Item No. 10

Meeting Date **Wednesday 20th October 2021**

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

Report By: **Susanne Millar, Chief Officer**

Contact: **Jim Charlton, Business Development Manager**

Phone: **0141 287 8714**

Health and Social Care Complaints Activity 2020-21

Purpose of Report:	To present data on complaints for both health and social care during the period 1st April 2020 to 31st March 2021.
Background/Engagement:	Based on an analysis of ongoing activity captured in separate recording systems of the Health Board and Council.
Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the content of this report and two attached appendices.

Relevance to Integration Joint Board Strategic Plan:

Pages 22-23 - Strategic vision and priorities: Good complaints management helps support the strategic vision for our services in terms of:

- enhancing responsiveness to the population we serve
- showing transparency, equity and fairness in the distribution of resources
- focussing on continuous improvement, within a culture of performance management, openness and transparency.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	**Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected.
Personnel:	No implications
Carers:	No implications

Provider Organisations:	No implications
Equalities:	No implications
Fairer Scotland Compliance:	No implications
Financial:	No economic impact
Legal:	No implications
Economic Impact:	No implications
Sustainability:	No implications
Sustainable Procurement and Article 19:	No implications
Risk Implications:	No implications
Implications for Glasgow City Council:	No implications
Implications for NHS Greater Glasgow & Clyde:	No implications

1. Purpose of report and background

1.1. This report summarises the complaints activity for the period 1st April 2019 to 31st March 2020 in health and social care services managed by Glasgow City Health and Social Care Partnership ('the HSCP'). Full analysis of complaints data is given in two appendices. Appendix 1 for social care data and Appendix 2 for NHS data. The purpose of this report is to present and summarise the main features of that fuller analysis.

1.2. The complaints data informing this report is held in 3 separate systems – Datix (NHS), C4 (Social Work, homelessness and care Services Residential and Day Care) and Lagan (Care Services Home Care). The complaints are managed under two distinct process relating to the complaints handling policies and procedures of NHSGGC (Health) and GCHSCP (Social Work and Care Services). It is for this reason that the analysis of NHS complaints and social care complaints are reported in separate appendices and figures for social work and care services in separate tables within Appendix 1**.**

1.3. All three processes consist of three stages: an initial attempt to resolve the issue at point of service delivery ('Front line resolution'), a second stage formal investigation and response and a third stage referral for independent review by Scottish Public Services Ombudsman (SPSO).

1.4. The timescale for first stage is 5 working days in both processes but may be extended to 10 working days for NHS and 15 working days for social care complaints. The time limit for formal investigation and response at the second stage is 20 working days for all services.

1.5. Management of the two processes relating to local authority services (social work and care services) are to be combined as part of developments to move all GCC customer-facing services onto a single system. This was originally scheduled for implementation in 2021 using a platform 'firmstep', however, this is presently being re-scoped for 2022 using the platform 'GovService' and, due to Covid-related delays will not be implemented until 2022-23.

1.6. A new mandatory Complaints Handling Procedure (CHP) developed by the Complaints Standards authority of SPSO is to be introduced for the whole of Glasgow City Council in April 2021 and the HSCP complaints procedure abolished. At that point there will be an integrated procedure for all complaints in the Council but not an integrated information system.

2. Summary of main findings

2.1 Volumes of all complaints decreased substantially in 2020-21: Social work fell by 41% from 661 to 393; Care Services by 46% from 581 to 315; NHS by 21% from to 2134 to 1691. The number of individual customers complaining about social work fell by 38% from 525 to 327 (individual customer complaint numbers not available for health and care services).

2.2 Appendix 1 advances four possible reasons for this fall in relation to social work: (1) The preceding year saw unusually high complaint numbers; (2) The management of complaints has changed during Covid; (3) Covid may have changed customer's expectations of service; (4) Certain service developments have mitigated Covid impact and are likely to have reduced complaints.

2.3 The fall in health complaints is clearly driven by a large fall in complaints at Barlinnie prison (almost halved) and a substantial fall in North East locality.

2.4 Change in complaints management for social work complaints in response to Covid-19 have led to more complaints escalated to stage 2 investigation (a rise from 30 to 53%) but more care services complaints being managed at stage 1. The Complaints, FOI and Investigations Team (CFIT) team carried out more investigations despite falling numbers overall. There were higher numbers of cases involving SPSO for social care, up from 17 to 25, while NHS fell from 11 decision notices and 1 formal report to 4 decisions notices. Only two complaints were upheld for social care, one of which related to services managed by Cordia in 2018. One was partially upheld for the NHS, relating to a G.P practice rather than a service directly managed by GCHSCP.

2.5 There has been little change in the distribution of complaints volume between the three localities since 2019-20. The majority of care service complaints (95%) focus on home care. The majority of NHS complaints (79%) are about prison-based healthcare. More social work, home care and community health complaints are received in respect of South Glasgow than the other two localities, but this reflects different demographics and services in each locality.

2.6 A greater number of social work complaints by older persons in South Glasgow, greater proportion of children and family complaints in North East and greater proportion of complaints by adults under 65 years of age in North West, are all in line with what can be predicted from the demographic and social profiles of those localities. The presence of sexual health services in Sandyford clinic North West Glasgow contributes significantly to a greater number of community health complaints in that locality. The varying number of complaints in the three prisons are a product of the differing size and complexity of needs of their prisoner populations.

2.7 Despite the challenges of the Covid pandemic, rising numbers of both homeless applications and households in temporary accommodation, the number and proportion of homelessness complaints has fallen, reversing a trend of the previous three years. Service developments that may have contributed to this are cited in Appendix 1, linked to the annual performance report of GCHSCP. These include measures to provide more emergency accommodation, reduce rough sleeping, deliver assertive outreach, provide additional support for young homeless people, recruit more homelessness workers and sustain the housing first program and opening a new multi-agency support hub.

2.8 Other service developments and rebalancing of care – more personalised care and individual budgets, fewer children looked after away from their families, more elderly people remaining at home longer – are possible factors impacting on complaint reduction. Activities that have in the past typically been a source of complaint have been reduced – for example reduced child protection investigations, registrations and adult protection investigations. Also noted are specific initiatives such new Mental Health Assessment Units, a new Compassionate Distress Response Service and telephone support and outreach service to replace day centres closed due to the pandemic.

2.9 Performance against timescale for stage 2 investigations of complaints has markedly improved for social work. The target is for 70% to be responded to in 20 working days. In 2019-20, only 52% of social work stage 2 complaints had been responded to by CFIT within time, with a mean response time of 24 working days and median of 20 working days. In 2020-21 this had improved to 84.3% in time with a mean time of 17 and median of 18 working days. The target for stage 2 complaints was also met for the NHS overall (exactly 70%), although some individual prisons and localities fell below target.

2.10 Timescales for stage 1 complaints are again for 70% to be responded to within the relevant time (5 working days or 10 days with extension NHS, 15 days with extension Social care). These targets were not met for social work (only 63% in time) or care services (only 59.7%) but were met for the NHS (over 90%). However, due to the improved performance at stage 2, the target was met for social care complaints across both stages, with 75% being within deadline. For the NHS across both stages the figure was 87%. Stage 1 social care

complaints would have met the target had managers in localities applied available extensions.

2.11 Issues relating to Covid arose in very few social work complaints and none at all for some client groups. Only complaints related to care services mentioned Covid in a significant proportion of stage 2 complaints. No information is available on this for NHS complaints.

2.12 There had been a steep rise in social work complaints concerning alleged breaches of confidentiality / the Data Protection Act, alleged discrimination or human rights breaches, though these are still relatively few in number. On closer examination however, none of the alleged breaches of human rights and discrimination were evidenced and upheld. Only a small number and proportion of complaints of data protection breaches were upheld – 6 (21%).

2.13 For Care Services the top three issues complained of were quality of service, competency of staff and staff attitude. The combined proportion of complaints about failure to arrive, late arrival or failure to complete tasks have fallen proportionately and numerically from a combined 112 (32.7%) in 2019-20 to 28 (10.5%) in 2020-21. Conversely the combined number and proportion of complaints about staff competency and attitude has risen from 60 (17.5%) to 108 (40.6%), despite the overall fall in complaints.

2.14 These changes may relate indirectly to changes in service arising from Covid. Fewer visits have taken place during the pandemic therefore the opportunity for complaints around home visits is reduced. Some service users have however had to adjust to different carers replacing familiar faces due to staff shielding, isolating or absent and other staffing pressures arising from Covid. Those staff would not be as familiar with the needs and personal preferences of service users, as were the regular carers, and relationships would not have been established, therefore creating the conditions for complaint.

2.15 For health services, most complaints were associated with nursing staff (41.4%), followed by G.Ps (36.9%), other Doctors (9.6%) and Dentists (6.1%). The high number for G.Ps and Dentists, and the majority of those for nurses, reflect their role in delivering prison-based healthcare and the very large number of complaints in that sector. However, complaints for Nursing staff have fallen steeply whilst those for G.Ps and dentists have increased. It is a fall in complaints associated specifically with prison nursing staff that has driven the fall in complaints. 96% of complaints were about three issues: standard of clinical treatment (76.6%), waiting times (11.8%) and attitude, behaviours and communication skills of staff (7.5%). This is proportionately similar to the previous year but, numerically, complaints about treatment and waiting times have fallen whilst those about staff have risen.

2.16 A smaller proportion of both social work and care services complaints have been upheld or partially upheld in 2020-21 than in the preceding year. Social work complaints upheld or partially upheld have reduced from 35.5% to 23.5% and care services from 88% to 58%. As overall numbers of complaints have also reduced, then far fewer complaints have been upheld than for any preceding year.

2.17 In health services only 13% of complaints were upheld or partially upheld, but this reflects the fact that most complaints are about prison-based healthcare and most of those are at Barlinnie where an exceptionally small percentage of complaints are upheld (1.7%), with a rate of 4.7% upheld or partially upheld across all prisons. In locality community-based health services the rates of upheld complaints were in the range 37.4% to 52.1%

2.18 For upheld complaints in all services, there is good evidence that actions were then taken to offer redress and improve services. These were largely confined to improvements at an individual case level, but also involved some systemic improvements to information, staff training and amended processes. Specific improvements are highlighted and relevant actions listed in full at section 3.8 of Appendix 1 and section 5 of Appendix 2.

3. Recommendations

3.1 The IJB Finance, Audit and Scrutiny Committee is asked to:

a) Note the content of this report and two attached appendices.

Glasgow City Health and Social Care Partnership

Social Care Complaints Report April 2020 – March 2021

Index: Page

Section 1 Executive Summary

1. Executive Summary

1.1 This report covers complaints about social care services in the period April 2020 – March 2021 considered under the GCHSCP complaint procedure. This consists of three stages of: Stage 1: 'Front-line resolution' (timescale 5 working days that may be extended); Stage 2: formal Investigation and written response (timescale 20 working days); stage 3: Scottish Public Services Ombudsman (independent review that may lead to formal investigation, decision and recommendations or to a decision not to take matters further).

