



**Item No. 10**

**Meeting Date Wednesday 10<sup>th</sup> October 2018**

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

**Report By: David Williams, Chief Officer**  
**Contact: Jim Charlton, Principal Officer Business Development**  
**Tel: 0141 287 8716**

**HEALTH AND SOCIAL CARE COMPLAINTS ACTIVITY 2017-18 (ANNUAL REPORTS)**

<b>Purpose of Report:</b>	To present data on complaints for both health and social care during the period 1 <sup>st</sup> April 2017 – 31 <sup>st</sup> March 2018.
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<b>Background/Engagement:</b>	Based on an analysis of ongoing activity captured in separate recording systems of the Health Board and Council.
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<b>Recommendations:</b>	The IJB Finance and Audit Committee is asked to:  a) note the content of this report and two attached appendices; and  b) approve relevant actions that are being taken or proposed to enhance the effectiveness of complaints management.
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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:

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

## **1. Purpose of Report and Background**

- 1.1 This report summarises the complaints activity for the period 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 in health and social care services managed by Glasgow City Health and Social Care Partnership ('The HSCP').
- 1.2 It is the first report of complaints handled under two separate mandatory model complaints handling procedures for health and social care established by the Complaints Standards Authority of Scottish Public Services Ombudsman ('SPSO'). These were introduced on 1<sup>st</sup> April 2017.
- 1.3 Both processes consist of an initial attempt to resolve the issue at the point of service delivery ('Front line resolution'), a second stage of formal investigation and response and a third stage of referral for independent review by Scottish Public Services Ombudsman. The timescale for first stage is 5 working days but may be extended to 10 working days with agreement of the complainer for NHS complaints and to 15 working days at the discretion of the service manager for Social care complaints. The time limit for formal investigation and response at the second stage is common to both (20 working days).
- 1.4 The HSCP 'Rights and Enquiries' team has oversight of all social care complaints, executing all stage 2 investigations for those complaints. It also manages SPSO information requests recommendations across both health and social care complaints. A member of the team is responsible for compiling and quality assuring NHS complaints data for all partnerships within NHSGGC and assisting the public in accessing General Practice complaints processes. However the majority of complaints handling in terms of front-line resolution falls to staff and managers within HSCP who take on this role as part of their usual engagement with service users. Managers of staff with NHS functions also investigate and respond to stage 2 complaints for health matters.
- 1.5 All NHS complaints are captured within the Datix system. This is a well-established system used across a range of NHS functions that is fit for purpose and available to relevant NHS staff throughout the HSCP. All Social care complaints are conversely captured within the 'C4' system, an internally developed internet-based application that is commonly agreed to be not fit for purpose, having no reporting functions, no facility to be rolled out across the whole business and limited functionality in respect of which development has been frozen. These separate systems are an impediment to integration, compounded by the fact that GCC-employed staff within the Rights and Enquiries team currently have no direct access to Datix.
- 1.6 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.

- 1.7 Service improvements have been identified and are outlined in both reports (in sections 3.7 of appendix 1 and section 5 of appendix 2).
- 1.8 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).
- 1.9 Section 3 of this current report goes beyond analysis of the figures for 2017-18 to look at what is being done to improve management in 2018-19, addressing issues identified in these annual reports.

## **2. Summary of Main Findings**

- 2.1 The volume of social work complaints has risen in line with general upwards trends (with some variation) measured over a 10 year cycle. There were 583 complaints in total in 2017-18 as against 547 in the preceding year. These consisted of 421 (72.2%) Stage 1 complaints, 128 (22.0%) Stage 2 formal investigations, 14 (2.4%) stage 3 committee hearings and a further 20 (3.4%) stage 3 SPSO referrals. In transition to the new process, the HSCP was subject to review both by SPSO (for complaints arising in the current year) and Complaints Review Committee (for complaints arising prior to the change). A greater proportion of complaints are progressing to review, meaning increased workload for the central team (stage 2 and 3 up from 18.8% to 27.8%).
- 2.2 1,721 complaints were received about health services in the HSCP in 2017-18, together with 1,349 comments, concerns and other feedback. This was a decrease of 12.5% from the previous year (1,967 complaints). The largest majority of complaints (88%) continued to be about prison-based health services at Barlinnie, Greenock and Low Moss, but this was itself a proportionate as well as numeric drop in complaints about prison health care (from 93% in 2016-17).
- 2.3 There was a particularly large drop in prison-based health complaints in the fourth quarter of 2017-18, which largely explains the annual reduction. This followed changes to the handling of complaints and concerns submitted by patients, introduced in early 2018. A number of these were diverted into other processes such as arranging a second opinion or making referrals for service. This is fully in line with the terms of the new NHS procedure, which explicitly states that the complaints procedure should not apply to first time requests for service or requests for a second opinion as regards care and treatment. As patients in prison will often frame such requests in terms of complaint, new processes were required to identify and respond appropriately to complaints that were actually an expression of such requests. Tracking these into the appropriate process represents a better service to the patient.
- 2.4 In both Health and Social Care, there is ample evidence that where complaints are upheld by HSCP managers, or are the subject of recommendations following independent review, 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. Within the NHS in particular there is a well-established process for identifying and implementing service improvement and practice

learning from complaints in a systematic fashion, supported by both an e-learning package and recording requirements of the Datix system.

- 2.5 There were 34 independent reviews of social work complaints by either CRC or SPSO. Only one complaint of 20 considered by SPSO was partially upheld (on only 1 of 4 points) and 3 of 14 considered by CRC partially upheld. These were mainly in respect of elements with little personal or strategic impact except in respect of one case requiring a review of processes related to ordinary residence and free personal care.
- 2.6 There were 22 decision letters issued by SPSO in respect of Health Services within the HSCP, 12 of which related GP services that were matters for the individual practice to progress. Only two complaints were respectively partially and fully upheld by SPSO in relation to directly managed NHS services within the HSCP. Both of these related to prison services. The first related to matters of prescribing and dispensing of diabetes medication and resulted in an apology and review of the process for making such medicines available. The second related to dental care and resulted in an apology and feedback to the staff concerned to improve their practice.
- 2.7 In Social Care complaints the largest proportion of complaints are in children's and family services (38%) and Older People's Services (20%) but there are a rising volume of complaints in adults with disabilities (physical, learning disability and mental health), particularly related to issues of resource and support. A high number of complaints (22%) reference personal attitudes and conduct of staff but this may reflect a tendency to personalise complaints in particular client groups.
- 2.8 In Health, 95% of complaints were about three issues: standard of clinical treatment (82%), waiting times for appointments (8%) and attitude and behaviour of staff (5%). Waiting times had accounted for 18% of complaints in the previous year and standard of treatment only 71%. Most complaints related to services offered by G.Ps and Dentists, reflecting their role in prison-based healthcare.
- 2.9 Overall only 13% of health complaints were fully or partially upheld. However prison-based complaints were less likely to be upheld or partially upheld (8%) Complaints relating to health services at Barlinnie prison were even more likely to be 'not upheld' (97%) than was the case at Greenock (86%) and Low Moss (81%).
- 2.10 For social care complaints, only a minority of complaints are upheld but a greater proportion than with health complaints. The proportion upheld or partially upheld being 28%.
- 2.11 Performance against timescales for response was poor in social care complaints and particularly poor in handling of stage 2 complaints, with only 66% of complaints responded to at the first stage within time and a disappointing 38% of stage 2 complaints, both against a target of 70%. The performance of health complaints handling within timescales was comparatively good with 99.7% of stage 1 complaints responded to within time and 66% of stage 2 complaints.

### **3. Planned Improvements**

- 3.1 Learning lessons from the first year of the new process, a number of initiatives are being progressed in 2018-19 to improve complaints management as follows:
- 3.2 Staffing issues within the rights and enquiries team are currently being addressed through recruitment exercise. This will facilitate performance improvement in handling of stage 2 social care complaints.
- 3.3 GCC is currently evaluating a new complaints handling system to replace both the Council's Lagan and C4 system. Relevant GCHSCP staff met with the Strategic Innovation and Technology Team (S.I.T.T) in August 2018 to feed in requirements with regard to improved capture of complaints process data for Social Care complaints and GCC complaints more generally. This includes handling of Stage 3 (SPSO) and capture of service improvement. Once implemented this should improve complaints handling and reporting, given the unfitness for purpose of the C4 system.
- 3.4 The rights and enquiries team are seeking access by GCC employed staff within that team to the NHSGGC Datix system. This should improve integration of Health and Social Care complaints handling and facilitate handling of stage 3 complaints.
- 3.5 Managers of Prison-based Healthcare will continue to monitor the effects of changes to the administration of complaints introduced in the final quarter of 2017-18 and review and further adjust as necessary.

### **4. Recommendations**

- 4.1 The IJB Finance and Audit Committee is asked to:
  - a) note the content of this report and two attached appendices; and
  - b) approve relevant actions that are being taken or are proposed to enhance the effectiveness of complaints management.



**Item No:** Appendix 1

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

**Report By:** David Williams, Chief Officer

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**Social Work Complaints Annual Report  
1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018**

<b>Purpose of Report:</b>	To set out an analysis of social work complaints activity, trends and changes to management of the process during financial year 2017-18.
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## Section 1 Executive Summary

### 1. Executive Summary

- 1.1 This is the first report of the new Model Complaints Handling Procedure directed by the Scottish Public Services Ombudsman with effect from 1<sup>st</sup> April 2017 replacing the former statutory procedure. This consists of three stages of front-line resolution, formal investigation by the complaints team and external review by SPSO.
- 1.2 Complaints review committees were abolished with effect from 1<sup>st</sup> April 2017 but continued to meet in 2017-18, considering complaints submitted before the process changed.
- 1.3 Volume of social work complaints has risen again to 583 from 547. More are progressing to both internal and independent review. Performance targets against timescales have not been met, with a particular problem with reviews by the complaints team due to issues with workload and staffing.
- 1.4 Homelessness complaints have fallen slightly, children and families and older person's complaints remained broadly steady but complaints for adults with disability (learning disability, mental health and physical disability issues) have risen sharply, doubling in number (while remaining proportionately low when compared with children and family and older people's complaints).
- 1.5 A summary is provided in section 3.3 of the main issues raised by particular client groups. Issues of finance and shortfalls in the level and quality of support predominate in adult and older persons services, whilst more personal issues and issues around child protection (both the conduct of investigations and failure to act on expressed concerns) dominate children and families work. It is likely that ongoing resource pressures are driving the rise in complaints from adults with disability.
- 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 26% to 28% since 2016-17. 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. Those complaints that were informally resolved at the frontline resolution stage also resulted in tangible outcomes for the complainer in 7 out of 10 cases. This reinforces the importance of front-line staff and managers seeking such resolution.
- 1.7 34 cases were reviewed by either Complaints Review Committee or Scottish Public Services Ombudsman but only four were partially upheld on review by either body and none have been fully upheld. Specific recommendations by Committee or Ombudsman were then implemented. GCHSCP did not seek review of any such findings and recommendations during 2017-18.
- 1.8 The general trends and emerging issues in 2017-18 may therefore be summarised as:
  - A rising volume of complaints, particularly in cases of adults with disability
  - A rise in proportion upheld and numbers seeking review.
  - A significant shortfall in performance in terms of meeting timescales for response.
  - A high quality of investigation and response, judged by the very small proportion of stage 1 and 2 decisions overturned on review and few recommendations for changes in practice made by independent reviewers.
  - Continuing good evidence of service improvement in cases where complaints are upheld.



## Section 2 Social Work Complaints Process and report format

This report covers the first year in which the new Complaints Handling Procedure set by Scottish Public Services Ombudsman (SPSO) Complaints Standards Authority (CSA) came into force, replacing the previous statutory provisions under 5B of the Social Work (Scotland) Act 1968.

Complaints Review Committees (CRC) were phased out as a result of these changes but anyone complaining prior to 1<sup>st</sup> April 2017 was still entitled to a committee hearing. The complaints team were therefore required to deal with appeals to both CRC and SPSO during this transitional period. Section 3.6 of this report lists those cases and their outcomes.

For complaints submitted from 1<sup>st</sup> April 2017 onwards however, there is now only a common three stage complaints process:

**Stage 1 – Frontline Resolution.** This is an initial phase in which the front-line service attempts to resolve the complaint, often with minimal formal investigation. This part of the process may be settled on the basis of purely verbal direct interaction with service users, or may result in brief written response confirming outcome. It should be concluded within 5 working days but may be extended to 15 working days at the discretion of the service manager. This does not require the agreement of the complainer, but they must be notified of the extension.

**Stage 2 – Formal investigation.** This is an investigation phase which should be carried out by specialist investigators detached from the service complained of. It must be completed within 20 working days and always concluded on the basis of a formal written response unless the complaint is withdrawn or the complainer waives formal response. A formal investigation may follow from an earlier stage 1 complaint that did not resolve the situation or a complaint may be immediately escalated to stage 2 based on complexity or seriousness of complaint or at the request of a complainer who does not wish to engage in the stage 1 process

**Stage 3 – External review by Scottish Public Services Ombudsman (SPSO).** SPSO may consider matters of maladministration, general process and quality of services but also may now review professional decisions in a manner previously reserved for the Council's independent complaints review committee.

The new process has led to a clearer division of responsibility between front-line services and the central complaints team, with all stage 2 investigations and liaison with SPSO being carried out by the central team. For that reason statistics for stage 1 and stage 2 complaints are reported separately for performance indicators on timescales but aggregated in terms of overall volumes.

Because the process has changed some data on trends and comparisons with previous years, usually set out in the annual report, are no longer relevant and will be replaced by new comparisons in future annual reports. For some indicators this present report is setting a new baseline for comparison.

Social work complaints are recorded within a bespoke intranet-based database developed in-house by GCC, known as C4. This system is not fit for purpose but further development has been ruled out. The system has no reporting function. The data in this report is produced by a process of manual coding of records downloaded as raw data into a spreadsheet. There is risk of error in any such process but as much care as possible has been taken to reduce error and inconsistency. 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 however such complaints are assigned to a primary service area and primary and secondary complaint issues only, as the system cannot deal with that level of complexity.

Figures are given on overall activity, timescales, client group, issue and outcome. There are separate sections on third stage complaints and also 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.

## Section 3 Statistical Information and commentary

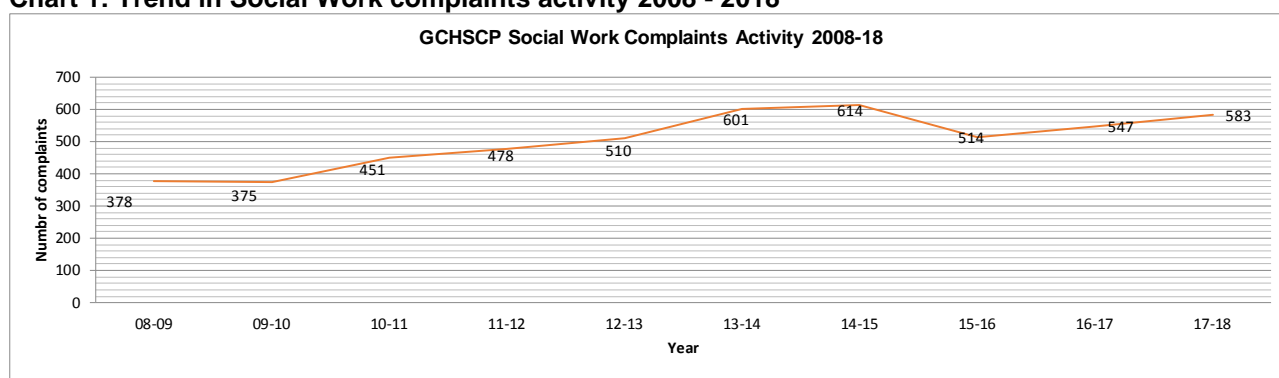
### 3.1 Overall volume and trends

A total of 583 formal complaints were dealt with from 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018, comprised of 421 (72.2%) Stage 1 complaints, 128 (22.0%) Stage 2 formal investigations, 14 (2.4%) stage 3 committee hearings and a further 20 (3.4%) stage 3 SPSO referrals.

This is a rise in the number of complaints received as compared with 2016-17 (547 complaints) with a greater number and percentage progressing to second and third stages (27.8% in the current year as against 18.8% in 2016-17). There were 10 cases referred to CRC in 2015-16 and 27 in 2016-17, but a total of 34 CRC and SPSO cases in 2017-18. There were moreover only 76 (14%) stage 2 reviews in 2016-17.

Total activity nevertheless remains lower than the peak two years of 2013-15. The trend is illustrated in chart 1 below.

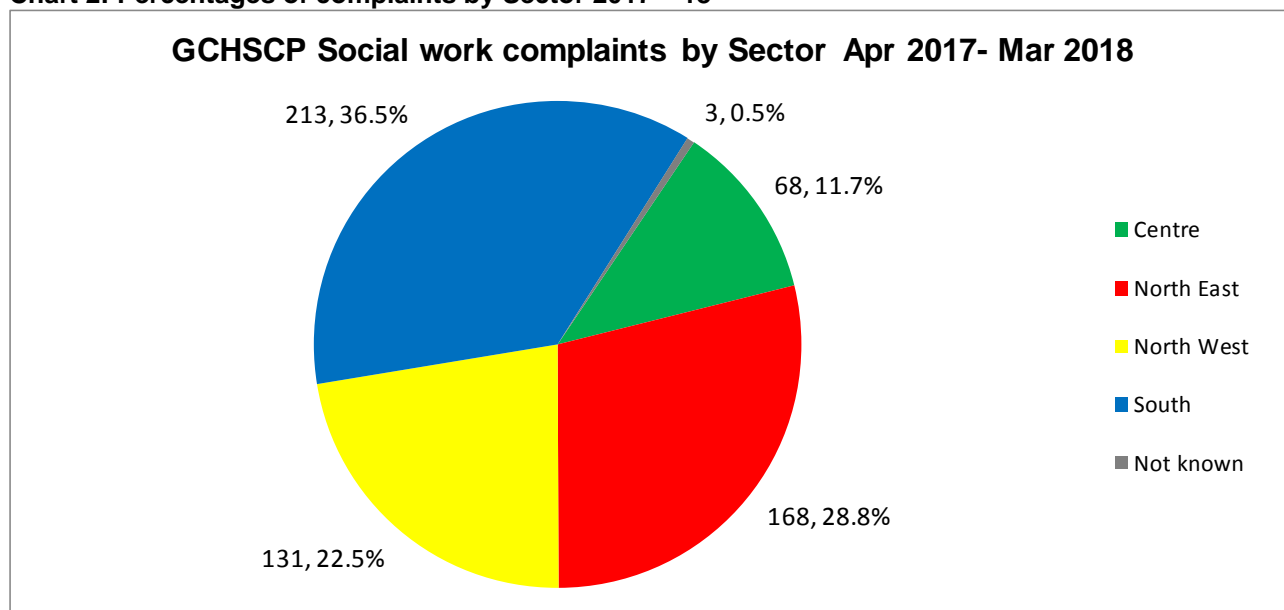
**Chart 1: Trend in Social Work complaints activity 2008 - 2018**



As can be seen from table 1 below, giving activity by sector in comparison with the whole previous year 2016-17, there is now little difference in the overall volume of complaints in North East and North West but some proportional shift in volumes in South (increased) and Centre (decreased). There is also a noticeably higher proportion of stage 2 complaints in South. This is most likely a combination of two factors: (1) South having a higher number of stage 1 complaints and therefore a higher number seeking review (2) The fact that Govan Law Centre and Govanhill Law centre within that locality have a tendency to submit complex complaints framed in legal terms that are more likely to proceed immediately to stage 2 formal investigation. The overall figures are presented in graphical form in chart 2.

**Table 1: Social Work Complaints by Sector 2017-18, contrasted with 2016-17**

Sector	Complaints			Total	%	% 2016-17
	Stage 1	Stage 2	Stage 3			
Centre	53	11	4	68	11.7	20.1
North East	126	30	12	168	28.8	29.0
North West	96	24	11	131	22.5	22.9
South	144	62	7	213	36.5	28.0
Not known	2	1	0	3	0.5	0.0
Grand Total	421	128	34	583	100.0	100.0

**Chart 2: Percentages of complaints by Sector 2017 – 18**

### 3.2 Timescales overall and by sector

Performance targets are that 70% of complaints should be dealt with within the specified time period for each stage. That is a standard of 5 working days for stage 1, or up to 15 working days if local management have approved an extension and notified the complainant. Stage 2 is up to 20 working days. There is no set timescale for resolution at stage 3 as that is a matter for SPSO. There are set timescales for GCHSCP to respond to enquiries from SPSO and to implement recommendations set by them, but the current information system does not capture that data.

As these timescales and targets are different than those under the process prior to April 2017, no trend information can be presented. Separate figures are given for stages 1 and 2 as the former are managed within locality services or central business teams whilst the latter are dealt with exclusively by the central complaints (Rights and Enquiries) team.

Only 38% of stage 2 complaints were investigated and responded to by the central complaints team within the 20 working day time limit. This clearly falls far short of the performance target set. The cause of this was rising demand, limited resource and staffing issues. As set out in section 3.1 above, not only have volumes risen overall but the proportions proceeding to the second and third stage of review (the more complex cases handled by the central team) have risen from 19% to 28%. The team was also impacted significantly by staff absence. Those pressures were not successfully addressed in 2017-18 but are now being addressed by a recruitment exercise in the second quarter of 2018-19.

Table 2 shows the performance against the timescale for stage 1 complaints by sector. This omits 2 complaints where team was not determined or relevant. The overall performance also fell short of the 70% target, with only North East team meeting and exceeding the target set.

Of the cases that were responded to at stage 1, 206 (49%) were responded to within the standard 5 working days, with no requirement for extension. The remaining 17% were within time due to an extension being applied.

The main factor, in terms of falling below target, appears to be that teams are not recognising early enough the requirement to consider an extension and notify the complainer of that fact where complicating factors mean that response may be delayed for legitimate reasons. For over 150 cases where response was issued at stage 1 between 6 and 15 working days and would therefore have been within time had extension applied, only half of the cases were subject to such extension. Using the extension appropriately would resolve the performance issue.

