



Item No. 8

Meeting Date **Wednesday 18th October 2017**

Glasgow City Integration Joint Board Finance and Audit Committee

Report By: David Williams, Chief Officer
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HEALTH AND SOCIAL CARE COMPLAINTS ACTIVITY 2016-17 (ANNUAL REPORTS)

Purpose of Report:	To present statistical analysis and outcomes of complaints for both health and social care during the period 1 st April 2016 – 31 st March 2017
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Recommendations:	The IJB Finance and Audit Committee is asked to: a) note the content of this report; and b) note the contents of the two attached appendices
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Relevance to Integration Joint Board Strategic Plan:

Page 3 Strategic vision: A Focus on continuous improvement. Good complaints management helps drive that process by highlighting opportunities for service improvement.

Robust complaints procedures also enhance the goals of:

- Being responsive to the population we serve
- Showing transparency, equity and fairness in the distribution of resources

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
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Carers:	No implications
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Provider Organisations:	No implications
Equalities:	No implications
Financial:	No implications
Legal:	No implications
Economic Impact:	No economic impact
Sustainability:	No implications
Sustainable Procurement and Article 19:	No implications
Risk Implications:	No implications
Implications for Glasgow City Council:	No implications
Implications for NHS Greater Glasgow & Clyde:	No implications

1. Purpose of report

- 1.1 This report summarises the findings of two separate annual reports on complaints activity for the period 1st April 2016 to 31st March 2017 in health and social care services managed by Glasgow City Health and Social Care Partnership ('The HSCP').
- 1.2 Complaint handling is not a costed activity. There is a central 'Rights and Enquiries' Team who deal with reviews of social work complaints, liaise with the Ombudsman for original stage of review as well as providing general guidance on complaints handling and recording and reporting functions. That team also deals with Data Protection and Freedom Of Information matters. However the majority of complaints handling, particularly in terms of NHS complaints, falls to front-line staff and managers who take on this role as part of their usual engagement with service users.
- 1.3 It is the last report of complaints under separate and quite distinct complaints procedures for health and social care. Both have been replaced as of 1st April 2017 with two new model procedures directed by Scottish Public Services Ombudsman ('SPSO'). Whilst still dissimilar in some respects, the procedures operating from 1st April 2017 are far more aligned in terms of stages, rights of

appeal, timescales and general requirements of process than were the previous procedures.

- 1.4 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. Statistical information is presented on volume of activity, performance against timescales and outcome and each is presented in terms of location of services, service user groups and issues complained of.
- 1.5 Service improvements have been identified and are outlined in both reports (in sections 3.7 of appendix 1 and section 5 of appendix 2).
- 1.6 Independent scrutiny of complaints by Complaints Review Committee of Glasgow City Council ('The CRC') and SPSO are similarly presented (at sections 3.6 of appendix 1 and section 4 of appendix 2).

2. Summary of main findings

- 2.1 The volume of social work complaints has risen again, having briefly fallen in 2015-16. There were 547 formal complaints consisting of 444 at stage 1, 76 at stage 2 review and 27 subject to independent review by the CRC. This rise is consistent with a longer term trend. Complaints also appear to be increasing in complexity and more are progressing to both internal and independent review, the latter cases having risen almost three-fold.
- 2.2 1967 complaints were received about health services in the HSCP in 2016-17, together with 1116 comments, concerns and other feedback. This was also a slight increase in complaints (by 1.3%) from the previous year. The vast majority of complaints (93%) were about prison-based health services at Barlinnie, Greenock and Lowmoss, again a slight proportionate rise (it had been 89% in 2015-16).
- 2.3 In both social care and Health, there is ample evidence that where complaints are upheld by HSCP managers or are the subject of recommendations by the respective independent bodies who adjudicate on complaints, then suitable apologies are made to the complainer and actions taken to address their concerns and improve service provision to them in the majority of cases.
- 2.4 In social care there is good evidence of action to improve services at the level of the individual service user when complaints are upheld but less evidence of complaints feeding into widespread systematic improvement. With health complaints conversely there is a well-established process for identifying and implementing service improvement and practice learning from complaints in a more systematic fashion.
- 2.5 The specific nature of outcomes to social work complaints may reflect the highly context-specific, personal and individual nature of the complaints made. There are however likely to be lessons that might be learned across complaints processes within the HSCP in terms of jointly improving the recording and process for management of service improvements identified through complaints.
- 2.6 In social work, homelessness complaints have remained comparatively high and complaints from users of children and family services are also rising again having fallen two years ago. Complaints about financial issues are increasing as are those focusing on staff conduct, attitude and communication. Complaints from people with learning or physical disabilities around Self-Directed Support

processes are however in apparent decline. There was a particular issue around closure of a support service for clients of addiction services which generated a high number of complaints in North-East Glasgow.

- 2.7 In Health, 94% of complaints were about three issues: standard of clinical treatment (71%), waiting times for appointments (18%) and attitude and behaviour of staff (5%). This represents a slight rise in complaints about standard of clinical treatment (64% in 2015-16) and corresponding proportionate fall in the other two categories referred to. 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.
- 2.8 Overall only 12% of health complaints were fully or partially upheld. However prison-based complaints were less likely to be upheld or partially upheld (10%) when compared with all other sectors combined (47%). Because of the high number of prison-based complaints the overall average is also low. Complaints relating to health services at Barlinnie prison were far more likely to be 'not upheld' (95%) than was the case at Greenock (74%) and Low Moss (84%).
- 2.9 For social care complaints, a minority of complaints are upheld but a greater proportion than with health complaints and the number upheld or partially upheld has risen from 21% to 26% since 2015-16.
- 2.10 For those who do not accept the findings of initial response or review and choose to pursue matters further, very few are upheld. Only 8 of 27 social work cases referred to CRC were upheld in any respect, none fully upheld and all but two upheld in only very minor aspects of complaint. For NHS complaints referred to SPSO, a greater proportion were upheld in some respect but still a minority (10 of 21) and few onerous recommendations were imposed. This would seem to suggest that appropriate decisions are being taken as to which complaints should and should not be upheld.
- 2.11 Performance against timescales for response was relatively poor in social care complaints and targets were missed, with only 81% of complaints being answered within the statutory deadline of 28 Calendar days. A trend of declining performance was however halted with the figures being slightly better than the preceding year. The performance of health complaints handling was conversely good with 93% of complaints investigated and responded to within the equivalent time limit in the NHS model procedure of 20 working days.

3. Recommendations

- 3.1 The IJB Finance and Audit Committee is asked to:
- a) note the content of this report; and
 - b) note the contents of the two attached appendices.



Item No: Appendix 1
Meeting Date: 18th October 2017

Glasgow City Integration Joint Board Finance and Audit Committee

Report By: David Williams, Chief Officer
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**Social Work Complaints Annual Report
1st April 2016 to 31st March 2017**

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

1. Executive Summary

- 1.1 This is the last report of the old social work statutory complaints process, which was repealed as of 1st April 2017 and replaced by a new model with different stages and timescales. This report covers the period 1st April 2016 to 31st March 2017
- 1.2 Volume of social work complaints has risen again, having briefly fallen in 2015-16. This is consistent with a longer term trend. Complaints also appear to be increasing in complexity and more are progressing to both internal and independent review, the latter cases having risen almost three-fold.
- 1.3 Homelessness complaints have remained comparatively high and complaints from users of children and family services are also rising again having fallen two years ago. Complaints from people with learning or physical disabilities around Self-Directed Support processes are however in apparent decline.
- 1.4 A summary is provided in section 3.3 of the main issues raised by particular client groups, including an increase in complaints focused on financial issues. Some results are skewed by a high volume of complaints around the closure of a particular support for clients with addiction problems in the North East of Glasgow.
- 1.5 As well as a rise in complaints about financial issues, there has been a slight increase in complaints that focus on staff attitude, behaviour and communication as opposed to those addressing general issues of quality and quantity of service.
- 1.6 Whilst it continues to be the case that only a minority of complaints are upheld, the number upheld or partially upheld has risen from 21% to 26% since 2015-16. For those that are upheld in whole or part, suitable apology is made to the complainer and actions taken to address their concerns and improve service provision in a large majority of cases as set out in detail in section 3.7. For those who do not accept the findings of initial response or review and choose to pursue matters further, very few are upheld as set out in section 3.6. This would seem to suggest that appropriate decisions are being taken as to which complaints should and should not be upheld.
- 1.7 Performance against timescales for response has been poor and declining for the past five years due to a variety of factors including rising workloads and resource pressures. Targets have been missed again this year and particular performance issues are highlighted in terms of the central complaints team and one of the localities. However there has been no further decline since the preceding year. The situation will be monitored going into a new complaints process in the current year.
- 1.8 The general trends may therefore be summarised as rising trends in volume of complaints, in complexity, in proportion upheld, in numbers coming from children and families and homelessness clients, with more complaints about staff attitude and conduct and about financial matters. Performance targets have been missed but further decline arrested.
- 1.9 There is good evidence of action to improve services at the level of the individual complainer when complaints are upheld but less evidence of complaints feeding into widespread systematic improvement. The service has a good record in terms of scrutiny of its performance and complaints handling by independent committee and external regulator with few complaints that we fail to resolve being the subject of further recommendations for action by those bodies.

Section 2 Social Work Complaints Process and report format

During the period covered by this report, Social Work complaints were managed under a statutory process set out in section 5B of the Social Work (Scotland) Act 1968 and statutory directions last updated in 1996. This was 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 usually carried out by the central social work complaints (rights and enquiries) 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 Glasgow City Council ('The Council') Complaints Review Committee (CRC) which (in 2016-17) reported findings into The Council's 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 Scottish Public Services Ombudsman (SPSO). SPSO was however prohibited from making findings on matters of professional social work decisions and could in the period 2016-17 adjudicate only on matters of maladministration, process and quality of services.

As of 1st April 2017 the statutory provisions referred to above were repealed, complaints review committees phased out (though they continue to consider complaints made prior to 1st April 2017) and SPSO given powers to review professional social work decisions under a new model process determined by SPSO. Future reports will therefore reflect a different process, timescales and targets than this present one.

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 stage 3 complaints referred to Complaints Review Committee with an indication of any that then progress to consideration by SPSO.

Social work complaints within Glasgow City Health and Social Care Partnership ('The HSCP') are not stored on either the National NHS Datix or The Council's 'Lagan' complaints systems. The HSCP instead continues to use the 'C4' system, a bespoke intranet-based database developed in-house by The Council. This 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 in the download and manual coding processes but as much care as possible has been taken to reduce error and inconsistency. Each record is moreover individually checked before inclusion within this report as this is a largely manual, rather than automated, process of analysis. Some complexity is lost in this process. Social Work 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 The HSCP as a whole and then by four sectors - North West, North East, South and Centre. The localities are split by client group whereas Centre Functions are sub-divided into Finance, Homelessness, Children's Services (largely residential and fostering), Older People (largely residential and day care) and all other (combined due to low volumes). The latter combined category subsumes a range of functions including central criminal justice and addiction services, adult services, business development and social care direct.