1.2 Figures are given separately for social work (including Homelessness) and care service complaints (home care, residential and day care) as these are processed within two different information systems ('C4' for social work / homelessness and 'Lagan' for most care services). It is not anticipated that these complaints will be fully integrated until 2022, for reasons set out in full under section 2 of this report.

1.3 Volumes of both social work and care services complaints decreased substantially in 2020-21: Social work fell by 41% from 661 to 393; Care Services by 46% from 581 to 315. The number of individual customers complaining about social work fell by 38% from 525 to 327 (individual customer complaint numbers not available for care services).

1.4 A significant part of this report involves examining possible reasons for this dramatic fall. Four possible reasons are advanced: (1) The preceding year saw unusually high complaint numbers; (2) The management of complaints has changed during Covid; (3) Covid may have changed customer's expectations of service; (4) Certain service developments have mitigated Covid impact and are likely to have reduced complaints.

1.5 The change in complaints management led to more social work complaints being escalated straight to stage 2 investigation (a rise from 30 to 53%) but more care services complaints being managed at stage 1, with only a small number of the most complex of those complaints being transferred to the central complaints team for investigation. This meant that the central Complaints, FOI and Investigations Team (CFIT) team carried out more investigations despite falling numbers overall. There were also higher numbers of stage 3 (Ombudsman / Information Commissioner) complaints, up from 17 to 26.

1.6 There has been little change in the distribution of social work complaints proportionately between the localities. The majority of care service complaints focus on home care, with more in South locality than the other localities, but this is in line with the greater population and scope of services. A greater number of social work complaints by older persons in South Glasgow, greater proportion of children and family complaints in North East and greater proportion of complaints by adults under 65 years of age in North West, are all in line with what can be predicted from the demographic and social profiles of those localities.

1.7 Despite the challenges of the Covid pandemic, rising numbers of homeless applications and households in temporary accommodation, the number and proportion of homelessness complaints has fallen, reversing a trend of the previous three years. Service developments that may have contributed to this are cited in this report. These include measures to provide more emergency accommodation, reduce rough sleeping, deliver assertive outreach, provide additional support for young homeless people, recruit more homelessness workers and sustain the housing first programme and opening a new multi-agency support hub.

1.8 Similarly, service developments and trends in the rebalancing of care – more personalised care and individual budgets, fewer children looked after away from their families, more elderly people remaining at home longer – are referred to as possible factors that have a bearing on complaint reduction.

1.9 Also noted are specific initiatives such new Mental Health Assessment Units, a new Compassionate Distress Response Service and telephone support and outreach service to replace day centres closed due to the pandemic. Activities that have in the past typically been a source of complaint are referred to as having been reduced due to these developments and this again may have served to reduce complaints – for example a reduction in child protection investigations and registrations and adult protection investigations.

1.10 Performance against timescale for stage 2 investigations of complaints has markedly improved in 2020-21. In 2019-20, only 52% of social work stage 2 complaints had been investigated and responded to by CFIT within the 20 working day time limit with a mean response time of 24 working days and median of 20 working days. In 2020-21 this had improved to 84.3% in time with a mean time of 17 and median of 18 working days.

1.11 Timescales for stage 1 complaints were not met for social work complaints (except in North East locality). Only 63% of these were in time across GCHSCP. However, due to the improved performance at stage 2, the target was met for complaints across both stages, with 75% being within deadline. In addition, it is demonstrated that stage 1 complaints would have met the target had managers in localities applied available extensions.

1.12 For care services complaints, the performance of CFIT was poorer for stage 2 investigations with only 56% of the 27 complaints being responded to in time (mean of 32 working days). It is likely this results from issues with transferring data from Lagan to C4 and CFIT requiring to access information on case handling via care services managers. For other complaints this information is usually accessed directly by the team. Only 59.7% of stage 1 complaints were responded to in time by Care Services managers with no complaints having been subject to an extension. This is therefore similar to the stage 1 complaint handling issues for social work complaints.

1.13 Section 3.4 summarises the main issues raised by service users and issues raised by particular client groups. Issues relating to Covid arise in surprisingly few complaints and none at all for some client groups. Only in complaints related to care services is covid-19 mentioned in a significant proportion of stage 2 complaints (there is no analysis available for this in terms of stage 1 care service complaints).

1.14 There has been a steep rise in social work complaints concerning alleged breaches of confidentiality / the Data Protection Act, alleged discrimination or human rights breaches, though these are still relatively few in number. On closer examination, none of the alleged breaches of human rights and discrimination were evidenced and upheld. Only a small number and proportion of complaints of data protection breaches were upheld – 6 (21%).

1.15 For Care Services the top three issues were quality of service, competency of staff and staff attitude. The combined proportion of complaints about failure to arrive, late arrival or failure to complete tasks have fallen proportionately and numerically from a combined 112 (32.7%) in 2019-20 to 28 (10.5%) in 2020-21. Conversely the combined number and proportion of complaints about staff competency and attitude has risen from 60 (17.5%) to 108 (40.6%), despite the overall fall in complaints. These changes may relate indirectly to changes in service arising from Covid-19. Fewer visits have taken place during the pandemic and therefore the opportunity for complaints of failures around planned visits is reduced. Some service users have had to adjust to different carers replacing familiar faces due to staff shielding, isolating or absent and other general staffing pressures arising from Covid. Those staff would not be as familiar with the needs and personal preferences of service users as were the regular carers and relationships would not have been established, therefore creating the conditions for complaint.

1.16 A smaller proportion of both social work and care services complaints have been upheld or partially upheld in 2019-20 than in the preceding year. Social work complaints upheld or partially upheld have reduced from 35.5% to 23.5% and care services from 88% to 58%. As overall numbers of complaints have also reduced, then far fewer complaints have been upheld than for any preceding year.

1.17 For social work complaints that were upheld, there is good evidence that actions were then taken to offer redress to complainers and improve the services to them. These were largely confined to improvements at an individual case level, but were nevertheless important from the customer's perspective, often involving increased financial and other support, improved engagement or the expediting of services. Relevant actions are listed in full at section 3.8 for 90 cases where this applied.

1.18 25 cases were reviewed by SPSO. Two were upheld, one of which related to kinship care and the other issues with home care dating back to Cordia's management of these services in 2018. All recommendations for the two upheld complaints have been satisfactorily implemented. A case that had been upheld last year but challenged by GCHSCP was overturned and a new decision of 'not upheld' issued by SPSO. Two others were not upheld following full investigation. The remaining 20 cases were not even progressed to full investigation by SPSO, generally because SPSO were satisfied that an appropriate response had been given at the second stage. This generally gives reassurance that the internal complaints process is functioning correctly at the second stage. These cases are detailed in section 3.7.

Section 2 Complaints Processes and report format

This report covers social care (social work, homelessness and care services) delivered by GCHSCP during the period April 2020 to March 2021. Operational care services subsume home care and related services previously managed by Cordia LLP, together with Day Care and Residential Services that have always been managed by GCC Social Work Services.

During 2020-21 these complaints were all subject to the GCHSCP Social Work Complaints Policy and Procedure. This procedure is scheduled to be replaced in 2021-22 by a new GCC Local Authority Complaints Handling Procedure, as directed by the Scottish Public Services Ombudsman Complaints Standards Authority. Changes to process will however be relatively minor and this will continue to involve three stages of complaint:

- Stage 1: 'Front-line resolution'. This has a timescale 5 working days that may be extended to 15 working days at the discretion of the service manager, if there is valid reason to do so (this extension will be revised to 10 working days under the new procedure). This part of the process is managed locally, is focussed on resolution of the issue and may or may not involve a degree of formal investigation and written response.

- Stage 2: Formal Investigation. This has a timescale 20 working days and always involves written response. It is managed by the central Complaints, FOI and Investigations Team (CFIT). A formal investigation may follow from an unresolved stage 1 complaint. Alternatively, a complaint may be immediately escalated to stage 2 based on complexity or seriousness of complaint or at the request of a complainer. If a complaint is made at both stage 1 and stage 2 it will be counted as two separate complaints for reporting purposes rather than the continuation of a single complaint.

- Stage 3: Scottish Public Services Ombudsman (SPSO) review. This is an independent review with no fixed timescale that may or may not lead to further formal investigation, decision and recommendations by that body.

Following transfer of home care and some related services from Cordia to GCHSCP, complaints about those services have continued to be managed at stage 1 of the process by Operational Care Services management. Data for these complaints is stored on the Lagan I.T system. Complaints about residential and day care, as well as all stage 2 complaint about home care are recorded and managed by CFIT on the C4 system used for all other social work and homelessness complaints. Because of this difference in management and recording, data is presented separately within this report for care services and for social work and homelessness complaints. Those complaints relating to residential and day care have however been added to the Home Care figures to give a complete picture of complaints related to Care services.

It is anticipated that reporting can be more fully integrated for the annual report at the end of 2021-22 and that at some point in 2022-23, both Lagan and C4 will be replaced by a system common across GCC so that all complaints across the Council family are managed and recorded under a common procedure and on a common information system. This was originally planned for 2021 using a platform called 'Firmstep', but is being re-scoped across the Glasgow Family using a platform called 'GovService'. Though originally planned for implementation in 2022, this has been further delayed by the impact of Covid.

In this present report, care services stage 1 complaint figures are produced directly from the reporting function of the Lagan system. Social work and homelessness figures are produced by a process of manual coding of raw C4 data records downloaded into a spreadsheet. Considerable effort has gone into validating the data against the original records. Figures are presented in this on overall activity, timescales, client group, issue and outcome for the HSCP as a whole and by four localities - North West, North East, South and Centre.

Social work complaints are often complex but for the purposes of this report complaints are assigned to a primary service area and primary and secondary complaint issues only. Care Services complaints are categorised only against a single main issue.