**Table 2: Performance against timescales for stage 1 complaints by sector 2017-18**

Table 2 Timescales for stage 1 by Sector			
Sector	Within time		Grand Total
		%	
Centre	24	45.3	53
North East	103	81.7	126
North West	63	65.6	96
South	88	61.1	144
Grand Total	278	66.3	419

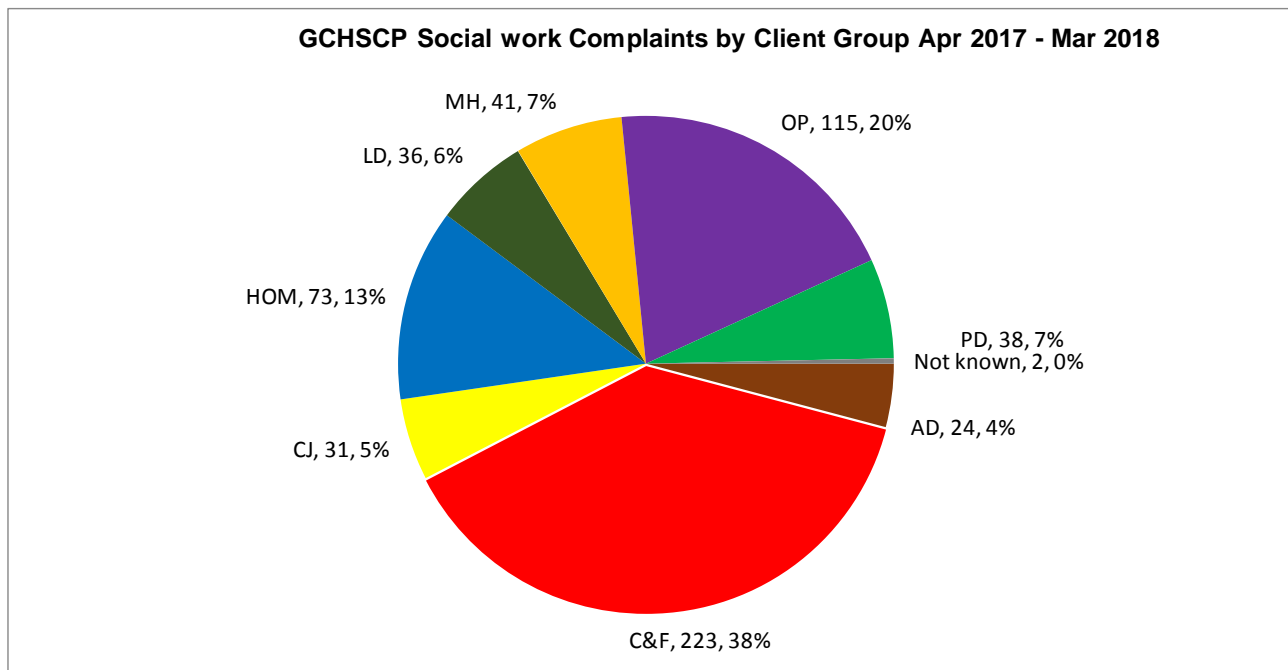
### 3.3 Complaints by client group overall and by sector

Chart 3 below and table 3 on the next page breakdown complaints by client group and by client group and sector respectively. The client groups are abbreviated as Addictions (AD), Children and Families (C&F), Criminal justice (CJ), Homelessness (HOM) Learning Disability (LD), Mental Health (MH), Older People (OP) and Physical Disability (PD). The table omits 5 cases where either team or client group were not known.

The proportions are broadly similar to 2016-17 for most groups with complaints from both Older People and Children and Families clients rising slightly numerically but falling slightly proportionately whilst homelessness complaints fell both proportionately and numerically from 83 (16%) to 73 (13%).

The most noticeable trend is the rise both numerically and proportionately in the disability client groups (learning disability, physical disability and mental health). These rose respectively from 15(3%) to 36 (6%) for LD, 22(4%) to 38 (7%) for PD and 12 (2%) to 41 (7%) for MH. This is a collective rise from 49 complaints (9%) in 2016-17 to 115 complaints (20%) in 2017-18.

**Chart 3: Social Work Complaints by client group 2017 – 18**



In terms of variation between sectors, as with previous years it is again likely that these are reflective of demographic differences in the populations and differing social needs in these areas.

**Table 3: Comparison of social work complaints by client group and sector 2017 – 18**

Sector	Centre		North East		North West		South		Grand Total
	N	%	N	%	N	%	N	%	
AD	0	0.0	12	7.1	5	3.8	7	3.3	24
C&F	32	47.1	78	46.4	43	32.8	68	32.2	221
CJ	2	2.9	13	7.7	9	6.9	7	3.3	31
HOM	15	22.1	18	10.7	12	9.2	28	13.3	73
LD	0	0.0	8	4.8	8	6.1	20	9.5	36
MH	0	0.0	9	5.4	16	12.2	15	7.1	40
OP	18	26.5	22	13.1	31	23.7	44	20.9	115
PD	1	1.5	8	4.8	7	5.3	22	10.4	38
Grand Total	68	100.0	168	100.0	131	100.0	211	100.0	578

### **Client Sub-Groups and their specific Issues**

In examining sub-groups of clients the following can be identified. Amongst **children and families** clients the most common issues were:

- Parents or other relatives (usually grandparents) of looked after children, making general complaints about a variety of issues such as lack of contact, lack of information about the child in care and the attitude of staff towards them. 43 of 223 (19%) of complaints in this client group were focussed on such issues.
- People unhappy with the manner in which child protection investigations had been conducted (30 of 223 (13%)). This relates largely to people who were themselves the subject of those investigations, usually complaining that the allegations concerning them had been fabricated or misrepresented or otherwise challenging the grounds of concerns. In addition there were a high number of complaints from estranged family members (usually male partners or paternal grandparents) raising concerns about the care of children by the other parent and complaining that such concerns had not been appropriately actioned (21 of 223 (9%)).
- There were a number of complaints about general lack of support or failure to progress supports, particularly from carers for children with disabilities (26 of 223 (12%)). There were additionally 13 (6%) complaints about lack of support for kinship carers.
- 11 people (5%) in this client group complained about breach of confidentiality or inappropriate handling of personal data. These complaints were generally based upon a poor understanding of what social work professionals are at liberty to disclose without requiring the consent of the individual.
- There were 10 complaints (4.5%) about inaccurate information and 5 (2%) about issues of difficulty in contacting staff.
- 8 children in residential care complained about behaviour from other young people in the unit, either of bullying or disruption. 7 neighbours of children's units made general complaints about nuisance from children in the unit.
- Four complaints were of discrimination, on racial or cultural grounds, in their dealings with staff. None of these were upheld.

For the 31 criminal justice complaints the most frequently complained of matters (in 15 cases) were the attitude and conduct of workers towards the client, ranging from general unfairness to bullying, harassment and intimidation and one claim of discrimination. No complaint of serious misconduct was upheld. The next most complained of matter was fabricated or inaccurate information in report (in 6 cases), one of which was partially upheld (on grounds of inaccuracy, not fabrication).

There were 3 cases each of complaints of lack of support and administrative errors in handling the cases.

For homeless clients the main issue raised within 73 complaints was a general failure to progress section 5 applications and secure offers of housing (21 complaints), a refusal to accept a duty of homelessness or general lack of helpful advice and support at initial contact was the next most complained of issue (12 cases), along with the poor standard of temporary accommodation (also 12 cases).

Problems with the poor attitude of staff and inappropriate comments or general lack of empathy was cited in 12 cases, although 2 of these were employees of commercial hostels / B&B accommodation, not HSCP staff. 9 complaints cited poor communication or difficulty in contacting case workers. 2 were complaints from neighbours of homeless people objecting to their behaviours within temporary furnished flats.

For physical and learning disability and mental health (115 complaints in total) there were common themes around general lack of support or insufficient budgets (in 42 cases) as well as financial disputes concerning client contributions, disability related expenditure and direct payments (in 10 cases). In general, lack of resource and financial issues appears to be driving the rise in volume of complaints from adult community care groups with disabilities supported through the SDS process.

There were 10 complaints about the attitude of staff and a further 10 about generally poor communications or difficulty in contacting workers. There were 9 complaints relating to Adult Support and Protection processes and 7 regarding delays in progressing mental health officer reports for Guardianship applications or the content of finalised reports.

Complaints about the nature and conduct of the Self-Directed Support assessment process (outwith complaints about the outcome in terms of budget level) were almost entirely absent, suggesting that the process is now accepted by all but a handful of service user who continue to re-raise previous complaints on that subject. Those service users who do complain about the self-directed support process tend to focus on delay in getting an assessment in the first place, or the outcome in terms of the support identified. Issue of process were seldom raised in any client group in 2017-18.

Finally, for older people the main issues raised were around financial issues. Of a total of 115 complaints for this client group, 29 (25%) concerned issues of care home costs and associated issues such as Free Personal and Nursing Care, Deprivation of Assets and Ordinary Residence. A further 11 cases (10%) related to financial issues around invoices, client contributions and costs of other services such as day services and telecare. There were 30 complaints (26%) about various aspects of shortfall of quality or availability of services supporting older people in the community, including inadequate home care.

As with adults with disability therefore complaints amongst the older persons client group were largely driven by issues of finance and resource, though these complaints are not increasing.

There were a further 8 (7%) complaints regarding the quality of day care or residential services run by GCHSCP. 14 complaints (12%) related to dissatisfaction with Adult Support and Protection Processes. 10 (9%) of complaints related to staff attitude, 7 to general issues of communication and 2 to the progression of guardianship applications.

### 3.4 Complaints by issue

Specific information on issues linked to client groups has been set out in the preceding section. In terms of statistical breakdowns for purposes of comparison with previous years, the main presenting issues have 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 = Issues linked to staff performance subdivided as:

C1 – Attitude or conduct of staff      C2 – Lack of response to the customer

C3 – Poor information or communication      C4 – Breach of confidentiality / privacy

C5 – Discrimination or breach of human rights

Q = Issues linked to resource or general service quality subdivided as:

Q1 - Poor quality of service      Q2 – Poor level or quantity of service

Q3 – Short term delay e.g waiting in office      Q4 – Long term delays e.g waiting for assessment

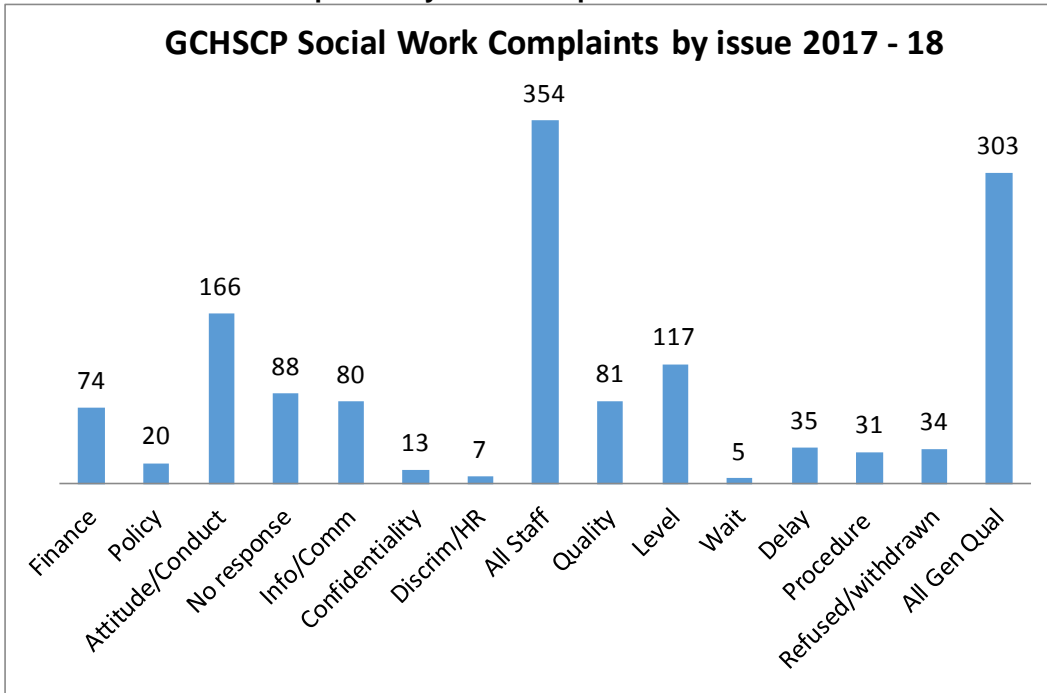
Q5 – Incorrect process      Q6 – Refusal of service / not eligible / service withdrawn

Table 4 below shows the relative percentage of each issue as a percentage of all issues and compares them with annual figures 2016-17. Charts 4 and 5 show numbers and proportions visually. There has been a slight rise in issues of policy, reflecting the focus within older people's services on policy issues such as free personal care, ordinary residence and charging for services, which are also to a degree financial issues. There has also been a rise in the level of dissatisfaction about general quality and level of services, the latter rising quite sharply. This supports the observation regarding the cause of increased complaints in adult community care groups. Overall though the issues complained of by services users when categorised in these broad terms are remarkably stable over each annual reporting period.

**Table 4: Main social work issues complained of 2017 – 18**

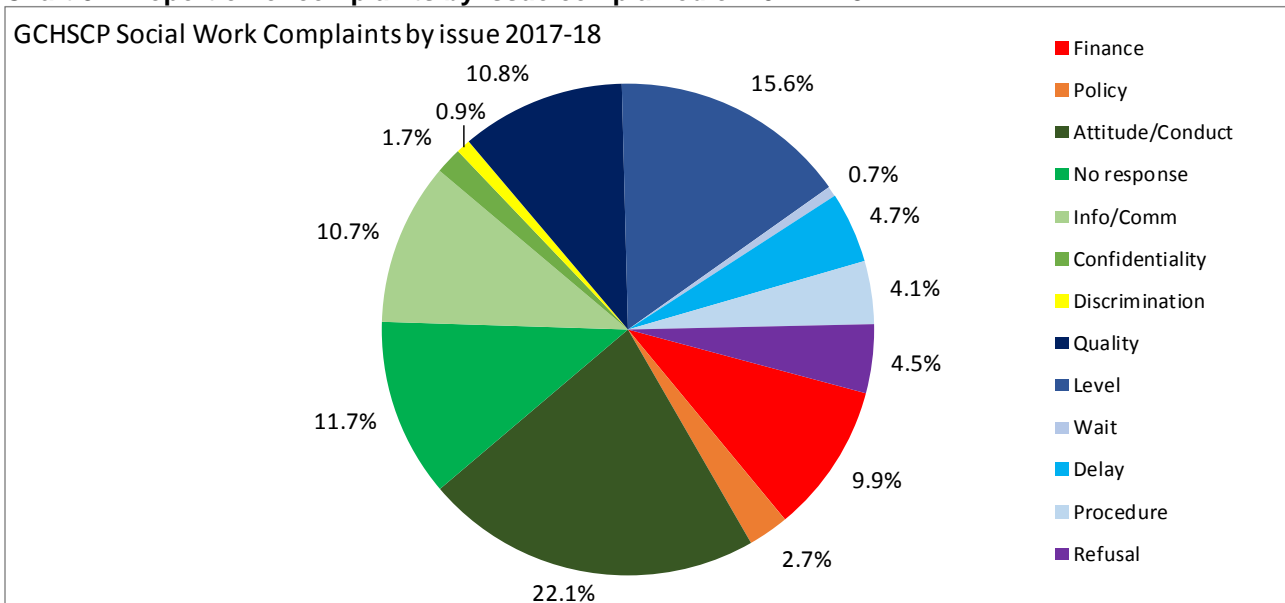
Issue	N	%	% 2016-17
<b>Finance</b>	<b>74</b>	<b>9.9</b>	<b>13.4</b>
<b>Policy</b>	<b>20</b>	<b>2.7</b>	<b>0.3</b>
Attitude/Conduct	166	<b>22.1</b>	23.7
No response	88	<b>11.7</b>	9.6
Info/Comm	80	<b>10.7</b>	11.3
Confidentiality	13	<b>1.7</b>	2.2
Discrim/HR	7	<b>0.9</b>	2.1
<b>All Staff</b>	<b>354</b>	<b>47.1</b>	<b>48.9</b>
Quality	81	<b>10.8</b>	8.8
Level	117	<b>15.6</b>	8.8
Wait	5	<b>0.7</b>	0.0
Delay	35	<b>4.7</b>	5.6
Procedure	31	<b>4.1</b>	5.1
Refused/withdrawn	34	<b>4.5</b>	9.2
<b>All Gen Qual</b>	<b>303</b>	<b>40.3</b>	<b>37.4</b>
<b>Total of main issues</b>	<b>751</b>	<b>100.0</b>	<b>100.0</b>

**Chart 4: Number of complaints by issue complained of 2017 – 18**



It may seem problematic that so many complaints focus on issues related to staff, and particularly issues of attitude and conduct, but this may be explained by a tendency on the part of some service users to personalise issues and focus on the person with whom they are engaging. This is particularly true in cases where the relationship is an enforced one such as in criminal justice, child and adult protection cases. There has been no significant rise or fall of the proportion of these in recent years and it appears to be an endemic feature of the nature of complaints concerning social work services. The issue of lack of response to phone calls and correspondence, though attributed by complainers to individual staff, may be another issue that is in fact a reflection of resource constraints in terms of the availability and capacity of staff within teams to meet expectations around response to communications.

**Chart 5: Proportion of complaints by issue complained of 2017 – 18**



The seven 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.



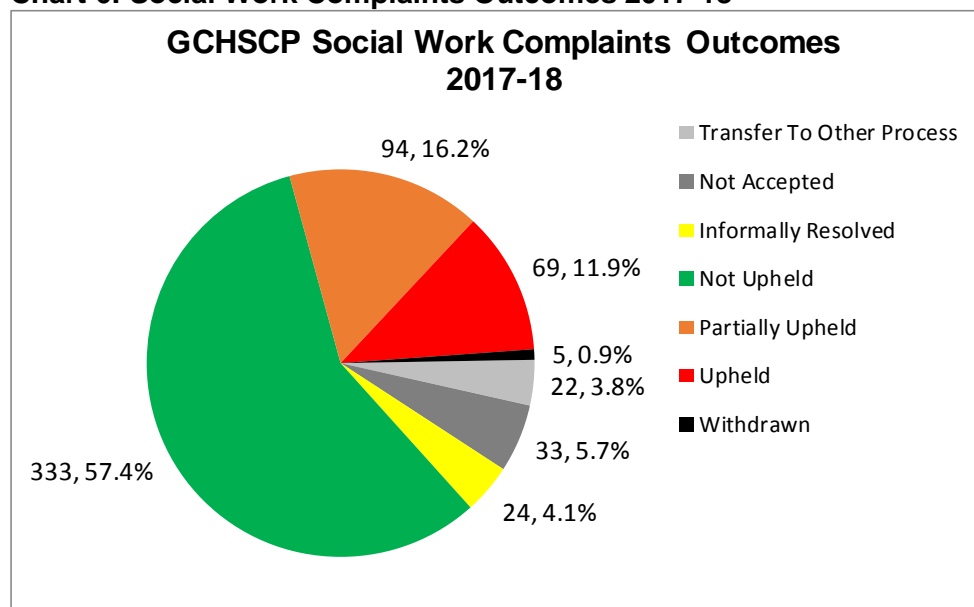
### 3.5 Complaint outcomes overall, by sector, client group and issue

Table 5 and Chart 6 below show the outcomes of complaints in terms of whether they were upheld. Three complaints are omitted as they had no outcome at time of reporting. In 2016-17 26.3 % of complaint were fully or partially upheld and 49.6% not upheld. For 2017-18 the equivalent figures are 27.9% and 57.4%.

**Table 5: Social Work Complaints Outcomes 2017 – 18**

Outcome	N	%
Transfer To Other Process	22	3.8
Not Accepted	33	5.7
Informally Resolved	24	4.1
Not Upheld	333	57.4
<b>Partially Upheld</b>	<b>94</b>	<b>16.2</b>
<b>Upheld</b>	<b>69</b>	<b>11.9</b>
Withdrawn	5	0.9
Grand Total	580	100.0

**Chart 6: Social Work Complaints Outcomes 2017-18**



The numbers excluded from the process or diverted into other processes has fallen from 21% to 9.5%. This is because the new process allows any person to make a complaint whereas the previous process restricted access to the complaints process to service users or their authorised representatives. Those remaining do not fall within the new process and would include 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. It would also include 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 6 below shows complaint outcomes by sector. The proportions of complaints that are not upheld are consistent across the three localities. There is some variation as to the distribution of other categories but the range of upheld or partially upheld outcomes is broadly similar such that no one area of the HSCP seems markedly out of step in their consideration of complaints.

**Table 6: Social Work Complaints Outcomes by Sector 2017 – 18**

Area	Centre		North East		North West		South		Total
	N	%	N	%	N	%	N	%	
Transfer To Other Process	4	6.0	3	1.8	10	7.6	5	2.4	22
Not Accepted	2	3.0	13	7.7	6	4.6	11	5.2	33
Informally resolved	4	6.0	4	2.4	6	4.6	10	4.7	24
Not Upheld	31	46.3	100	59.5	77	58.8	124	58.8	333
<b>Partially Upheld</b>	<b>17</b>	<b>25.4</b>	<b>29</b>	<b>17.3</b>	<b>12</b>	<b>9.2</b>	<b>36</b>	<b>17.1</b>	<b>94</b>
<b>Upheld</b>	<b>8</b>	<b>11.9</b>	<b>18</b>	<b>10.7</b>	<b>17</b>	<b>13.0</b>	<b>25</b>	<b>11.8</b>	<b>69</b>
Withdrawn	1	1.5	1	0.6	3	2.3	0	0.0	5
Grand Total	67	100.0	168	100.0	131	100.0	211	100.0	580

### 3.6 Stage 3 Complaint Review Committees and SPSO referrals

Fourteen (14) complaints that had been originally submitted prior to 1<sup>st</sup> April 2017 completed the complaints process after April 2017 in terms of consideration by Complaints Review Committee and submission of findings and actions to Operational Delivery Scrutiny Committee of Glasgow City Council. Eleven (11) of these were not upheld in any respect. Three were partially upheld.

The summary of all 14 cases and their outcomes is as follows:

#### **Case 1: Self Directed Support Assessment and support at college.**

A parent and carer of adult client with Learning Disability complained about the level of support offered following the SDS assessment process. This related to various elements of the Support Needs Assessment and in particular support for the client in attending college. Committee did not uphold 4 of the 5 focuses finding that social workers followed their procedures correctly. They did uphold one focus concerning delay in sending a written reply to the complainer's advocates explaining the position. An apology was issued in respect of this.

#### **Case 2: Support for a carer seeking information on care home placements**

A carer for an elderly client complained about the standard of practice of a student social worker who had visited the family home. In particular the client complained that the student had provided incorrect information regarding care homes, promised a financial review that did not take place, made an offensive accusation regarding the client; discharge from hospital and had made inappropriate comments displaying lack of empathy and professionalism.