Section 3 Statistical Information and commentary

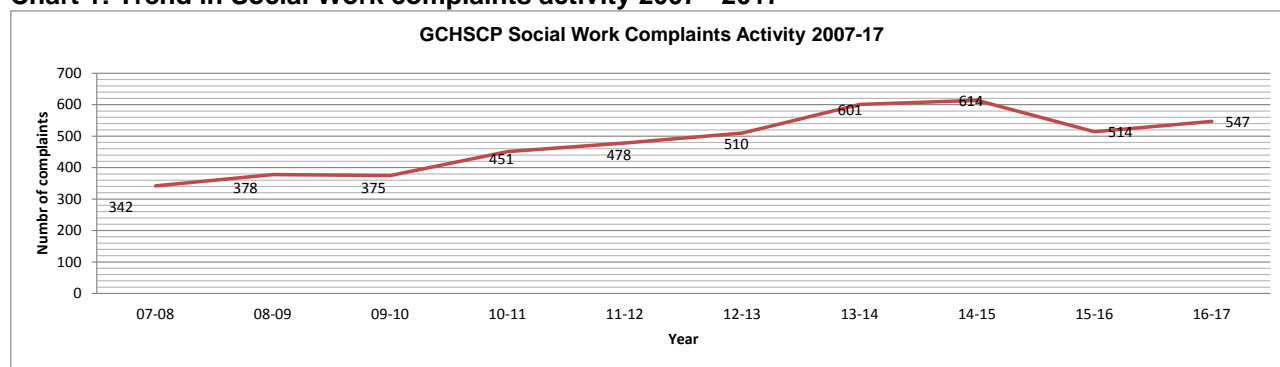
3.1 Overall volume and trends

A total of 547 formal complaints were dealt with from 1st April 2016 to 31st March 2017, comprised of 444 (81.2%) Stage 1, 76 (13.9%) Stage 2 reviews and 27 (4.9%) stage 3 committee hearings.

This is a rise on the number of complaints received in 2016-16 (514 complaints in total), due to an increase in reviews. The number of stage 1 complaints is virtually identical (440 in the preceding year) but more people are seeking review. There is a particularly marked rise in referrals to Complaints Review Committee, being almost three times the number in 2015-16 (only 10 cases), which was itself a high number compared with many previous years.

Total activity nevertheless remains lower than the peak two years of 2013-15. The trend is illustrated in chart 1 below with the general upward drift perhaps attributable more than any other factor to the fiscal crisis in 2007-08 and its after-effects in terms of restrictions on public finance and resource. The nature of issues complained of would tend to support this analysis.

Chart 1: Trend in Social Work complaints activity 2007 - 2017

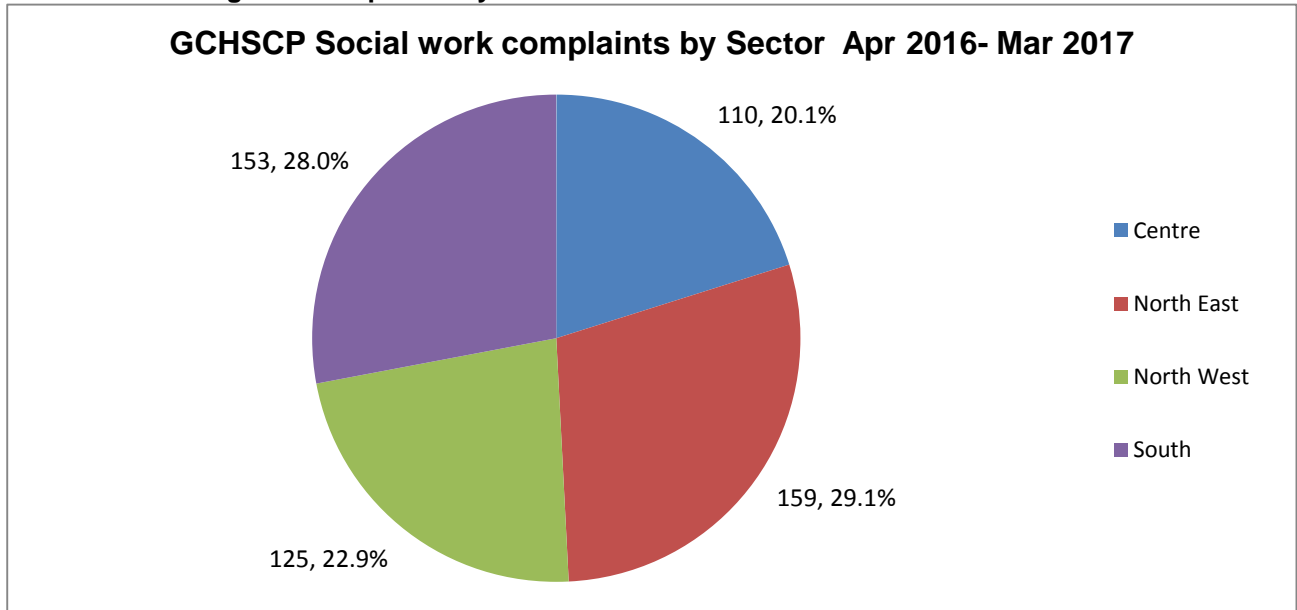


As can be seen from table 1 below, giving activity by sector in comparison with the whole previous year 2015-16, there is now little difference in the overall volume of complaints and proportion proceeding to review between the three localities in 2016-17. This is in contrast to 2015-16 where there was a marked difference between North-East and South localities. The overall figures are presented in graphical form in chart 2.

Table 1: Social Work Complaints by Sector 2016-17, contrasted with 2015-16

Sector	Complaints					
	Stage 1	Stage 2	Stage 3	Total	%	% 2015-16
Centre	96	10	4	110	20.1	15.2
North East	137	15	7	159	29.1	20.8
North West	95	22	8	125	22.9	27.2
South	116	29	8	153	28.0	36.8
Grand Total	444	76	27	547	100.0	100.0

Chart 2: Percentages of complaints by Sector 2016 – 17



3.2 Timescales overall and by sector

Performance targets are that 65% of complaints should be dealt with within 15 working days and 85% within a statutory 28 days. Unfortunately neither target has been met in 2016-17.

Performance has dipped over the past four years reflecting rising workload in terms of increased numbers of complaints, complexity and progression to review. Staffing resource has been allocated within the Rights and Enquiries Team to maintain performance within that time frame. However the team has also been impacted by rising workloads in other areas they deal with (Freedom Of Information and Data Protection Access requests) and by intermittent staffing and recruitment issues within the team. Further decline has been avoided in 2016-17. It remains to be seen what effect the new process and targets will have from 2017 onwards.

Table 2: Performance against 15 working day and 28 calendar day timescales 2007-17

Target/Year	07-08	08-09	09-10	10-11	11-12	12-13	13-14	2014-15	2015-16	16-17
% 15 WD	63	68	71	73	74	80	66	66	61	63
% 28 Days	86	86	86	89	90	90	88	82	81	81

Chart 3: Trend in social work complaints timescales 2007-17

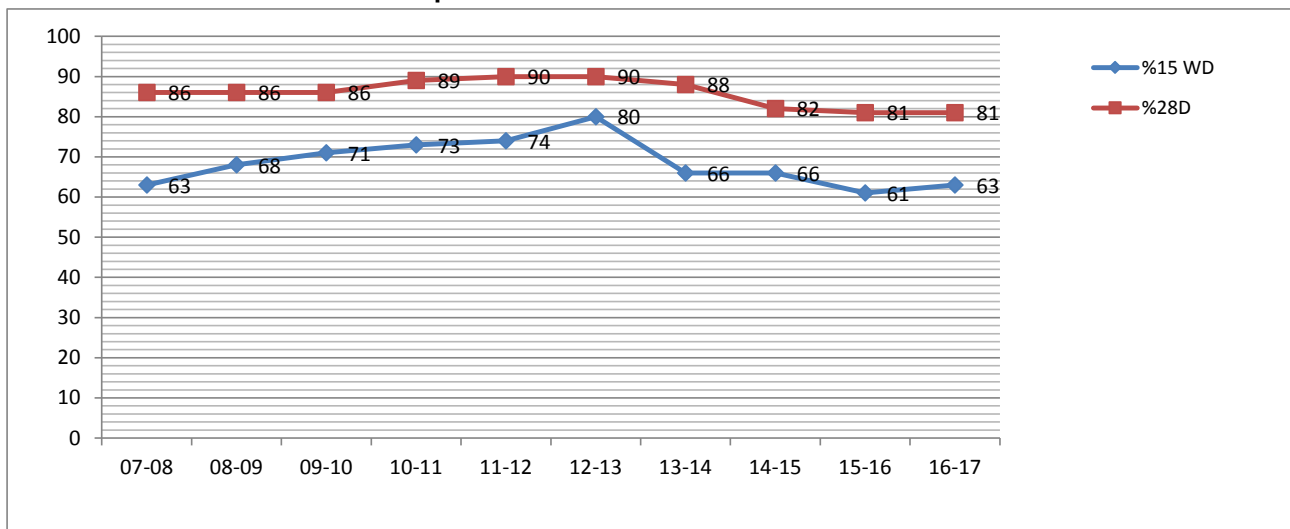


Table 3 shows the performance against the two timescale targets by sector. Stage 3 complaints are excluded from this analysis.

Table 3: Performance against timescales by sector 2016-17

Sector	15 WD		28 days		Grand Total
		%		%	
Centre	65	61.3	75	70.8	106
North East	128	84.2	141	92.8	152
North West	72	61.5	96	82.1	117
South	62	42.8	108	74.5	145
Grand Total	327	62.9	420	80.8	520

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

It should be borne in mind that whilst complaints are related to locality, stage 2 complaints are handled by the central complaints team and, as above, resource issues in that team's performance can pull down the overall figures, particularly as they deal with the most complex complaints and detailed investigations and responses. This does appear to be a contributory factor, particularly evident in the figures for centre complaints, but does not really explain why South should be more affected by any deficit in the central team's capacity and performance than are the other sectors.

If one analyses the figures by separately looking at timescales for responding to complaints at stage 1 only (Excluding stage 2 reviews handled by the central team) then the performance profile improves but remains comparatively similar. Stage 1 complaints are dealt with within South in 15 working days on only 47% of occasions and by North East 88%, North West 68% and Centre 65%. Similarly in terms of meeting the 28 day statutory deadline the figures are South (79%), North East (96%), North West (87%) and Centre (73%).

3.3 Complaints by client group overall and by sector

Chart 4 and table 4 on the next page breakdown complaints by client group. The client groups are abbreviated as Children and Families (C&F), Criminal justice (CJ), Learning Disability (LD), Mental Health (MH), Older People (OP) and Physical Disability (PD). Addictions and Homeless clients are not abbreviated.

The proportions are broadly similar to 2015-16 with complaints from Homeless and Physical Disabled clients being unchanged, complaints from older people falling both proportionately and numerically (127 (26%) in 2015-16 against 111 (21%) in 2016-17) and complaints from children and families clients rising both proportionately and numerically (186 (37%) in 2015-16 as against 215 (41%) in 2016-17).

The most striking features are the relative fall in complaint from clients with Learning Disability (8% down to 3%) and the doubling of complaints from client of addiction services (46 complaints in 2016-17 against 23 in the preceding year). However no conclusion may be drawn from the latter regarding the quality of addiction services. In fact, as set out in the section on issues below, this is entirely attributable to a single issue which led to a great many complaints – the closing of a single project called 'New Horizons'. The nature of those complaints was to register protest at the closure of a project which the complainers had in fact valued highly according to the terms of their complaints. This was therefore a form of campaign or protest against a decision to reduce a service rather than a set of different complaints about service quality or staff.

The rise in complaints from children and families client groups is regrettable as these had been falling for the previous two years.