There are separate sections on third stage complaints (SPSO and Information Commissioner) and on service improvement for the social work complaints and those care services complaints dealt with by the central team at second and third stage. Unfortunately, no figures are available for service improvement in care services at stage 1. The Lagan system does not capture this information particularly well and the majority of service improvements in that part of the service comes from interventions by the Care Inspectorate in terms of their investigations of complaints and inspections, rather than from direct complaints from service users

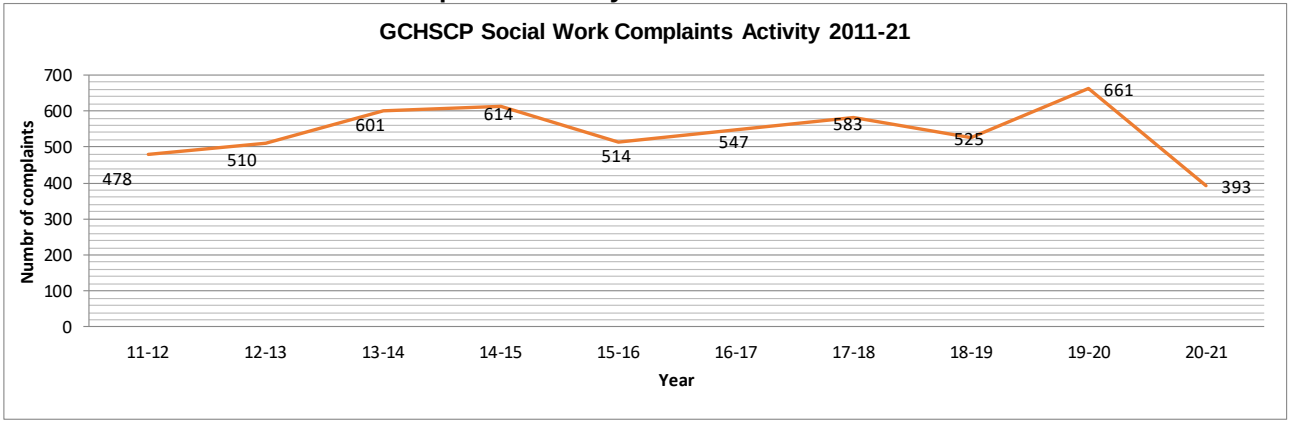
Section 3 Statistical information and commentary

3.1 Overall volume and volume by stage and locality

There has been a very marked reduction in complaints received for both social work and homelessness services. Only 393 complaints were received in relation to social work and homelessness services in 2020-21, a significant decrease on the previous year and the lowest in 10 years. In 2019-20, 661 complaints had been received, so volume has dropped by 41%.

Due to multiple complaints and different stages of complaint these represented the complaints of 327 customers, as contrasted with 525 customers the previous year, again a significant decrease in the number of individual customers complaining (of 38%). Chart 1 below shows the 10-year trend in complaints received.

Chart 1: Trend in Social Work complaints activity 2011-2021



Of the 393 complaints, 160 (40.7%) were dealt with at stage 1 (local resolution), 210 (53.4%) at stage 2 (formal investigation). 23 (5.9%) were stage 3 complaints referred to CFIT by SPSO in 22 cases and the Office of the Information Commissioner (O.I.C) in 1 case.

For care services 285 new complaints were received and managed locally at stage 1, of which 49 were withdrawn or deemed invalid and 236 were accepted as complaints within procedure and responded to. This does not include any complaints received prior to 1st April 2020 that were still being dealt with in the current year having been carried forward. In addition, CFIT dealt with 30 complaints relating to Care Services - 27 stage 2 and 3 stage 3. This makes a total of 315 new complaints relating to Care Services, 266 of which completed the complaints process.

In 2019-20 care services management had dealt with 581 complaints, of which 138 were withdrawn or 'invalid' and 443 accepted and responded to at either stage 1 or 2 (none at stage 3). This is therefore again a large fall in volume of complaints received, representing a decrease of 46% in complaint volume. No figures are available for how many individual customers complained.

Table 1 below summarises these volumes and contrasts with the previous year. Some analysis is presented below which might explain this large fall in complaints.

Table 1: Total volume of complaints in GCHSCP at each stage 2020-21 vs 2019-20

	Social Work & Homeless		Care Services[1]		GCHSCP Total	
Stage	19-20	20-21	19-20	20-21	19-20	20-21
1 Local Resolution	444(67.2%)	160(40.7%)	322(55.4%)	285(90.4%)	766(61.7%)	445(62.9%)
2 Investigation	200(30.3%)	210(53.4%)	259(44.6%)	27(8.6%)	459(37.0%)	237(33.4%)
3 SPSO / ICO	17(2.6%)	23(5.9%)	0	3(1.0%)	17(1.3%)	26 (3.7%)
Grand Total	661	393	581	315	1242	708

[1] For Care Services Stage 1 complaints in the table above includes those deemed invalid or withdrawn

There are four factors likely to be responsible for this sharp drop in complaints received, three of which can be evidenced and the other of which is speculative. These are all related directly or indirectly to the Covid-19 Pandemic.

(1). **High Benchmark:** 2019-20 had not been a typical year in that an unusually large number of complaints had been received. Some of this, particularly relating to care services, may be attributable to service reduction in the final quarter of 2019-20, as Covid measures began to be implemented. As seen in chart 1 above, 2019-20 had been a recorded peak for social work complaints. For care services, complaints were 71.9% higher in 2019-20 than in 2018-19, when only 338 complaints had been received. Therefore a fall in the complaints in 2020-21 when contrasted only with the preceding year can be seen, at least in part, as a 'return to normality'.

(2). **Changed management:** The management of complaints changed in 2020-21 as a response both to the transfer of care services to GCHSCP and the Covid pandemic. For social work complaints the Central CFIT team deliberately took a greater share of complaints straight to formal stage 2 investigation in order to relieve pressure on front-line services, as well as taking a number of stage 2 complaints for care services. This can be seen in table 1 above in terms of the proportion of social work and homelessness complaints dealt with at stage 2 this year and the previous year – increased from 30 to 55%. This had the effect of lowering the overall number of complaints because fewer persons complained at both stage 1 and stage 2. This can also be seen in the reduction in the relative ratio between number of complaints and number of complainers in each year. This is a more efficient way of dealing with complaints, though arguably less resolution-focused, and CFIT intend to continue this practice, at least whilst pressure of the pandemic persist.

In Care Services conversely, managers dealt with all complaints as front-line resolution, passing only relatively complex or intractable complaints to the central team for investigation. This can be seen in the lower numbers being referred to CFIT for formal stage 2 investigation compared with the number of investigations at stage 2 to by the local managers in the preceding year. Many of these would still however have involved a degree of formal investigation and response by Care Services managers (i.e. categorised as stage 1 where they might previously have been categorised as stage 2). Managers of those services were careful to keep ownership of complaints and not transfer too many to the central team whilst new arrangements were bedding in, but this shift may also have had a beneficial impact in reducing repeated complaints.

(3). **Customer expectation** (speculative): It seems likely, given the sharp fall in complaints, particularly when contrasted with the high volume when services were first impacted in March 2020, that Covid-19 has had some impact on the expectations of service users and therefor their propensity to complain. There is some limited evidence for this in terms of the proportional fall in certain types of complaints – around level of service and delay – despite it being apparent that the pandemic has impacted on service delivery such that an increase in such complaints, rather than decline, might have been expected. It may be that customers have been more tolerant of those issues during the ongoing pandemic.

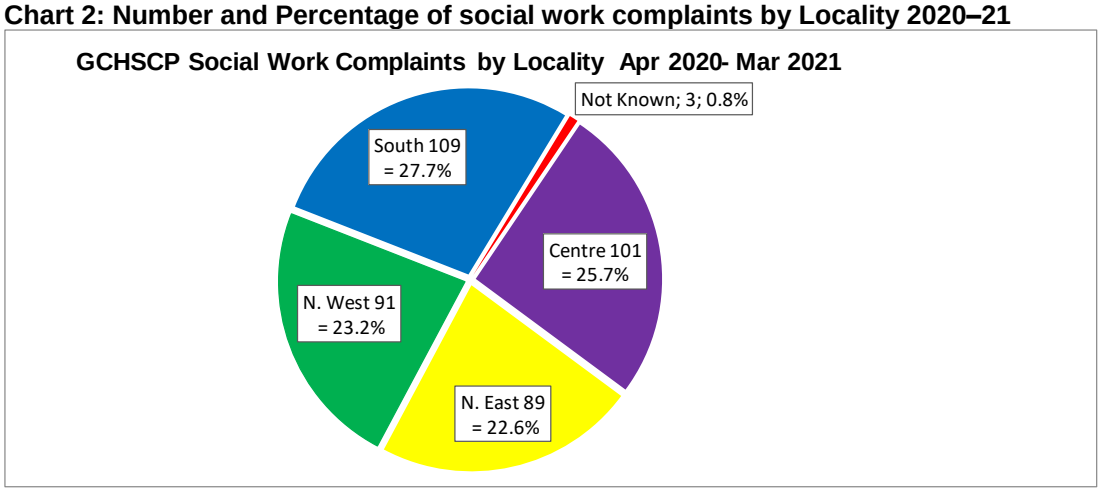
(4). **Service Developments:** As set out in section 3.2 below, GCHSCP has not been passively impacted by the pandemic but has instead responded proactively to its challenges and put in place a number of service developments both in response to the pandemic and as a continuance of initiatives and developments already commenced. Certain metrics associated with those developments, set out in the following section 3.2, give a reasonable basis to believe that some underlying triggers for complaint are being successfully addressed.

Table 2 below gives social work and homelessness complaints activity by locality in comparison with the whole previous year. As can be seen, whilst overall number have dropped, the proportional distribution between localities and centre has changed very little. The slightly higher proportion of complaints in South Glasgow contrasted with other localities is consistent with the past three years and is in line with population / demographic differences in South (see section 3.2). These overall figures are also presented in graphical form in chart 2.

Table 2: Social Work Complaints by Service area 2020-21, compared with 2019-20

Locality	Complaints					
	Stage 1 n	Stage 2 n	Stage 3 n	Total n	%	% 2019-20
Centre	43	54	4	101	25.7	23.4
N. East	34	50	5	89	22.6	26.9
N. West	31	55	5	91	23.2	20.3
South	49	51	9	109	27.7	29.3
Not Known	3	0	0	3	0.8	NA
Grand Total	160	210	23	393	100.0	100.0

Chart 2: Number and Percentage of social work complaints by Locality 2020–21



The 101 centre service area complaints in the table and graph above encompass a range of teams. These are set out below in order of decreasing volume. The number and percentage of all centre and of all GCHSCP complaints is indicated after each:

- **Homelessness** – not including fieldwork (done by the area teams) but including prison throughcare, TADS, HAC and emergency accommodation, Asylum and refugee support: **Complaints = 37** (36.6% of centre, 9.4% of all complaints). In 2019-20 the volume of centre homelessness complaints had been almost double at 71 and around 11% of all complaints.
- **Children and Families** – including fostering and adoption and some residential care: **Complaints = 20** (19.8% of centre, 5.1% of all complaints).
- **Finance** - including issues of invoicing, deprivation of assets and agreement of DRE waivers: **Complaints = 14** (13.9% of centre, 3.6% of all complaints).
- **Business Development** – including the CFIT team and welfare rights: **Complaints = 13** (12.9% of centre, 3.3% of all complaints).

- **Social Care Direct**: **Complaints = 10** (9.9% of centre complaints, 2.5 % of all complaints)
- **Centre Criminal Justice** – including Prison-based SW, MAPPA and specialist resources: **Complaints = 5** (5.0% of centre, 1.3% of all complaints)
- **Addiction services: Complaints = 2** (2.0% of centre complaints, 0.5% of all complaints).