The complaint regarding promise of financial review was partially upheld on the basis that a letter had given the impression that such a review would happen immediately when it did not proceed for some weeks. Committee found however that this did not have a prejudicial effect on the services provided and that the matter had been rectified when the complainer's expectation had become apparent on submission of the complaint. An apology was given for that error. No other part of the complaint was upheld.

#### **Case 3: False reports made by a social worker**

A parent of children in Local Authority care made a complaint with five elements concerning the actions of the children's social worker, claiming that the social worker had made false reports of the parent and grandparent of the child following that social worker and causing her alarm. No part of the complaint was upheld. The committee found that the council had evidenced its position on these matters supporting the worker's account of matters and had submitted that evidence to the parent's solicitors three years prior to the hearing

#### **Case 4: Deprivation of assets and responsibility for meeting care home costs**

Relatives of an elderly client in care disputed the findings of the head of finance that the client had notional capital to meet their own care home costs until such time as their funds fell below the threshold and that money claimed from the client's accounts by those relatives represented deliberate deprivation of assets. Committee did not uphold either of the two elements of complaint, finding that GCHSCP had applied the legislation, regulations and guidance properly and had made a reasonable offer to settle the matter without recourse to litigation.

#### **Case 5: The manner of engagement with an offender managed by criminal justice services.**

A service user submitted a complaint with five elements relating to biased reports, failure to book an interpreter for formal interviews, failure to follow proper processes and failure to intercede to report or challenge inappropriate behaviours of a third party which the complainer claimed were directed against himself. No part of the complaint was upheld, the committee concluding that there was no evidence at all to support the complaints.

#### **Case 6: Meeting the costs of privately arranged care.**

A relative of an elderly client wished to place the client in a care home, close to his own place of residence, that did not offer care at a rate consistent with the standard national care home contract. He complained that the service manager had wilfully misled him by stating that the host local authority for that care home had made an error in contracting with the care home and that Glasgow City HSCP could not compound that error by agreeing to fund the care in question. He further complained that Glasgow was operating a 'two-tier' system that was different to that of other local authorities and was not acting in the best interests of the client but was rather making every effort to 'thwart' his efforts on his relatives behalf due to GCHSCP having an irrational, but entrenched, position.

Committee did not uphold any part of this complaint. It found the position of GCHSCP to be in line with national care home arrangements and the assessed needs of the client and that we GCHSCP had shown flexibility in seeking to resolve the matter. They further commended the client's social worker for his continuing efforts on behalf of the client.

#### **Case 7: Failure to properly investigate Child Protection concerns**

An estranged partner of a parent caring for their children at her home complained that serious concerns he had raised were not being properly investigated and that this was because he was subject to 'racial profiling'. Committee did not uphold any of the five elements of his complaint, finding that all reported incidents had been looked into but that social work staff had correctly concluded that no child protection actions were required. They also found that the complainer's complaint of racial profiling was no more than 'unfounded speculation'.

#### **Case 8: Failure to properly progress homelessness application and support client**

A homelessness client submitted a complaint with 9 elements, claiming he was given no support as a victim of hate crime. He further claimed that the member of staff allocated to the case gave him no support and acted in a discriminatory manner towards him.

Committee did not uphold any part of his complaint, stating that evidence to support his complaint was 'non-existent' and that the client had been given several opportunities to resolve issue over the past 5 years but had failed to do so. They also stated that there was no evidence of prejudice in the manner in which social work had dealt with the case and responded to complaints.

### **Case 9: Failure to properly investigate Child Protection concerns**

An estranged partner of a parent caring for their children at her home complained that serious concerns he had raised were not being properly investigated. Committee did not uphold any element of his complaint, finding that all reported incidents had been looked into but that social work staff had correctly concluded that no child protection actions were required.

### **Case 10: Discrimination against father of child in care.**

The father of a child in local authority care stated that GCHSCP had neglected his child, were racist against him and had made frivolous statements against him in order to pursue an agenda. He also complained that GCHSCP had breached his right to a family life under section 8 of the HRA. None of these complaints were upheld by committee.

### **Case 11: Nature of support for carer and complaint response issued to the carer**

A parent of a young adult with learning disability complained that a response to her complaint about lack of support focussed too much on financial issues and had an unnecessary tone as well as being factually inaccurate. The complainant also repeated the original complaint that the allocated worker was unwilling to support her and should not be allowed to contribute to an MHO report on Guardianship whilst a complaint against him was outstanding. No part of the complaint was upheld. Committee found the response to the complaint to be reasonable and accurate and that there was no evidence of an unwillingness or inability of the worker to support the client.

### **Case 12: Rejection of request for particular support**

A client complained of a refusal of his request to only have female carers, that the information held on him was untrue, that he was being denied a service and his human rights breached. None of his complaint was upheld. Committee found that GCHSCP had acted appropriately in line with their duty to protect both clients and staff in the context of the service user's well documented behaviours and criminal convictions.

### **Case 13: Incremental reduction in care package. Self-directed support not a valid process**

A parent of a young adult with learning disability complained that his support was being incrementally reduced, that the whole GCHSCP Self-Directed Support process was 'a cost-cutting exercise with no proper legislative or policy underpinning', that staff had been obstructive, dismissive and rude and that records were inaccurate. She further argued that this was responsible for the decline in her child's mental health. No part of the complaint was upheld.

### **Case 14: Free Personal and Nursing Care / ordinary residence policy not properly applied.**

A relative of an elderly client submitted a complaint with nine elements: 1. Poor communication. 2. Not respecting the rights of family. 3. Neglecting client and not arranging a social work visit for 7 months. 4. Deliberately making an incorrect decision regarding client's ordinary residence in order to avoid meeting her personal care costs, 5. Operating resource allocation processes designed to delay making due payments in respect of personal and nursing care. 6. Giving an incorrect date for the conclusion of client's assessment. 7 and 8. Misleading complainer in writing and verbally. 9. Showing no empathy towards client.

Committee did not uphold any part of complaints 1, 2, 3, 4, 5, 6 and 9 as numbered above but did partially uphold complaints 7 and 8 relating to the complainer having been misled by statements made verbally and in writing by staff.

Committee found this was not deliberate but that errors in information had the effect of misleading the complainer for a period of time, until the position was corrected in a letter sent by the Head of Service two months after initial engagement. The essence of this error was that he had been wrongly assured that the meeting of his relative's personal care costs was a matter for Glasgow City Council when in fact that was the responsibility of a neighbouring authority.

Committee acknowledged however that an apology had been given and offer of ex-gratia payment made prior to the hearing being convened.

Committee recommended that 'Glasgow City Council review the information that is relayed to clients (on the issue of ordinary residence) by personnel, leaflets and websites (so that) all pertinent information is available to prospective clients so that painful situations such as this do not recur'. A review was subsequently conducted by the Service Manager for Older Person's based in North West Glasgow specifically relating to the training and awareness of staff around these issues and the information that they communicate to service users and their relatives. New guidance was issued and information updated.

There were 20 referrals to SPSO in 2017-18. Several of these were complaints already escalated to committee. Cases 4, 5, 6 and 12 above were referred to SPSO who declined to investigate further on the grounds that matters had already been properly considered by committee. A further previous CRC from 2016-17 was dismissed on the same grounds.

In 13 further cases that had not already been considered by a CRC, SPSO also declined to investigate further following preliminary investigation. These were:

- Parents of a child in care complained that information concerning their child had been lost when transmitted to the Scottish Children's Reporter's Administration and that this had been a deliberate effort to delay review of the case.

***SPSO found that GCHSCP had already accepted when responding to the complaint initially that the standard of service had been poor and had taken relevant steps to address the matter.***

- A mother of children in care complaining that the social worker had a 'personal vendetta' against her:

***SPSO found that when responding to her complaint GCHSCP had invited her on repeated occasions to provide evidence to substantiate her complaint and that she failed to do so.***

- A parent of a child in kinship care complaining that his confidentiality had been breached by the worker disclosing information about him to the carers. (NB the Breach in question was a technical breach only. The kinship carers were made relevant persons by the children's hearing a very short time after they were given the information, at which point they were fully entitled to receive that information – the grounds of the child protection order for the child now in their care).

***SPSO found that GCHSCP had upheld the complaint at the time submitted, had issued a suitable apology and that they were not able to give the complainer what he was seeking (for the worker to be reprimanded and removed from the case).***

- the son of an elderly service user complaining that the client contribution had not been properly explained to him and that GCHSCP had misrepresented his complaint

***SPSO declined to take the matter further on the grounds that it was evident that GCHSCP had offered him a detailed and clear explanation and had accurately summarised his complaint.***

- A member of a children's panel complaining that a social worker had inappropriately discussed matters personal to her without consent.

***SPSO declined to take the matter further on the grounds that it was reasonable of the worker to have raised the issue in question with Children's Hearings Scotland, who have responsibility for such matters.***

- An advocate for a disabled young adult complaining that GCHSCP had not fully taken into account his disability and had breached his human rights in not supporting him in his college placement.  
***SPSO declined to take the matter further on the grounds that there was no evidence GCHSCP had failed to follow proper procedures and that they had explained the matter properly.***
- The estranged partner of a mother caring for children in her own home complaining that a child protection process had not been properly conducted, had mischaracterised him and that GCHSCP had ignored criticisms expressed by the courts in a subsequent civil case  
***SPSO declined to take the matter further on the grounds that further investigation by SPSO would replicate investigations already undertaken, would provide no useful information not already available and would not deliver the outcomes the complainer was seeking. SPSO did remark that they would recommend that GCHSCP reflect upon their practice in terms of seeking out and considering critical remarks made in court.*** (In fact however, senior management in GCHSCP had already done that but had simply not communicated that fact to the complainer).
- A welfare guardian of an adult complaining that the adults needs had not been met, the terms of a safeguarding order not explained and unreasonable restrictions had been placed on the Guardian's own interactions with GCHSCP staff.  
***SPSO declined to take the matter further on the grounds that the investigation already undertaken by GCHSCP at the second stage was of reasonable standard and the response a reasonable and detailed one. Nothing more could be accomplished by SPSO.***
- A family member of an adult with learning disability complaining that the adult was not being properly safeguarded and his own concerns not properly investigated.  
***SPSO declined to take the matter further on the grounds that GCHSCP had given a satisfactory response to his complaint and if he had further evidence of risk then he should present this to GCHSCP.***
- The spouse of an older person in residential care complaining that they were being prevented from providing an input into that person's care (their inputs had in fact been judged harmful to the adult and had led to ASP investigations).  
***SPSO declined to take the matter further on the grounds that GCHSCP had properly explained in their responses that they had a duty to meet the needs of the adult, not the preferences of the complainer and had provided a reasonable explanation of that to the complainer. SPSO stated they could not be critical of the GCHSCP actions as the complaint clearly was about their preference, not the adult's need.***
- A grandparent complaining of the unreasonable refusal of kinship payments.  
***SPSO declined to take the matter further on the grounds that the decision taken by GCHSCP had been consistent with the rules currently applying and there was no evidence that GCHSCP had not correctly followed procedures.***
- A father of a vulnerable adult complaining that the removal of the young person from his care under Adult Support and Protection procedures were unwarranted and that allegations against him should be expunged from records.  
***SPSO declined to take the matter further on the grounds that their professional advisor had indicated that the actions taken by GCHSCP staff were entirely appropriate, reasonable and proportionate and in line with relevant ASP legislation and guidance.***

- An advocate acting for a disabled adult complained about the attitude of his social worker and the refusal by GCHSCP to replace that worker

***SPSO declined to take the matter further on the grounds that the matters he had raised had been addressed and responded to in a reasonable way and it was not for SPSO to interfere in matters of discretionary decision making such as the allocation of particular workers to particular cases.***

One further case was fully investigated by SPSO and not upheld. This was:

- A carer and guardian of a young adult with learning disability complaining that GCHSCP had not taken her views into account when agreeing a care plan with the provider, had not recognised her own difficulties around transport issues and had not put in place a suitable process to reimburse expenses to her. Finally the carer complained that the response issued to her had been an unreasonable one.

***SPSO did not uphold any aspect of the complaint finding both the position taken and the response issued by GCHSCP to be reasonable.***

This left only one case on which SPSO both investigated the matter and made a substantive recommendation having partially upheld the complaint:

- A relative of an elderly person objected to the conduct of a review meeting in the care home chaired by the social worker and to several aspects of the chair's engagement with family members. The meeting had been abandoned by the chair on grounds of unreasonably disruptive behaviour by the complainer making continuation of the meeting untenable. There were four separate headings of complaint: That the chair (1) refused to address errors in the previous review minute and (2) unreasonably terminated the meeting. That the complaint investigator (3) failed to gather independent evidence as to the complainer's conduct at the meeting and (4) failed to properly explain the council's position on roles and responsibilities of chairs of meetings within the response.

***SPSO found only one element of the complaint to be upheld – the first concerning treatment of previous minutes- on the basis that whilst entitled to dispense with consideration of the previous meeting, the chair should have better communicated his reasons. They recommended that GCHSCP issue an apology to the complainer on that point, which was then done. They also recommended that a communication should be sent to all service managers with responsibility for older people and physical disability advising that chairs of reviews should be clear with participants at the outset how the meeting will be conducted and whether previous minutes will be considered. This recommendation was also acted on.***

### **3.7 Service Improvements**

Of the 69 complaints that were fully upheld in 2017-18, all of the persons concerned received an apology. In 53 (80%) 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 94 complaints that were partially upheld all but one persons received an apology. In 57 cases some improvement in service was then delivered to the client (61% of cases).

In addition, in those cases where matters were informally resolved, 17 of 24 (71%) also resulted in some form of action or intervention

This means that overall there was a beneficial outcome of complaint beyond a simple apology in 68% of all complaints (127/187) in which The HSCP agreed there has been error or quality shortfall to some degree.

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.

21 complaints led to some increase in the level of service or budget for care provision.

8 complaints led to some financial payment, assistance or settlement.

19 complaints resulted in new staff being allocated to progress work.

18 complaints led to the case being expedited in terms of assessments, referrals to other agencies or reviews being moved forward.

12 complaints led to a new review or reassessment of the case that had not previously been scheduled

26 complaints led to an increase in the level of engagement.

8 complaints led to improved provision of information

10 complaints led to process improvement (although three of these were the same improvement prompted by multiple complaints on that issue)

6 complaints led to some other specified resolution of issues for the service user

A full listing of the recorded service improvement outcomes for every complaint where improvement was identified is set out below:

S.I Type	Detail of improvement
Process improvement	Review and development of new guidance and information communicated to service users and their relatives around issues of FPNC and Ordinary Residence. Work encompasses development of a specific local policy on Ordinary Residence to underpin process and provide a fixed reference point for staff rather than requiring them to reference and interpret legislation and national guidance. Review encompasses information available on-line to customers about the relevant entitlements, rules and eligibility around free personal care and ordinary residence.
Process improvement	New guidance for staff is being devised by Service Manager around issues of ordinary residence / FPNC as a result of this and other complaints received on the same issue (this outcome relates to the same issue as above but different complaint)
Process improvement	New guidance for staff is being devised by Service Manager around issues of ordinary residence / FPNC as a result of this and other complaints received on the same issue (this outcome relates to the same issue as above but different complaint)
Process improvement	Systems reviewed around process of switching from answer-phone to live phone lines by admin staff. Process updated to reduce the likelihood of this happening again.
Process improvement	Changes made to call answering arrangements including placing additional administration staff on duty and streamlining call answering procedures
Process improvement	External manager has asked unit manager to put in place more consistent rules and clearer arrangements about bed times and efforts to try and settle the unit earlier at night
Process improvement	Process for issuing pocket money for young people in residential units modified to reduce need for signatures and receipts.
Process improvement	Head of Children's Services to advise managers of need to prioritise early discussion of practice concerns with carers and to send advance written notification of the nature and purpose of any meeting to discuss concerns.
Process improvement	Residential and Day Care Services managers are revising the public holiday provision and the communication process with families and carers to ensure vulnerable older people are supported adequately by those services during public holidays.



Process improvement	Instructions issued to older people and physical disability service managers regarding need to agree how review meetings will be conducted at outset including administrative matters such as agreement of previous minutes. <b>(SPSO Recommendation)</b>
Process improvement	Medical officers to ensure that they have prescription pads with them at all times at clinics outwith the CAT building.
Financial	Backdated payment of £200 kinship allowance to reflect delay in processing application.
Financial	Client contribution waived
Financial	Due to change in condition, FPNC awarded.
Financial	Ex-gratia payment towards section 11 legal costs
Financial	Financial assistance given to alleviate current situation.
Financial	Services to contact Scottish power on behalf of homeless man and ensure his account is re-credited
Financial	SWS arranged full refund from Cordia backdated to date the waiver to client contribution should have been applied.
Financial	Unwanted service cancelled. Correct invoices issued. Account credited and invoices for remaining part of service will not restart for another 2 months.
Increase	Authorisation of purchase of additional support from the direct payment pending completion of the re-assessment.
Increase	Case re-opened disability team are now involved and supports in place. Visit has been arranged for 10 days from date of response
Increase	Gave explanation of priorities and likely delay. Arranged immediate additional Cordia support pending fuller assessment.
Increase	Having obtained further information about his support needs, his care plan was increased to reflect the additional support needs to his satisfaction.
Increase	Local team asked to expedite future reviews. Current review has led to increase in respite, accepted by carers.
Increase	Client moved to new temporary accommodation. Satisfied with outcome.
Increase	New referral made to carers team for further supports.
Increase	On receipt of complaint Service Manager reviewed records and instructed immediate intervention pending full self-directed support assessment.
Increase	Photographs provided and letterbox agreement made as per request.
Increase	A placement in long term care has now been offered.
Increase	Recruiting new staff to address issues of access to OP residential home outwith office hours
Increase	Referred back to RASG. Client's assessed needs will be considered at this meeting and he will be provided with a new indicative budget aligned to increased needs. Relevant staff to ensure that this further process is completed without further delay.
Increase	Reports of damp in the TFF were immediately responded to and addressed by TADS team once reported.
Increase	Resolved issue with contact. Further contact sessions now arranged as requested.
Increase	Respite provision currently being arranged
Increase	New section 5 referral made to GHA
Increase	Team leader met with client and arranged additional support from Quarriers.
Increase	The Team Leader of TADS has arranged to have any work orders for the flat during the period reviewed to double check what if any repair works were done and, if so, whether they were of a satisfactory nature. Any deficiencies will be progressed quickly and repairs effected.
Increase	Time lost due to delayed start to contact added to future contact.
Increase	Complaint regarding signage. Service user advised this is now being arranged and signs to direct visitors to the office will be available near future.
Increase	Following further risk assessment and consideration by RAG, funding has now been released to facilitate a move from a residential to nursing care home
Review / Reassess	Adult services and addiction service should have responded with a joint visit to re-assess, which has now been arranged

Review / Reassess	Carers team will be in contact to progress a carer's assessment.
Review / Reassess	Further assessment to be done
Review / Reassess	New Assessment being offered
Review / Reassess	Review of care needs started on receipt of complaint.
Review / Reassess	Service Manager has directed social worker and team leader to ensure there is a review of complainer's son's plan and this is shared with complainer, her son and his kinship carers.
Review / Reassess	Social Care Direct have created a new referral in respect of complainer's child for assessment by local team under Section 23 of the Children (Scotland) Act 1995
Review / Reassess	SW to visit client as a matter of urgency. Case to be discussed at the next Joint Support Team. SW will make a full assessment of the situation and arrange Family Group Discussion to which to look at a strategy to support her son.
Review / Reassess	Team will arrange a re-assessment of need to take place over the next 7 days.
Review / Reassess	TL met with the family to review their homelessness application and they are awaiting a further offer.
Review / Reassess	Worker carrying out an SDS assessment to establish what practical supports are required
Review / Reassess	Worker met with client to progress homelessness application. Decision reviewed and homelessness duty was accepted
Allocation	Another worker will be assigned very shortly and SM will ensure they meet with complainer to resume the assessment commenced by previous worker.
Allocation	Arranged for a worker from the Health and disability team carry out a duty visit
Allocation	Care Manager allocated as requested by service user
Allocation	Worker who was going to be reassigned is remaining as the young person's SW, in line with their wishes.
Allocation	Case immediately allocated and worker and team leader contacted client within 1 day of complaint to confirm allocation and arrange visit.
Allocation	Case immediately allocated for assessment. O.T to make contact this week and arrange date of visit.
Allocation	Case to be allocated to new worker as soon as possible
Allocation	Team leader agreed to reallocate due to staff sickness and advised new worker will visit next week to commence the assessment process. Service user happy with response to his concerns and is happy for the complaint to be concluded at this stage.
Allocation	Team leader has identified a replacement worker to deal with issues of contact expenses until such time as allocated worker returns from sickness absence.
Allocation	Worker now allocated to take forward the report in respect of the guardianship application.
Allocation	Immediate action has been taken to provide a shower chair as the existing chair was broken. New worker allocated to case. Service user confirmed they were happy with this arrangement
Allocation	Manager has agreed to change the worker. Service user is happy with this and with being linked to new patient clinic.
Allocation	New worker allocated and has already visited to progress a number of issues
Allocation	New worker allocated and joint visit carried out
Allocation	New worker allocated and switched clinic days, both of which service user is happy with.
Allocation	New worker allocated to case and will make contact as soon as possible
Allocation	New worker allocated to case to progress client's requirements for supported living.
Allocation	New worker allocated to progress an assessment for transition to adult services
Allocation	New worker to be assigned and is to contact service user within one week of response date.
Expedite	A meeting to progress the care plan for the service user will take place in 10 days' time within the service user's home. The allocated worker will be met with formally to discuss the unreasonable delays and the detriment to the service user, and seniors within the team will

	assume responsibility for ensuring that there is no further delay and that the service user's needs are assessed and addressed appropriately.
Expedite	Appointment made for week following response to discuss homelessness application
Expedite	Assessment to now proceed as confirmed by service manager
Expedite	GHA have accepted the Section 5 referral and agreed to backdate it due to delays
Expedite	Issue has been addressed directly with the staff involved in the delay and a manager has reviewed the processes that the team use to progress admissions for detox. Both inpatient detox and BBV testing have now been pursued for this service user.
Expedite	Manager met with service user, apologised and expedited matters. Service user satisfied with resolution.
Expedite	Meeting arranged at office and commitment given that manager will ensure that the case is progressed quickly following this meeting
Expedite	Meeting held with Cordia day before response. Once they confirm funding required for the house clearance work, this will be authorised.
Expedite	MHO now allocated and committed to completing the report within 3 weeks. Role of MHOs within team being reviewed to rebalance Guardianship report activities with other duties around ASP and casework.
Expedite	Shower chair delivered and both service user and housing association updated on position.
Expedite	Start date for funded care package set for next month
Expedite	The complaint has been partially upheld in respect of the delay in progressing the case. The manager is now personally overseeing the progress of the case and the issues will be addressed with the worker.
Expedite	TL met with client and review/reassessment of care plan underway with immediate effect. Email to all managers concerned reminding them of need for staff to follow up important information by letter if having difficulty in contacting client directly.
Expedite	Case conference arranged for next week to address homelessness. Service user invited to attend.
Expedite	Case escalated to housing access manager to resolve the situation
Expedite	Cordia will be directly contacted to implement the agreed changes to service package
Expedite	Discussed this case with GHA to request that the new section 5 referral with revised areas is backdated to 12 February 2018.
Expedite	GHA have accepted backdated section 5 referral
Engagement	Agreed with Service Manager that enquires from mother of service user would be acknowledged in future and she would be advised of the position as to whether information could be given to her about her daughter in each specific circumstance
Engagement	Allocated social worker and newly allocated leaving care worker to meet with young person to discuss her options.
Engagement	Allocated worker to increase visit frequency to child and will spend time with him at home of complainer, that of his father and within a school environment.
Engagement	Appointment made for week following response to discuss homelessness application
Engagement	Client invited into office for prospects interview
Engagement	Contact details provided for a member of staff who will provide maternity cover for regular social worker.
Engagement	Service Manager has asked the team leader to ensure that before the social worker updates Child's Plan, she contacts parent to agree the regularity of communication and what information will be provided, so that this can be included in the plan.
Engagement	Service manager has directed staff to explore alternative contact arrangements. The team leader has undertaken to ensure if meetings have to be changed they will be rescheduled, rather than cancelled.
Engagement	Service user given advice on how they may use telecare system to call for support in future. Standby Team contacted to ensure that advice given in similar situations in the future clear and accurate.
Engagement	Service user given email address to facilitate direct contact with worker
Engagement	Social Worker has been in direct contact with complainer to arrange a family contact as soon as is practicable for all parties.
Engagement	Team leader to phone complainer and update her on the referral regarding her son