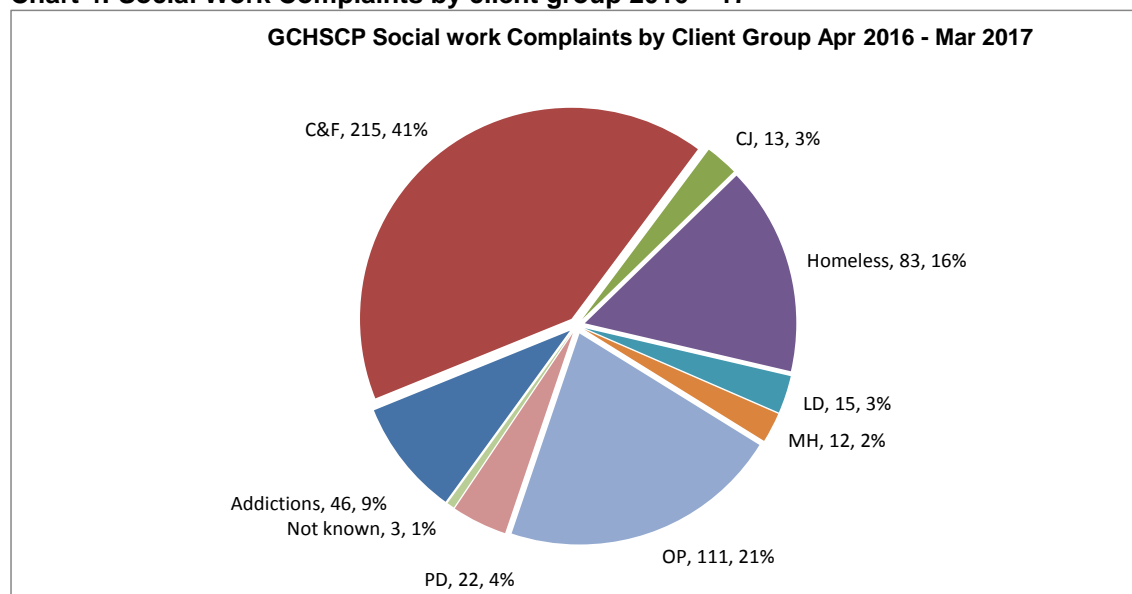
Chart 4: Social Work Complaints by client group 2016 – 17

Table 4 below illustrates the variation between the sectors in terms of proportional complaints by client group. A previous relatively high proportion of children and families complaints in North East is no longer evident, though this was quite pronounced in 2015-16. The relatively lower proportions of complaints in North East from homeless clients and older persons persists from last year and it is again likely that these are reflective of demographic differences in the populations and differing social needs in these areas.

There is a problem with the data however in that the location of the New Horizons project within North East, which was the focus of much complaint when closed, has a disproportionate impact on the figures, not only artificially inflating the figure for complaints from clients of addiction services but also suppressing other groups in terms of figures represented as proportions of the whole.

Table 4: Comparison of social work complaints by client group and sector 2016 – 17

Sector	Centre		North East		North West		South		Grand Total
	N	%	N	%	N	%	N	%	
Addictions	1	1.0	41	27.0	1	0.9	3	2.1	46
C&F	31	29.8	65	42.8	51	43.6	68	47.2	215
CJ	2	1.9	3	2.0	5	4.3	3	2.1	13
Homeless	28	26.9	16	10.5	15	12.8	24	16.7	83
LD	1	1.0	3	2.0	6	5.1	5	3.5	15
MH	1	1.0	2	1.3	5	4.3	4	2.8	12
OP	36	34.6	17	11.2	28	23.9	30	20.8	111
PD	4	3.8	5	3.3	6	5.1	7	4.9	22
Grand Total	104	100.0	152	100.0	117	100.0	144	100.0	517

Client Sub-Groups and their specific Issues

In examining sub-groups of clients the following can be identified from the 520 complaints submitted at stage 1 and 2:

The largest single group of complainers were parents of Looked After and Accommodated children complaining about a variety of issues most prominent of which were issues of contact and lack of information about their children, the attitude of workers or lack of engagement and response to their concerns, assertions that their children were being mistreated in care and that information within formal reports about their own alleged mistreatment of children that had led to the children being placed in care, were inaccurate or fabricated.

This group accounted for 72 (13.8%) of all complaints. Grandparents of Looked After and Accommodated Children and other relatives complaining of similar issues increased that number by a further 14 (2.7%).

Homelessness clients complaining about community casework in the localities, and particularly a failure to progress applications or secure accommodation for them, was the next largest group of complainants at 55 (10.6%) of complaints. There were in addition to that 13 complaints (2.5%) specifically about Homelessness services for Asylum Seeker and Refugees for whom there is a dedicated team. One individual was however responsible for 5 of those complaints and two other clients submitted two complaints each. These focussed on assertions that neither temporary accommodation nor offers of permanent housing were suitable for the specific needs of the client and their dependents.

The third largest group were people complaining of various aspects of child protection investigations; either that their concerns were not being taken sufficiently seriously or that allegations concerning them were false or that processes had been misapplied. These accounted for 50 (9.6%) of complaints, to which one might add a further 6 (1.2%) where a custody dispute between parents was driving allegation and counter allegation focussed on the other individual and the complaint about social work services was an accusation of our staff having 'taken sides'.

There were also 14 (2.7%) complaints about Adult Support and Protection processes, again often from people who were the subject of allegations.

Other notable groups of complainers or client group / complaint issue combinations were as follows:

Addictions clients complaining specifically about the closure of the New Horizons Project in North East totalled 38 (7.3% of all complaints).

There were 25 people (4.8%) complaining either about services in older person's residential homes or about the selection and arrangement of particular models of care or specific care homes for their relatives / the refusal to fund care at different care homes or a different level of care than had been assessed. These are all various forms of dissatisfaction about the range, models and quality of residential care available to older persons.

Added to that were a number of further complaints about financial arrangements for elderly residential or nursing care, largely for relatives of older persons rather than the clients themselves. These included 18 (3.5%) complaints about delays in assessment of, payment of or backdating of Free Personal and Nursing Care, and 5 (1%) disputes about deprivation of capital assets. Whilst small in number these raised very detailed technical arguments and a disproportionate number sought review, independent committee hearing and referral on to either SPSO or legal processes, such that they were time-consuming to deal with.

There were also a smaller number of disputes from or on behalf of older persons concerning day service charges, alarm system charges or the level of client contribution to services but these are much reduced from the volume received when charges were first introduced in a previous reporting period.

There were 20 (3.9%) complaints from looked after and accommodated children, though that subsumes 4 care leavers. The complaints from children and young people in residential units usually related either to issues of family contact or the behaviour of other young people in residential units and the failure of staff to adequately prevent or deal with the impact of those behaviours. As a corollary to that, 7 (1.3%) complaints were also submitted by neighbours of children's units asserting nuisance from children resident within those units.

A surprisingly small number of complaints were expressed about the level of support, size of budgetary award and adequacy of assessment processes to capture need under Self-Directed Support arrangements. There were only 25 (4.9%) such complaints.

Whilst these could be complex and escalate through the complaint stages this is a reduction in such complaints since self-directed support processed were first introduced and rolled out through client groups.

There were 13 (2.5%) complaints about lack of support from the parents and carers of disabled children, 9 (1.7%) complaints from Kinship Carers about support or financial issues, 11 (2.1%) complaints from foster carers about their experiences, information held about them or their concerns about the children in their care and 4 (0.8%) complaints from prospective adopters about their dissatisfaction with the process.

3.4 Complaints by issue

Some specific information on issues linked to client groups has been set out in the preceding section. The main presenting issues have however also been categorised under thirteen separate headings in four groups as set out below. This allows an analysis of the relative balance of complaints about (1) policy or (2) financial issues, (3) complaints linked to the specific attitude, conduct or direct engagement with staff and (4) issues of general service quality or those that may be linked to resource availability such as waiting lists, delay and refusal of service

Secondary issues are also recorded such that the number of issues exceeds the number of complaints. Complaints with more than two presenting issues are summarised only in terms of the main two issues. The relevant headings are as follows:

P = A policy issue F = A financial Issue

C = Staff personal performance issues subdivided as:

C1 – Attitude or conduct of staff

C2 – Lack of response to the customer

C3 – Poor information or communication / information errors

C4 – Breach of confidentiality / privacy

C5 – Discrimination or breach of human rights

Q = General Service Quality issues subdivided as:

Q1 - Poor quality of service

Q2 – Poor level or quantity of service

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

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

Q5 – Procedures not being correctly followed.

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

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

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

This may reflect heightened awareness, concern and expectations around handling of information and ease of communication. It may also be related to the rise of complaints in the children and families client group referred to above, as these tend towards more personalised complaints, particularly in terms of complaints from parents and other family members of children who are looked after and accommodated. Further detailed analysis of individual complaints across a two year period (2015-17) may be fruitful in highlighting common themes in complaints about activities linked to staff to discern whether there are areas of improvement that might be made.

Table 5: Main social work issues complained of 2016 – 17

Issue	N	%	% 2015-16
Finance	84	13.4	11.4
Policy	2	0.3	0.6
Attitude/Conduct	149	23.7	21.7
No response	60	9.6	8.1
Info/Comm	71	11.3	8.1
Confidentiality	14	2.2	2.1
Discrim/HR	13	2.1	1.8
All Staff	307	48.9	41.9
Quality	55	8.8	7.6
Level	55	8.8	15.4
Wait	0	0.0	0.8
Delay	35	5.6	10.7
Procedure	32	5.1	5.5
Refused/withdrawn	58	9.2	6.2
All Gen Qual	235	37.4	46.1
Total of main issues	628	100.0	100.0

Chart 5: Number of complaints by issue complained of 2016 – 17

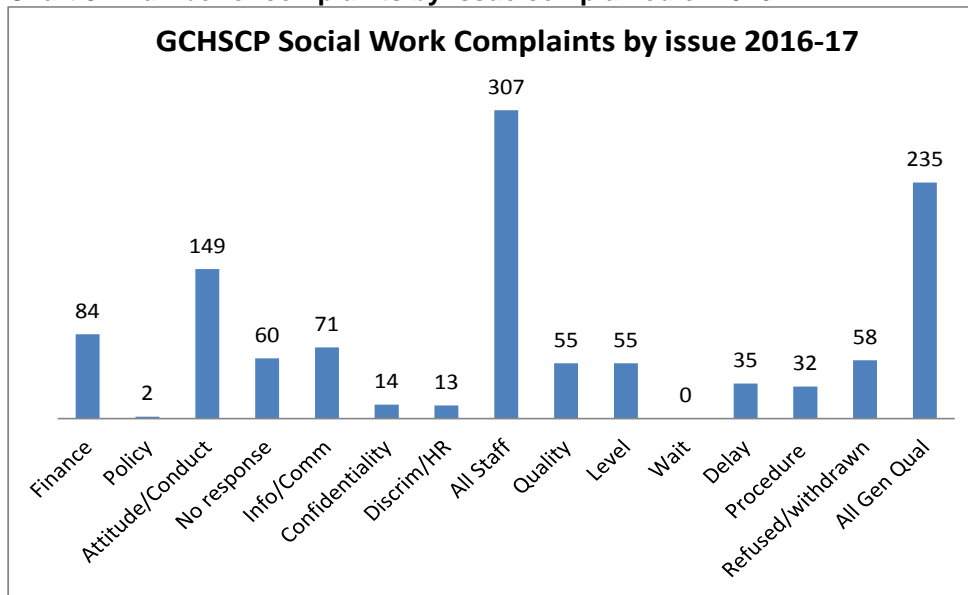
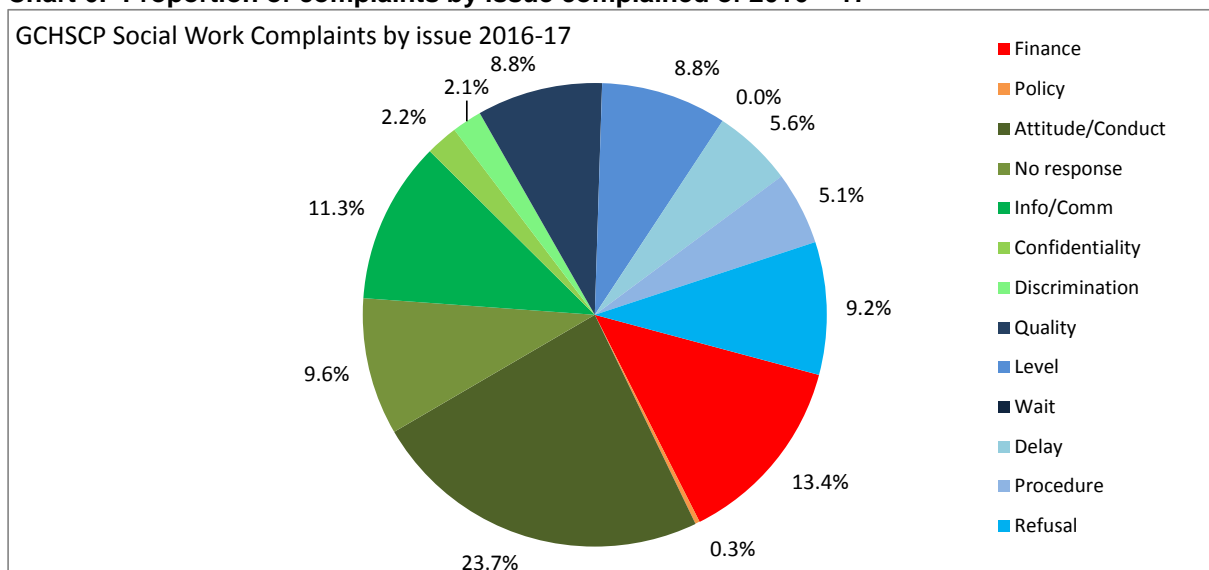