The Business Development group includes 3 complaints relating to delays in the handling of subject access requests and 3 complaints regarding handling of complaints both in respect of work undertaken by the CFIT team itself. None of the complaints concerning complaint handling were upheld, one of those relating to handling of subject access requests was upheld. This category also includes complaints dealt with by CFIT that are not about any Business Development Team but have no other relevant service area – for example complaints about services and staff that were, on investigation found to be misdirected and not be about GCC services or employees.

Compared with 2019-20, homelessness and finance complaints have fallen both numerically and as a proportion of both centre and all complaints, whilst centre children and family complaints have risen numerically and proportionately. Changes in the other groups are negligible. It is difficult to draw any conclusions concerning trends from this data, given that the overall marked fall in complaints and the uncertain impacts of Covid in relation to the subject matter of complaints.

The distribution of complaints about care services in terms of service and locality is shown in table 3 below. This excludes complaints that were withdrawn or deemed invalid. Complaints are focussed on home care, as was the case in 2019-20, with only a small number of complaints about other care services. There is a significantly higher proportion of complaints in South Glasgow, consistent with figures for the previous two years. South locality is however the largest Home Care Service in terms of geography, number of service users and staff so a higher number of complaints in South is proportional to scope of operations.

Table 3: Care Services Complaints by service area and locality 2020-2021

Valid Care Services complaints 2020-21		
Service Area	**n**	**%**
Residential Care (City-Wide)	8	3.0
Home Care North East	82	30.8
Home Care North West	64	24.1
Home Care South	107	40.2
Help at Home North East	1	0.4
Help at Home North West	2	0.8
Help at Home South	2	0.8
Total	**266**	100.0

The 8 complaints relating to residential care include one stage 1 answered by care home management, then escalated to stage 2. The same case was then the subject to SPSO investigation and therefore accounts for 3 of the 8 recorded complaints. The subject matter was missing belongings of a deceased resident. Full details are given in section 3.7. The remaining cases were all stage 2 complaints from separate complainants.

No stage 1 complaints are logged on the Lagan system against Residential Care and only one, as above, was reported directly to the team during the course of the year. This seems very low, particularly given the reported issues around care homes and Covid. It is possible that all but a few customers refrained from raising complaints with care homes directly and that those customers who did complain did so formally to the complaints team or perhaps with the Care Inspectorate, which is not data captured within this report. It is also possible that the lower number of visits by relatives to care homes reduced opportunities for complaint. It is recommended however that Care Services Management look into this to ensure that all stage 1 complaints are in future captured and either recorded on Lagan or reported to the central team for recording on C4.

3.2 Demographic and Service factors

Complaint activity should be considered in terms of the demographic profile and performance activity and strategic developments of GCHSCP. This is fully set out for the period ending March 2021, in reports that can be found at: https://glasgowcity.hscp.scot/performance-and-demographics and https://glasgowcity.hscp.scot/publication/annual-performance-report-2020-2021 . The latter specifically details the organisation's response to the Covid pandemic.

This section does not intend to cover the full range of service developments, demographic factors and performance indicators covered in these two reports, which are extensive, but highlights some that might be of particular relevance in the context of complaints about social work, care services and homelessness.

Demographics

In terms of demographic profile, there is an uneven distribution of population between the three localities within GCHSCP, with South having 36.1% of the Glasgow population, followed by North West (35.4%) and then North East (28.5%). North East has however the highest number and proportion of zones listed within the SIMD 20% most deprived data zones in Scotland. North East locality contains 128 such data zones indicating deprivation (58.4% of all zones in North East), with South having 112 (40.1% of South's zones) and North West 99 (39.9% of North West's zones).

North West population has the highest share of Glasgow's the adult population aged 16-64 and 74.4% of North West's population fall into this group. Only 13.5% of North Wests' population are children and 12.2% older people aged 65 or older. By contrast, 17.4% of South's population are children and 14.3% older people. The figures in North East are 17.1 and 14% respectively.

A higher percentage of people aged 65+ with high levels of care needs live at home in Glasgow (42.8%) than in Scotland overall (35.0%). The numbers of carers is not however distributed evenly, with 11.0% of adults in North East providing unpaid care compared to 14.6% in North West and the highest in South (17.2%). 38.3% of all Glasgow residents age 65 and older reside in South Glasgow. There are also differences in the ethnic profile of the population within Glasgow, with a BME population in North East of 7.0%, North West 12.5% and South 14.2%.

North East locality has the highest rate of all people with one or more health condition (33.7%) followed by South (30.8%) and North West (29.0%). In terms of the adult population specifically, 28.6% of Glasgow adults report having a limiting health condition or illness with higher rates in South (31.2%) and North West (29.2%) than in North East (25.1%). Three-fifths of Glasgow's older people aged 65+ report having a limiting health condition or illness (60.0%). North East also has the highest percentage of people in the three localities who are deemed 'income deprived' – 22.8% as against 18.9% in South and 16.8% in North West.

The looked after children rate is 22.8 per 1,000 population in Glasgow (far higher than the Scotland rate of 14) but varies between localities from 15.9 for South to 19.8 for North West and the highest in North East (30.3). Similarly the rate of children on the Child Protection Register in Glasgow (41.7 per 10,000 population) is far higher than the Scotland rate (28.8) with locality rates varying from 28 for South to 30 for North West and the most again for North East (45).

As children and families and older persons have consistently been the two client groups most associated with complaints over many years, and account for over 50% of all complaints in the reporting period, then areas with higher proportions of these age group in their population would be expected to have higher level of complaint. The fact that South has a generally higher population overall and North-East higher deprivation might also lead to an expectation of a higher level of complaint in those areas than in North West.

Generally speaking therefore, South and North-East would be anticipated to have a higher number of complaints than North-West, given these demographics. More specifically one would expect to see a higher number of complaints overall in South Glasgow, particularly related to older people, carers, BEM clients and to home care services. One would expect to see a lower number of complaints overall in North East than in South but with a high proportion of those complaints relating to children and families work as opposed to services to adults and older people. One would expect the overall number of complaints in North West to be lowest of all but proportionately higher than both other localities in terms of adults aged under 65 with disability.

This is however only true to the extent that complaint volume might be expected to increase in line with underlying population size, age profile and social issues, rather than some other cultural factor – for example affluence and education - driving propensity to complain at an individual level.

Homelessness is clearly a significant and growing problem in Glasgow. In 2019/20 there were 5,262 homelessness applications (4,660 the previous year) that were assessed as homeless or threatened with homelessness with almost half of those persons (47.3%) having one or more identified support need. 2,557 households were in temporary accommodation in Glasgow in 2019/20 – 21.9% of the national total and up from 2,191 in the preceding year. One would therefore have expected homelessness complaints to have increased across the city in the reporting year. However, this has not happened and, as set out below, certain developments in service delivery may have offset that anticipated rise.

Service Development and Performance

As the performance report details, there has been a general shift in the modality of engagement with Service users due to the Covid pandemic, with less face-to-face interaction and more remote contact through telephone and on-line digital technology. This might be expected to impact on complaints relating to communication, level of contact and the processing of personal information. In older person's residential services, the level of family visiting were reduced or subject to particular conditions, with this being mitigated with use of digital technology where possible. As above, this might have been expected to lead to increased complaints but, if that has been the case, this has not been captured within our complaint recording processes.

During the pandemic, some assessments were delayed or suspended in favour of emergency plans and short-term interventions to continue support, pending full assessment of service users and adult and young carers at a later date. The focus on personalised care however continued and at the end of March 2021, a total of 3,063 adult service users (as well as 291 children with disabilities) were in receipt of personalised social care services. The former represents and small decrease and the latter a small increase from the preceding year. The overall proportion of service users who chose to receive their personalised budget as a direct payment increased from 17% to 19% during 2020-21. Following the introduction of free personal care for under 65's in April 2019, the social charging policy was updated and the number of people under the age of 65 receiving a free personal care element in their care package increased further from 1,900 to 2,066.

In children's residential services, at the outbreak of the pandemic, options were explored around increasing the availability for care within families as an alternative to residential care. This contributed to a longer-term trend of rebalancing the care of children and young people within the community. 2,324 children in total were looked after by Glasgow City Council in 2020-21, of whom 801 were accommodated by the Council and 1,523 looked after either at home (436) or in kinship placements (1,087). The equivalent figures for 2019-20 had been a total of 2,502 Looked after Children, of whom 899 were accommodated by the Council, 539 looked after at home and 1,064 in Kinship placements. The number of out of authority placements of young people dropped from 46 to 34 and the number in foster care from 693 to 655. The number of children on the Child Protection Register at 31st March 2021 was 350 as opposed to 401 in March 2020 and new registrations across the year fell from 495 to 426.

The above changes – more adults and children having personalised care packages with access to direct payments and free personal care, fewer children subject to child protection measures, fewer looked after and accommodated by the Council, should in theory make arrangements for those service users more satisfactory and less likely to provide grounds for complaint. Similarly, through the Transformation Programme for Older People, the HSCP is continuing to support a shift in the balance of care away from institutional care (hospital and care homes) towards supporting people more in the community with more older people spending the last six months of their life at home in the community rather than in hospital or institutional care.

Two Mental Health Assessment Units were established during the early phase of the pandemic to divert people with mental health and distress issues away from hospital emergency departments and provide them with more appropriate specialist mental health services and supports within the community. A Compassionate Distress Response Service was launched on 25th May 2020 to provide a non-clinical support to people experiencing emotional distress during the pandemic. This is operated by Glasgow Association of Mental Health (GAMH) on behalf of GCHSCP.

Learning disability day services were closed in the early stages of the pandemic, in line with national, but a telephone support service was introduced followed by an outreach service in the summer of 2020, providing community-based support to service users in their own home or in a local community setting.

During 2020/21, there were 4346 Adult Support and Protection referrals and 281 formal investigations completed - compared to 6903 and 304 the previous year. This may be a measure of the success of such initiatives. One might also have expected such measures to offset any complaints that might otherwise have arisen in relation to the Covid-related disruption of services for adults with physical or learning disabilities or experiencing mental health difficulties.

Homelessness services faced particular challenges during the pandemic. In response, hotels in the city centre and surrounding areas were repurposed as emergency accommodation. GCHSCP worked with Housing Associations to make additional temporary furnished flats available. Consequently emergency accommodation was available to any person requiring it and the number of people sleeping rough within the City Centre reduced to single figures. Homelessness Health, Addictions and Mental Health teams moved from a clinic-based model to an assertive outreach approach delivered across hotels and emergency homeless accommodation to ensure that service users had ongoing access to services during the pandemic. A new Young Person's Team was established to engage specifically with those homeless persons aged under 25.