Engagement	Social worker has visited and apologised. Service user has indicated she accepts apology, and is satisfied with outcome
Engagement	Team leader to meet with complainer and update on investigation. New contact to be offered.
Engagement	Worker contacted complainer's daughter view a view to assessing her as kinship carer as requested.
Engagement	Worker has contacted complainer to apologise for the breakdown in communication and has agreed to attend at the first meeting with new worker to facilitate introductions.
Engagement	Worker to complete SDS assessment. And increase level of engagement. Team Leader to monitor all his messages for a 3 month period to ensure he is responding in reasonable timescale. Service user and advocate accept all proposed actions.
Engagement	Worker will contact her as soon as possible to arrange meeting to discuss kinship care
Engagement	Improvement to facilities in contact room and agreed to provide better information in future.
Engagement	Meeting with support worker to try to resolve complex issue whereby her case was confused with that of another service user.
Engagement	Met with complainer and gave further information around engagement with her daughter and grandchildren
Engagement	Offer extended to complainant to engage with them and assess them as kinship carers should their circumstances change.
Engagement	Personal meeting with complainer on day of complaint to acknowledge the difficulties and commit to resolving these and expediting his application. He stated he was now satisfied with the service.
Engagement	Contact details given for TL in case of any future issue with non-response to communications. Housing options appointment has been arranged where a homeless application will be taken if appropriate to meet the family's needs
Engagement	Contact made with client to meet with a view to progressing an assessment following transfer to new team
Engagement	Further explanations and information regarding appeals process provided to complainer, who confirmed by email that he was satisfied with this outcome.
Information	Any future discussion/outcomes will be put in writing to service user to help clarify decisions made.
Information	Exercise to be carried out to review the files of two customers who have become confused with one another. Links will be reviewed, files amended and reports and minute changed and re-sent to external agencies including SCRA.
Information	Inaccuracies within a report relating to child protection matters will be amended.
Information	Information error corrected and full record provided to complainer to evidence that fact.
Information	Information in reports to be updated and checked with complainer before being finalised
Information	Information that had been requested in previous letters now supplied with apology for lack of previous response.
Information	Meeting arranged for later this week. Team leader asked to ensure all parties clear and agree what information is shared. Service User is satisfied with this as outcome to her complaint.
Information	Relevant form sent to service user as requested
Other Resolution	Kitchen staff in residential unit will allow resident to prepare and cook his own meals as this is his preference.
Other Resolution	Service user's application to remain open and additional support provided for uplift and storage of items. Alert added to iWorld to prevent recurrence of issue whereby her application was confused with another service user with the same name.
Other Resolution	Staff resolved issue by addressing behaviour of the other young person
Other Resolution	Staff resolved issue by addressing behaviour of the other young person
Other Resolution	The other young person was moved. YP who complained was satisfied and withdrew his own request to move unit.

## Appendix 2: GCHSCP NHS Complaints Report 2017-18

### Glasgow City Health and Social Care Partnership Health Complaints Report April 2017 – March 2018

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## Appendix 2: GCHSCP NHS Complaints Report 2017-18

### Section 1: Executive Summary

- 1.1 This report covers complaints, feedback, comments and concerns for the period 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018 related to Health Services now managed by Glasgow City Health and Social Care Partnership.
- 1.2 1721 complaints were received about these services in 2017-18, together with 1349 comments, concerns and other feedback. This was a slight decrease in complaints by (12.5%) from the previous year. The vast majority of complaints (88%) were about prison-based health services at Barlinnie, Greenock and Low Moss.
- 1.3 Overall, 1486 of 1661 completed complaints (89%) were responded to within the relevant timescales. The majority of complaints at first stage (frontline resolution) were dealt with on time, either within 5 working days or the allowed extension to 10 working days. For those subject to second stage investigation, 66% of completed complaints were responded to within the 20 working days timeline.
- 1.4 95% of complaints were about three issues: standard of clinical treatment (82%), waiting times for appointments (8%) and attitude and behaviour of staff (5%).
- 1.5 Most complaints related to services offered by G.Ps and Dentists, reflecting their role in prison-based healthcare and the very large number of complaints in that sector.
- 1.6 Overall (85%) of complaints were not upheld and (13%) were partially or fully upheld. A further (1%) were withdrawn or otherwise not progressed. There were 1459 complaints relating to prison services of which (91%) of complaints were not upheld and (8%) were partially or fully upheld
- 1.7 Complaints relating to health services at Barlinnie prison were far more likely to be 'not upheld' (97%) than was the case at Greenock (86%) and Low Moss (81%). Complaints in South sector were also upheld significantly less frequently than those in north East and North West.
- 1.8 22 decision letters relating to these health services were issued by Scottish Public Services Ombudsman for the period 2017-18. 5 cases (23%) were upheld or partially upheld. Details of all decisions are given in section 4 of this report.
- 1.9 Service improvements and action plans have been identified in the majority of upheld or partially upheld complaints. These are detailed for complaints arising for the period 2017-18 as set out in section 4 of this report. An e-learning package to assist staff in dealing with complaints is available on the Board's Learn Pro e-learning system modules and the recording of improvements and action plans is mandatory.

## Appendix 2: GCHSCP NHS Complaints Report 2017-18

### Section 2: Complaints process and report format

- 2.1 This report covers complaints, feedback, comments and concerns related to Health Services now managed by Glasgow City Health and Social Care Partnership. The information collated within this report is intended to be shared with local management teams and clinical governance structures to aid in achieving service improvement. Statistical information as presented will also be incorporated into the quarterly report on Complaints made to the Health Board. This report addresses the requirement of both the Health Board and Integrated Joint Board for more detailed information on complaints processing and outcome, particularly in relation to the lessons learned from complaints and Ombudsman Reports.
- 2.2 The Patient Rights (Scotland) Act 2011 introduced an extension of the legal right of patients to complain, give feedback or comments, or raise concerns about the care they have received from the NHS. It placed a responsibility on the NHS to encourage, monitor, take action and share learning from the views received and the concerns expressed about the care they have received from the NHS. Further rights and duties were set out in Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012 and the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012. The process operates within the context of current Scottish Government Guidance "Can I Help You?" This report covers not only complaints but also feedback, comments and concerns.
- 2.3 A new model complaints handling procedure (CHP) was introduced by the Scottish Public Services Ombudsman and implemented by all Health Boards in Scotland with effect from 1<sup>st</sup> April 2017. This changed a two-stage process to three-stage process: (1) Frontline resolution within 5 working days (extended by exception to 10 working days) (2) Formal investigation and response within 20 working days and (3) Referral to the Scottish Public Services Ombudsman.
- 2.4 The report covers: (1) statistical information on volumes, timescales, issues complained of and outcomes (2) volume of cases referred to the Scottish Public Services Ombudsman and details of decisions in the final quarter (3) details of service improvements.
- 2.5 The data presented within this report is split geographically between Glasgow City Community Health Partnership and three geographic sectors (North East, North West and South) and sub-divided into the following headings: Health & Community Care, Mental Health Services, Specialist Children's Services, Children & Family Services, Sexual Health/Sandyford, Addiction Services. Data is provided separately for Acute Sites and Prison services.
- 2.6 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.

## Appendix 2: GCHSCP NHS Complaints Report 2017-18

### Section 3: Statistical Information and commentary

#### 3.1 Volume of Complaints Received

During the period 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 a total of **1721** complaints were received as compared with 1967 in the previous year (a 12% decrease). A breakdown of complaints received during 2017/18 is set out in Table 1.

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

	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	Total
Glasgow City CHP – Corporate (exc Prisons)	0	0	0	1	1
HMP Barlinnie	202	268	238	136	844
HMP Greenock	33	16	35	4	88
HMP Low Moss	214	148	116	97	575
Glasgow City CHP - North East Sector	20	19	26	18	83
Glasgow City CHP - North West Sector	19	28	31	33	111
Glasgow City CHP - South Sector	7	4	2	6	19
<b>Total</b>	<b>495</b>	<b>483</b>	<b>448</b>	<b>295</b>	<b>1721</b>

Clearly the highest volume of complaints overall are received within prison services which account for 1507 of 1721 complaints (88%).

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 2017/18, there were 1349 forms of feedback (including comments and concerns), the majority of which again came from Prison Health Care Services and from Sandyford clinic (North West Sector).

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

	Comment	Concern	Feedback	Appreciation	Total
Glasgow City CHP – Corporate ( excl Prisons)	0	0	0	0	0
HMP Barlinnie	0	0	600	0	600
HMP Greenock	0	0	36	0	36
HMP Low Moss	0	0	471	0	471
Glasgow City CHP - North East Sector	0	0	4	0	4
Glasgow City CHP - North West Sector	0	0	236	0	236
Glasgow City CHP - South Sector	0	0	2	0	2
<b>Totals:</b>	<b>0</b>	<b>0</b>	<b>1349</b>	<b>0</b>	<b>1349</b>



## Appendix 2: GCHSCP NHS Complaints Report 2017-18

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 Complaints Received by sector/service by quarter.**

	17/18	17/18	17/18	17/18	Total by Sector and Service
	Q1	Q2	Q3	Q4	
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	
<b>Glasgow City CHP – Corporate</b>	<b>449</b>	<b>432</b>	<b>389</b>	<b>238</b>	<b>1508</b>
HMP Barlinnie**	202	268	238	136	844
HMP Greenock**	33	16	35	4	88
HMP Low Moss**	214	148	116	97	575
Homelessness Services*	0	0	0	1	1
<b>Glasgow City CHP - North East Sector</b>	<b>20</b>	<b>19</b>	<b>26</b>	<b>18</b>	<b>83</b>
Children & Family Services	1	0	2	0	3
Health & Community Care	3	5	5	2	15
Mental Health Services***	8	9	7	7	31
Specialist Children's Services****	8	5	12	9	34
<b>Glasgow City CHP - North West Sector</b>	<b>19</b>	<b>28</b>	<b>31</b>	<b>33</b>	<b>111</b>
Health & Community Care	6	4	1	2	13
Mental Health Services***	8	8	13	7	36
Sexual Health/Sandyford	5	16	17	24	62
<b>Glasgow City CHP - South Sector</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>6</b>	<b>19</b>
Children & Family Services	0	1	0	1	2
Health & Community Care	1	0	1	0	2
Mental Health Services***	6	3	1	5	15
<b>Totals:</b>	<b>495</b>	<b>483</b>	<b>448</b>	<b>295</b>	<b>1721</b>

\*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

## Appendix 2: GCHSCP NHS Complaints Report 2017-18

### 3.2 Timescales for response

The tables below describe the timescales in responding to complaints. As of 1<sup>st</sup> April 2017 (see section 2.3 above) complaints recorded on the Datix system are Stage 1 (early resolution) – timescale 5 working days or Stage 1 (early resolution) extended – timescale 10 working days. Some complaints are subject to a Stage 2 (formal investigation) – timescale 20 working days, Stage 2 may follow a stage 1 or be initiated immediately. The tables provide figures for the **1661** closed complaint responses, starting with those that were subject to Stage 2 investigation:

**Table 4a – Response Times of Stage 2 investigations** (on or within 20 working days).

	On or within 20 working days	Over 20 working days	Total	% within 20 working days
Glasgow City HSCP – Corporate (excl Prisons)	1	0	1	100%
HMP Barlinnie	119	28	147	81%
HMP Greenock	21	5	26	81%
HMP Low Moss	108	99	207	52%
Glasgow City HSCP - North East	21	5	26	81%
Glasgow City HSCP - North West	28	17	45	62%
Glasgow City HSCP - South	5	5	10	50%
<b>Overall Total</b>	<b>303</b>	<b>159</b>	<b>462</b>	<b>66%</b>
Overall %	66%	34%	-	-

**Table 4b – Response Times of Stage 1- early resolution extension** (on or within 10 working days).

	On or within 10 working days	Over 10 Working days	Total	% within 10 working days
Glasgow City HSCP – Corporate (excl Prisons)	0	0	0	0
HMP Barlinnie	0	0	0	0
HMP Greenock	0	0	0	0
HMP Low Moss	5	1	6	83%
Glasgow City HSCP - North East	17	1	18	94%
Glasgow City HSCP - North West	5	2	7	71%
Glasgow City HSCP - South	0	0	0	0
<b>Overall Total</b>	<b>27</b>	<b>4</b>	<b>31</b>	<b>87%</b>
Overall %	87%	13%	-	-

**Table 4c – Response Times of Stage 1- early resolution** (on or within 5 working days).

	On or within 5 working days	Over 5 Working days	Total	% within 5 working days
Glasgow City HSCP – Corporate (excl Prisons)	0	0	0	0
HMP Barlinnie	681	0	681	100%
HMP Greenock	59	1	60	98%
HMP Low Moss	326	6	332	98%
Glasgow City HSCP - North East	34	2	36	94%
Glasgow City HSCP - North West	49	2	51	96%
Glasgow City HSCP - South	7	1	8	87%
<b>Total</b>	<b>1156</b>	<b>12</b>	<b>1168</b>	<b>99%</b>
%	99%	1%	-	-

Considering all complaints overall, regardless of stage, 1486 of 1661 completed complaints (89%) were responded to within relevant timescales.

## Appendix 2: GCHSCP NHS Complaints Report 2017-18

### 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 – Complaint issues by staff group complained of:**

Category	Code	Issue	Sector					Total
			Corporate (excl Prisons)	Prisons	North East	North West	South	
<b>J – Staff Group</b>	1	Consultants / Doctors	0	10	32	39	9	90
	2	Nurses	0	547	55	38	5	645
	3	Allied Health Professionals	0	0	6	1	0	7
	4	Scientific/ Technical	0	0	0	1	0	1
	6	Ancillary Staff / Estates	0	0	0	1	1	2
	7	NHS board/hospital admin staff	1	2	6	39	3	51
	8	GP	0	716	0	0	0	716
	9	Pharmacists	0	52	0	0	0	52
	10	Dental	0	132	0	0	0	132
	11	Opticians	0	6	0	0	0	6
	<b>Total</b>			<b>1</b>	<b>1465</b>	<b>99</b>	<b>119</b>	<b>18</b>

The high incidence of complaints regarding G.Ps and Dentists relates to the fact that, in the context of complaints falling within the domain of GCHSCP, these two groups provide services within prisons, which are the source of the vast majority of complaints.

## Appendix 2: GCHSCP NHS Complaints Report 2017-18

Table 6 – Complaints by issue complained of

Category	Code	Issue	Sector					Total
			Corporate (exc Prisons)	Prisons	North East	North West	South	
<b>A – Staff</b>	1	Attitude/Behaviour	0	16	31	29	1	77
	2	Complaint Handling	0	2	1	0	0	3
	3	Shortage/Availability	0	0	0	1	0	1
	4	Communication (written)	0	2	1	3	0	6
	5	Communication (oral)	0	0	6	12	0	18
	7	Competence	0	0	1	8	1	10
	<b>B – Waiting times for</b>	11	Date of admission/attendance	0	0	0	4	0
12		Date for appointment	0	109	9	13	2	133
13		Test Results	0	0	0	4	0	4
<b>C – Delays in/at</b>	21	Admissions/transfers/discharge	0	0	0	0	0	0
	22	Out-patient and other clinics	0	1	0	6	0	7
<b>D – Environmental /domestic</b>	29	Premises	0	0	1	2	1	4
	30	Aids/appliances/equipment	0	0	1	2	0	3
	32	Catering	0	0	0	0	0	0
	33	Cleanliness/laundry	0	0	0	0	0	0
	34	Patient privacy/dignity	0	1	0	0	0	1
	35	Patient property / expenses	0	0	1	0	0	1
	37	Personal records	0	0	2	0	0	2
<b>E – Procedural issues</b>	41	Failure to follow agreed procedure	1	1	11	7	4	24
	42	Policy and commercial decisions of NHS Board	0	0	0	4	0	4
<b>F – Treatment</b>	51	Clinical Treatment	0	1333	34	24	9	1400
	<b>Total</b>		<b>1</b>	<b>1465</b>	<b>99</b>	<b>119</b>	<b>18</b>	<b>1702</b>

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.

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Table 7 – Complaint issues by service

Service Area	Corporate (excl Prisons)	Prisons	North East	North West	South	Total
Administration	0	0	2	3	1	6
Community Health Services - not elsewhere specified	1	0	52	76	4	133
Community Hospital Services	0	0	0	1	1	2
Continuing Care	0	0	0	3	0	3
Prison Services	0	1465	0	0	0	1465
Psychiatric / Learning Disabilities Service	0	0	45	34	12	91
Rehabilitation	0	0	0	2	0	2
<b>Total</b>	<b>1</b>	<b>1465</b>	<b>99</b>	<b>119</b>	<b>18</b>	<b>1702</b>

### 3.4 Complaints outcomes.

A breakdown of outcomes for those complaints completing the process is given at table 8 below. The number of formal complaints which were completed within 2017/18 was **1661**, this includes complaints received in last quarter of the previous year, but not responded to until Quarter 1 of 2017/18. Overall 85% of complaints were not upheld and 14% were partially or fully upheld. A further 1% were withdrawn or otherwise not progressed.

Table 8 – Outcome of completed complaints by sector

	Consent Not Received	Fully Upheld	Partially Upheld	Not Upheld	Withdrawn	Transferred	Total
<b>Glasgow City Corporate (excl Prisons)</b>	0	0	0	1	0	0	<b>1</b>
<b>HMP Barlinnie</b>	0	5	18	803	2	0	<b>828</b>
<b>HMP Greenock</b>	0	6	2	74	1	3	<b>86</b>
<b>HMP Low Moss</b>	0	34	48	444	12	7	<b>545</b>
<b>North East Sector</b>	0	12	23	44	1	0	<b>80</b>
<b>North West Sector</b>	2	34	26	33	6	2	<b>103</b>
<b>South Sector</b>	0	3	8	5	2	0	<b>18</b>
<b>Total</b>	<b>2</b>	<b>94</b>	<b>125</b>	<b>1404</b>	<b>24</b>	<b>12</b>	<b>1661</b>
<i>% of total</i>	<i>0%</i>	<i>6%</i>	<i>8%</i>	<i>85%</i>	<i>1%</i>	<i>0%</i>	<i>-</i>

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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	Partially Upheld	Not Upheld	Withdrawn	Transferred	Total
<b>Glasgow City CHP - Corporate</b>	<b>0</b>	<b>45</b>	<b>68</b>	<b>1322</b>	<b>15</b>	<b>10</b>	<b>1460</b>
HMP Barlinnie	0	5	18	803	2	0	828
HMP Greenock	0	6	2	74	1	3	86
HMP Low Moss	0	34	48	444	12	7	545
Homelessness Services	0	0	0	1	0	0	1
<b>Glasgow City CHP - North East</b>	<b>0</b>	<b>12</b>	<b>23</b>	<b>44</b>	<b>1</b>	<b>0</b>	<b>80</b>
Children and Family Services	0	0	2	1	0	0	3
Health & Community Care	0	4	2	8	0	0	14
Mental Health Services	0	3	8	25	0	0	36
Specialist Children's Services	0	5	11	10	1	0	27
<b>Glasgow City CHP - North West</b>	<b>2</b>	<b>34</b>	<b>26</b>	<b>33</b>	<b>6</b>	<b>2</b>	<b>103</b>
Health & Community Care	0	5	3	3	1	0	12
Mental Health Services	2	2	12	12	2	1	31
Sexual Health/Sandyford	0	27	11	18	3	1	60
<b>Glasgow City CHP - South Sector</b>	<b>0</b>	<b>3</b>	<b>8</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>18</b>
Children & Family Services	0	0	0	1	0	0	1
Health & Community Care	0	1	0	0	0	0	1
Mental Health Services	0	2	8	4	2	0	16
<b>Totals:</b>	<b>2</b>	<b>94</b>	<b>125</b>	<b>1404</b>	<b>24</b>	<b>12</b>	<b>1661</b>

## Appendix 2: GCHSCP NHS Complaints Report 2017-18

### 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 2017/18, there were **22** 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	1	11	8
Dental Services	0	1	0
Mental Health Services	0	0	1
Optometrist Services	0	0	0
Prison Healthcare	2	7	3
Sexual Health Services	0	0	0
Specialist Children Services	0	2	1
<b>Total</b>	<b>3</b>	<b>19</b>	<b>13</b>

- 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 for 22 cases in the period 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018 are outlined below indicating the outcome and any recommendations made.

