service and recorded message will be activated if they are not on duty. 2. New system for processing incoming calls will be implemented.

Appendix 2: GCHSCP NHS Complaints report 2015-16

NW1602	Complainant is unhappy with the lack of Services and treatment delivered to her husband.	Fully Upheld	Communication	K03-01 - Fully Upheld - To have improved communications with Social Work Services regarding AP1 referrals.
NW1607	Complainant feels patient is not receiving appropriate treatment.	Partially Upheld		No action required.
NW1610	Patient feels Communication is poor from the Mental Health Team.	Fully Upheld		Steps to be taken by staff to ensure patient requests for specific days or times are carefully recorded by staff and adhered to as much as possible.
NWS1016	Client unhappy regarding miscommunication in relation to appointments	Fully Upheld	Access	K01-01 - Fully Upheld - Booking arrangement - Appointment process to be reviewed.
NWS3416	<p>Patient's mother is unhappy at how her daughter was treated when attending Sandyford South West.</p> <p>Patient's mother is unhappy with how her daughter was spoken to, felt nurse made inappropriate comments.</p> <p>Patient's mother is unhappy about her daughters implant removal which resulted in daughter's arm heavily bruising.</p>	Fully Upheld	Access	K04-01 Fully Upheld. Conduct issues discussed with staff, staff reflection conducted.
NWS4316	Client unhappy with waiting time to get through on telephone.	Fully Upheld	Access	Signage. Process to be looked at for recording when building needs to be evacuated.

Appendix 2: GCHSCP NHS Complaints report 2015-16

<p>NWS4416</p>	<p>Client called Complaints Administrator to complain about a Doctor. Client discussed that the Doctor did not introduce themselves and client felt this was unprofessional and left the client feeling uncomfortable. Client expressed that Doctor kept repeating questions – have you had this done before and what size are you, which made the client feel uncomfortable. Doctor took sexual health history client disclosed she has unprotected sex but had taken the morning after pill – Doctor started to discuss emergency contraception and at this point client states she felt the Doctor was making her feel stupid and irresponsible. Doctor discussed a copper coil with client, client requested if she could call her mum to discuss and was told no she would then need to make another appointment – client felt this was unfair. Client agreed to go ahead with coil, when doctor was examining client she kept showing the client that she was on her period, kept showing the client residue. The client was then told she could go ahead with diaphragm and was then asked again have you had this before and what size are you. Client felt overall experience was unprofessional.</p>	<p>Fully Upheld</p>	<p>Communication</p>	<p>bulletin reminder for staff to introduce them self.</p>
----------------	--	---------------------	----------------------	--

Appendix 2: GCHSCP NHS Complaints report 2015-16

NWS4716	Client wished to raise formal complaint regarding experience with Gender team. Informed complaints administrator that when they called to put their name on the list they had expressed that they would like to receive counselling. Client was informed on 23/02/16 that they were not on the counselling list – client feels this was done on purpose due to demand on the service.	Fully Upheld	Access	N.A
SO2/16	Feels had no support from HV. Young daughter having issues with her speech	Fully Upheld	Share	KO1- 01/04 K03 - 03 KO10 -01 Review of telephone logging system - to be reviewed in 2 month's time to ensure improvement. Increased clinical supervision for health visitor - health visitor will demonstrate learning during period of clinical supervision.
SO34/15	Unhappy with treatment over the years. Feels medication has made her more unwell.	Fully Upheld	Share	KO10 - 0 3 Offered meeting with patient and family with Consultant who carried out review
SO4/16	looking for help for her mother who she feel is not getting the help she needs from our CMHT	Partially Upheld	Share	Staff are made aware of the importance of ensuring people know how to access services on discharge and a record of this discussion is made in the care record. Service Manager will raise through local business meeting and send memo to wider teams.