In September 2020, the Integration Joint Board agreed to realign Rapid Rehousing Transition Plan funding. 13 new Social Care Workers were recruited to Homelessness Services to provide additional capacity, in order to support the reduction of households in temporary accommodation and improve service responses to households with complex case histories. Since late August 2020, when the housing associations were permitted to re-engage in mainstream letting activity, the Council has secured approximately 2900 settled lets, a significant increase on recent years, allowing the HSCP to reduce its use of bed and breakfast type accommodation for homeless households. The Housing first initiative has continued, reaching 158 tenancies with 83% tenancy sustainment rate and no evictions in two years. A new multi-agency advice and support hub for people who are homeless or at risk of homelessness was opened in September 2020.

Again such initiatives might be expected to minimise complaints that might otherwise have arisen. It may be that the 'across the board' dramatic fall in complaints set out in section 3.1 above, despite service pressures produced by Covid, is a measure of the success of some or all of the developments highlighted above. The large numbers of individual cases cited above as regards the work of GCHSCP around management of homeless applications, adults in receipt of personalised care, looked after children and adult and child protection work, amongst other activity, also give context for the comparatively small number of complainants and complaints.

3.3 Timescales overall and by service area

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 with local management approved extension) and 20 working days for stage 2. There is no set timescale for resolution at stage 3, as that is a matter for SPSO, so stage 3 complaints are excluded from the figures given in this section.

In 2019-20, only **52%** of social work stage 2 complaints had been investigated and responded to by the central CFIT within the 20 working day time limit. The mean response time was 24 working days. The median response time was 20 working days. In the current year performance has improved markedly. 177 of 210 stage 2 complaints (**84.3%**) were investigated and responded to by the central team within the required 20 working days. The mean response time was 17 working days and the median 18 working days.

This improved performance was not attributable to the reduction in overall complaints numbers. As noted above, CFIT dealt with an increased proportion of stage 2 complaints in 2020-21 than in 2019-20 and consequently the actual numbers of stage 2 investigations went up from 200 in 2019-20 to 237 in 2020-21 (210 social work and homelessness plus 27 care services). The reason for this improved performance was an increasing in staffing in March 2020 and filling of a vacancy in November 2020, coupled with an efficient and effective transition from office-based to home working during the pandemic period.

Table 4 shows the performance against timescale for stage 1 complaints by locality. The target of 70% of complaints responded to within the relevant time was not met for GCHSCP, being only 63.1%. The mean response time at stage 1 across all GCHSCP social work complaints (excluding care services) was 9.4 working days and the median was 5 working days. Due to the improved performance at stage 2 however, the overall performance across stage 1 and stage 2 was however that 278 of 370 (75.1%) of complaints were responded to in time and the target was met overall. Stage 3 (SPSO) complaints are excluded from these figures as they have no indicative timescale.

Table 4: Timescales for social work complaints at stage 1 by locality 2020–21

Locality	Within time		Total Stage 1
	n	%	n
Centre	27	62.8	43
N. East	27	79.4	34
N. West	15	48.4	31
South	29	59.2	49
Not Known	3	100.0	3
GCHSCP	101	63.1	160

This profile of performance at stage 1 for localities is broadly the same performance as in the preceding year, Only North East locality met the target for timescales on stage 1 responses in both years. As also reported last year, there is a specific issue that impacts upon the performance against timescales for complaints at stage 1. This can be seen in table 5 below, showing the use of extensions at stage 1.

Table 5: Stage 1 timescales 2019–20 categorised by extension

Category	n	%
Within 5 WD	88	55.0
Extension 6-15 WD	13	8.1
No ext 6-15 WD	26	16.3
Outwith 15 WD	33	20.6
Total	160	100.0

This demonstrates that for the 63.1% of stage 1 complaints that were in time, 8.1% had been made subject to a relevant extension. A further 16.3% were responded to within 15 working days but no extension had been advised to the complainer. Had these been made the subject of an extension, properly notified to the complainer, then these would have been in time according to the procedure. That is to say the overall performance would have been 79%, not 63%, as only 21% of complaints went outwith the maximum allowable time period. This presumes that there were valid reasons for these delays that would have justified an extension.

As was noted in last year's complaints report and in all quarterly performance reports, the ongoing failure of local teams (and those at centre) to anticipate the need to apply an extension and notify the complainer accordingly has an ongoing negative impact on these performance figures. The central team cannot simply unilaterally apply extensions to all stage complaints that have exceeded timescale as this involves (a) the local service manager deciding that an extension applies and (b) advising the complainer of the extension before 5 working days elapse. This therefore cannot be applied retrospectively at centre and must be actioned by local teams.

This issue will become an even greater drag on performance against timescale when the maximum allowable extension reduces to 10 working days under the new procedure. If local managers wish to improve complaint performance they must either turn around stage 1 complaints more quickly, or apply appropriate exemptions and keep customers informed of the additional delay, or both.

For care services complaints, performance at stage 2 by the CFIT team was poorer than for other complaints handled by them in that only 15 of the 27 stage 2 complaints (56%) responded to in time with an average response time of 32 working days. All but 1 of the cases that were out of time were for home care services rather than residential (all but 1 of which were in time). This may therefore reflect some process issues in the transfer of cases from care services LAGAN system to CFIT that will need to be made more efficient.

The overall performance for stage 1 care service complaints was that 59.7% of complaints were dealt with in time. Whilst not hitting target, is in line with performance for GCHSCP as a whole and again the more rigorous use of extensions would improve the situation. According to the figures reported from the Lagan system, no complaints that went outwith the target had been subject to an extension. Table 6 below shows the stage 1 timescale performance for individual care service teams. This excludes invalid and withdrawn complaints.

Table 6: Timescales for care services complaints by service area 2020–21

Stage 1 Valid Care Services complaints 2020-21		
Service Area	% in time	Mean Work days
Home Care North East	55.8%	10.0
Home Care North West	43.1%	12.5
Home Care South	68.6%	9.0
Help at Home North East	50%	1.0
Help at Home North West	100%	6.0
Help at Home South	100%	7.0
Residential	100%	4.0
Total Complaints	**59.7%**	**10.0**

3.4 Complaints by client group overall and by locality

Chart 3 and table 7 below first gives a summary of complaints by client group and then by client group for each locality. These are abbreviated as Addictions (AD), Children and Families (CF), Criminal justice (CJ), Homelessness (HOM) Learning Disability (LD), Mental Health (MH), Older People (OP) and Physical Disability (PD). There is no client group breakdown for care services complaints. This is not a data field reported within the LAGAN system, however the majority of clients will be older people and adults with disabilities.

Chart 3: HSCP Complaints excluding care services by client group 2020–21

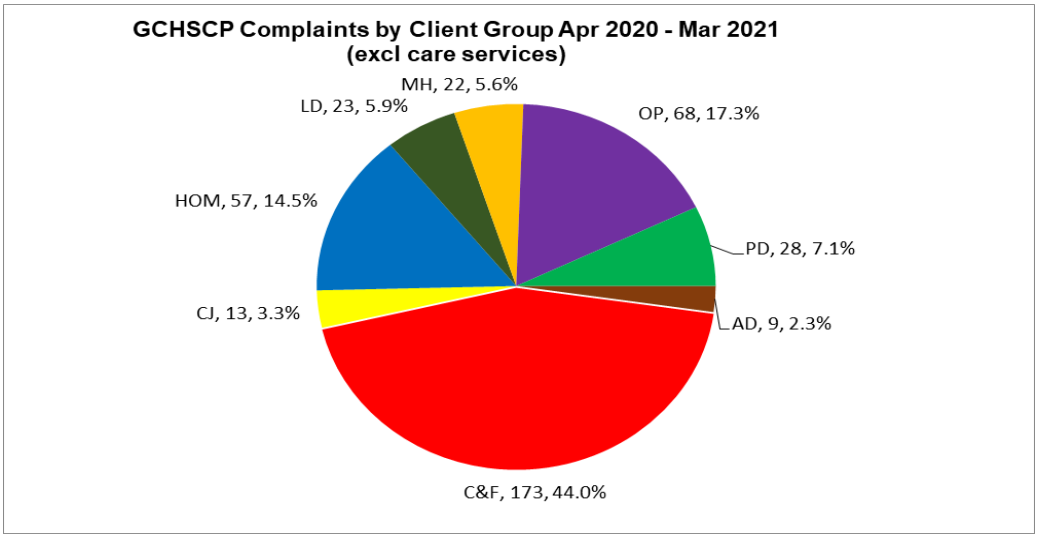


Table 7: Comparison of social work complaints by client group and locality 2020–21

Client group	Locality									
	Centre		N. East		N. West		South		Grand Total	
	n	%	n	%	n	%	n	%	n	%
AD	1	1.0	2	2.2	3	3.3	3	2.8	9	2.3
CF	31	30.7	48	53.9	39	43.3	54	49.5	173	44.0
CJ	6	5.9	4	4.5	1	1.1	2	1.8	13	3.3
HOM	38	37.6	5	5.6	10	11.1	4	3.7	57	14.5
LD	0	0.0	4	4.5	7	7.8	12	11.0	23	5.9
MH	2	2.0	6	6.7	11	12.2	1	0.9	22	5.6
OP	18	17.8	15	16.9	14	15.6	21	19.3	68	17.3
PD	5	5.0	5	5.6	5	5.6	12	11.0	28	7.1
Grand Total	101	100.0	89	100.0	90	100.0	109	100.0	393	100.0

Though all complaints have reduced, the proportional distribution of complaints between client groups is almost identical to 2019-20. There has been a proportional increase in Children and Family complaints from 36.2% to 44% (numbers have fallen from 239 to 173) and a slight proportional fall in every other group, that fall being distributed evenly. Homelessness complaints, which had increased markedly between 2018-19 and 2019-20 have almost halved numerically (104 to 57). This lends support for the theory that service developments outlined in section 3.2 above have halted and reversed the escalation of these complaints over the preceding two years, despite the challenges of the pandemic.

Variation in complaints by client group between localities is similar to last year and appears to reflect the demographic and social differences highlighted in section 3.2. In particular, North-East does have the highest relative proportion of children and family complaints, South the highest of older persons and North-West the highest for adults with disabilities aged 18-64, exactly as the demographics would predict. South has the higher number overall, in line with its population share.

3.5 Complaints by issue

The number of issues exceeds the number of complaints. Complaints with more than two presenting issues are summarised in terms of the main two issues only for Social Work and Homelessness Services and by the main presenting issue alone for Care Services. There is a degree of subjectivity involved by complaints handlers in categorising these issues.

Social work and homelessness complaints are categorised into thirteen separate headings in four groups. This allows an analysis of the relative balance of complaints about (1) policy or (2) financial issues, (3) complaints linked to direct engagement with staff or their management of cases 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. Care Services complaints are categorised under 12 headings.