#### **(a) Complaint against GP Services (North East) xxxxx04171** **Decision dated 12<sup>th</sup> April 2017– Complaint Not Upheld.**

The complainant wrote to the Ombudsman to complain that the GP Practice had failed to take appropriate action in relation to her mother's hypertension from 2015 onwards.

The Ombudsman reviewed documentation provided by both complainant and Practice. The Ombudsman also sought professional advice from an independent GP adviser (the Adviser). The Ombudsman considered a number of policies and procedures including the NICE Guidance (CG127) on Hypertension in adults, diagnosis and management.

The Adviser noted that with the patients multiple conditions, treatments and blood pressure control were complex and it is common for patients with poorly controlled hypertension to be on multiple medications to control it. In the patient's case, her multiple conditions also meant that some medications were serving a dual purpose, such as controlling her blood pressure and fluid overload. The Adviser noted the Practice were regularly and routinely monitoring the patient's kidney function and had made appropriate referrals to the renal clinic. The patient was also being reviewed by a cardiologist for her heart problems. As such the Adviser concluded that the Practice had taken the appropriate steps, in line with the NICE guidance.

Based on the clinical advice received, the Ombudsman is satisfied that the Practice acted appropriately in relation to the patient's hypertension and has not upheld this complaint.

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### **(b) Complaint against Prison Services (Corporate) xxxxx0541**

#### **Decision dated 2<sup>nd</sup> May 2017 – Complaint Partially Upheld (4 recommendations).**

The complainant is complaining about 5 issues:

**Issue 1:** Following the diagnosis of diabetes, the medical care and treatment given was unreasonable.

**Issue 2:** The health centre's help and support in relation to the diabetes was unreasonable.

**Issue 3:** There was an unreasonable delay regarding medication for a thrush infection.

**Issue 4:** The health centre unreasonably failed to tell the patient's next of kin that he had been admitted to hospital.

**Issue 5:** The Board's handling of the patient's complaint was unreasonable.

The Ombudsman's investigation of this complaint included reviewing the documentation provided by both complainant and the Board. The Ombudsman also sought independent medical advice from a general practitioner (the Adviser).

**Issue 1:** The Adviser noted the prison health centre had failed to ensure the patient had appropriate medication administered following his discharge from hospital on both occasions. The failure to administer his diabetes medication was unreasonable. In terms of impact of these delays on his health, the Adviser did not consider that the failure to administer his medication for one day would have a serious effect on his health. However, the Adviser was concerned the patient did not receive his insulin on a date that he should have. The Ombudsman Upheld this aspect of the complaint with recommendations to the Board.

**Issue 2:** The Adviser noted that there was evidence that the patient had been regularly reviewed and that there had been discussions regarding his diet, diagnosis and understanding of these matters. On this basis, the Ombudsman did not uphold this aspect of the complaint.

**Issue 3:** The Adviser noted that a prescription for clotrimoxazole cream was written in the 'as required' and that the drug administration chart records that it was given that afternoon. The Adviser considered that there was no evidence of significant delay in the administration of thrush treatment in terms of clotrimoxazole cream. The Ombudsman accepted the comments on this, the Ombudsman did not uphold this aspect of complaint.

**Issue 4:** The Ombudsman found that this is a matter for the SPS, rather than the Board. Responsibility for asking a prisoner if they wish anyone to be informed of hospital admission and acting on their wishes lies with the Governor. Subsequently, the Ombudsman was not critical that staff at the prison health centre did not contact the patient's next of kin to advise that he had been admitted to the Hospital. On the basis of these findings the Ombudsman did not uphold this aspect of the complaint.

**Issue 5:** The Ombudsman noted the Board acknowledged the complaint about delays in thrush treatment but that there was no reference to this in their final response to the patient's concerns. The Ombudsman noted that the patient's complaint was acknowledged and responded to in line with the timescales. However, not all the health concerns raised were addressed in the final response. The Ombudsman has Upheld this aspect of the complaint.

<b>What we found:</b>	<b>Recommendations:</b>	<b>Completed by:</b>
1. The patient did not receive the appropriate medication for his diabetes	Give the patient a written apology	2 <sup>nd</sup> June 2017
5. The Board's response to the complaint did not address one of the patient's concerns.	Give the patient a written apology	2 <sup>nd</sup> June 2017
<b>What we found:</b>	<b>What should change:</b>	<b>Completed by:</b>
1. Medication was not available for the patient following his	The prison health centre	27 <sup>th</sup> June 2017



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discharge from the hospital this resulted in two days where he did not receive the appropriate medication for his diabetes.	should ensure that important medications like insulin that have been prescribed to a prisoner in hospital are available following discharge.	
<b>What we found:</b>	<b>What the organisation say they have done:</b>	<b>Completed by:</b>
The Board identified issues with inconsistent practice in completing prescription charts and some records not being fully completed or easily read.	The Board advised that inconsistent practice was to be addressed with nursing staff.	2 <sup>nd</sup> June 2017

### **(c) Complaint against Prison Services (Corporate) xxxxx0377**

#### **Decision dated 15<sup>th</sup> May 2017 – Complaint Not Upheld.**

The complainant wrote to the Ombudsman regarding 5 issues:

**Issue 1:** The Board unreasonably stopped his medication before investigating his complaint.

**Issue 2:** There was an unreasonable delay in the Board dealing with his complaint

**Issue 3:** The Boards investigation of his complaint was inadequate

**Issue 4:** The Boards response to his complaint unreasonably stated that the patient was found to have suboxone on his person.

**Issue 5:** The Board unreasonably did not re-start his medication

The Ombudsman's investigation of this complaint included reviewing the documentation provided by the complainant and by the Board. The Ombudsman made further enquiries with the Board; and sought professional advice from a GP adviser to the Ombudsman (Adviser).

The Ombudsman decided to consider Issue 1 and Issue 5 together as they are closely linked.

**Issue 1 and 5:** The patient complained that he was wrongly accused of concealing his medication and, as a result, his prescription was discontinued. He was aggrieved that the decision was taken to stop his medication before an investigation into the incident was carried out.

Having considered all the available evidence the Adviser said she was satisfied that the Board had followed their policy and had appropriately stopped the medication. It had been noted that the patient had been found concealing medication which was sufficient in itself to give grounds to activate the patient contract which states: "I understand that if I am caught or suspected of concealing my substitute/detoxification treatment it will be reviewed and I will be titrated off my medication."

The Adviser went on to say that according to the medical records, the patient was seen by a GP to discuss his suboxone being stopped and to offer him alternative treatments for his drug addiction. She went on to say she was satisfied that, according to the medical records, the patients medication was gradually reduced, in line with the policy. The Ombudsman raised with the Board the patients position that there should be a procedure in place to allow a prisoner to remain on their medication until a full investigation had been completed. The Board said that there was no requirement in law, policy or procedure, to continue such medication. The Board went on to confirm that, in line with the policy, there were no grounds to re-start the patients medication.

The Ombudsman has accepted the advice received by the Adviser and Board on these two aspects of the complaint. The Ombudsman did not uphold both aspects of this complaint.

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**Issue 2.** The Ombudsman has noted letters of complaint to the Board dated 14<sup>th</sup> and 23<sup>rd</sup> March 2016. Based on the records provided by the Board these are both recorded as being received by them on 29<sup>th</sup> March 2016. An acknowledgement was sent to the patient on 29<sup>th</sup> March 2016 referring to both letters. A holding letter was then sent to the patient on 22<sup>nd</sup> April 2016, in line with the complaints policy, apologising for the delay and indicating that they expected their investigation to take a further ten days. A final response was then sent to the patient dated 28<sup>th</sup> April 2016.

Based on the available evidence the Ombudsman is unable to comment on why the letter dated 14<sup>th</sup> March 2016 was not received by the Health Centre until 29<sup>th</sup> March 2016, however, following acknowledgement of the letters there was a meeting with the patient to discuss his complaint. The patient received a response on 28<sup>th</sup> April 2016. The Ombudsman is satisfied that the complaint was handled in line with the complaints procedure and did not uphold this aspect of this complaint.

**Issue 3.** Based on the available evidence the Ombudsman was satisfied that the issues raised in the complaint were reasonably investigated: the investigator had reviewed all the documentation and also discussed the complaint with the patient. The Board confirmed to the patient why his medication had been stopped and detailed the alternative treatments offered to him. The Ombudsman is satisfied with this evidence and did not uphold this aspect of the complaint.

**Issue 4.** The medical records document notes 'tablet was seen falling from under the top lip'. While the patient disputes this, the Ombudsman is satisfied that the Board accurately reflected the account of the incident as detailed in the medical records. As such the Ombudsman did not uphold this aspect of the complaint.

### **(d) Complaint against GP Services (South) xxxxx1925** **Decision dated 15<sup>th</sup> June 2017 – Complaint Not Upheld.**

The complainant wrote to the Ombudsman regarding a complaint that his GP Practice had failed to provide his wife with appropriate treatment in view of her reported symptoms.

The Ombudsman's investigation of this complaint had included reviewing the documentation provided by the complainant and by the GP Practice. The Ombudsman also sought independent, professional advice from a GP (Adviser).

The Ombudsman asked the Adviser to comment on the actions of the Practice and the diagnosis made. The Adviser said the consultation described the patient as having a history of loose stools, nausea and abdomen discomfort. The Adviser said that this was consistent with a diagnosis of gastroenteritis. Additionally, the Adviser reviewed the patient's blood results from this period and explained that they were normal and would not have alerted a GP to an underlying diagnosis of cancer. In the opinion of the Adviser, the actions, diagnosis and treatment given to the patient were of a reasonable standard and in line with national guidance.

The advice given to the Ombudsman is that the Practice acted reasonably on the basis of the symptoms that the patient presented with, and the Ombudsman accepts this advice. Given the above, the Ombudsman did not uphold this complaint.

### **(e) Complaint against Dental Services (North West) xxxxx8073** **Decision dated 9<sup>th</sup> June 2017 – Complaint Not Upheld.**

The complainant has written to the Ombudsman regarding two issues:

**Issue 1:** The practice unreasonably failed to consult with and obtain consent from the patient to extract his tooth.

**Issue 2:** The practice wrongly advised the patient that the level of bleeding following the tooth extraction was normal.

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The Ombudsman's investigation of this complaint had included reviewing the documentation provided by the complainant and by the Dental Practice. The Ombudsman also sought independent dental advice from a registered dentist (Adviser).

**Issue 1:** The Adviser noted that there the dental records show that there was a discussion between the patient and the dentist. This discussion included a reference to the x-ray and dentist's direct observation of the tooth. Following this discussion, it was recorded that the patient understood that the tooth was beyond repair and understood the tooth required an extraction. The Adviser confirmed that this evidence demonstrates that valid consent was obtained. Having considered the dental advice received and the dental records, the Ombudsman did not uphold this aspect of the complaint.

**Issue 2:** The Adviser explained that after extracting a tooth, a dentist would be expected to ensure that the socket had clotted. The dentist should also advise the patient of the potential of post-operative bleeding. From examining the dental records, the Adviser confirmed that the dentist recorded "hapoig". This is common shorthand for dentists to use and the word is broken down into two parts. "Ha" is short for haemostasis has been achieved, which means the socket has been observed to have stopped bleeding. "Poig" is short for post-operative instructions given. This would usually consist of advising about the possibility of pain and discomfort after the anaesthetic had worn off, and the likelihood of blood seepage from the socket. The Adviser also confirmed that the dentist's notes show that the patients was told that bleeding after the extraction is not unusual and he was advised on how to manage this. Having considered the dental advice received and the dental records, the Ombudsman did not uphold this aspect of the complaint.

### **(f) Complaint against Prison Services (Corporate) xxxxx00451**

#### **Decision dated 3<sup>rd</sup> July 2017– Complaint Not Upheld (no recommendations)**

The complainant wrote to the Ombudsman to complain about:

**Issue 1:** The decision to stop his prescribed Gabapentin being unreasonable.

The Ombudsman's investigation of this complaint had included reviewing the documentation provided by the complainant, the Board and seeking advice from an independent adviser (the Adviser) who is a practicing General Practitioner.

**Issue 1:** The Ombudsman sought advice from an independent GP (Adviser) who reviewed the patient's records and correspondence with the Board. The Adviser also looked at guidance on prescribing medicines such as Gabapentin in prisons. The Adviser noted that in the patient's *'In Possession Medication Contract'* the patient had committed to looking after and taking his medication properly. When the medical team were informed that the patient was not following this agreement, it was reasonable for them to stop the Gabapentin. The contract states that under such circumstances the medication can be stopped. A GP met with the patient to discuss this decision, and also provided a replacement medication. The Ombudsman has accepted the advice from the Adviser and on this basis the Ombudsman does Not Uphold this complaint.

### **(g) Complaint against GP Services (North West) xxxxx04254**

#### **Decision dated 2<sup>nd</sup> Aug 2017– Complaint Not Upheld (no recommendations)**

The complainant wrote to the Ombudsman to complain about:

**Issue 1:** The Practice's unreasonable management of her mother's thyroid medication.

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The Ombudsman's investigation of this complaint had included reviewing the documentation provided by the Practice. The Ombudsman sought professional advice from an independent advisor (the Adviser) who is a General Practitioner.

**Issue 1:** The Ombudsman asked the Adviser whether the Practices management of the patient's thyroid condition was reasonable. The Adviser confirmed that they had reviewed the clinical records and said that they found that the Practice had appropriately monitored and prescribed medication to the patient in line with the service requirements. The Adviser concluded that the Practices monitoring of the patients thyroid condition and the adjustments to medication in this were reasonable. The Ombudsman accepts the Advisers comments and does Not Uphold this complaint.

### **(h) Complaint against Prison Services (Corporate) xxxxx6201** **Decision dated 16<sup>th</sup> Oct 2017– Fully Upheld (4 recommendations)**

The complainant wrote to the Ombudsman to complain about 1 issue:

**Issue 1:** The Board's failing to provide him with appropriate dental treatment.

The Ombudsman's investigation of this complaint had included reviewing the documentation provided by the Board, copies of the dental records including x-rays and seeking advice from a dental practitioner (the Adviser).

**Issue 1:** The Adviser noted the Board should have carried out an x-ray of the complainant's tooth as part of his dental treatment but failed to do so, also that the Board failed to discuss the risks and benefits of all treatment options with the patient and record the discussion in the dental records. The Adviser also noted the Board should have offered to provide root canal treatment on the affected tooth, in accordance with the NHS Guidance.

The patient was concerned that the Board advised him that, as an untried prisoner, he did not qualify for the same dental treatment as a convicted prisoner or a person who was not in prison. The Adviser has explained that the Board was correct in their view, as the Guidance indicates that an untried prisoner is entitled to some, but not all, of the NHS treatments available to a convicted prisoner. However, the Ombudsman is concerned that it appears that the Board was not aware of the full range of treatment available to prisoners on remand under Section XII of the Statement of Dental Remuneration and will draw this to the Board's attention. In conclusion, given the failings identified in the dental treatment provided to the patient in prison, the Ombudsman considers that the Board unreasonably failed to provide him with appropriate treatment and upholds this complaint.

What we found	What the organisation should do:	Evidence SPSO needs to see and the deadline:
The Board failed to x-ray the tooth and discuss the risks and benefits of all treatment options and record the discussion in the dental records. The Board failed to offer to provide root canal treatment on the affected tooth.	Apologise for these failings.  The apology should meet the standards set out in the SPSO guidelines on apology available at <a href="https://www.spsso.org.uk/leaflets-and-guidance">https://www.spsso.org.uk/leaflets-and-guidance</a>	A copy or record of the apology. By: 16 November 2017.

What we found	What should change	Evidence SPSO needs to see and the deadline:
The Board failed to x-ray the tooth.	The Board should x-ray patients' teeth in circumstances such as this.	Evidence that the dental staff involved in this case have been made aware of this in a way that supports learning. By: 27 November 2017.
The Board failed to discuss the	The Board should discuss the risks and benefits of	Evidence that the dental staff involved in

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What we found	What should change	Evidence SPSO needs to see and the deadline:
risks and benefits of all treatment options with and record the discussion in the dental records.	all treatment options with patients and record the discussion in the dental records.	this case have been made aware of this in a way that supports learning. By: 27 November 2017.
The Board failed to offer to provide root canal treatment on the affected tooth, in accordance with the NHS Guidance.	The Board should offer to provide root canal treatment in cases such as this, in accordance with the NHS Guidance.	Evidence that the dental staff involved in this case have been made aware of this in a way that supports learning. By: 27 November 2017.

### Feedback for Greater Glasgow and Clyde NHS Board

*Points to note:* The Adviser said the Board should consider integrating the dates of prisoners' trials and the lengths of their stays in the prison into prisoners' clinical records. He said this would help the clinicians to have all relevant information for the care of prisoners.

It appears that the Board were not aware of the full range of treatment available to prisoners on remand under Section XII of the Statement of Dental Remuneration.

### **(i) Complaint against GP Services (North West) xxxxx7450** **Decision dated 26<sup>th</sup> Oct 2017– Not Upheld**

The complainant wrote to the Ombudsman to complain about 2 issues:

**Issue 1:** Failing to arrange appropriate investigation of patients' mental health issues.

**Issue 2:** Failing to appropriately investigate and respond to the complaint

The Ombudsman's investigation of this complaint had included reviewing the documentation provided by the complainant and the practice, and obtained independent medical advice from an experienced GP (the Adviser).

**Issue1:** The Ombudsman has been advised that the Practice had referred the patient appropriately for assessment of his mental health. The Advisor noted it was standard practice for the patient to be referred to services within his local catchment area. The Ombudsman accepts the advice given that appropriate investigation of the patient's mental health issues was arranged by the Practice and therefore does not uphold this aspect of the complaint.

**Issue 2:** The Ombudsman noted that the Practice's reference to not having full access to the records when responding to the complaint gave rise to concerns that their investigation was unnecessarily limited. However, the Ombudsman had seen nothing to indicate that this unduly impacted on the Practices ability to investigate the issues raised, the Ombudsman considers that their response was reasonable and proportionate and therefore does not uphold this aspect of the complaint.

### **(j) Complaint against Prison Services (Corporate) xxxxx0163** **Decision dated 30<sup>th</sup> Oct 2017– Not Upheld**

The complainant wrote to the Ombudsman to complain about 1 issue:

**Issue 1:** The Board unreasonably reduced the patient's dose of Pregabalin.

The Ombudsman's investigation of this complaint had included reviewing the file provided by the Board which included copies of the correspondence, medical records, medication contract and their policies for prescribing medication and discontinuing prescriptions. The Ombudsman obtained independent medical advice from an experienced GP (the Adviser).

**Issue1:** The Adviser noted that the decision about the prescription was a medical decision, based on clinical need and that it had been reasonable. In addition, the Board's prescribing policy and the medication contract are also clear about when a prescription will be stopped. Taking everything into account, the Ombudsman does not consider the evidence indicates that the Board

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unreasonably reduced the patient's dose of Pregabalin, the Ombudsman does not uphold this complaint.

### **(k) Complaint against Prison Services (Corporate) xxxxx9648**

#### **Decision dated 3<sup>rd</sup> Nov 2017 2017– Not Upheld**

The complainant wrote to the Ombudsman to complain about 2 issues:

**Issue 1:** The patient's prescription for Soboxone was unreasonably discontinued.

**Issue 2:** It took an unreasonable amount of time to be reviewed by a GP, following the discontinuation of the Suboxone prescription.

The Ombudsman's investigation of this complaint had included reviewing the documentation provided by the complainant and the Board. The Ombudsman obtained independent professional medical advice (the Adviser).

**Issue1:** The advice given to the Ombudsman by the Adviser is that the decision to stop the medication was reasonable. The patient had signed a contract acknowledging that concealing medication could result in the prescription being withdrawn. The board said that both their staff and Prison staff had observed this. For these reasons, the Ombudsman has not upheld this complaint.

**Issue 2:** The advice given to the Ombudsman by the Adviser in relation to the delay in seeing a GP, the Adviser noted the medication was stopped on Saturday 22 April 2017 and the GP reviewed the record on Thursday 27 April 2017. The adviser did not consider there to be an unnecessary or unreasonable delay here. The Ombudsman noted the patient was physically seen by the GP on 2 May 2017, which was seven working days later. For these reasons, the Ombudsman has not upheld this complaint.

### **(l) Complaint against GP Services (North West) xxxxx2838**

#### **Decision dated 4<sup>th</sup> Nov 2017 2017– Not Upheld**

The complainant wrote to the Ombudsman to complain about 1 issue:

**Issue 1:** The Practice failed to provide the complainant's son with appropriate clinical treatment in view of his presenting symptoms.

The Ombudsman's investigation of this complaint had included reviewing the documentation provided by the complainant and the Practice. The Ombudsman obtained independent professional medical advice (the Adviser).

**Issue1:** The advice given to the Ombudsman by the Adviser is that the doctor carried out an appropriate assessment and suggested a reasonable treatment plan. There were no grounds to prescribe antibiotics or referral to hospital at that time. The Ombudsman is satisfied that the doctor used her clinical judgement in a reasonable manner, therefore, does not uphold this complaint.

### **(m) Complaint against GP Services (North East) xxxxx3479**

#### **Decision dated 25<sup>th</sup> Nov 2017 2017– Not Upheld**

The complainant wrote to the Ombudsman to complain about 1 issue:

**Issue 1:** The Practice failed to provide the patient with appropriate clinical treatment in view of his presenting symptoms.

The Ombudsman's investigation of this complaint had included reviewing the documentation provided by the complainant and the Practice. The Ombudsman obtained independent professional medical advice (the Adviser).

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**Issue1:** The advice given to the Ombudsman by the Adviser is that during the two consultations, the doctor carried out appropriate assessments in view of the patient's medical history and reported symptoms. There was no clinical indication for additional investigations to be carried out or a referral for a specialist hospital opinion. It was clear from the records that the patient's symptoms had changed dramatically following his last appointment with the doctor and at that time a hospital admission was appropriate. The Ombudsman is satisfied that during the consultations there was no indication that the patient was suffering from pneumonia and that the doctor used her clinical judgement in a reasonable manner. The Ombudsman does not uphold this complaint.

**(n) Complaint against GP Services (North West) xxxxx4147**  
**Decision dated 18<sup>th</sup> Dec 2017 2017– Fully Upheld (2 recommendations)**

The complainant wrote to the Ombudsman to complain about 1 issue:

**Issue 1:** The Practice unreasonably removed the patient from their list of patients.

The Ombudsman's investigation of this complaint had included reviewing the documentation provided by the complainant and the Practice.