Chart 6: Proportion of complaints by issue complained of 2016 – 17



The thirteen complaints about discrimination or human rights breaches, though small in number were checked individually because of the potential seriousness of such complaints. None of these complaints were upheld.

Four were from parents of looked after children who were the subject of child protection concerns where the complainer was the alleged perpetrator. Three claimed discrimination on grounds of ethnicity and one discrimination against them on grounds of mental ill health. There was no evidence to support the claims.

One was from a same-sex couple wishing to adopt and claiming discrimination on grounds of sexuality because reports of concern from other sources in part referred to aspects of their lifestyle. The information in question was deemed relevant to the assessment of their suitability as potential adopters and it was felt reasonable to record and seek a response to those concerns.

Two were from a homelessness client asserting discrimination on grounds of ethnicity. No evidence was found to support this and the man in question was later formally declared a vexatious complainer.

A different homeless client claimed discrimination by the refugee centre asserting that they would not pay for him to travel by taxi but would do so for white clients. There was no evidence to support this claim.

One was an elderly client with evident mental health problems claiming that some quite bizarre racial slurs had been made against her by members of staff. There was no evidence or corroboration for these claims.

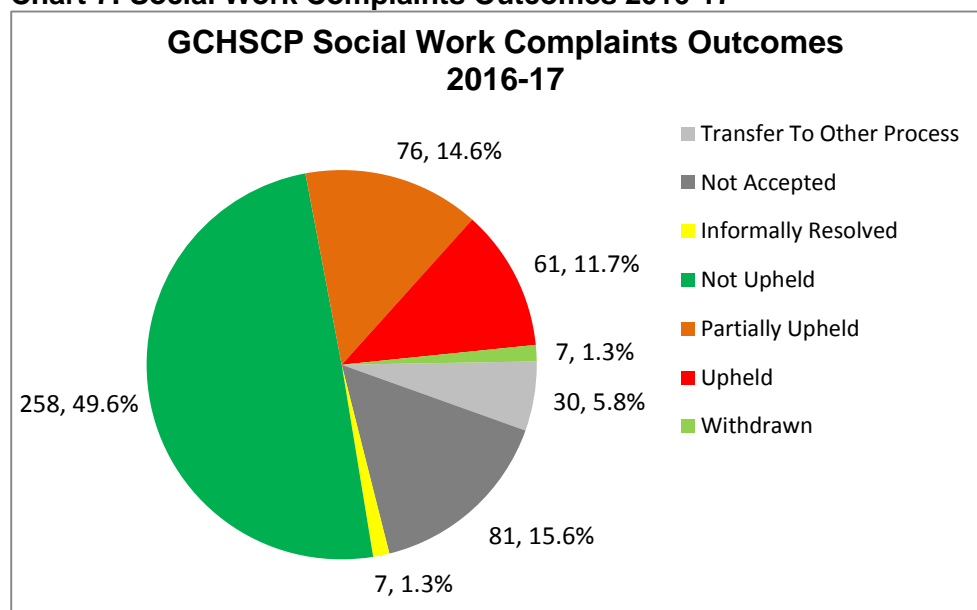
The last four were claims of breaches of human rights rather than discrimination. One related to a person who claimed human right to be paid to act as carer for their relative, another a man who claimed his human rights had been breached because we provided support to his spouse fleeing domestic violence and would not disclose her whereabouts to him. The third was a person with no legal locus in the matter complaining that the human rights of an elderly person had been breached by placing her in residential care. The final one was from someone representing a disabled client claiming discrimination on grounds of her disability when in fact the client seemed to have no connection with Glasgow at all and was not known to ourselves. There was no legal basis for any of the positions expressed.

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

Table 6 and Chart 7 below show the outcomes of complaints in terms of whether they were upheld. In 2015-16 21.0 % of complaint were fully or partially upheld and 55% not upheld. For 2016-17 the equivalent figures are 26.3% and 49.6%.

Table 6: Social Work Complaints Outcomes 2016 – 17

Outcome	N	%
Transfer To Other Process	30	5.8
Not Accepted	81	15.6
Informally Resolved	7	1.3
Not Upheld	258	49.6
Partially Upheld	76	14.6
Upheld	61	11.7
Withdrawn	7	1.3
Grand Total	520	100.0

Chart 7: Social Work Complaints Outcomes 2016-17

21% of complaints were either 'not accepted' or transferred to another process. These are responded to in some form, but do not fall under the Statutory Social Work complaints process. Typically these would either be matters requiring to be addressed through claims and legal processes, the complaints process of a different part of The Council or NHS Greater Glasgow and Clyde ('The Health Board') or complainers who have no locus to complain on behalf of a service user (and therefore no right to receive confidential information about that person's dealings with The HSCP). This also includes repeated or vexatious complaints. These can be considered as being a specific category of 'Not Upheld' complaints, in that they are not upheld on the grounds that no relevant and proper locus to complain exists in the first place.

Table 7 below shows complaint outcomes by sector. The proportions of upheld or partially upheld complaints are broadly similar across the localities. The differences appear to be in the extent to which complaints that are not in some way upheld are either diverted to other processes or investigated and not upheld. This may reflect the varying staff groups and issues complained of such that persons making complaints may not have locus to do so or might be better referred to a different process. In the case of North East the manner in which complaints about the closure of the New Horizons project were handled would be a key factor in this.

Table 7: Social Work Complaints Outcomes by Locality 2016 – 17

Area	Centre		North East		North West		South		Total
	N	%	N	%	N	%	N	%	
Transfer To Other Process	11	10.4	5	3.3	9	7.7	5	3.4	30
Not Accepted	20	18.9	35	23.0	18	15.4	8	5.5	81
Informally resolved	5	4.7	1	0.7	1	0.9	0	0.0	7
Not Upheld	35	33.0	73	48.0	61	52.1	89	61.4	258
Partially Upheld	16	15.1	21	13.8	16	13.7	23	15.9	76
Upheld	17	16.0	17	11.2	11	9.4	16	11.0	61
Withdrawn	2	1.9	0	0.0	1	0.9	4	2.8	7
Grand Total	106	100.0	152	100.0	117	100.0	145	100.0	520

Table 8 below shows complaint outcomes by client group. Three complaints are omitted, having no client group. Only the children and families, older people and homelessness groups have complaints in numbers allowing any conclusions. The data do however suggest a higher proportion of upheld or partially upheld complaints relating to homelessness and a lower proportion in the children and families client group. Homelessness is a group in which complaints are rising - 35 (6%) in 2014-15 and now 83 (16%).

Table 8: Social Work Complaints Outcomes by client group 2016 - 17

Client group	Addictions		C&F		CJ		Homeless		LD		MH		OP		PD		Grand Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Transfer To Other Process	2	4.3	14	6.5	0	0.0	4	4.8	1	6.7	1	8.3	6	5.4	1	4.5	29	5.6
Not Accepted	26	56.5	24	11.2	3	23.1	8	9.6	2	13.3	2	16.7	13	11.7	1	4.5	79	15.3
Informally resolved	0	0.0	6	2.8	0	0.0	0	0.0	0	0.0	1	8.3	0	0.0	0	0.0	7	1.4
Not Upheld	17	37.0	113	52.6	8	61.5	36	43.4	7	46.7	7	58.3	58	52.3	12	54.5	258	49.9
Partially Upheld	1	2.2	40	18.6	1	7.7	11	13.3	5	33.3	0	0.0	15	13.5	3	13.6	76	14.7
Upheld	0	0.0	17	7.9	1	7.7	22	26.5	0	0.0	1	8.3	15	13.5	5	22.7	61	11.8
Withdrawn	0	0.0	1	0.5	0	0.0	2	2.4	0	0.0	0	0.0	4	3.6	0	0.0	7	1.4
Grand Total	46	100.0	215	100.0	13	100.0	83	100.0	15	100.0	12	100.0	111	100.0	22	100.0	517	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). Numbers are higher than in other tables in this section because it is issues rather than individual complaints that are being analysed. Complaints concerning financial matters are upheld less frequently than those about issues related to staff attitude, behaviours and communication or those relating to general issues of service level and quality tied to resource constraints. The latter two groups are broadly similar but the percentage of complaints about staff upheld or partially upheld has nevertheless risen from 21.7% in 2015-16 to 29.3% in 2016-17.

Table 9: Social Work Complaints Outcomes by issue heading 2016 – 17

Issue	Financial		Policy		All Staff		All Gen Qual		Grand Total	
	N	%	N	%	N	%	N	%	N	%
Transfer To Other Process	5	6.0	0	0.0	16	5.2	14	6.0	35	5.6
Not Accepted	7	8.3	0	0.0	30	9.8	53	22.6	90	14.3
Informally resolved	0	0.0	0	0.0	3	1.0	4	1.7	7	1.1
Not Upheld	54	64.3	1	50.0	163	53.1	93	39.6	311	49.5
Partially Upheld	9	10.7	1	50.0	59	19.2	36	15.3	105	16.7
Upheld	8	9.5	0	0.0	31	10.1	31	13.2	70	11.1
Withdrawn	1	1.2	0	0.0	5	1.6	4	1.7	10	1.6
Grand Total	84	100.0	2	100.0	307	100.0	235	100.0	628	100.0

3.6 Stage 3 Complaint Review Committees

Twenty Seven (27) complaints progressed through the stage 3 process of review by committee during the period 1st April 2016 – 31st March 2017. This is a very large increase on previous years. There had only been 10 review committees held in the period 2015-16 and this was itself a high figure compared with previous years. The reason for this increase is not well understood.

Of those 27 complaints, Nineteen (19) were not upheld in any aspect. Eight (8) were partially upheld, usually on relatively minor issues rather than the main of complaint although two were upheld in significant aspects. The cases that were partially upheld collectively led to several recommendations and responses as follows:

- One client was given a discretionary payment of over £5,000 in recognition of delays in processing an application for free personal and nursing care funding.
- Some actions were taken to the rectify inaccuracies and improve communications with another client.
- The manager of the pool car service was instructed to ensure that checks are undertaken when pool cars return from use in order to ensure they contain no items belonging to clients or staff,
- The Chief Officer wrote to all heads of service to advise of the need to give written confirmation of the outcome of an assessments or other engagements with clients that resulted in an outcome of no further action or a finding that the client is ineligible for a service. All relevant procedures were reviewed to make sure that this was clearly set out within those procedures.