The relevant headings for Social Work and Homelessness 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 quality/errors in information/communication
C4 – Breach of confidentiality / data protection
C5 – Discrimination / 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 / process not followed
Q6 – Refusal of service / not eligible / service withdrawn

For Care Services they are:

Arrived late	Failed to arrive	Failed to complete task
Quality of service	Level of service	Consistency of care
Staff attitude	Staff competency	Admin error
Vehicle issue	Organisational policy	Poor communication/information

Tables 8 and 9 show the relative percentage of each issue as a percentage of all issues and compares them with annual figures 2019-20, first for Social work and homelessness and then for care services. Charts 4, 5 and 6 then show these same numbers and proportions visually.

Table 8: Main social work issues complained of 2020–21 compared with 2019-20

Issue	n 2020-21	% 2020-21	% 2019-20
Finance	**43**	**7.5**	**8.1**
Policy	**5**	**0.9**	**1.2**
Attitude/Conduct	117	**20.4**	19.9
No response	24	**4.2**	8.1
Info/Comm	86	**15.0**	16.9
Confidentiality	28	**4.9**	3.7
Discrimination/Rights	18	**3.1**	0.7
All Staff	**273**	**47.6**	**49.2**
Quality	73	**12.7**	11.3
Level	29	**5.1**	10.1
Wait	3	**0.5**	0.3
Delay	35	**6.1**	8.8
Process	89	**15.5**	6.0
Refused/withdrawn	24	**4.2**	4.9
All Gen Qual	**253**	**44.1**	**41.5**
Total of main issues	**574**	**100.0**	**100.0**

The proportional distribution of complaints issues is broadly similar in both years but complaints around alleged breaches of confidentiality, human rights or discrimination have risen (numerically as well as proportionately). This may be of concern given the potential seriousness of such complaints. Of the 28 complaints of breach of confidentiality/data protection, 6 (21%) were upheld or partially upheld. These did involve errors in data processing, some of which represented data protection breaches due to the unnecessary sharing with other parties, or inclusion within reports, of personal information. Action was taken to change process or educate staff on these issues and these actions are listed in section 3.8 later in this report.

The 18 (3.1%) complaints about discrimination or human rights breaches are summarised below. Because two complaints went through two stages, this represented 16 complainants. None of these was upheld in any element of the complaints. Though asserted by complainants, none of these complaints involved any actual evidenced discrimination or breach of human rights.

- A homeless person complained that he was directly discriminated against by a staff member on grounds of his nationality and asked why he did not return home.
- A refugee complained of a housing offer having been withdrawn because of his ethnicity.
- A homeless client stated they were discriminated against over the phone by a staff member saying they could not understand the client but refusing to arrange an interpreter.
- A homeless client stated that lack of progress in securing permanent accommodation for him was the result of discrimination.
- A young person in a children's house complained of staff entering his room without knocking.
- A client with mental health issues complained of being verbally abused by carers.
- A client with mental health issues complained that social work services supporting an application for a family member to assume guardianship for him was discriminatory.
- A client with mental health issues claimed that her social worker referring her to mental health services was a breach of her human rights.
- A relative of a person with mental health issues complained that difficulties in finding a suitable placement for him due to his complex needs and problematic behaviours constituted a breach of his human rights.
- An advocate complained that the care planning around his client's self-directed support, limited options and budget represented a breach of his human rights.
- A parent with mental health issues questioned about her behaviours towards her child and other children, in a child protection context, complained that this was due to her ethnicity and was discriminatory.
- A criminal justice client complained that a decision to recall his licence was racist and that social work services were institutionally racist.
- A neighbour of a children's house complained that the young children residing there were victimising his son because of his disability.
- An aunt of looked after children complained that denial of family contact for the children with their mother was a breach of their human rights (it was in fact a condition of a legal order imposed by children's panel).
- A father of looked after children complained that social work services were institutionally racist and denying his children their heritage.
- A mother of a looked after child complained that a decision to seek adoptive parents for her child was an act of discrimination against her on grounds of her disability (specifically her borderline personality disorder).

Complaints about level of service have fallen, despite that having been an increasing trend last year. It is possible, as referred to in section 3.1 that this reflects changing expectations of customers in light of the Covid pandemic.

As remarked on in previous years, a high proportion of complaints focussing on issues related to staff is an ongoing feature of social work complaints. The fact such complaints are made should not be assumed to indicate generally unacceptable performance or personal conduct on the part of staff. There is a tendency on the part of some service users to focus their complaints on the person with whom they are engaging, even if the circumstances to which they are objecting stem from policy and procedure or decisions and actions taken collectively. This is particularly true in cases where the relationship is an enforced one such as in criminal justice, child and adult protection cases. It remains the case that the majority of such complaints are not upheld.

Table 9: Care Service complaints by issues 2020–21

Valid Care Services complaints 2020-21		
Issue	**n**	**%**
Arrived Late	1	0.4
Failed to arrive	23	8.6
Fail complete tasks	4	1.5
Quality of service	96	36.1
Level of service	7	2.6
Consistency of care	16	6.0
Staff attitude	35	13.2
Staff competency	73	27.4
Admin error	4	1.5
Vehicle issues	4	1.5
Organisational policy	1	0.4
Poor comms/info	2	0.8
Total closed	**266**	100.0

This table omits invalid and withdrawn complaints. When compared with 2019-20, complaints about quality of care have decreased numerically but remain the greatest issue complained of proportionately, at much the same proportion.

Complaints about failure to arrive, late arrival or failure to complete tasks have fallen proportionately and numerically from a combined 112 (32.7%) in 2019-20 to 28 (10.5%). This may however simply reflect the fact that fewer visits have taken place during the pandemic and therefore the opportunity for failures of that type is reduced.

Complaints about both staff competency and attitude have increased both numerically and proportionately, despite falling numbers of complaints overall. In 2019-20 the combined total of these was 60 (17.5%) and is now 108 (40.6%). This may represent another effect of Covid. Some service users have had to adjust to different carers replacing familiar faces due to staff shielding, isolating or absent and other general staffing pressures arising from Covid. Those staff would not be as familiar with the needs and personal preferences of service users as were the regular carers and relationships would not have been established, creating the conditions for complaint.

These are a small proportion of all home care clients and visits. Such criticisms of staff attitude and competence are contrary to the findings of the general satisfaction / customer engagement survey for these services, as set out in the annual performance report that is referenced under section 3.2.

Chart 4: Number of social work complaints by issue 2020–21

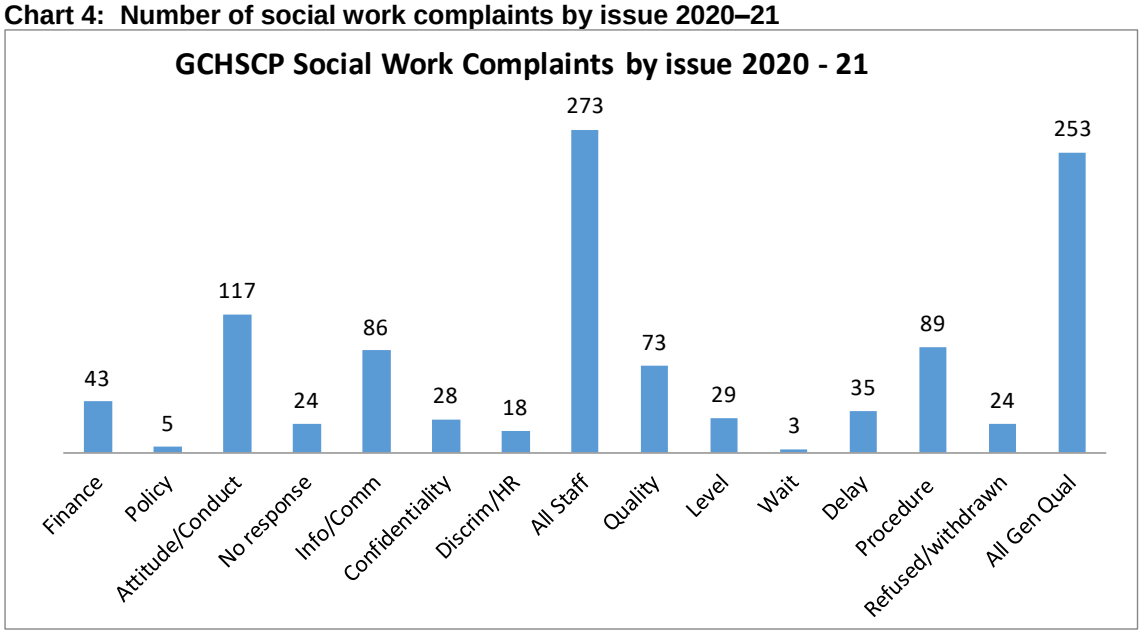


Chart 5: Proportion of social work complaints by issue 2020-21

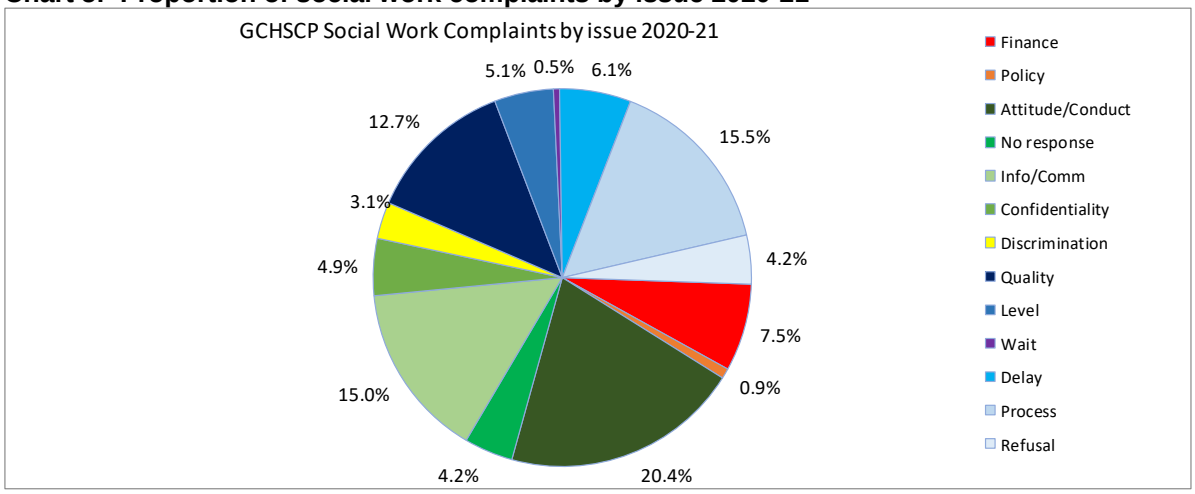
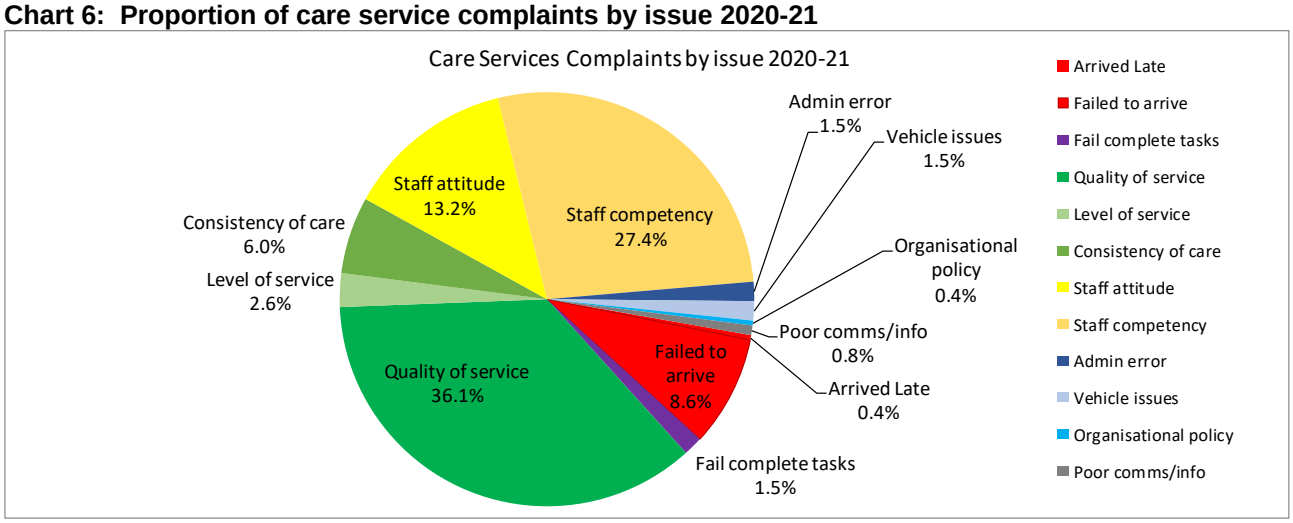