**Issue 1:** The matter which the Ombudsman has considered is whether the patient was unreasonably removed from the practices list of patient's. The guidance is clear that other than in cases of violence or aggression then a patient whose actions are giving concerns, should be given a written warning that should their behavior not alter then they would be removed from the list. The warning would last for a period of 12 months. However, in this case, there was no indication that the patient received a warning in the past and therefore would not be aware of the staff's concerns. As the Practice had not adhered to the guidance, this complaint has been fully upheld.

What we found	What the organisation should do:	Evidence SPSO needs to see and the deadline:
The Practice's removal of the patient from their list was unreasonable and did not comply with the relevant regulations and guidance.	Apologise to the patient for unreasonably removing her from their practice list.  The apology should meet the standards set out in the SPSO guidelines on apology available at <a href="https://www.spsso.org.uk/leaflets-and-guidance">https://www.spsso.org.uk/leaflets-and-guidance</a>	A copy or record of the apology. By: 19 January 2018..

What we found	What should change:	Evidence SPSO needs to see and the deadline:
Staff failed to follow the GMC guidance and GMS regulations when they were concerned about the patient's behaviour.	Staff should be aware of and comply with the guidance and regulations where there are concerns about patient behaviour	Evidence that staff have been reminded of the guidance when dealing with concerns about patient behavior. By: 19 January 2018

**(o) Complaint against GP Services (GCHSCP (NE)) xxxxx8966**  
**Decision dated 31<sup>st</sup> Jan 2018 – Complaint Not Upheld.**

The complainant has complained about 1 issue:

**Issue 1:** The practice failed to provide appropriate treatment based on the patient's symptoms and family history.

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The Ombudsman reviewed all documentation provided by the complainant and the service, including the complaint correspondence and copies of clinical records. The Ombudsman also obtained independent professional advice from a GP advisor (the Adviser).

**Issue 1:** The Ombudsman had carefully considered the complaint correspondence and the independent clinical advice received and was satisfied that the practice acted appropriately in seeking advice from the on-call gynaecologist and referring the patient for urgent hospital review without any undue delay. There was no indication for genetic screening and it was reasonable for the practice to accept the advice they were given from the hospital that the pelvic mass was benign and did not require follow-up. In addition, when the patient mentioned to the practice that she had been experiencing intermittent pain since her operation, it was reasonable to consider the likelihood that it was post-operative adhesions which would resolve in time. The Ombudsman has concluded that the care and treatment was reasonable and appropriate. In view of this, the complaint was not upheld.

### **(p) Complaint against GP Services (GCHSCP NW) xxxxx3852** **Decision dated 1<sup>st</sup> Feb 2018 – Complaint Not Upheld.**

The complainant has complained about 1 issue:

**Issue 1:** The Practice unreasonably delayed in taking the appropriate action to investigate the patients' weight loss.

The Ombudsman reviewed all documentation provided by the complainant and the Practice. The Ombudsman also obtained independent medical advice from a GP advisor (the Adviser).

**Issue 1:** The Ombudsman had carefully considered the points raised in this complaint, the evidence and the advice received from the Adviser. The Ombudsman reached the decision that the Practice did not unreasonably delay in investigating the cause of the patients' weight loss. The Adviser noted that the Practice provided the patient with appropriate care and treatment in line with GMC guidance and the referral to Gastroenterology was timely. The Consultant confirmed the patient does not have pancreatic cancer and there was no significant pathology causing the symptoms, this confirmed further that the Practice acted appropriately. The Ombudsman did not uphold this complaint.

### **(q) Complaint against GP Services (GCHSCP NW) xxxxx5195** **Decision dated 17<sup>th</sup> Feb 2018 – Complaint Not Upheld**

The complainant has complained about 1 issue:

**Issue 1:** The Practice unreasonably provided the patient with the flu vaccination.

The Ombudsman reviewed all documentation provided by the complainant and the Practice. The Ombudsman also obtained independent medical advice from a GP advisor (the Adviser).

**Issue 1:** The Ombudsman had considered whether it was unreasonable for the Practice to have given the patient the flu vaccination in 2009. The advice given by the Adviser was that given the patient had asthma then it was appropriate for the Practice to offer the influenza vaccination. There was no indication from the records that the patient suffered from other medical conditions which would suffer a reaction from the vaccination. There is no indication that any of the patients other medical conditions were known side effects from the vaccination. It was also noted that the patient had signed the consent form and this would be construed as giving informed consent. In addition, due to the time which had elapsed since the event it would not be possible to determine with certainty exactly what was discussed at the time. In view of all the factors highlighted, the Ombudsman is satisfied that it was appropriate for the Practice to have offered the patient the vaccination. The Ombudsman did not uphold this complaint.

### **(r) Complaint against Prison Health Services (Glasgow Corporate) xxxxx1927**



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### **Decision dated 26<sup>th</sup> Feb 2018 – Complaint Not Upheld.**

The complainant has complained about 1 issue:

**Issue 1:** The health centre unreasonably refused to prescribe his medication on a supervised basis.

The Ombudsman reviewed all documentation provided by the complainant and the Board. The Ombudsman also obtained independent medical advice from a GP advisor (the Adviser).

**Issue 1:** The Adviser had informed the Ombudsman that it was reasonable for the board not to prescribe him Pregabalin. The Adviser also said that the patient had been given reasonable alternative medicines to treat his anxiety and nerve pain. The Ombudsman has accepted this advice and did not uphold this complaint.

### **(s) Complaint against GP Services (Glasgow NE) xxxxx5356**

#### **Decision dated 3<sup>rd</sup> March 2018 – Complaint Not Upheld.**

The complainant has complained about 1 issue:

**Issue 1:** There was an unreasonable delay in the Practice referring the patient to a hospital specialists.

The Ombudsman reviewed all documentation provided by the complainant and the Practice. The Ombudsman also obtained independent medical advice from a GP advisor (the Adviser).

**Issue 1:** The Ombudsman had considered whether there was any indication from the reported symptoms that a referral to the hospital specialist should have been made earlier. The advice received is that there was no delay in referring the patient for a specialist opinion and as such the Ombudsman was satisfied that the patient received an appropriate standard of care from the Practice. The Ombudsman has accepted this advice and did not uphold this complaint.

### **(t) Complaint against Prison Health Services (Glasgow Corporate) xxxxx1673**

#### **Decision dated 22<sup>nd</sup> March 2018 – Complaint Not Upheld.**

The complainant has complained about 1 issue:

**Issue 1:** The decision to discontinue his medication was unreasonable.

The Ombudsman reviewed all documentation provided by the complainant and the Board. The Ombudsman also obtained independent medical advice from a GP advisor (the Adviser).

**Issue 1:** The Ombudsman had noted, in signing the Board's Suboxone contract, the patient declared that he understood 'if caught or suspected of concealing...he would be taken off Suboxone and offered methadone'. Healthcare staff suspected the patient to be concealing medication and they were, therefore, entitled to act on that suspicion without requiring specific evidence. The Advisor has raised no concerns about the decision taken to stop Suboxone and felt this decision was clinically reasonable in light of the suspected non-compliance. The Ombudsman did not uphold this complaint.

### **(u) Complaint against Prison Health Services (Glasgow Corporate) xxxxx6415**

#### **Decision dated 27<sup>th</sup> March 2018 – Complaint Not Upheld.**

The complainant has complained about 1 issue:

**Issue 1:** The Board failed to provide the appropriate care and treatment regarding his hand and wrist pain.

The Ombudsman reviewed all documentation provided by the complainant and the Board. The Ombudsman also obtained independent medical advice from a GP advisor (the Adviser).

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**Issue 1:** The Ombudsman has carefully considered the evidence and independent advice received. The Ombudsman noted that the patient claimed he had damaged his ulnar nerve and underwent surgery to have it repaired a number of years ago; however, the Board have not been able to find any evidence to support this claim. The Ombudsman also noted that in the complaint to the board, the patient asked to be referred to Plastic Surgery Outpatients and it has been confirmed an appointment was arranged for 3 November 2017. Therefore, the Ombudsman has concluded that the Board had acted reasonably.

### (v) Complaint against GP Services (Glasgow NE) xxxxx1714 Decision dated 27<sup>th</sup> March 2018 – Complaint Not Upheld.

The complainant has complained about 2 issues:

**Issue 1:** The Practice failed to provide a reasonable standard of medical care and treatment.

**Issue 2:** The Practice failed to respond to the complaint in a reasonable way.

The Ombudsman reviewed all documentation provided by the complainant and the practice. The Ombudsman also obtained independent medical advice from a GP advisor (the Adviser).

**Issue 1:** During the investigation, the Ombudsman received detailed advice from a medical adviser about the issues of concern including decisions about treatment decisions and management. The Medical Adviser said the medical care and treatment provided to the patient was of a reasonable standard. The Ombudsman reached a decision based on evidence and on what information was available to the clinicians at the time in question without the benefit of hindsight. Having taken all the information into account, the Ombudsman is satisfied that the standard of medical care and treatment provided to the patient was reasonable, and did not uphold the complaint.

**Issue 2:** The Ombudsman carefully considered the complainants concerns and the advice received, the Ombudsman is satisfied that the Practice fully addressed the issues raised and took account of the clinical evidence available at the time and did not uphold the 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 shows the actions taken in each individual case that has been fully or partially upheld for the period 1<sup>st</sup> January – 31<sup>st</sup> March 2018. 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.

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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			<b>Improvements made to service access e.g.</b>
			<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			<b>Action plan(s) created and instigated e.g.</b>
			<input type="checkbox"/>	01	Lead Manager co-ordinating improvements
			<input type="checkbox"/>	02	Service review instigated
<input type="checkbox"/>			<input type="checkbox"/>	03	Service improvement identified
<input type="checkbox"/>	K03	COMMUNICATION			<b>Improvements in communication staff-staff or staff-patient e.g.</b>
			<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			<b>Conduct issues addressed e.g.</b>
			<input type="checkbox"/>	01	Conduct issues – discussed with staff
			<input type="checkbox"/>	02	Values/behaviour – agreed with staff
<input type="checkbox"/>	K05	EDUCATION			<b>Education/training of staff e.g.</b>
			<input type="checkbox"/>	01	Learning/training opportunities identified
			<input type="checkbox"/>	02	Training/development implemented
<input type="checkbox"/>	K06	NO ACTION REQUIRED			<b>No action required e.g.</b>
			<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			<b>Change to systems e.g.</b>
			<input type="checkbox"/>	01	Change – Booking system
			<input type="checkbox"/>	02	Change – Complaints reporting system
<input type="checkbox"/>	K10	SHARE			<b>Share lessons with staff/patient/public e.g.</b>

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Check Box	Code	High Level	Check Box	Code	Detail Descriptor
			<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"/>	<b>K11</b>	<b>WAITING</b>		<b>Review waiting times</b>	
			<input type="checkbox"/>	01	Review of waiting times

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Table 12 - Service Improvements Identified for Completed Complaints Partially or Fully Upheld (1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018)

Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
B2017/273	Patient unhappy with the medication he is receiving	Partially Upheld	Action Plan	K02-01: Action Plan - To speak to nursing staff involved in relation to communications/listing of patients for GP appointments. An apology has been given to the complainant and an appointment for next available clinic.
ECY17-15	Too long to wait for autism assessment	Fully Upheld	Communication	K03-01: Communication - Early engagement/resolution with complainant. Service Manager has spoken with the complainant and advised she will receive an appointment letter within the next couple of days. The complainant is happy with this outcome. Appointment given.
ECY17-19	Lack of support from CAMHS particularly around arranging an appointment	Partially Upheld	Access, Communication	K01-04: Access - Take complaint to next north OMG to discuss with respective leads. OMG to review the complaint letter from a patients/ relatives perspective and journey through our service. K03-04: Communication - Ask that the OMG review their decision making process in relation to this case and CAPA. Ask the OMG to detail in an action plan any lessons learned actions to go forward and changes they will make as a direct result. Discuss the actions and learning points with mother.
ECY17-21	Suffers from anxiety and refuses to go to school. phoned CAMHS and were told they are short staffed and are unable to see patient	Partially Upheld	Access	K01-04: Access - A referral for a detailed autism assessment has been arranged for the 1st July 2017. Also been referred with consent to Caidwells Children, a third sector organisation who provide 'buddying' services to young people who struggle with socialisation.
ECY17-22	Unhappy with amount of cancelled/not attended appointments by SLT therapist. Previous complaint not followed up.	Fully Upheld	Action Plan, Communication, Conduct, Education	K02-02: Action Plan- Team consisting of a single qualified practitioner will be addressed through service review. K03-05: Communication- Managers to ensure good communication with parents on central list for Makaton training, which is held until sufficient numbers collated. K04-01: Conduct- Will feed back clinician directly via their operational management structure, the impact that diary

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				management; lack of clarity re care and timescales for further appointments; professionalism regarding timing of phone calls; being accompanied at home visit by others when not arranged and not seeking to resolve the situation at an earlier stage had on the family. K05-02: Education- The complaints policy, early resolution and not relying on electronic patient systems to communicate about complaints will be highlighted to SLT staff and administrative support.
ECY17-23	Unhappy with SLT report - introduction of new 'ipad' activity trial and assumption that the family can mind read what daughter wants without asking her.	Partially Upheld	Communication, Share	K03-01 - Meeting arranged to discuss intervention so far and agree an action plan for future care plan. Discussed some of the methodologies already discussed or used such as PECS and ipad and that this will require further discussions around what Speech and Language Therapy has to offer or can offer. K10-01 - Notification of discharge from service was not appropriate and apology was given for this.
G2017/048	Patient would like her medication reconsidered.	Fully Upheld	Communication	K03-01:- Communication, early engagement. Issue was discussed with MO and it was agreed to continue her medication for another 3 weeks.
G2017/049	Complainant believes he has been waiting too long to see a Psychologist.	Fully Upheld	Communication	K03-01:- Communication, early engagement - Referral was made to psychology in March and this has been followed up and patient will be reviewed by local mental health team.
G2017/050	Complainant unhappy he is not being prescribed medication he was receiving from his own GP.	Fully Upheld	Communication	K03-01:- Communication, early engagement - Patient was seen by MO and addictions staff have been engaged.
G2017/053	Patient states he is not receiving his medication on time and when speaking to nurses about it they do not get back to him.	Fully Upheld	Communication	K03-01: Communication - Lead nurse met with patient to advise he will receive medications as per prescription.
LM2017/179	Patient is not happy his medication is getting reduced until he's not on them.	Partially Upheld	Share	K10-01 Learning points shared with teams - Apologies to patient as the health care staff did not inform the patient of the changes to his prescription.

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LM2017/194	Patient is unhappy his medication has been stopped.	Fully Upheld	Share	K10-01 Learning points shared with teams - Discussion point for team meeting to advise staff to ensure when ordering medication to check review dates. Discussion point for team meeting to advise staff when removing kardexs from GP to order any new or reviewed medication.
LM2017/198	Patient is not happy that he never got his medication that his GP in community prescribed him.	Partially Upheld	Share	K10-01 Learning points shared with teams - Will request GP's record discussion with patients more fully when discontinuing medication
LM2017/201	Patient is not happy his optician appointments continue to be rescheduled.	Partially Upheld	Access	K01-03 Appointment times - Apologies given to the patient and a new appointment time. His appointment had to be rescheduled due to operational issues and time constraints.
LM2017/207	Patient claims that he has not been receiving his medication in time	Fully Upheld	Waiting	K11-01 Review of waiting times and ordering process to be discussed at next meeting.
LM2017/212	Patient wants medication on time.	Fully Upheld	Share	K10-01: Share-Learning points shared with teams to ensure when orders do not come in that this is raised in the handover so the pharmacy can be contacted at the earliest opportunity to resolve the matter.
LM2017/221	Patient is not happy he ordered his medication and no received them.	Fully Upheld	Waiting	K11-01 Review of waiting times - Patient has received an apology. A review of waiting times and ordering process to be discussed at next meeting.
LM2017/222	Patient is not happy his medication is constantly late.	Fully Upheld	Share	K10-01 Learning points shared with teams to ensure when orders do not come in that this is raised - so the pharmacy can be contacted at the earliest opportunity to resolve the matter.
LM2017/234	Patient not happy about not getting his medication.	Partially Upheld	Share	K10-01 Learning points shared with teams to ensure when orders do not come in that this is raised - so the pharmacy can be contacted at the earliest opportunity to resolve the matter.
LM2017/235	Patient wants his medication in possession.	Partially Upheld	Share	K10-01 Learning points shared with teams to ensure when orders do not come in that this is raised - so the pharmacy can be contacted at the earliest opportunity to resolve the

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				matter.
LM2017/239	Patient still not got his medication and is in pain.	Partially Upheld	Share	K10-01 Learning points shared with teams - Every effort will be made to ensure medications are administered on due date - the MHT will take this forward.
LM2017/244	Patient not happy about when he is getting his medication.	Partially Upheld	Share	K10-01 Learning points shared with teams - Every effort will be made to ensure medications are administered on due date.
LM2017/245	Patient wants his medication at lock up time.	Partially Upheld	Share	K10-01 Learning points shared with teams - Every effort will be made to ensure medications are administered on due date - the MHT will take this forward.
LM2017/248	Patient not happy with his medication and treatment.	Partially Upheld	Share	K10-01 Learning points shared with teams - Every effort will be made to ensure medications are administered on due date - the MHT will take this forward.
LM2017/258	Patient not happy with health care.	Partially Upheld	Share	K10-01 Learning points shared with teams - Every effort will be made to ensure medications are administered on due date - the MHT will take this forward.
LM2017/259	Patient no happy with the mental health team.	Partially Upheld	Share	K10-01 Learning points shared with teams - Every effort will be made to ensure medications are administered on due date - the MHT will take this forward.
LM2017/261	Patient wants to see the doctor ASAP.	Partially Upheld	Share	K10-01 Learning points shared with teams - An apology has been given to the patient who has now been seen by the doctor.
LM2017/262	Patient wants his medication day to go back to a Tuesday.	Partially Upheld	Share	K10-01 Learning points shared with teams - An explanation was given to the complainant regarding timelines when he is ordering his medication. This outcome has been shared with the team.
LM2017/269	Patient wants his medication.	Partially Upheld	Share	K10-01 Learning points shared with teams - Patient had a consultation with the GP where the GP explained to the patient that he would be stopping his mirtazapine and upping the dose of his amitriptyline because the patient is



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				also on anti-depressants. Apologies also go to the patient for the delay in him getting his medication.
LM2017/270	Patient wants to see the Doctor.	Fully Upheld	Share	K10-01 Learning points shared with teams - When the GP round is facilitated any complaints of pain etc from patients should be dealt with and not advised to submit a referral for a GP appointment. This has been discussed with the GP. An apology has been given to the patient.
LM2017/273	Patient wants to see the doctor and the dentist.	Partially Upheld	Share	K10-01 Learning points shared with teams - An explanation and apology has been given to the patient as the GP appointment did not take place.
LM2017/278	Patient medication has no been ordered.	Partially Upheld	Share	K10-01 Learning points shared with teams - There was no entry from the doctor to say why the patient's appointment did not take place. An urgent doctor's appointment and an apology has been given to the patient.
LM2017/279	Patient wants his medication.	Fully Upheld	Share	K10-01 Learning points shared with teams - An explanation and apology has been given to the patient for the late delivery of his medication.
LM2017/292	Patient not happy about not getting his medication.	Fully Upheld	Share	K10-01 Learning points shared with teams - An explanation and apology has been given to the patient.
LM2017/300	Patient wants seen by a Doctor on the day he is told.	Partially Upheld	Share	K10-01 Learning points shared with teams - Apologies to patient as he was not seen on the date he was meant to however, an appointment was made straight away.
LM2017/301	Patient wants his prescribed medication on time without any screw ups.	Partially Upheld	Share	K10-01 Learning points shared with teams - An explanation and apology has been given to the patient.
LM2017/303	Patient wants his medication on the correct day.	Fully Upheld	Share	K10-01 Learning points shared with teams - An explanation and apology has been given to the patient regarding the delay in receiving his medication.
LM2017/329	Patient not getting his medication.	Partially Upheld	Communication	K03-02: Communication - Patient has been given an appointment to see the GP regarding his medication. An explanation and apology has been given to the patient.