The full summary of all 27 cases and their outcomes is as follows:

April 2016 – C made a complaint on behalf of her mother B regarding Free Personal and Nursing Care (FPNC). C claimed that B was discriminated against in both the assessment of need and the application of FPNC because of the fact that she could afford to arrange and pay for her own care. She complained that FPNC should have been backdated to admission. No points of complaint were upheld by committee.

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

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

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

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

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

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

W later escalated the matter to SPSO who upheld the findings of committee and declined to investigate further.

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

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

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

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

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

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

October 2016 – H complained about the conduct of Adult support and Protection investigations and an alleged failure to properly address concern that she had raised about risks to her mother whilst in a care home. She further complained that the meetings and correspondence responding to the complaint had inappropriately focussed on her conduct and behaviour rather than care arrangements for her mother. None of this complaint was upheld. Committee found that incidents were appropriately processed under ASP and that the focus on H's own role as Welfare Guardian within meetings and correspondence had been appropriate in context. No recommendations were made.

October 2016 – R complained, with the support of an advocate, of a lack of support for him when discharged from hospital, lack of proper assessment in hospital and a failure of social work to intervene in a dispute that he had with Cordia LLP. None of this complaint was upheld, committee finding that three separate multi-disciplinary assessments had been carried out in hospital, all of which confirmed the view of social work managers that R was self-caring and required no home care support, therefore failing to meet the eligibility criteria for services. No recommendations were made.

November 2016 – W complained of the attitude of staff towards him and the accuracy of facts concerning him as set out in minutes of a meeting. He stated that his data protection rights had been breached and that staff had directed him to lie to another member of his family. The context of these events related to adult support and protection processes where W was not the vulnerable adult in question but was a focus of concern in terms of his conduct. Committee did not uphold any part of his complaint and made no recommendations.

November 2016 – F complained of a refusal on the part of The HSCP to pay a family member to act as carer for an elderly client arguing that this decision was based on incomplete and inaccurate information. F also asserted that the complaint investigation had not been a proper and thorough one. No part of this complaint was upheld. Committee stated that the decision was a 'robust' one based on appropriate documents and legislation and that there had been no failure in the application of the legislation and guidelines. They noted that there had been acknowledged delays in the complaint investigation but that it had been a thorough investigation.

December 2016 – M complained of a delay in the awarding of Free Personal and Nursing Care funds (FPNC), referring to errors in the handling of paperwork during the application process. There were 5 focus of complaint in total. Committee partially upheld this complaint, upholding four of the five focus relating to errors in process but not upholding the complaint regarding overall delay in awarding the funds. Committee commented that Social Work had followed appropriate legislation and guidelines in implementing the allocation and funding for M, including guidance concerning the backdating of funds.

Committee noted that 3 of the 4 failures in process had already been acknowledged by social work and an apology made. They were however critical of the standard of record keeping in the case. Social work management accepted the criticisms of process and record keeping and made a discretionary further award to M, although there was no specific committee recommendation or legal requirement to do so. The award was of over £5,000 calculated on the basis of additional unnecessary delay arising from processing errors. A further apology was also made to M.

December 2016 – M complained about a failure to backdate kinship care payments for a period of 5 years. Committee did not uphold any of the complaint, finding that there was no evidence produced of any contact by M with Social Work relating to a Kinship Care prior to October 2015 and that thereafter all processes were duly recorded and actioned in an open and professional manner. They found that kinship care payments had been properly made when all of the elements conferring eligibility were in place and there were no grounds for backdating payments prior to that point.

December 2016 – T's lawyer complained on her behalf of an unreasonable client contribution being applied to her. After reports were prepared rebutting this assertion, T withdrew her complaint the day before the hearing. There was therefore no formal finding.

January 2017 – J and other members of the family of an elderly client complained of a decision by finance staff and managers to treat capital assets as having been deliberately deprived to avoid paying care cost, having been transferred to the complainers. They stated this decision and the process by which evidence had been considered to be maladministration. They also complained of a failure to handle the complaint properly. There were 4 focus of complaint in all. None of these were upheld other than the complaint about the complaints process, where delays were acknowledged and had been the subject of a previous apology. Committee stated they considered that matter to be resolved. The matter of the decision regarding deprivation of assets was subsequently referred to SPSO who upheld the findings of committee and declined to investigate further.

February 2017 – S complained about the attitude of a worker carrying out a kinship assessment on himself and other family members. No part of this complaint was upheld, committee remarking that the worker in question had acted in a professional, diligent and exemplary manner. Committee agreed that social work could deal with the family under processes for vexatious complainers.

February 2017 – J complained of various issues relating to her looked after and accommodated child, alleging that he was being abused in his foster placement. She also made a complaint about not being able to hold her daughter at a children's hearing. Committee did not uphold any part of the complaint, making reference to a careful review of the circumstances surrounding bruising sustained by the child and examination by LAAC medical staff, a health visitor, GP and an orthopaedic consultant, none of whom supported the concerns expressed by J. They also found that procedures had been properly followed at the hearing. J later made a complaint to Scottish Public Services Ombudsman about the committee itself and their conduct of the review. This was not upheld.

February 2017 – B complained of a lack of support for her disabled daughter to attend college. There were 5 focus of complaint. The first three were about the process of assessment and calculating support budgets. The fifth was about the overall policy around offering support for college attendance. None of these elements were upheld. The fourth focus was about appeals processes which committee did uphold in terms of delay in writing to B and not advising her of the appeals process. They also commented on a lack of dialogue between social work and Education Services around the issue of B's college support, though that had not itself been a specific focus of complaint. In its subsequent committee report social work noted that the young person's age meant that funding of college support to resolve access issues around disability was an issue for the college, not The Council's Education Services. Social work also clarified that there was in fact no appeals process against such funding decisions other than the complaints process and expressed a view that committee were mistaken and that appropriate advice had been given to the complainer as to their rights to contest the decision.

February 2017 – Q complained about the attitude and competency of a student social worker carrying out an assessment of an elderly client. There were 4 focus of complaint referring to the student not doing a proper financial review, giving Q incorrect information, making inappropriate remarks and lacking empathy and professionalism. Q also objected to 'offensive comments' in the complaint response. It was noted that the student herself had left the Council and could not be interviewed regarding matters.

However committee did not uphold the complaints regarding the personal conduct of the student, finding on the written evidence of her assessment for this client and testimony of her manager that these indicated a good level of empathy and professionalism on her part. They also found nothing offensive in the comments referred to and that accurate information had been given to Q.

Committee did partially uphold the one focus of complaint relating to financial review, finding that an expectation had been established with regard to how quickly this would be done and that this was not followed up. However they also found that this did not disadvantage the client and that the error had been rectified as soon as attention was drawn to it by Q. No recommendations were made.

March 2017 – M made 5 complaints about the involvement of an occupational therapist with her father. Some of these complaints related to events some years earlier and some were more recent. M also complained about the manager who visited the home to speak to the family about their concerns. The general complaint was of a lack of care and support, compassion and interest and of poor information having been given. No part of this complaint was upheld by committee who found that the support offered on every occasion had been professional and appropriate, in line with procedure and that advice given and resources offered had at all times been appropriate to the needs of the client.

March 2017 – N complained of an unacceptable response by a complaints officer to complaints previously made. N is a vexatious complainer who has made 19 complaints in the past 3-4 years. Her submission to committee did not pursue the matter of an 'unacceptable response' but instead submitted under 5 separate focus her original complaint from some years earlier regarding a social worker who had reported N and her father to the police and her managers for intimidating her when following her in their car. Committee did not uphold any of these complaints.

3.7 Service Improvements

Of the 61 complaints that were fully upheld in 2016-17, all of the persons concerned received an apology. In 53 (87%) of cases this was followed up with some form of action or intervention of benefit to the client in their individual circumstances. Less frequently some wider action was agreed with the aim of generally improving service provision.

Of 76 complaints that were partially upheld all but three persons received an apology. In 44 cases some improvement in service was then delivered to the client (58% of cases). This means that overall there was a beneficial outcome of complaint beyond a simple apology in 71% of all complaints in which The HSCP agreed there has been error or quality shortfall.

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

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

- **Financial:** In all fourteen service users saw an improvement in their financial situation as a result of having complained. This includes two service users who had Free Personal and/or Nursing Care immediately granted as a result of their complaint. Two kinship carers were approved and payments backdated. Two services users had other funding put in place as a result of their complaints. Four clients were financially reimbursed or had debts written off. Four had more minor payments made to them.

- **Allocation of workers:** Fifteen service users had workers allocated to their case who had no allocated worker previously or an increased level of personal contact and support from the allocated worker as a result of complaint.
- **Expedited assessments and reviews:** Thirteen service users had assessments or reviews carried out or care plans approved either prior to or within a short period of the complaint being responded to, or a commitment made to carry out such an assessment within a short defined time period. This included one case where a LAAC review was convened again because the complainers had not been properly invited to the meeting
- **Increase in support:** Five service users had increases in support that were not financial payments. This included a disabled client who had a 90% increase in their self-directed support care package. Services were reviewed for a disabled client who had experienced difficulties in accessing transport to day services. The transport manager put in place one-to-one support for the client. In another instances the transport route was changed so that a service user who had complained of being last to be picked up and wanted a long journey in the company of her friends was picked up first.
- **Resolving homelessness:** Ten homeless clients had immediate action taken to resolve their situation in terms of temporary accommodation being immediately secured, revised decisions issued and in several cases permanent offers of housing secured within a short space of time of complaint.
- **Staffing issues:** Eleven complaints led to staff being given additional support and training, instructed to improve their support to the client or spoken to formally about their work on the case. In one it was indicated that disciplinary action was being contemplated.
- **Information provision / communication:** Five cases led to information being provided that had previously been absent, information being amended to improve accuracy or agreements being set out to improve communications with individual clients. These included the CBS website for Blue Badges being updated to advise clients that in certain circumstances blue badges might be issued for less than one year. Appeals information was included on letters from the finance team terminating direct payments.
- **Process improvements / Review of practice:** Five cases led to improvements in process. (1) Fostering preparation groups were reviewed to ensure they gave applicants a full understanding of the possible impacts on families of foster carers. (2) Processes were amended to formally record on Care first a second point of contact for clients when student workers were allocated to a case. (3) Checks on pool cars were improved. (4) Procedures were updated to ensure that clients are advised in writing when there is an outcome of no further action following assessment. (5) A practice guidance note was sent advising all workers of the need to advise family members of the rules around funding relatives to provide care and the need to communicate decisions in writing where relatives were requesting this.

Whilst the beneficial outcome of upheld complaints are often highly specific to the complainant, this reflects the highly personal and specific nature of social work complaints. The information above however demonstrates that the benefits of raising issues through the complaints process are tangible and meaningful for clients when their complaints have merit.