Chart 6: Proportion of care service complaints by issue 2020-21



Client Sub-Groups and their specific social work issues

In examining sub-groups of clients for social work complaints the following can be identified as issues of concern to them:

Addiction / alcohol and drug recovery services; There were only 9 complaints made by 7 service users (one client raised two complaints about the same issue and another progressed a stage 1 complaint to stage 2). The one escalated through two stages was a partially upheld simple complaint about a misaddressing of bills for client contribution. The repeated complaint was about refusal of a residential detox service (not upheld). Three complaints did not relate directly to GCHSCP services but were instead about a provider – Turning Point Scotland – two of which were from clients reporting the same incident when both were (they claimed) 'strip searched' by the provider's staff. These were redirected to Turning Point to deal with as they were essentially issues regarding staff conduct – a matter for the employer. One complaint by a relative of a service user with alcohol issues referring to lack of support for him was not accepted as they had no locus in the confidential matter and the basis of their complaint was clearly misinformed. One about the attitude of a member of addictions staff was partially upheld.

There was no pattern to these complaints and they provide no evidence of concern as to any areas of concern or potential quality issues. None of these complaints explicitly referenced the Covid pandemic or the HSCP's response to this.

Children and families services: 173 complaints were made by 147 service users, with 21 people having raised more than one complaint or taking a complaint through multiple stages. Seven complaints in this client group involved complaints of discrimination or breach of rights which were not upheld, as covered above.

Only a very small number – seven - of these complaints explicitly cited the Covid pandemic as a factor in their complaint. This was in the context of allegations of staff not following Covid rules or of the application of Covid restrictions negatively impacting on services such as contact of family members with looked after children.

The most common issue cited, in 39 complaints, was the attitude and conduct of workers, however these fell into 2 distinct groups. 25 of these were from people dissatisfied with the attitude and conduct of workers related to child protection processes in which they themselves were the subject of investigation. None of these complaints were upheld. 14 related to criticisms of the worker's role or attitude in family support or other roles outwith child protection. 5 of these complaints were upheld or partially upheld, the remainder were not.

17 complaints were from parents, relatives or neighbours raising child protection concerns, often against family members with whom they had an acrimonious relationship, complaining that their concerns were not being sufficiently investigated or acted upon. None of these complaints were upheld.

There were 26 complaints about general lack of financial or other support. 8 of these were upheld of partially upheld. There were 17 complaints about lack of contact with a child in care of information from social work about those children. 6 of these complaints were upheld or partially upheld. A further 7 were about general lack of contact and information from allocated workers. 4 of these were upheld or partially upheld.

There were 16 complaints about breaches of confidentiality or the Data Protection Act. These usually stemmed from a misunderstanding on the part of the complainant that their consent was required for certain information gathering or sharing activities carried out by social work staff when consent is not in fact the legal basis of that activity. Consequently the majority of these complaints – 13 – were not upheld. 3 were partially upheld.

There were 6 complaints about a failure to make correct kinship care payments. Four of these were upheld.

8 complaints related to delay in progressing assessments or other case management activities. 5 of these were upheld or partially upheld.

Other complaint issues arose in fewer than 5 cases – complaints about decisions and recommendations for looked after children (none upheld), neighbours of children's houses complaining about nuisance (upheld), young people residing in those children's houses complaining about bullying by other residents (upheld) as well as two young people complaining on more than one occasion about the rules or their lack of involvement in their own care planning. These complaints associated with children's houses were however far fewer in number this year than had been the case over the past 3-4 years.

Criminal Justice Services: There were 13 complaints from 8 service users, with 3 service users raising complaints across two stages and one service user making 3 separate stage 2 complaints. None of these complaints explicitly referenced covid-19.

Most of these 13 complaints were multi-issue and involved some criticism of the attitude or conduct of staff, with female staff in particular being singled out from criticism of 'bias' by male offenders. There were also complaints of information in reports to courts or parole boards being incorrect or deliberately falsified and of breach of confidentiality. Three complaints were partially upheld. These concerned: a prisoner whose application to have visits from his grandchildren had not been properly handled by community-based staff; a victim of crime whose emails had not been replied to by a social worker and; a failure to respond appropriately to a prisoner's information request. None of the complaints concerning staff attitude and conduct were upheld and there is no evidence within these complaints of any systematic quality shortfall that requires to be addressed.

Homelessness Services: 57 complaints were raised by 51 services users with one person raising 3 complaints and 4 raising 2 complaints each. Some contained multiple issues. Only two explicitly referenced Covid 19.

5 complaints referred to discrimination or breaches of human rights as covered earlier in this section. One further complaint alleged a breach of other legislation – the Gender Recognition Act. This was upheld and staff were reminded of their duties under that legislation.

The most frequent complaint raised – 11 in total –was of a lack of progress with securing permanent accommodation. Only 2 of these were upheld or partially upheld.

The next most frequent complaint – 10 in total – was from members of the public complaining that neighbouring properties were being used to house homeless people (either Temporary Furnished Flats or commercial hotels). None of these were upheld.

9 complaints cited a poor standard or unsuitable temporary accommodation. 3 of these complaints were upheld. 10 complaints referred to a general lack of support and contact from the allocated worker. 4 of these were upheld. 8 criticised the attitude of the worker and 3 of these were upheld or partially upheld.

All other issues arose in 3 or fewer complaints: A single complaint of a data breach (not upheld); 2 raising financial issues (not upheld); 3 issues of storage of goods (1 upheld); 2 disputes with decisions to discharge duty (neither upheld).

Those complaints that were upheld would seem to indicate pressures on resource and staff but no systematic or widespread common issues as had been the case in the past two years and no acute impact of Covid-19 expressed via the formal complaints process.

For **adult community care groups** - physical disability (28), learning disability (23) and mental health (22) complaints, there were a total of 73 complaints made by 66 service users.

Only 6 of these complaints explicitly mentioned Covid-19 as a factor relevant to their complaint. Two for learning disability clients referred to reduced services during the pandemic and one to being charged for day services that were suspended. One learning disability client referred to a refusal of additional support when their family carers became unwell with Covid. One client with physical disability complained of reduced services due to Covid-19

12 complaints concerned delay in staff being allocated to progress assessments or MHOs to prepare Guardianship reports, or other process delays. 4 of these were upheld or partially upheld.

There were 10 complaints concerning the conduct of ASP investigations – either that concerns had not been acted upon or that unnecessary enquiries had been conducted. None of these were upheld.

10 complaints were received concerning reductions in budget or care packages. Only 2 of these were upheld or partially upheld. 8 people complained about the outcome of their assessment in terms of the level of budget proposed. None of those were upheld. 7 complaints related to refusal of service or closure of day services. 2 of those were upheld or partially upheld.

There were 5 complaints concerning poor quality of GCHSCP services, 2 of which were upheld, and 2 concerning the quality of provision by commissioned providers, which were transferred to those providers to deal with.

All other issues were raised in 3 or fewer complaints: 3 complaints of data protection or confidentiality breaches, none upheld; 3 complaints around charging policy, client contribution of other financial issues, 2 of which were upheld or partially upheld; 3 complaints of poor communication or lack of information from workers, 2 of which were upheld; 2 complaints of inaccurate information in the service user's file, neither of which were upheld.

The small number of upheld complaints concerning delay in allocating workers and progressing assessment, reduction or refusal of service is no doubt an indicator of resource pressures in the system, but again there is no clear theme or volume of upheld complaints suggesting some systematic issue with services requiring to be addressed.

Older Persons Services: In terms of the social work as opposed to care services complaints, there were 68 of these submitted by 62 complainants.

Covid was referred to in only six of these complaints, two of which did not refer to GCC services but rather the conduct of staff in a private care home and lack of information on testing centres, which was an NHS matter. Those relevant to GCHSCP social work services were about charging for services that were not provided due to Covid, Covid safety practices of a staff member visiting a client, failure to provide PPE equipment to a carer and one relating to general reduction of services due to Covid.

The main issues raised were around financial issues. 19 complaints were raised relating to Free Personal Care payments, client contributions and disputes over deprivation of assets / disregard of property for purposes of calculating liability for care. Five complaints on financial issues were upheld or partially upheld. These related to a service user having no access to funds after Guardianship was terminated, the purchasing process for safe space beds, charging for day services not provided due to Covid, a delay in approving funding and a delay in advising that a particular element of support was a chargeable service.

6 complaints were around discharge planning and eligibility for care home admission. 3 related to disputes with the outcome of assessments. 6 related to Adult Support and Protection Processes. 4 related to an inadequate level of care and support. None of any of these were upheld.

12 complaints related to staff attitude, of which 3 were upheld or partially upheld. 6 related to delay in completion of assessment or other care management processes, only one of which was upheld. 5 related to a failure to allocate staff to carry out assessments, 4 of which were upheld. 5 related to eligibility criteria or refusal of services of which one was upheld.

Care Services: For the 33 care services complaints (27 stage 2, 3 stage 1 and 3 stage 3) relating to home care and residential care handled by the CFIT team, 31 related to older persons and 2 to adults under 64 with physical disabilities. These were submitted by 28 individual customers.