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LM2017/346	Patient not happy he did not get his medication.	Fully Upheld	Share	K10-01 Learning points shared with teams - An explanation and apology has been given to the patient.
NE278	Mother feels if daughter's head was measured regularly then this would have prevented life threatening surgery and she has constantly had to contact HV for a home visit.	Partially Upheld	Education	K05-01: Learning/Training opportunities identified. To provide information session on Hydrocephalus and share with other Team Leader. TL discussed with HV re: caring behaviours and reflection on the incident and any alternative strategies for managing patients expectations.
NE280	Daughter is upset that her mother is in hospital following an assault by a patient and lack of response from nursing staff.	Partially Upheld	Education, Policy	K05-01-Education-Learning/training opportunities identified. SCN will review engagement activities with patients, Staff training on the range of incontinence aids, SCN will ensure assessment and care planning of incontinence. The importance of ensuring appropriate information for relatives about physical healthThe importance of consistent and clear information for relatives on patient healthSCN to remind staff of safe holding techniques and least restrictive options and recording of these. SCN to remind staff to provide clear explanation and reasons for restraint and safe holding. K07-01: Awareness raising of covert medicine policy and of old age liaison psychiatry.
NE282	Mother is concerned that son was moved to another ward without notice.	Fully Upheld	Communication	K03-04 - Communication - Agenda for Team Meeting Charge Nurses to speak to all staff to review written protocols around patient transfers to prevent re-occurrence
NW1722	Found receptionist rude & unhelpful at Resource Centre, and would like to complain against the doctor who would not give you an appointment.	Partially Upheld	Share	K10-01: Share - Staff to be made aware of importance of correct admin procedures re: letters being typed following consultations to ensure referrers are notified. This usually occurs been unable to find out how this did not occur on this occasion. Temp admin staff in post at time is possible reason.
NW1723	Complainant unhappy with the attitude, the lack of care, respect and compassion	Fully Upheld	Education	K05-01: Education - Learning/training opportunities identified. The HCA has agreed and will attend a course

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	<p>from a nurse and nursing assistant while they attended her husband who was receiving end of life care.</p> <p>The RN had been commissioned by community services from the nurse Bank NHS GG&amp;C, this part of the complaint has been forwarded to be investigated by the nurse bank manager.</p>			<p>which focuses specifically on communication skills, verbal and non-verbal cues and compassionate care.</p>
NW1728	<p>Complaint re: Short Term Detention Order at Gartnavel Hospital and the contents of the Short Term Detention Certificate.</p> <p>Complainant believe's the process was not followed under The Mental Health (Care &amp; Treatment) (Scotland) Act 2003 and as a result rights as a patient were abused.</p>	Partially Upheld	Share	<p>K10-01: Share - Discussions and learning points shared with relevant team. Investigator had discussions with the doctor around the contents of the Short Term Detention Certificate and has agreed to partially uphold this aspect of the complaint.</p>
NW1730	<p>Complainant unhappy about how she was treated when attending for a treatment room appointment to have blood taken. Due to mix up with paperwork no blood taken. Complaint regarding process and manner of nurse and manner of receptionist.</p>	Partially Upheld	Communication	<p>K03-01: Communication - Reflective practice-body language, communication. Awareness of GPs of issues caused when patients are not on GP Coms. Awareness as to contents of letters requiring accuracy. NTL- has already raised GP Comms issue with GPs through email and face to face meetings with practice managers. In addition, Senior Nurse has raised with Clinical Director who has contacted GPs in relation to this issue. Discussion with Practices re the content of letters advising TR appointment's awareness email from Senior Nurse or CD.</p>
NW1733	<p>Patient is complaining regarding the situation with disabled parking at Drumchapel Health Centre. Unable to get a space despite having a disabled parking permit. None of the cars in the disabled spaces on his last visit had a disabled badge.</p>	Fully Upheld	Communication	<p>K03-03: Communication - Ensure database detailing staff car registrations is up to date. Ensure staff/caretaker at reception in Drumchapel HC are aware of process in place and how to escalate to Manager. Ensure Caretaker is monitoring the Car Park and highlighting to Manager if any staff are parked unauthorised in car park. Car Parking Policy sent round staff in Centre. Communication with West Centre Administrator to ensure joint working as shared car park. Take to User Group to ensure awareness and</p>

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				communication to all staff groups, as have no car park attendant and Care takers will not approach users of the car park
NW1738	Sister of patient has concerns about sister's care	Fully Upheld	Communication	K03-01: Communication /Early engagement-resolution with complainant - We have implemented a new care plan, in collaboration with the named nurse, to address the specific care needs and have assured her that we will be able to provide any necessary continence aids whilst her sister is in our care.
NWS3217	Client experienced problems when contacting the service to make an appointment.	Fully Upheld	Access	K01-04: Access-Patient pathway/journey -The service has experienced on-going problems with its phone line and a new up-graded telephone system is due to be put in place by the beginning of June 2017.
NWS3417	Client attended clinic late for her appointment and was refused to be seen.	Fully Upheld	Share	K10-01: Share - Learning points to be shared with team. Staff acknowledge that client could have been seen, an apology has been given to the client.
SO17/17	Complainant was unhappy following a change of continence products and wanted to request an alternative product.	Fully Upheld	Share	K10-01: Share - An explanation was given to the complainant regarding problems with supply of this product, the complainant has now been supplied with the preferred alternative product. This outcome has been shared with the team.
SO19/17	Complainant unhappy that about treatment plan and lack of support for her partner.	Partially Upheld	Communication	K03-03: Communications - Staff suggestions for improvements-Discharge pathway will be taken forward by the South Management Team-Crisis staff attitude will be taken forward by the Service Manager.

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
B2017/405	Patient unhappy that he has not received an appointment to see the GP	Fully Upheld	Access	K01-04 - Patient pathway journey - Health Centre Manager has raised concerns of delays in reviewing patient kardex's with Lead GP. Hall nursing staff should have documented referrals on vision but Vision was down.
B2017/437	Patient unhappy that he has not received pain relief medication for his back pain	Partially Upheld	Communication	K01-03 Communication Staff improvements, review of GP waiting times/Process within prison health care
B2017/457	Patient unhappy that he has not been receiving the correct medication and is unhappy about the waiting time to see a GP.	Partially Upheld	Communication	K01-03 - Communication - Staff Improvements - review of GP waiting times/Process within prison health care
B2017/492	Patient unhappy that he has not received an appointment with the GP.	Partially Upheld	Communication	K03-02 Meet with complainant, review of GP appointment process within prison health care
B2017/505	Patient unhappy with the treatment he has received with his ankle injury.	Partially Upheld	Access	K01-04: Access-Patient Pathway/Journey. An apology has been given to the patient for not being taken for an x-ray earlier. This complaint will be discussed with the Practitioner Nurse and Lead GP within 1 week to discuss the lack of documentation regarding the patient's ankle injury.
B2017/514	Patient unhappy he has not received an appointment with the GP.	Partially Upheld	Communication	K03-02: Communication-Meeting complainant/Provide explanation. An apology was given to patient together with the reasons why his GP clinic was cancelled and rescheduled several times.
B2017/532	Patient unhappy with the treatment he has received and that he has not received his medication.	Partially Upheld	Access	K01-04 - review of GP appointment process within prison health care
B2017/539	Patient unhappy that he has not received his medication on time.	Fully Upheld	Communication	K03-02 Communication - pharmacy staff met with patient to explain the error and apologise. Offered patient an opportunity to receive his medication supervised to stop any future delays.

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B2017/600	Patient unhappy with the treatment he has been receiving and that he has not received his medication.	Partially Upheld	Access	K01-03 Access appointment times, review of GP appointment process and waiting times
ECY1724	1. Complainant feels her son should of had his ASD assessment carried out by an impartial clinician that doesn't know her son already. 2. Complainant feels that any post appointment reports she has received do not match what she had said and heard at the appointment. 3. Complainant also feels the psychologist asked her very little about her son's activities/likes/dislikes and focusing mainly on anxiety.	Partially Upheld	Communication	K03-02: Communication-Meeting complainant-Provide explanation - The Service Manager and Psychologist are meeting with the complainant to discuss her concerns and offer a more detailed discussion on the assessment of her son's needs and strategies that may help her further.
G2017/078	Complainant just transferred from another establishment with an open complaint regarding her medication not being prescribed as was with her GP in the community.	Partially Upheld	Communication	K03-01:- Early engagement and resolution with patient - Patient was advised that the new medication was effectively the same but under a different name. Apology issued
G2017/080		Fully Upheld	Communication / Policy	K03-02 Meeting Complainant - An apology and explanation was given to complainant re breakdown of procedure. K07-01 Policy Procedure Review - Regarding the communications between the community GP and Healthcare staff in HMP Greenock which led to the delays.
LM2017/203	Patient didn't receive his medication when he was supposed to.	Partially Upheld	Share	K10-01: Share- Learning points will be shared with staff members at next team meeting.
LM2017/288	Patient wants his prescription fixed or listed for the GP.	Fully Upheld	Share	K10-01: Share - Share learning points and highlight issues with team and GP.
LM2017/313	Patient not happy about his treatment and wishes to see a senior member of staff.	Partially Upheld	Share	K02-01: Action Plan - Lead Manager co-ordinating improvements regarding the aspect of lack of communication - this will be discussed at next team meeting.

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LM2017/316	Patient wants provided with medical care.	Partially Upheld	Access	K01-03: Appointment Times - Patient received an apology regarding not being seen in the treatment room when he expected to. This issue will be discussed at next team meeting.
LM2017/322	Patient wants his medication sorted out.	Partially Upheld	Communication	K03-05: Communication - The patient has now received an apology and explanation of the error in his prescribed medication.
LM2017/334	Patient wants his prescribed medication.	Partially Upheld	Communication	K03-05: Communication-Patient Involvement - Patient received an apology for error in his prescribed medication together with an explanation of the error.
LM2017/335	Patient wants a nurse to look at his leg because it is swollen and very painful.	Fully Upheld	Waiting	K11-01: Review of waiting times - The issue of excessive demands of the treatment room will be discussed at next team meeting.
LM2017/338	Patient would like to see the GP and for his care plan to be followed up.	Partially Upheld	Action Plan	K02 03 Service Improvement Identified
LM2017/347	Patient want the medication the he is prescribed.	Fully Upheld	Share	K10-01 Learning points shared with teams
LM2017/392	Patient claims he has been took off hep-c treatment with no explanation. Patient also not happy how he is getting his methadone.	Partially Upheld	Share	K10-01: Share learning points and highlight issues with team and GP.
LM2017/399	Patient did not get his prescribed medication.	Partially Upheld	Communication	K03-03: Communication - To raise issues with staff and suggestions for improvement.
LM2017/403	Patient is complaining about the length of time he has waited to see a Dentist.	Fully Upheld	Access	K01-03: Access - Appointment Times to be discussed at next staff meeting.
LM2017/425	Patient claims that he has not been prescribed the appropriate medication for his pain and the length of time waiting for a GP appointment.	Partially Upheld	Access	K01-03: Appointment times - The patient has now been seen by the GP. An apology has been given to the patient for the length of time he has waited to see the GP.

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LM2017/434	Patient unhappy about the length of time he has waited to see the dentist.	Fully Upheld	Waiting	K11-01 Review of waiting times required - Patient received apology for the length of time he has waited for the dentist. He has now been seen and treated by the dentist.
LM2017/452	Patient complaining of shoulder pain and has already 2 complaints for the same under investigation.	Partially Upheld	Access	K01-03: Access/Appointment times - An apology was given to the patient regarding the oversight of him not seeing the GP on his appointment date.
LM2017/454	Patient claims that he did not receive all his detox.	Fully Upheld	Communication	K03-04: Communication - Email to be circulated reminding staff to document information regarding medication not being dispensed. Will discuss this complaint at next team meeting
LM2017/459	Patient unhappy as he has not received his medication with no explanation.	Partially Upheld	Communication	K03-03 - Communication - Staff suggestions for improvement - this issue will be highlighted at the next team meeting.
LM2017/464	Patient wishes to complain about the delay in receiving his prescribed medication.	Partially Upheld	Communication	K03-03 - Communication - Staff suggestions for improvement - this issue will be discussed at next staff meeting.
LM2017/471	Patient claims that he was at the dentist and the dentist wouldn't do any treatment due to patient having chest pain. Patient wants to see the Dentist.	Partially Upheld	Access	K01-03: Access -Appointment times: The clinic ran over. Patient has been re-listed for dentist.
LM2017/472	Patient claims that he was prescribed medication by the GP and has not received it yet.	Partially Upheld	Communication	K03-03: Communication - This issue will be addressed at next staff meeting, staff suggestions for improvement.
LM2017/493	Patient wishes to see the psychiatrist regarding his medication	Fully Upheld	Communication	K03 02 Meeting complainant - Provide explanation and apology to patient.
NE286	Wife complaining about the treatment her husband received when having his catheter changed.	Fully Upheld	Access, Action Plan, Communication, Education, Share	K01-04: Access -Guidance to be developed for SPOA Triaging of referrals and prioritising patients with pain which would include catheter pain being scheduled a visit as priority for assessment and care as required. K02-01: Action Plan to implement CAUTI (Catheter Acquired Urinary Test Infection) Bundle for Management and maintenance of Catheters.



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				<p>K03-03: Communication -Staff will be involved in developing guidance for SPOA triaging locally to improve communication.</p> <p>K05-01/02: Education - Implementation of CAUTI for Management and Maintenance of Catheters. Record Keeping Training and Guidance Training for Staff.</p> <p>K10-01: Share-All learning to be shared at Team Meetings.</p>
NE288	Daughter is unhappy that mother has extensive bruising which is not consistent with a fall.	Partially Upheld	Communication, Education	<p>K03-04: Communication - To ensure application of Policy/Guidance by all staff. To ensure all staff fully aware of the Safe and Supportive Observation Policy and comply with policy and this is fully implemented within the ward and adhered to day and night.</p> <p>K05-01 - Education - Staff complies with standards. Same under review. Staffing enhanced due to care group</p>
NE289	Daughter is concerned with injury to father's wrist and that his dressings were not changed regularly.	Partially Upheld	Education	<p>K05-01 – Learning/Training Opportunities identified: Staff must ensure clear and accurate documentation required regarding wound care both in physical health sheet and chronological account of care. All nursing staff must ensure that prescribed nursing care must be carried out as detailed in care plan. All nursing staff must be aware of and adhere to Tissue Viability guidelines. Tissue viability should be contacted for advice if required.</p>
NE290	Patient and husband complaining about alarm being put at bedsides for emergencies, wife was told aggressively to put clothes on and was not provided with her supplement drinks.	Partially Upheld	Share	<p>K10-01 - Share - Learning Points Shared with Teams Senior Charge Nurse will remind nursing staff to encourage patients to take adequate food and fluids and where possible provide access to patients own food.</p>
NE291	Patient is unhappy with the length of time she waited at her appointment and has requested a change of consultant due to his attitude	Partially Upheld	Communication	<p>K03-05 - Communication - Patient Involvement Service Manager telephoned patient and agreed to change consultant.</p>

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NE298	Husband has requested medical supplies for his terminally ill wife but has been informed that they should come from North Lanarkshire NHS and he has had to pay for them.	Fully Upheld	Action Plan	K02-01 Action Plan - Lead Manager Co-ordinating Improvements. Contenance Service has been asked to contact Nurse Team Lead or Senior Nurse Manager if there are any issues with referral to service. Information regarding boundaries will be re-circulated widely across NHS Glasgow
NE299	Patient complaining about the attitude of staff.	Fully Upheld	Action Plan	K02-01 - Lead Manager co-ordinating improvements. Service Manager telephoned complainant to apologise and advise that staff member will be removed from son's care. Complainant was happy with the outcome.
NW1736	Complaint re appointment system and waiting time	Fully Upheld	Access	K01-04: Team lead to remind all staff that if client expresses specific problems in accessing services an appropriate degree of flexibility should occur for ease of access to service.
NW1740	Complainant emailed on behalf of local residents association who are unhappy with staff parking in residents parking bays.	Fully Upheld	Communication	K03-01: Communication resent to staff around parking in appropriate areas only, staff travel plan re-circulated.
NW1742	Complaint re behaviour of treatment room nurse.	Partially Upheld	Conduct	K04-02: Treatment Room Nurse has been reminded to read the NMC Code of Conduct and to act in a professional manner at all times.
NW1743	1. Complainant was informed by a secretary that the doctor would call her back- this did not happen. 2. Complainant believes that the patients discharge and discharge follow up arrangements were inappropriate. 3. Complainant feels that communications from the doctor towards her nephew were inappropriate.	Partially Upheld	Communication	K03-04: Communication - Service Manager will raise learning points at next team meeting and discuss with the doctor.
NW1748	1. Complainant wants to appeal the decision re: her mother not qualifying for palliative care in St Margaret's Hospice. 2. Complainant wants a second opinion, if possible on the decision made.	Partially Upheld	Communication	K03-04: OPMH Lead Clinicians to highlight this case to consultant colleagues as there has been poor communication throughout.

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	<p>3. Complainant unhappy the family was not made aware that DME, Geriatrician assessed mother at Iona House.</p> <p>4. Complainant unhappy the referral from the Doctor did not disclose her mother's full medical history.</p> <p>5. Complainant states there has been poor communication throughout.</p>			
NWS5117	Client attended for a procedure which she had had before and found it painful and was in discomfort for a significant period of time. Also doctor unaware of needle phobia and scared patient.	Fully Upheld	Communication	K03-01: Staff should use language which is realistic about potential complications, but is not unnecessarily alarming. Staff should acquaint themselves with the patient's history before calling them in, to ensure sensitivity to any specific anxieties.
NWS5317	Client over looked at clinic.	Fully Upheld	System	K09-01: The booking system will be discussed at next team meeting.
NWS5417	Parent of client phoned to complain about the waiting time to be seen at clinic.	Fully Upheld	Communication	K03-01: All aspects of this complaint to be discussed at next team meeting with the view to service improvements.
NWS5617	Client concerned about delay in the treatment plan.	Fully Upheld	Access	K01-03: Access-Appointment Times - Apologised for this oversight to client and assured them I will speak to the staff to ensure this doesn't happen again. Client happy with this response. Gave the client an appointment for 06/09/17 for a medical review.
NWS5717	Client experienced problems when phoning the switchboard to make an appointment, she held for a considerable length of time and then the call was terminated.	Fully Upheld	Access	K01-01: Access - We are currently looking to resolve this issue with our new system.
NWS5817	Patient attended clinic in Pollok. Waited too long for appointment and discovered she was not in the system as receptionist she saw was not for Sandyford and message not passed on.	Fully Upheld	Communication	K03-01: Communication - Letter sent with apology and an alternative appointment. Reception staff have been asked to be more careful when passing messages and the doctor is reflecting on use of language.

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	Doctor who saw patient frightened her with story of how painful a coil can be and said her personality meant it would be too much for her.			
NWS5917	Client unhappy at delay in treatment caused by being given appointment for wrong clinic.	Fully Upheld	Access	K01-04: Staff will be reminded about the importance of ensuring the correct appointments are given.
NWS6617	Patient appealed for more electrolysis for the removal of facial hair	Fully Upheld	Access	K01-04: Patient has had referral form sent in for assessment of whether additional electrolysis is appropriate.
NWS6717	Patient was sent to wrong location by mistake. Then had second appointment cancelled. Wants cancelled appointment reinstated.	Fully Upheld	System	K09-01: Admin staff asked to take extra care when inserting locations of clinic into appointment letters.
NWS6917	Patient unhappy that she had an appointment that she thought was to have a procedure and in fact was to discuss the procedure. Second appointment given but also unhappy that she cannot bring her baby with her while she has the procedure.	Partially Upheld	Communication	K03-01: Communication - Patient was telephoned and had full situation explained. She is happy with explanation.
NWS7017	Client unhappy at not being able to get through on the telephone. Had to come round in person	Fully Upheld	Access	K01-01: Phoned client and explained there had been technical difficulties and gave an apology. Client happy.
NWS7117	Patient complained that he was not given treatment he should have been given.	Partially Upheld	Communication	K03-01: Communication - Apologised to patient and offered a further assessment, patient happy with this outcome.
SO26/17	1. The complainant is unhappy regarding the response she received from the OOHCPNS appeared to be based on a desire to meet current target times as opposed to the safety of my daughter.	Fully Upheld	Communication	K03-03: Communication to staff with regard to appropriate comments and language when dealing with patients and relatives and strategies for dealing with stressful situations.

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	2. The complainant is unhappy at the reluctance to assess her daughter in person and feels there was no consideration for the health and wellbeing of her daughter.			
SO28/17	Complainant is concerned about the Crisis Team and the lack of contact with her brother and her since his discharge from hospital. She claims they have breached his confidentiality by leaving a message for him on a friend of hers mobile. She is concerned about their processes when patients do not respond to telephone calls. She has concerns over staff attitude.	Partially Upheld	Communication	K03-03: Communication to staff to remind them of appropriate language with patients and relatives.
SO31/17	The complainant is unhappy that her sister has had multiple appointments cancelled at short notice and has had no support over this time.	Partially Upheld	Communication	K03-01 - Provide letter to patient advising procedure for accessing help and support. Provide instruction to CPN to contact patient if appointments are to be cancelled to ensure patient is contacted.
SO35/17	Staff attended patient at London Road police station where he told police officers that he had medication within his property and asked that NHS staff were alerted to this to enable him to take it. He says that despite two nurses assessing him he did not receive his anti-retroviral medication although was given other prescribed medication.	Partially Upheld	Communication	K03-03: Communication - Nurse practitioners given advice re communication between themselves and police staff

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
B2017/636	Patient unhappy that he has not received his medication on time.	Fully Upheld	Access	K01-04 Access - Patient pathway/journey: To discuss with hall nurses and reiterate the importance of ordering medications in advance to prevent patients going without medication.
B2017/742	Patient states that he has not received his medication after putting in several referrals.	Fully Upheld	Access	K01-04: Access - Staff to ensure kardex available to GP when patient being reviewed to avoid any errors or delays - this will be discussed at next team meeting.
B2017/755	Patient is unhappy that his medication has reduced without his prior knowledge	Fully Upheld	Access	K01-04: Patient Pathway/Journey - All prescribers are to be updated with prescribing guidelines.
B2017/767	patient unhappy at amount of medication received	Partially Upheld	Communication	K03-04: Staff to ensure no delay in prescription orders from GP - this will be discussed at next staff meeting.
B2017/771	Patient unhappy at not receiving pain killers and sleeping tablets.	Partially Upheld	Communication	K03-04: Staff to ensure new prescriptions by GP are ordered as soon as possible to avoid any delay in patients receiving medication, this will be discussed at next staff meeting.
B2017/799	Patient unhappy with delay in receiving medication.	Partially Upheld	Access	K01-04: This issue will be highlighted at staff meeting to promote better communication between pharmacy staff and healthcare staff.
B2017/803	Patient unhappy that he has not been receiving the correct amount of medication.	Partially Upheld	Access	K01-04: This issue will be discussed at next staff meeting to promote better communication between pharmacy staff and healthcare staff.
B2017/807	Patient unhappy he has not been receiving his medication on time	Partially Upheld	Communication	K03-04: This issue has been discussed and highlighted with pharmacy staff.
ECY17-25	Complaint regarding the disclosure of personal information and breach of privacy from various CAHHS clinicians to social work.	Partially Upheld	Policy	K07-01: A review of the guidance regarding the taking and recording of consent, both from parents and carers, and from young people who have the capacity to consent. To reissue that guidance to all CAMHS staff.
ECY1727	Patient not happy with the way her original complaint was handled or the response letter received.	Partially Upheld	Conduct	K04-01 - Conduct: Agreed actions from disciplinary meetings being taken forward.