Glasgow City Health and Social Care Partnership

Health Complaints Report April 2016 – March 2017

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Section 1: Executive Summary

- 1.1 This report covers complaints, feedback, comments and concerns for the period 1st April 2016 to 31st March 2017 related to Health Services managed by Glasgow City Health and Social Care Partnership ('The HSCP').
- 1.2 1967 complaints were received about these services in 2016-17, together with 1116 comments, concerns and other feedback. This was a slight increase in complaints by (1.3%) from the previous year. The vast majority of complaints (93%) were about prison-based health services at Barlinnie, Greenock and Lowmoss, again a slight proportionate rise (it had been 89% in 2015-16).
- 1.3 On average 93% of complaints were investigated and responded to within the time limit in the NHS model procedure of 20 working days.
- 1.4 94% of complaints were about three issues: standard of clinical treatment (71%), waiting times for appointments (18%) and attitude and behaviour of staff (5%). This represents a slight rise in complaints about standard of clinical treatment (64% in 2015-16) and corresponding proportionate fall in the other two categories referred to. 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.
- 1.5 Overall 12% of complaints were fully or partially upheld. However prison-based complaints were less likely to be upheld or partially upheld (10%) when compared with all other sectors combined (47%). Because of the high number of prison-based complaints the overall average is also low. Complaints relating to health services at Barlinnie prison were far more likely to be 'not upheld' (95%) than was the case at Greenock (74%) and Low Moss (84%).
- 1.6 21 decision letters relating to these health services were issued by Scottish Public Services Ombudsman (SPSO) in 2016-17. 10 (38%) were upheld or partially upheld. Details of decisions from the last quarter of 2016-17 are given in section 4 of this report. This is a fall in SPSO referrals since 2015-16 when 38 decisions letters were issued on which 14 (36%) had been upheld.
- 1.7 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 2016-17 as set out in section 4 of this report. An e-learning package to assist staff in dealing with complaints is available on NHS Greater Glasgow and Clyde's ('The Health 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 managed by The HSCP in the period 1st April 2016 to 31st March 2017. 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 Integration Joint Board for more detailed information on complaints processes and outcomes, particularly in relation to the lessons learned from complaints, service improvements and SPSO findings and recommendations.
- 2.2 The Patient Rights (Scotland) Act 2011 extended the legal rights of patients to complain, give feedback or comments, or raise concerns about the care they received from the NHS. It placed a responsibility on the NHS to encourage, monitor, take action and share learning from the views and concerns received from patients. 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 operated during the period covered by this report was developed within the context of Scottish Government Guidance "Can I Help You?" This report covers not only complaints but also feedback, comments and concerns, as set out in that guidance.
- 2.3 The complaints process in 2016-17 was a standard NHS complaints procedure, last revised by The Health Board in August 2015. This was essentially a two stage process of (1) formal investigation and response within 20 working days and (2) Referral to SPSO. The formal investigation may however be preceded by a process aimed at informal resolution. SPSO issued a new model Complaints Handling Procedure for health services in Scotland in late 2016 which came into force on 1st April 2017. This is a three stage process of 'frontline resolution' (5 working days), formal review (20 working days) and the referral to SPSO. That new process however has no direct bearing on the content of this current report as all complaints reported here were dealt with under the previous process.
- 2.4 Whilst the usual timescale under the process was 20 working days, there was 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 was 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 was required, the timescale did not commence until consent had been received.
- 2.5 This report covers: (1) statistical information on volumes, timescales, issues complained of and outcomes for the 12 month period (2) volume of cases referred to SPSO and, for the final quarter, (3) details of service improvements
- 2.6 The data presented within this report is split between three geographic sectors (North East, North West and South) and sub-divided into the following headings: Health & Community Care, Mental Health Services, Specialist Children's Services, Children & Family Services, Sexual Health/Sandyford, Addiction Services. Data is provided separately for Acute Sites and Prison services.
- 2.7 All data on complaints is collated nationally by ISD and published annually. From 2015/16 ISD and Scottish Government have indicated that they will seek further information on action taken in response to complaints. The information will initially be limited to collecting information on action taken using 11 pre-set codes as follows: (1) Access (2) Action Plan (3) Communication (4) Conduct (5) Education (6) No Action Required (7) Policy (8) Risk (9) System (10) Share (11) Waiting. Information on actions / service improvement is presented in section 5 of this report.

Section 3: Statistical Information and commentary

3.1 Volume of Complaints Received

During the period 1st April 2016 to 31st March 2017 a total of **1967** complaints were received as compared with 1943 in the previous year (a 1.3% increase). A breakdown of complaints received during 2016 -17 is set out in Table 1.

Table 1 – Volume of Health Complaints Received by sector / location

	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	Total
Glasgow City CHP – Corporate (exc Prisons)	1	1	0	0	2
Police Custody Healthcare	0	0	0	0	0
HMP Barlinnie	274	241	230	206	951
HMP Greenock	44	42	35	38	159
HMP Lowmoss	157	182	210	170	719
Glasgow City CHP - North East Sector	10	8	18	14	50
Glasgow City CHP - North West Sector	14	15	10	17	56
Glasgow City CHP - South Sector	6	9	3	12	30
Total	506	498	506	457	1967

Clearly the highest volume of complaints overall are received within prison services which account for 1829 of 1967 complaints (93%).

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 2016-17, there were 1116 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 Health Feedback, Comments and Concerns by sector

	Comment	Concern	Feedback	Appreciation	Total
Glasgow City CHP – Corporate (excl Prisons)	0	0	2	0	2
HMP Barlinnie	0	0	579	0	579
HMP Greenock	0	0	41	0	41
HMP Low Moss	0	0	383	0	383
Glasgow City CHP - North East Sector	0	0	2	0	2
Glasgow City CHP - North West Sector	0	0	107	0	107
Glasgow City CHP - South Sector	0	0	2	0	2
Totals:	0	0	1116	0	1116

Appendix 2: GCHSCP NHS Complaints report 2016-17

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.

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

	16/17 Q1 Apr 16 – Jun 16	16/17 Q2 Jul 16 – Sep 16	16/17 Q3 Oct 16 – Dec 16	16/17 Q4 Jan 17 – Mar 17	Total
Glasgow City CHP – Corporate	476	466	475	414	1831
Homelessness Services*	1	0	0	0	1
Police Custody Healthcare	0	0	0	0	0
HMP Barlinnie**	274	241	230	206	951
HMP Greenock**	44	42	35	38	159
HMP Low Moss**	157	182	210	170	719
Mental Health Services ***	0	1	0	0	1
Glasgow City CHP - North East Sector	10	8	18	14	50
Children & Family Services	0	0	0	1	1
Health & Community Care	1	1	2	1	5
Specialist Children's Services****	3	2	5	8	18
Skye House Adolescent Unit****	1	1	0	0	2
Mental Health Services	2	3	11	4	20
Stobhill Hospital	1	1	0	0	2
Parkhead Hospital	2	0	0	0	2
Glasgow City CHP - North West Sector	14	15	10	17	56
Children & Family Services	0	1	0	0	1
Health & Community Care	9	5	2	4	20
Mental Health Services	0	0	5	5	10
Gartnavel Royal Hospital	2	2	0	0	4
Sexual Health/Sandyford	3	7	3	8	21
Glasgow City CHP - South Sector	6	9	3	12	30
Children & Family Services	1	0	0	0	1
Health & Community Care	0	1	1	1	3
Mental Health Services	4	4	2	11	21
Leverndale Hospital	1	4	0	0	5
Totals:	506	498	506	457	1967

*Homelessness Services recorded under Glasgow City HSCP – Corporate.

**Prison Health Care Services recorded under Glasgow City HSCP – Corporate.

***Covers Forensic Services and Tier 4 Learning Disabilities

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

3.2 Timescales for response

Table 4 below provides detail on the timescales achieved in responding to complaints. The total reported complaints exceed the complaints received in 2016-17, as it includes complaints responded to in 2016-17 that had been received in 2015-16. 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 – Health Complaints Response Times

	Within 20 working days	Over 21 working days	Total	% of total within 20 working days
Glasgow City Corporate (excl Prisons)	2	0	2	100%
HMP Barlinnie	938	26	964	97%
HMP Greenock	156	5	161	97%
HMP Low Moss	674	62	736	92%
North East Sector	36	14	50	72%
North West Sector	38	19	57	67%
South Sector	25	6	31	81%
Total	1869	132	2001	93%

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. The total number of issues exceeds the number of complaints as some complaints would have focused on more than one issue.

Table 5 – Health Complaint issues by staff group complained of

Category	Code	Issue	Sector					Total	
			Corporate (excl Prisons)	Prisons	North East	North West	South		
J – Staff Group	1	Consultants / Doctors	0	6	22	23	13	64	
	2	Nurses	0	818	29	17	15	879	
	3	Allied Health Professionals	1	4	7	12	2	26	
	6	Ancillary Staff / Estates	0	0	1	1	0	2	
	7	NHS board/hospital admin staff/member	1	3	5	8	1	18	
	8	GP	0	887	0	0	0	887	
	9	Pharmacists	0	3	0	0	0	3	
	10	Dental	0	184	0	0	0	184	
	11	Opticians	0	13	0	0	0	13	
	Total			2	1918	64	61	31	2076

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 The HSCP, 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.

Table 6 – Health Complaints by issue complained of

Category	Code	Issue	Sector					Total
			Corporate (exc prisons)	Prisons	North East	North West	South	
A – Staff	1	Attitude/Behaviour	1	54	19	18	8	100
	2	Complaint Handling	0	10	1	0	0	11
	3	Shortage/Availability	0	0	0	1	1	2
	4	Communication (written)	0	1	5	1	4	11
	5	Communication (oral)	0	15	2	14	1	32
	7	Competence	0	2	1	3	1	7
B – Waiting times for	11	Date of admission/attendance	0	1	0	0	0	1
	12	Date for appointment	0	367	1	2	0	370
	13	Test Results	0	6	0	0	0	6
C – Delays in/at	21	Admissions/transfers/discharge	0	1	0	5	0	6
	22	Out-patient and other clinics	0	0	0	1	0	1
D – Environmental /domestic	29	Premises	0	4	1	1	0	6
	30	Aids/appliances/equipment	0	2	0	0	0	2
	32	Catering	0	1	0	0	0	1
	33	Cleanliness/laundry	0	0	2	0	1	3
	34	Patient privacy/dignity	0	0	3	0	0	3
	37	Personal records	0	1	1	0	0	2
E – Procedural issues	41	Failure to follow agreed procedure	0	8	9	6	4	27
	42	Policy and commercial decisions of NHS Board	1	0	0	0	0	1
F – Treatment	51	Clinical Treatment	0	1445	19	11	11	1484
Total			2	1909	64	63	31	2076

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 – Health Complaint issues by service

Service Area	Corporate (excl Prisons)	Prisons	North East	North West	South	Total
Administration	0	0	3	3	1	7
Community Health Services - not elsewhere specified	1	0	27	33	12	73
Community Hospital Services	0	0	2	1	2	5
Continuing Care	0	0	0	3	0	3
Prison Services	0	1918	0	0	0	1918
Psychiatric / Learning Disabilities Service	1	0	32	10	16	59
Rehabilitation	0	0	0	11	0	11
Total	2	1918	64	61	31	2076

3.4 Health 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 2016-17 was 2001, this again includes complaints received in last quarter of the previous year, but not responded to until Quarter 1 of 2016-17. Overall 86% of complaints were not upheld and 12% were partially or fully upheld. A further 1% were withdrawn or otherwise not progressed.

For all complaints relating to prison services, 179 of 1861 (10%) of complaints were partially or fully upheld. For all other services, 66 of 140 were either upheld or partially upheld (47%).

Table 8 – Outcome of completed complaints by sector

	Consent Not Received	Fully Upheld	Irresolvable-Complainants Expectations Too High	Partially Upheld	Not Upheld	Withdrawn	Transferred	Total
Glasgow City Corporate (excl Prisons)	0	0	0	1	1	0	0	2
HMP Barlinnie	0	17	1	24	920	2	0	964
HMP Greenock	0	22	0	13	119	3	4	161
HMP Low Moss	0	52	0	51	620	13	0	736
North East Sector	0	6	0	22	21	1	0	50
North West Sector	0	15	0	11	29	2	0	57
South Sector	2	2	0	9	18	0	0	31
Total	2	114	1	131	1728	21	4	2001
% of total (to 1 d.p.)	0.1%	5.7%	0%	6.5%	86.3%	1%	0.2%	100%

Table 9 below shows more detailed outcomes by sector and location. It can be seen from both tables that there is in fact some variation between outcomes for complaints in the three prison health services

Table 9 – Outcome of completed complaints by sector and location

	Consent Not Received	Fully Upheld	Irresolvable-Complainants	Partially Upheld	Not Upheld	Withdrawn	Transferred	Total
Glasgow City CHP - Corporate	0	91	1	89	1660	18	4	1863
HMP Barlinnie	0	17	1	24	920	2	0	964
HMP Greenock	0	22	0	13	119	3	4	161
HMP Low Moss	0	52	0	51	620	13	0	736
Homelessness Services	0	0	0	1	0	0	0	1
Mental Health Services	0	0	0	0	1	0	0	1
Glasgow City CHP - North East	0	6	0	22	21	1	0	50
Health & Community Care	0	1	0	3	1	0	0	5
Specialist Children's Services	0	3	0	13	5	0	0	21
Mental Health Services	0	2	0	6	15	1	0	24
Glasgow City CHP - North West	0	15	0	11	29	2	0	57
Children & Family Services	0	0	0	1	0	0	0	1
Health & Community Care	0	3	0	6	10	1	0	20
Mental Health Services	0	3	0	3	8	1	0	15
Sexual Health/Sandyford	0	9	0	1	11	0	0	21
Glasgow City CHP - South Sector	2	2	0	9	18	0	0	31
Children & Family Services	0	0	0	0	1	0	0	1
Health & Community Care	0	0	0	1	1	0	0	2
Mental Health Services	2	2	0	8	16	0	0	28
Totals:	2	114	1	131	1728	21	4	2001

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 2016/17, there were **21** 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	2	2	0
Dental Services	2	1	0
Mental Health Services	2	3	0
Community	2	0	0
Prison Healthcare	2	5	0
Total	10	11	0

- 4.3 Certain reports or decision letters have an impact on the services provided within Glasgow City. Where decisions are made against a General Practitioner it is for the Practice to respond, but through the 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 from 1st April 2016 to 31st December 2016 have been advised in previous quarterly reports. Decisions issued for four cases in the period 1st Jan 2017 – 31st March 2017 are outlined below indicating the outcome and any recommendations made.

(a) Complaint against Prison Health Services (Glasgow Corporate) xxxxx8394
Decision dated 1st Jan 2017 – Complaint Not Upheld.

The complainant has complained about 2 issues:

Issue 1: The Boards handling of his testicle concerns was unreasonable.

Issue 2: The Boards handling of his complaints about testicle concerns was unreasonable.

The Ombudsman reviewed all documentation provided by the complainant and the Board. The Ombudsman also sought professional advice (the Adviser).

Issue 1: The advice given by the Adviser is that the patient was examined appropriately on each occasion by the GP. When a mass was found within the patient's testicle, the patient was correctly referred for ultrasound imaging. When the report from the imaging was received, it identified significant concerns. The medical records show these results were discussed with the patient within an appropriate timeframe and an urgent referral was immediately made. The Ombudsman appreciates that the news the patient received about his testicle will have been incredibly distressing, but the Ombudsman has to give significant weight to the independent advice received, and the assessment of the treatment standard that the Board had to meet in terms of the patient's examinations and referrals.

Issue 2: The Ombudsman noted the patient had regularly raised concerns about the Board whilst a prisoner. The available evidence shows that the Board did respond to the complaints about the treatment the patient received for his testicle concerns. Overall the Board has responded to each of the complaints in turn. The Ombudsman has carefully considered this complaint and has taken into consideration all advice given by the Adviser: The Ombudsman did not uphold this complaint.

(b) Complaint against Mental Health Services (Glasgow Corporate) xxxxx8101
Decision dated 31st Jan 2017 – Complaint Not Upheld.

The complainant has complained about 1 issue:

Issue 1: His psychiatric treatment between Sept 2014 and Nov 2015 whilst at HMP Barlinnie.

The Ombudsman's investigation of this complaint has included reviewing all documentation provided by the Board together with obtaining independent advice from a psychiatric adviser (the Adviser).

Having reviewed the medical records the Adviser noted the complainant had been assessed and reviewed on multiple occasions by various members of mental health staff. The Adviser noted at each of the appointments, reasonable assessments and examinations were undertaken, and there were discussions with the patient about the medication he had been prescribed for his symptoms of stress and anxiety. Overall, the Adviser considered the psychiatric care provided to the complainant between Sept 2014 and Nov 2015 to have been reasonable and appropriate, and in particular considered it good practice by the Board to have given the complainant a second psychiatric opinion when the complainant requested one. The Ombudsman has carefully considered this complaint and has taken into consideration all advice given by the Adviser: The Ombudsman did not uphold this complaint.

(c) Complaint against GP Services (Glasgow South) xxxxx8290
Decision dated 23rd Mar 2017 – Complaint Partially Upheld (1 recommendation).

The complainant wrote to the Ombudsman to complain about 3 issues:

Issue 1: The doctor unreasonably prescribing medication that the patient had a known allergy of.

Issue 2: The doctor failed to appropriately examine the complainant when she attended with an allergic reaction to the prescribed medication.

Issue 3: The practice failing to respond reasonably to the patient's complaint.

The Ombudsman's investigation of this complaint had included reviewing all documentation provided by the complainant and the Practice. The Ombudsman also sought independent medical advice from an experienced GP adviser to the Ombudsman (the Adviser).

Issue 1: The Adviser noted the patient had been prescribed an antibiotic which she had a known and recorded allergy to. The doctor did not check the GP record for a recorded allergy and did not check with the patient if she had any known allergy to. The Adviser has confirmed that there was an error; the doctor accepted that she made an error. The Ombudsman therefore had no hesitation in upholding this aspect of the complaint.

Issue 2: The Adviser noted that it was not necessary for the doctor to examine the patient as an accurate diagnosis had already been made of her symptoms and that the doctors care and treatment on that occasion was appropriate. Based on this advice the Ombudsman has not upheld this aspect of the complaint.

Issue 3: The Adviser noted the practice is required to operate a complaints procedure and have an officer in place to oversee this. As such, it was the practice's responsibility to respond to the complainant about the actions of a locum GP who was employed by them at the time of the events in question. While it would have been appropriate for the practice to have contacted the doctor to obtain her comments on the complaint, it was not appropriate for them to separately arrange for the doctor to respond directly. This led to delays in the local complaint process being concluded and escalation to the Ombudsman office. Based on the above the Ombudsman has upheld this aspect of the complaint.

The Ombudsman has carefully considered this complaint and has taken into consideration all advice given by the Adviser which has resulted in this complaint being partially upheld, the Ombudsman has made one recommendation.

Recommendation	Completion Date
The practice should write to the complainant and apologise for their failure to properly handle her complaint.	24 th April 2017

(d) Complaint against Mental Health Services (Glasgow Corporate) xxxxx0871
Decision dated 31st Mar 2017 – Complaint Not Upheld

The complainant involves 2 issues:

Issue 1: Unreasonably diagnosing the complainant as suffering from bi-polar disorder.

Issue 2: Unreasonably prescribing sodium valproate to treat the complainants symptoms.

The Ombudsman's investigation of this complaint had included reviewing the documentation provided by the complainant and by the Board. The Ombudsman also sought advice from two Independent Professional Advisers (Adviser 1 and Adviser 2), who are very experienced Consultant Psychiatrists.

The complainant raised concerns with the Ombudsman about the care and treatment provided to her in 2004. The Ombudsman's office initially told the patient that they could not look into this complaint because it fell outwith the time limit in which they would normally consider complaints. However, after further correspondence they did agree to consider the concerns because, in response to the complaint in 2016, the Board reviewed the patient's records from 2004 and confirmed that there was nothing untoward in the management of her care.

Issue 1: Having carefully considered the information recorded in the assessment made at the time, Adviser 1 is of the view that the diagnosis of Bipolar Disorder made at that time was reasonable. The Ombudsman accepts Adviser 1's advice and, as a result, this aspect of the complaint has not been upheld.

Issue 2: The patient complained that Sodium Valproate should not have been prescribed to her because she was of childbearing age and because she felt it may aggravate her polycystic ovary syndrome. Both Advisor 1 and 2 have confirmed that prescribing Sodium Valproate to someone of childbearing age is reasonable. Adviser 1, following his review of the medical records was satisfied that the decision to prescribe it in this case was clinically appropriate. For this reason the Ombudsman has not upheld this complaint.

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 2017. 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 or Fully Upheld (1st January – 31st March 2017)

Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
B2016/0914	Patient unhappy with not getting both medications on time.	Partially Upheld	Access	K01-04: Access - Patient Pathway/Journey - Patient given apology for not receiving his medication due to being transferred. However, there was no evidence that he was prescribed Gabapentin whilst in HMP Low Moss.
B2016/0924	Patient unhappy his previous feedback was not lodged as a complaint Ref: BF2016/513	Fully Upheld	Communication	K03-02: Communication - Meeting complainant/Provide explanation - Patients medication was not being delivered to him in the morning when they were expected. Patient also given apology for health care staff only providing very brief explanations of why this had happened as opposed to seeking solutions or listening fully to the existing issues he has been experiencing.
B2017/036	Patient unhappy he is not receiving his medication on time.	Partially Upheld	Communication	K03-03: Communication/staff suggestions for improvement - Healthcare staff to be more vigilant when filling patients prescription kardex's
ECY17-02	Unhappy with the discharge process from Skye House: Didn't allow daughter time to process the transition and didn't give her any preparation; i.e. visual aids. Discharged without mother present.	Partially Upheld	Action Plan	Apologised for the error in the original response letter, stating the complainants' daughter was a patient in Skye House for three days only. Note written as a reminder of a conversation between Patient and Psychiatrist, of tasks to be done prior to transfer. A letter sent to complainant by the Psychiatrist could and should have been written in a more positive and supportive way, the Psychiatrist has now written a letter to the patient, to apologise for any distress this may have caused. Visual aids of all possible transfer units for patients at Skye House be available as part of the discharge process and that the Skye House team together with receiving care teams of other units, reflect on this case to gain any learning from it to help future transfers.