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ECY17-28	Unhappy with her daughter's patient journey through CAMHS, ICAMHS, A&E and Gartnavel during mental health crisis.	Partially Upheld	Action Plan	K02-01: ICAMHS Team Leader make contact with all locality teams and with the Out of Hours Service to determine if there is any further training and or updates required to reduce the risk of referrals being delayed in the future.
ECY17-32	1. Theft off possessions from daughter room in ward. 2. A concern over decrease in therapy.	Partially Upheld	Communication	K03-04: Team reminded of the guidelines and procedures for keeping the patient and their family updated on care plan and any changes and the reasons why.
G2017/095	Patient is upset because she had a smear test in the prison and her results were sent out to her mother's address.	Fully Upheld	Action Plan	K02-03:- Investigation has resulted in a service improvement being identified. Sandyford clinic will be advised of this outcome.
G2017/119	patient has not been seen by the psychologist	Partially Upheld	Waiting	K11-01: This complaint will be discussed at next team meeting, waiting times will be reviewed.
LM2017/475	Patient claims that the facts in feedback LMF2017/290 are inaccurate and that he wants his medication and a copy of the policy on Gabapenton	Partially Upheld	Communication	K03-02: Met with complainant to provide explanation.
LM2017/489	Patient claims that he hasn't received his medication.	Partially Upheld	Communication	K03-03: Staff suggestions for improvement to be discussed at next meeting.
LM2017/497	Patient thinks he may have the symptoms of throat cancer and wants to see the GP.	Partially Upheld	Action Plan	K02-03:Service Improvement identified: Health Care Manager to raise with Clinical Lead for GP's the need to accurately record the reason for referral and outcome as part of the GP notes on Vision
LM2017/502	Patient claims that he has received a note through his door regarding a GP appointment and is unhappy with the time he has to wait to see the GP.	Partially Upheld	Communication	K03-02: Meeting complainant – Provide explanation
LM2017/509	Patient wants to receive his medication as and when it is due.	Partially Upheld	Communication	K03-02: Meeting complainant – Provide explanation.
LM2017/516	Patient claims that he is not getting treated with fairness and truthfulness.	Partially Upheld	Communication	K03 02 Meeting Complaint - Provide Explanation
LM2017/521	Patient claims that he didn't have any privacy with the Mental Health Nurse. Patient claims that he has not received his	Partially Upheld	Communication	K03-02: Meeting complainant - Provide explanation.

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	medication.			
LM2017/522	Patient claims that he has not received his medication.	Partially Upheld	Communication	K03-02 Meeting Complaint - Provide Explanation.
LM2017/523	Patient claims that he arrived at low moss last week and that he was to receive a diazepam detox and not a codeine detox.	Fully Upheld	Communication	K03-02: Meeting complainant – Provide explanation
LM2017/545	Patient claims that he should have been seen in the Treatment room for his leg would and this is not happening.	Partially Upheld	Action Plan	Ensure any medication brought in via admission is recorded in patients notes
LM2017/548	Patient unhappy with his treatment from the health centre.	Partially Upheld	Action Plan	K02-03: Implementation of Hall Nursing process/new attendance process will resolve this.
LM2017/559	Patient claims that he has not received his weekly medication	Fully Upheld	Share	K10-01: As a result of discussions at team meeting - further discussions will be arranged with the Administration Team and HCM to establish feasibility of all service improvement suggestion.
LM2017/563	Patient claims that he has been taken off his medication and doesn't know why, patient also claims there was an ophthalmic appointment mislaid by staff.	Partially Upheld	Access	K01-04: This complaint will be discussed at next team meeting together with a review of medication processes.
LM2017/573	Patient claims that he was in pain and the healthcare team did not help him.	Partially Upheld	Action Plan	K02-03 - Service Improvement Identified, ensuring any medications brought in via admissions being recorded in patient notes, to be discussed at next staff meeting.
LM2017/587	Patient wants a hospital appointment.	Fully Upheld	Communication	K03-03: To arrange further discussions with staff regarding suggestions for service improvements.
LM2017/588	Patient wants to see the Dentist ASAP.	Fully Upheld	Action Plan	K02-03: Further discussions will be arranged between staff members and regarding suggestions around closer monitoring of urgent dental waiting list by admin staff.
NE304	Mother is complaining about members of staff and their conduct. She is also upset that she has been given a new HV without consultation.	Partially Upheld	Communication	K03-01 - Early Engagement/Resolution with Complainant Mother and child's care has been transferred back to previous HV.



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NE311	Husband unhappy with CMHT Appointment System.	Partially Upheld	Action Plan	K02-01 - Action Plan - Manager will investigate fault in telephone system to minimise risk of occurring in the future.
NE313	Patient's complaint is regarding his Consultant whom he feels he is not engaging with.	Fully Upheld	Communication	K03-01: Communication - Early engagement/resolution with complainant- The patient has been offered an appointment with a different consultant - patient is happy with this outcome.
NE317	Complainant would like to be assessed by another member of staff.	Fully Upheld	Communication	K03-01 - Communication - Early Engagement/resolution with complainant Patient has been given a new appointment and will be assessed by a different Charge Nurse.
NE319	Daughter is complaining that doctor had no empathy or compassion for her mother's condition.	Partially Upheld	Communication	K03 - 01 - Communication - early engagement/resolution with complainant.
NW1751	Allegations of bullying against staff in ward towards brother	Partially Upheld	Communication	K03-03: Communication – To share findings with ward management team and professional nurse advisor. Audit application of Triangle of Care within affected ward. Meet with SCN and CN to raise issues and discuss proposed actions. Raise at management communication meeting and local ward business meeting
NW1753	Patient unhappy with treatment during room search, comments made by staff nurse and follow on incident regarding throwing water.	Partially Upheld	Communication	K03-04: Communication - Re-circulation of Search Policy and this will be raised at hospital communications and ward business meetings.
NW1754	Patient feels that the telephone call- back system in operation at PCMHT is not patient-centred as the patient is not given a specific day or time that they will receive a telephone 'call-back' to undergo an assessment.	Partially Upheld	Access, Action Plan	K01-01: Admin staff to be aware that issues of access verbalised by a client should be noted and brought to attention of clinical staff so that this can be accommodated as appropriate. K02-01: Explore possibility of text reminder for call back.
NW1756	Mother complaining about health visitor and lack of meeting with her and her new born. Mother also complaining about the	Fully Upheld	Communication, Share	K10-01:Share - Learning from this complaint is shared amongst team to ensure it doesn't happen again. K03-01:Communication - TL met with family to discuss

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	health visitors attitude.			complaint and provided an apology on the service experienced.Explained the issue with caseload sizes to family covering vacant caseloads and long term sickness issues. A new health visitor was allocated to family.
NW1765	Concern re father's treatment within Cuthbertson ward	Partially Upheld	Action Plan	K02-01: Action Plan: <ul style="list-style-type: none"> <li>•detailed action plan is formulated to address the key points raised along with an implementation plan to ensure actions are completed within defined timescales.</li> <li>•that the action points should include compliance follow-up audit to ensure sustainability of improvement activity.</li> <li>•the Inpatient Service Manager is responsible for overseeing action plan progress, supported by members of the senior management team.</li> <li>•Action plan progress will be tabled through the North West Mental Health Governance Group and reported to the Head of Service.</li> </ul>
NWS6417	Client is unhappy about information passed to her GP and the way she has been dealt with generally	Partially Upheld	Communication	K03-01: Communication - It has been agreed that communications could have been better and so this complaint was partially upheld, as a service we need to explain more to people why we ask such detailed questions.
NWS6817	Patient unhappy at length of time waiting for a termination and then also how she was advised afterwards as some of the advice was contradictory.	Partially Upheld	Action Plan	K02-03: Doctor has asked that all GP referrals are seen by a nurse or doctor, to ensure a quicker appointment when indicated.
NWS7217	Patient unhappy about time to get an appointment	Fully Upheld	Action Plan	K02-01: Action Plan - New staff have joined the team to help alleviate delays
NWS7617	Patient complains appointment was substandard and delays unacceptable	Fully Upheld	Action Plan, Share	K02-03: The gender service has reflected on its induction process for new staff and improvements have now been put in place to ensure that this type of experience does not reoccur in the future.

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NWS7917	Twice on different occasions been "overlooked" in the waiting room	Fully Upheld	Communication	K03-01: Explanation and apology has been offered to the patient, this issue was caused by a glitch with our EPR system NASH.
NWS8217		Partially Upheld	Education	K05-01: Reception staff reminded to be more careful when checking appointment dates and times for patients.
NWS8417	Mother unhappy her son was having to wait for second appointment as doctor her son should see is off ill.	Partially Upheld	Communication	K03-01: Communication - Early engagement/resolution with complainant. Operations Manager called and explained situation. Offered appointment for son.
NWS8517	Patient complained he had to sit in waiting room for 45 minutes past his appointment time.	Fully Upheld	Communication	K03-01: Communication - early engagement/resolution with patient.
NWS8617	Patient felt he was misadvised and patronised and that he had to wait to long for an appointment	Partially Upheld	Communication	K03-01: Communication - early engagement/resolution with complainant. Appointment was offered but patient already had one for same day and was quite happy.
SO40/17	Complainant is unhappy that her son is being excessively restrained, appears to be sedated excessively and complains that a staff member has been rude and inappropriate in his manner. Complainant feels her son's mental health is declining whilst an inpatient at Leverndale and this is not a suitable facility for his needs.	Partially Upheld	Education	K05-01: Education: Learning points for staff members. Staff to be reminded of the need to be consistent in their approaches with patients/relatives and to be aware of the impact of their behaviours towards patients/relatives.

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
B2017/818	Patient unhappy with the treatment he received during a consultation with the GP.	Partially Upheld	Access	K01-04 - Patient Pathway: Management will discuss with GP regarding further evidence requirement in medical records following consultations.
B2017/819	Patient unhappy with treatment and medication since being transferred	Partially Upheld	Access	K01-04 - Patient Pathway: Management will discuss with GP regarding keeping better records and documenting any history or examination.
B2017/896	Patient unhappy that he has not received his medication.	Partially Upheld	Access	K01-04 Access patient pathway/journey: Patient has been offered 'supervised' medication which will guarantee no delays. The team has requested a change of medication delivery times as this would give nursing staff an opportunity to address any anomalies with the delivery from the pharmacy.
B2017/907	Patient unhappy with not receiving his medication on time.	Partially Upheld	Access	K01-04 Access patient pathway/journey - Patient was asked if he would like to change to supervised medication which will ensure he always receives his medication on time. Patient advised to discuss this option with hall nurse.
B2018/063	Patient unhappy with drug administration error. No response to first complaint. Unhappy with checking procedures for drugs.	Partially Upheld	Access	K01-04 - Access patient pathway/journey: Improved communication by health care staff when patients being discharged from hospital that they have full understanding and knowledge of discharge plans.

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ECY17-36	CAMHS is offering help only now that son has been admitted to Skye House. Asked if it is regular occurrence to be diagnosed over the phone and not in person when in a heightened state. Left in heightened state for 6 days until appointment and then admitted to hospital straight away. Why no emergency appointments? Only an emergency if he is self-harming.	Partially Upheld	Education, Access	K05-01: Learning/Training opportunities identified. K01-04: Patient pathway/journey. Teams to change practice to allow them to prioritise meetings at Skye House at short notice now that stays in the unit have been shortened. Management will highlight the need for clear documentation, communication of care plans and use of consent forms; this will be circulated to all members of staff.
ECY17-39	Unhappy with assessment procedure and current lack of provision of Occupational Therapy (OT) services by North CAMHS and Glenfarg Community Paediatric services.	Fully Upheld	Policy	1. Actions are being taken through professional and clinical governance structures to rectify the situation to prevent this from happening again. 2. Actions will be taken forward which will include closer communication and joined up working .
ECY18-01	Overheard staff talking about her daughter in a derogatory manner	Fully Upheld	Conduct	K04-01: Discussed the non-compliance with the code of conduct with staff member who will apologise to the parents and ensure to follow the code in the future.
ECY18-04	Struggling with diagnosed behavioral issues, too long to wait for appointments.	Fully Upheld	Communication	K03-01: Communication and early engagement/resolution with complainant - A predicted timescales for the appointment has been given, a full apology has been made. The contact detail of the Young Person's Coordinator from the Autism Resource Centre has been given to the family to discuss possible supports and advice available via social work services that could support the patient.

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ECY18-08	Treatment of Granddaughter by staff nurses not acceptable. Worried that letter of complaint will result in a negative bias towards Granddaughter. Concern over level of training staff have to carry out restraints without causing pain or harm. Not given any incident reports detailing restraints that have been carried out.	Partially	Communication	K03-04: Communication: Investigator has reported the breach of the Health Boards Dress Policy to the Ward Manager, Ward Manager to discuss at next team meeting in order to remind all staff of this policy.
ECY18-09	Family not happy that they weren't contacted when police were asked to attend Skye House on two occasions for incidents involving their daughter/granddaughter. Asking why the officer who attended had been asked by staff at Skye House what they should do when patients are telling each other to self-harm; it would be assumed that staff should know what to do, questioning their capability.	Partially Upheld	Communication	K03-04: Communication - This will be discussed with the clinical team in order to remind all staff of good practice to ensure that parents/carers are fully informed of situations like this in future.
LM2017/604	Patient claims that he has not had any medication for 2 weeks.	Fully Upheld	Share	K10 01 Learning points shared with teams
LM2017/612	Delay in being commenced on Methadone by the GP	Fully Upheld	Action Plan	K02 Action Plan 03 Service Improvement Identified.
LM2017/613	Delay in receiving prescribed medication	Fully Upheld	Share	K10 Share 01 Learning points shared with teams.
LM2017/621	Delay in receiving cassette to blood glucose monitor	Fully Upheld	Action Plan	K02-03: Management have reviewed the process for patients ordering repeat cassettes for their blood glucose monitors, this process now mirrors that of ordering medication.
LM2017/630	Issues with prescribed medication	Fully Upheld	Communication	K03 03 Staff suggestions for improvement
LM2017/638	Patient claims he didn't receive his medication.	Fully Upheld	Share	K10 01 Learning points shared with teams

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LM2017/639	Patient claims that the GP prescribed cream for his spots and he didn't receive it.	Fully Upheld	Action Plan	K02 Action Plan 03 Service Improvement identified
LM2018/002	Patient claims that he is having constant problems with receiving his medication.	Partially Upheld	Education	K05 Education - 01 Learning training opportunities identified
LM2018/005	Patient unhappy that he has not been receiving his medication on time.	Fully Upheld	Communication	K03 Communication 02 Meeting complainant - Provide explained.
LM2018/015	Patient unhappy that he has not received his medication.	Fully Upheld	Action Plan	K02-03: Action Plan -Next team meeting will involve further discussions on this issue.
LM2018/021	Patient unhappy that he has not received his medication.	Fully Upheld	Action Plan	K02-03: Action Plan -Next team meeting will involve further discussions on this issue.
LM2018/024	Patient complains that he has not got his medication in possession.	Partially Upheld	Action Plan	K02-01: Action Plan - A review of the medication ordering and delivering process will take place to prevent recurrence of this in future.
LM2018/026	Patient unhappy that his medication is still being late.	Fully Upheld	Action Plan	K02-01: Action Plan - A review of the medication ordering and delivering process will take place to prevent recurrence of this in future.
LM2018/036	Patient unhappy that he has not been sent for an x-ray for his hand or received his medication.	Partially Upheld	Action Plan	K02-01: Action Plan - A review of the medication ordering and delivering process will take place to prevent recurrence of this in future.
LM2018/053	Medication issue	Fully Upheld	Action Plan	K02-01: Action Plan - A review of the medication ordering and delivering process will take place to prevent recurrence of this in future.

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NE321	Mum is complaining about a member of staff and their attitude	Fully Upheld	Communication	K03-01 - Communication - Early engagement/resolution with complainant.
NE322	Patient complaining about the length of time she has waited for consistent treatment.	Partially Upheld	Communication	K03-01: Early Engagement resolution with complainant. Staff to be reminded of the need to fully inform and involve clients in the decisions relating to their care.
NE323	Patient is asking about the OT Referral and Assessment during stay in hospital last year.	Partially Upheld	Education	K05-01: Senior Lead OT will meet with OT and Line Manager to review OTs practice and documentation. They will review current systems and processes regarding assigning referrals to more senior staff and OT documentation.
NE327	Mother concerned that the nurse did not carry out his professional duties for her son who has since passed away.	Partially Upheld	Communication	K03-04 - Communication - Team Meeting. A communication will go out to all staff to highlight that care plans should not be put on hold if a worker is absent from work and that any issues should be raised immediately with a TL.
NW1760	Daughter unhappy with care mother has received from CPN within COPMHT, she had left messages asking the CPN to call her back but this did not happen - complainant has requested a change of CPN.	Partially Upheld	Action Plan, Education	K02-01: Review duty system around the communication process. To identify medical cover and ensure duty CPN has access to medical staff. K05-02: All staff to familiarise themselves with NHSGGC policy on violence and aggression.
NW1774	1] Dr did not discuss diagnosis [ you feel this was intended to make things difficult for you in your dealings with DWP] 2] Dr failed in her duty of care by changing the timing and date of a longstanding	Partially Upheld	Action Plan	2]Advise admin manager to review letter format in relation to changes of appts being put in bold text .



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	<p>appointment at short notice</p> <p>3] patient outlined that you overheard reception staff refer to you as a Psychopath due to your posture in the waiting area and you found this to be upsetting</p>			
NW1777	<p>Complaint is regarding the impact of parking charges introduced by the council and the financial impact on staff carrying out duties.</p>	Fully Upheld	Action Plan	<p>K02-01: The investigator has been made aware that staff side representative has written to HSCP specifically asking if there is potential to make changes to the existing Medical Parking Permit Scheme, this is currently on-going and will await the outcome of this request. Management have requested staff to keep a log of specific parking issues that staff feel have had an adverse effect on patient care, this will be reported via the appropriate structures to ensure that any unacceptable effect on patient care is identified and appropriate actions explored to mitigate as required.</p>
NW1779	<p>1. Allegation that staff member hit her hand</p> <p>2. Allegation that staff member spoke to patient in disrespectful manner</p> <p>3. Allegation that Specified Person Regulations were not applied properly</p>	Partially Upheld	Action Plan, Education	<p>K02-01: There has been a purchase of a phone for private calls.</p> <p>K05-01: There requires to be refresher educational work within open admission acute units re: Specified Person Policy.</p>
NW1781	<p>1. You feel you there was a delay in your treatment from when you were initially referred to the service.</p> <p>2. You reported that once you had been allocated a worker, there was again a delay in you being seen by the worker.</p> <p>3. Following a reallocation of your case and a referral for an in-patient stay at Eriskay House, you felt that there was no support</p>	Partially Upheld	Share	<p>K10-01: Outcome and learning points will be shared with the teams.</p>

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	offered with regards to your mental health. 4. You were unhappy at the potential of your driving licence being revoked as you stated you had not been made aware of this prior to your admission to Eriskay House.			
NW1783	Complaint re phone system at Riverside, does not have system to move calls if engaged. Feels discriminatory in terms of access. Patient feels not enough notice given to attend appt- letter arrived on day of appt and feels poor attitude from secretary Y Stand when she phoned to discuss.	Partially Upheld	Access	K01-03: Admin manager to review secretarial cover to ensure appts letters are prioritised as appropriate at times of leave, Short notice appts should be telephoned if post will not allow adequate notice.
NWS0218	Patient phoned and was promised a call back which about her concerns which she did not receive	Fully Upheld	Communication	Review of service will improve communication across all clinics
NWS0418	Client contacted TOPAR service, she was told she could not attend as she was not a resident in Glasgow. Client had to attend local area in which she used to work.	Fully Upheld	Education	K05-01: Dr to discuss with the TOPAR team and will ensure all staff are informed about TOPAR appointment access. Dr to put an item in staff e-bulletin to ensure that all staff are aware.
NWS0918	Patient angry about having to be on hold on phone for over an hour	Fully Upheld	Action Plan	K02-03: New telephone and on-line booking system will be implemented
NWS1018	Patient could not get through on telephone all day	Fully Upheld	Action Plan	K02-03: New telephone and on-line booking system to be implemented
NWS1118	Patient unhappy that doctor didn't issue wig prescription	Partially Upheld	Communication	K03-1: Communication - Dr has been advised that they can issue prescription for wigs.
NWS1218	Patient had consultation for vasectomy and was upset his wife was excluded from most of it particularly as he is deaf.	Fully Upheld	Education	K05-02: Nurse advised to allow patients to be accompanied in similar circumstances.

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NWS1418	Patient unhappy with phone test results system	Fully Upheld	Action Plan	K02-03: Service is planning to introduce better phone/access systems highlighted after a service review.
NWS0918	Patient angry about having to be on hold on phone for over an hour	Fully Upheld	Action Plan	K02-03: New telephone and on-line booking system will be implemented
NWS1018	Patient could not get through on telephone all day	Fully Upheld	Action Plan	K02-03: New telephone and on-line booking system to be implemented
NWS1118	Patient unhappy that doctor didn't issue wig prescription	Partially Upheld	Communication	K03-1: Communication - Dr has been advised that they can issue prescription for wigs.
NWS1218	Patient had consultation for vasectomy and was upset his wife was excluded from most of it particularly as he is deaf.	Fully Upheld	Education	K05-02: Nurse advised to allow patients to be accompanied in similar circumstances.
NWS1418	Patient unhappy with phone test results system	Fully Upheld	Action Plan	K02-03: Service is planning to introduce better phone/access systems highlighted after a service review.
NWS1518	Patient had appointment cancelled 3 times	Partially Upheld	Communication	K03-01: Communication and early engagement/resolution with complainant by Senior Nurse, patient has been given an appointment.
NWS1918	Patients mother was concerned about delay's in her son's treatment with the gender service and a lack of communication	Partially Upheld	Communication	K03-01: Service will make effort to increase communication about delays in treatment.

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NWS2018	Patient unhappy at calling 3 times and holding on for nearly an hour with no answer	Fully Upheld	Action Plan	K02-03: New phone system to be put in place as per recent service review
NWS2118	Complainant unhappy in delays to her sons treatment and lack of communication about this.	Partially Upheld	Communication	Gender service admin staff to be asked to inform patients of delays and reasons for delays.
NWS2618	Patient complained that doctor asked her if she might kill herself if she became pregnant. Patient said she is bi-polar making this even more unacceptable.	Fully Upheld	Communication	K03-01: Communication and early engagement/resolution with complainant The doctor will reflect on use of language.
NWS3018	Patient was given wrong date to return for next contraceptive injection	Fully Upheld	Communication	K03-01: Communication and early engagement/resolution with complainant - Better calendars now in clinics.
NWS9017	Dr initiated discussion with patient on spiritual wellbeing and recommended religious text to him.	Fully Upheld	Conduct	K04-02: Dr agreed comments were inappropriate and will refrain from repeating or instigating such conversations.
SO02/18	Complainant would like an appointment moved due her mother's escalating symptoms and refusal to take medications.	Partially Upheld	Access	K01-03: A sooner appointment has been allocated to the patient.
SO03/18	Complaint unhappy that other patients are smoking in the hospital grounds and is concerned about the risk to her health	Fully Upheld	Communication	K03-01: Staff reminded that smokers should be challenged.

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SO04/18	Complainant unhappy about last consultation at Resource Centre which didn't go exactly how he thought it would, he has requested his father to be allocated another Doctor.	Partially Upheld	Communication	K03-01: Alternative provisions have been allocated and assessment for future care plan.
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