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ECY17-04	Feels North CAMHS has failed in their role in daughter's rehabilitation after a stay in hospital for anxiety. Feel the case manager is not helping in restoring the relationship between mother and daughter and is not impartial towards her not taking on board her concerns or opinions. Also unhappy with a meeting that was arranged between the case manager and his manager.	Partially Upheld	Action Plan	K02-01: Action Plan/Lead Manager Coordinating Improvements. Consent for use of screen in meeting to discuss complaint - investigation found that the meeting had changed from one about a complaint to therapy but the Mother did not realise this and was confused as to why the screen was being used. The process of managing concerns about practice in CAMHS should be kept separate from therapeutic interventions. A transition between these two activities needs to be clearly marked. All staff will be informed of this.
ECY17-06	Non involvement of CAMHS support and intervention to help daughter	Partially Upheld	Action Plan	K02-01: Lead Manager coordinating Improvements Communication with the mother with regards to the actions that had been put in place to help her daughter was not explicitly clear and led to the mother feeling like she was being 'fobbed off'. Staff in CAMHS to ensure that all intentions are clearly and explicitly explained in writing and where possible by telephone or in person.
ECY17-07	Too long to wait for autism assessment	Fully Upheld	Action Plan	K02- Action 01- Lead Manager coordinating Improvements Actions are being taken which will improve communication between our business support team and clinical teams. This includes changes in the process of communication from the administration teams to clinicians within our electronic care record in line with governance requirement and accountability, as we consider there was a breakdown in communication in this case. This will be helpful for all parties particularly given that clinical staff are peripatetic and often work across multiple bases. In view of a need to develop clearer communication about appointment times for families, we are also moving the appointing system to align more closely with a matched

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				slot type approach which will allow the appointments to be made further in advance.
ECY17-08	Appointments not consistent enough/ No appointment made after Christmas break lead to deterioration of patient's wellbeing. Suicide attempt.	Partially Upheld	Access, Education	K01-01: Access/Booking Arrangements - Investigation found that staff did not follow correct protocol for booking next appointment. Staff reminded of correct booking procedure. K05-01: Education/Learning/Training opportunities -Investigation found incorrect mobile number was on file. Staff reminded to keep patient records up to date.
ECY17-09	Have not received any help from SLT or received an assessment despite asking many times.	Fully Upheld	Action Plan	K02- Action Plan - 01 - Lead Manager coordinating Improvements On discussion it became clear that mother was uncertain as to the purpose of a triage appointment as she believed that SLT had decided they could not help and that an onward referral had been made. We have now clarified and reassured that no clinical assessment by SLT has yet taken place. We will take additional measures to ensure that in future, clinicians check that parents/carers understand our explanation of the purpose of a triage appointment and the next steps to be taken.
G2017/024	Complainant not happy about: 1. Being taken off podiatrist list. 2. Pain in left knee and not being prescribed pregabalin. 3. Believes she was taken off MO clinic by named nurse. 4. Returning from Hospital, no MO and nurses in meeting so left in pain.	Partially Upheld	Action Plan	K02-03: Action Plan/Service improvement identified - A plan has been implemented to see all patients on return from hospital.
G2017/035	Complainant was not informed to FAST before her operation or given her Methadone prior to leaving. She was only given 45 min notice.	Partially Upheld	Communication	K03-02: Communication/Meeting with patient/Provide explanation - Apology and explanation was given and accepted by patient as methadone should have been given prior to appointment.

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LM2016/644	Patient states he has not been receiving the correct catheters. Patient has to wear his sheath 24 hrs a day which causes redness and sores that weep. Patient requires this to be changed more frequently.	Partially Upheld	Communication	K03-01: Communication/Early engagement/resolution with patient - Management met with patient and an apology was given. The management team has highlighted the importance of ordering these supplies on time.
LM2016/647	Patient has not received his Methadone.	Fully Upheld	Communication	K03-01: Communications/Early engagement/resolution with patient - The investigation has resulted in being upheld the investigator identified it was not staff's intention to cause distress to the patient. This issue has been addressed with all nursing staff to prevent recurrence in the future. Patient has now received his Methadone.
LM2016/666	Patient feels that he is not receiving the duty of care that he needs.	Partially Upheld	Share	K10-01: Share/Learning points shared with teams - Apologies were given to the patient for not receiving his medications and any delay getting his medication. This issue has been addressed with all staff to prevent recurrence in the future.
LM2016/674	Patient states that he has not received his medication.	Fully Upheld	Share	K10-01: Share/Learning points shared with teams - Apologies were given to the patient. This issue has been addressed with all staff to prevent recurrence in the future.
LM2016/681	Patient unhappy at being put on supervised medication as this has resulted in his supply not being received on time.	Fully Upheld	Communication	K03-01: Communication/Early engagement/resolution with complainant - Management met with patient and an apology was given. The management team will continue to work with staff during their supervision and training.
LM2016/685	Patient has not received his medication on time.	Fully Upheld	Share	K10-01: Share/Learning points shared with teams - Apologies were given to the patient for not receiving his medications. This issue has been addressed with all staff to prevent recurrence in the future.

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LM2016/695	Patient states that he has been left without his Inhaler.	Fully Upheld	Share	K10-01: Share/Learning points shared with teams - Apologies were given to the patient for the oversight by the GP. This issue has now be rectified.
LM2016/696	Patient not happy with his medication and feels he is being left in pain.	Fully Upheld	Communication	K03-01: Communications/Early engagement/resolution with complainant- An apology was given to complainant. This issue has been addressed with all nursing staff to prevent recurrence in the future.
LM2016/702	Patient not happy about when he is getting his medication.	Fully Upheld	Communication	K03-01: Communication/Early engagement/resolution with complainant - Management met with patient and an apology was given. This issue has been addressed with all nursing staff to prevent recurrence in the future. Patient has now received his medication.
LM2016/706	Patient is complaining as he has not seen a Doctor after being transferred.	Partially Upheld	Share	K10-01: Share/Early engagement/resolution with complainant - Apologies given to patient for the time of his wait to see the GP after being transferred into this establishment. Learning points shared with teams.
LM2016/711	Patient wants pain medication.	Partially Upheld	Share	K10-01: Share/Early engagement/resolution with complainant - Apologies given to patient for the time of his wait to see the GP. Learning points shared with teams.
LM2017/00011	Patient claims that he did not receive his medication	Partially Upheld	Communication	K03-02: Communication/ Meeting complainant/Provide explanation - Apology and explanation was given and accepted by patient for the delay in him receiving his medication.

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LM2017/00012	Patient unhappy with not receiving his medication	Partially Upheld	Share	K10-01: Share/Learning points shared with teams - Apologies for the patients Omepraole being three days late, learning points shared with teams.
LM2017/0005	Patient complaining regarding his medication and why he has been put on to supervised medication.	Fully Upheld	Share	K10-01: Share/Learning points shared with teams - Apology given to the patient for the delay in getting his medication, learning points shared with teams.
LM2017/0009	Patient claims that when he eventually got to see someone from the sexual health clinic he was prescribed cream and has not received it.	Partially Upheld	Communication	K03-02: Communication/ Meeting complainant/Provide explanation - Apology and explanation was given to the patient for the delay in him receiving his cream.
LM2017/167	Patient unhappy that he has not seen the GP to date.	Fully Upheld	Access	K01-03: Access/Appointment times - Management and GP had discussions around previous appointment not being noted and an urgent appointment has been given to patient.
LM2017/42	Patient wants the podiatrist in more often.	Fully Upheld	Waiting	K11-01: Waiting/Review of waiting times - Apologies were given to the patient for the amount of time he has waited to see the podiatrist, this issue will discussed at next Team Meeting.
LM2017/48	Patient not happy that a corn has not been cut out his foot yet.	Fully Upheld	Waiting	K11-01: Waiting/Review of waiting times - Apologies were given to the patient for the amount of time he has waited to see the podiatrist, this issue will discussed at next Team Meeting.
LM2017/55	Patient wants to see the dentist.	Partially Upheld	Waiting	K11-01: Waiting/Review of waiting times - Apologies were given to the patient for the amount of time he has waited to see the dentist, this issue will discussed at next Team Meeting.
LM2017/74	Patient wants someone to explain why he has been taking off medication.	Partially Upheld	Communication	K03-02: Communication/ Meeting complainant/Provide explanation - Apologies and an explanation as to why he had been taken off medication has been given to the patient.

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LM2017/76	Patient not happy that not receiving notification of his three addiction appointments.	Fully Upheld	Communication	K03-02: Communication/ Meeting complainant/Provide explanation- Apologies and explanations were offered and a new case worker will be allocated.
LM2017/82	Patient wants his medication.	Partially Upheld	Communication	K03-02: Communication/ Meeting complainant/Provide explanation- Apologies and explanation were given to the patient.
LM2017/93	Patient wants medication on time.	Partially Upheld	Communication	K03-02: Communication/ Meeting complainant/Provide explanation- Apologies and explanation were given to the patient.
NE267	Patient feels that CPN has acted unprofessionally.	Partially Upheld	Communication	K03-02: Communication - Meeting Complainant - discussed with staff - Nurse Team Leader and Service Manager will ensure that agreed procedures meet accepted standards and that caseloads and diaries are checked.
NE269	Patient unhappy that a Mental Health Assessment was not carried out, that referral to PCMHT was closed and he refutes being rude and aggressive to staff.	Partially Upheld	Communication	K03-04 - Staff will be reminded of the procedure for management of requests for information and the requirement to record communications with patients accurately and to investigate reported incidents using the appropriate policy.
NE271	Parent complaining about additional/wrong vaccine being given to her young daughter and also lack of Health Visiting Support to same.	Partially Upheld	Action Plan	K02-03: Action Plan - Time allocated for each child appointment has been increased in January 2017 in order that Staff Nurses have additional time to double check all immunisations due prior to administering vaccines; Staff Nurses will check the relevant child health immunisation sheets for clinics and corroborate with the GP system the day before an immunisation session is due rather

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				than the day of the session; Staff are re-visiting the current Standard Operating Procedure for immunisation to ensure that all systems and procedures are as safe and efficient as possible, this includes the decision to provide unscheduled vaccines; Ongoing training and development for staff members. Administration staff will routinely check the 'inbound referrals' folder to ensure that all outstanding files are actioned by appropriate Health Visitors.
NE272	Parents unhappy that their son's confidentiality has been breached.	Fully Upheld	Conduct	K04-01 - Conduct issues - discussed with staff. As staff member works in North West they are taking forward the appropriate action.
NW1671	Issues regarding care received as an outpatient by the Arndale Community Mental Health Team.	Fully Upheld	Communication	K03-01: Communication -Mental Health Team will ensure that increased awareness on all issues are promoted to all Mental Health Services. The patient's veteran status has been added to his mental health record.
NW1701	Failure of team leader to respond within timescale of requesting information regarding daughter.	Partially Upheld	Action Plan, Communication	K02-02: Action Plan - Response to data inquiries, complaints and information sharing - Review needs and provide individual support. K03-03: Communication - There is need for ongoing updates on information sharing in complex civil cases - Ensure the learning is shared on this case with Team Leaders.
NW1710	Complainant was discharged from hospital on the 24 Jan 2017 and is still waiting on physiotherapy appointment and a basket for the zimmer frame.	Partially Upheld	Communication	K03-01: Communication - Early engagement/resolution with complainant. Apologies were given to the patient who has now been provided with a trolley.
NW1711	Health Visitor parked across neighbours driveway while making a house call to a patient.	Fully Upheld	Share	K10-01: Share - Staff must ensure they do not block access to the neighbours driveway, his will be cascaded to all the staff involved in the care of the patient and recorded on the electronic white card.

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NW1712	The complainant is complaining about the standard of care received by his father in the last days of his life.	Partially Upheld	Action Plan	K02-01: Action Plan - Actions have been put in place to improve communication errors and care issue reported in the complaint.
NWS1217	Client was frustrated by the difficulties he experienced when he telephone to make an appointment (telephone number constantly engaged).	Partially Upheld	Access	K01-01: Access - Steps have already been undertaken to resolve issues with the telephone system.
SO07/17	Complainant and service user were upset to be told that a letter had been sent to the GP with incorrect information contained within. Would like a corrected version to be sent. Feels that the service user needs additional support and therapy. Feels they have been given inappropriate advice with regard to removing their son from the home.	Partially Upheld	Education	K05-02: Communication skills particularly around the recording of information given verbally with the OOH team. Review of support options for both patient and family - meeting with patient to be arranged to discuss. Team leaders to be engaged to support staff.
SO10/17	Patient was unhappy to be told that the service could not offer any support/assistance. Feels she needs to have counselling weekly. Feels she has mental health problems and needs a diagnosis. Has suicidal thoughts occasionally but not presently. Wants to see another psychiatrist but not at Rossdale.	Partially Upheld	Communication	K03-01: Communication - Appointment should have been made but was not followed up. Appointment now arranged
SO13/17	Complainant is unhappy at being told that no help or support could be offered to her during consultation. Discharged without any notice. Length of wait for consultation was 1 1/2 hours.	Partially Upheld	Communication	K03-01: Communication - the complainant has been apologised to for staff not informing her of discharge and she has been offered a further appointment with a different member of staff.