Ten of these referred explicitly to Covid-19, either explicitly as an issue in of itself or as a factor in complaining about service reduction or withdrawal of service. Two separate service users' relatives complained that their relatives had contracted Covid and stating that this had been caused by the home care staff. There was no evidence supporting this in either case and neither complaint was upheld.

A relative of a service user who died following a fall in a care home complained of poor infection control practices around Covid, as part of a much wider complaint around the management of their care that was partially upheld. A different service user complained of 'over-zealous' Covid control measures in the same care home. This was not upheld.

Four persons complained of a reduction in home care services resulting from the GCHSCP response to Covid but only one of these was partially upheld, in circumstances where the family carer had contracted Covid. Two other service users complained of a refusal to reinstate home care that had been reduced or withdrawn on grounds of priority when they believed that the measures were no longer required at particular points in the pandemic but these complaints were not upheld.

Of the remaining issues unrelated to Covid, there was a complaint about missing belongings in a care home that went through all three stages of complaint despite having been upheld at the first stage. This is covered in section 3.7 (SPSO complaints).

Of two complaints about inconsistent care, 1 was upheld. A complaint about poor information or communication was upheld. A complaint about general quality of care at a care home was not upheld. A complaint about a refusal to offer a care home place was not upheld.

8 people raised serious concerns about the quality of home care services. One stated that a home carer had been present when their relative fell and had failed to prevent this. There was no evidence that that was the case and the complaint was not upheld. This is also referenced in section 3.7. The other complaints were all upheld or partially upheld. These covered a range of issues including moving and handling with a hoist, administration of medication, assistance with food preparation, poor advice of mobilising and insufficient support to promote recovery.

3.6 Complaint outcomes overall, by service area and client group

Table 10 and Chart 7 below show the outcomes of social work complaints in terms of whether they were upheld for stages 1 and 2. Table 11 shows the outcomes for care services. Third stage SPSO complaint outcomes for GCHSCP as a whole are given in section 3.7. Complaints that do not complete the process are those that are withdrawn, repeated or vexatious complaints, those addressed through other processes (claims, legal, HR, Child and Adult Protection) or fall within the complaints procedure of a different body. These can be considered a specific category of 'Not Upheld' complaints, in that they are not valid and cannot be upheld. They are equivalent to those that are recorded as 'withdrawn/invalid' for care services.

Table 10: Social Work Complaints Outcomes 2020–21

Outcome	n	%
Transfer To Other Process	12	3.2
Not Accepted	41	11.1
Informally Resolved	10	2.7
Not Upheld	210	56.8
Partially Upheld	**61**	**16.5**
Upheld	**26**	**7.0**
Withdrawn	10	2.7
Grand Total	370	100.0

In 2019-20, 35.5% complaints were fully or partially upheld and 53.8% not upheld. In the present year the total upheld or partially upheld is only 23.5%, the lowest proportion of upheld complaints for some time. Because this is against the background of a very low number of complaints more generally, this is the lowest number of upheld complaints for at least 10 years.

Chart 7: Social Work Complaints Outcomes 2020-21

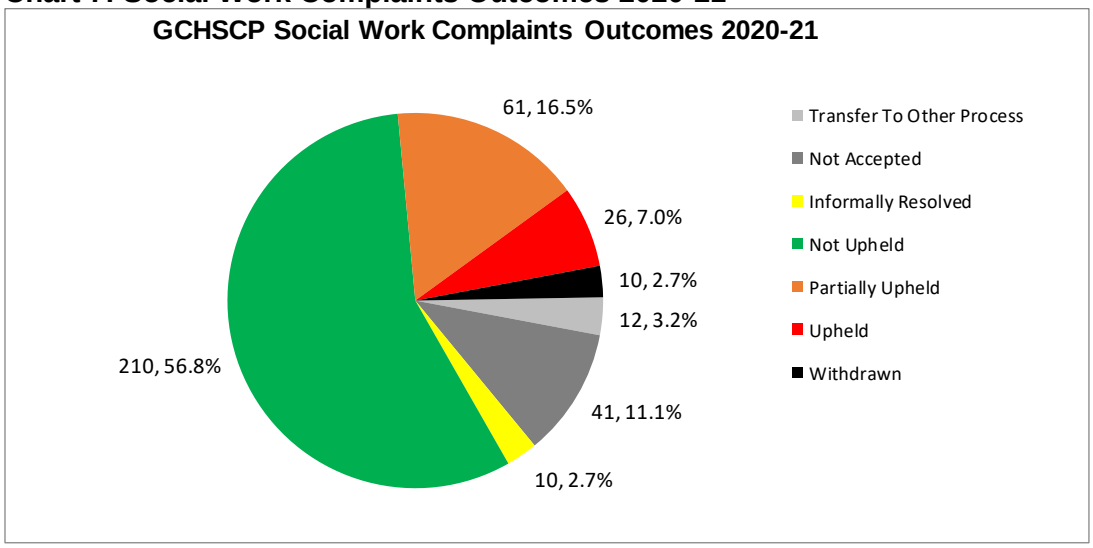


Table 11: Care Services Complaints Outcomes 2020-21

Valid Care Services complaints 2020-21							
Service Area	**Total**	**Not Upheld**		**Partially Upheld**		**Upheld**	
		n	**%**	**n**	**%**	**n**	**%**
Residential	8	5	62.5	2	25.0	1	12.5
Home Care North East	81	31	38.3	16	19.8	34	42.0
Home Care North West	64	35	54.7	11	17.2	18	28.1
Home Care South	107	39	36.4	20	18.7	48	44.9
Help at Home North East	1	0	0.0	0	0.0	1	100.0
Help at Home North West	2	0	0.0	0	0.0	2	100.0
Help at Home South	2	1	50.0	1	50.0	0	0.0
Total	**265**	**111**	**41.9**	**50**	**18.9**	**104**	**39.2**

Table 11 above shows care service complaints by outcome overall and by service area for those that were valid, not withdrawn and closed in 2020-21. All stages are combined. The total percentage upheld or partially upheld is 58.1%. The equivalent figure in 2019-20 was 87.7% upheld or partially upheld. Again therefore the number of upheld complaints has fallen markedly since last year.

In October 2019 new guidance was applied on the management of complaints, including the way in which complaints are managed at the point of contact or within five working days. The development of systems such as Caresafe Scheduling and Monitoring, and increase in access by former Cordia staff to Carefirst 6, has provided managers with tools that can be used to determine the validity of complaints and to reach a more evidenced-based outcome. This has meant that complaints that might have otherwise been upheld on face value in previous years, based solely on the account given by customers and staff, have not been upheld when wider facts were established. The involvement of the central complaints team in stage 2 investigations has also meant a greater degree of scrutiny and assessment of evidence when determining outcomes.

3.7 Stage 3 Referrals to Scottish Public Services Ombudsman

Across Social Work, Care Services and Homelessness Services, it has been a very active year in terms of contact from the Scottish Public Services Ombudsman (SPSO). A total of 25 complaints were the subject of decisions advised by the during 2020-21. Regardless of whether these proceed to full investigation they generate a great deal of work for the complaints team in terms of communication with SPSO and responding to their information requests. These can often be over a span of months or years and involve more than one information request, or even cases being closed and the reopened months later. In addition to these, one case was considered by the Office of the Information Commissioner (O.I.C) of the U.K.

The disposition of these cases is as below followed by a summary of each case. Two of the SPSO cases were upheld following investigation. One of these concerned home care services delivered in 2018 when those services were still managed by Cordia LLP. The other is the last one listed below (as it was the last received) and involved assessment for kinship care payments.

One of the cases reported below had been the subject of investigation in a previous year and upheld but, as referenced in last year's report, GCHSCP had challenged that decision. This was overturned in 2020-21 and a new decision of 'not upheld' issued.

In the remaining cases, SPSO either did not uphold the complaint following formal investigation or decided not to take the matter further following a preliminary screening assessment. This would usually be on grounds of proportionality, i.e. that the stage 2 response issued by GCHSCP has been satisfactory and nothing further could be achieved by SPSO investigation. GCHSCP have not challenged the decisions in the two cases that were upheld this year and all recommendations have been implemented in connection with these cases.

The fact that so few complaints are escalated to SPSO and upheld, or even subjected to a full investigation, would appear to indicate that the second stage of the process is generally operating in correct manner - identifying failings and offering redress when these are accepted and otherwise stating a full and well-evidenced rebuttal of the complaint.

Case 1: ICO reference IC-51884-J5G2.

Main Focus: Service User made a subject access request and believe that they have not been provided with all the information to which they were entitled.

Summary of Case: GCHSCP responded to three separate subject access requests from a person seeking access to personal data held in respect of themselves and other family members. One request included the minute of a meeting from which the person had been specifically excluded, as it was a child protection meeting between professionals. The person made representations to GCHSCP directly and then to the Information Commissioner, via an advocate, asserting that their Data Protection rights had not been properly upheld. The Information Commissioner wrote in early 2021 to the Council's Data Protection Officer. The HSCP had already responded to the complainant directly stating our position that they has received all information to which they were entitled and they were not in fact entitled to a copy of the minute in question. The Council's Data Protection Officer subsequently reviewed the matter and communicated the same position to the Information Commissioner.

ICO Findings / Outcome: Pending decision by O.I.C – the information was sent to O.I.C some months ago and a decision is yet to be advised.

Case 2: SPSO reference 201705735.

Main focus: GCHSCP unreasonably failed to offer SDS options following assessment.

Summary of the case: The complaint was originally raised in 2017 and a response issued in early 2018 covering a series of complaints stretching back 5 years. No part of the complaint was upheld by GCHSCP. This case appeared in the previous two reports. The service user's Guardian had chosen to care for them at home, despite a professional finding that their needs could only safely be met in residential care. They disputed the adequacy of the care package put in place following an ASP intervention and questioned whether GCC had acted in compliance with Self-Directed Support (SDS) legislation in putting services in place rather than offering Direct Payments.

SPSO initially investigated this in 2018 and decided to close the case at that time without further action, being satisfied at that time with the response of GCHSCP. SPSO then reopened the complaint in February 2019 and made a provisional decision in July 2019 upholding the complaint. GCHSCP and GCC legal wrote to SPSO challenging the factual and legal basis of this decisions, requesting that final decision be deferred until certain legal points were responded to. These legal points were not responded to and a final decision was issued in January 2020, upholding the complaint that GCC had not offered the relevant SDS options and directing an apology and making three recommendations – issue an apology, reassess the case and review policy in this area.

GCHSCP again challenged this finding under the SPSO's review process. GCC Legal services also complained to SPSO about the handling of the complaint. The Ombudsman advised in October 2020 that this decision was being set aside following review and that the whole complaint was to be reinvestigated once more by her office.

SPSO findings / outcome: March 2021. Not upheld. No recommendations. A new final decision was advised in March 2021, overturning the previous decision. GCHSCP managers nevertheless considered carefully the SPSO's comments and took forward action to improve the recording of decisions and actions in such cases. We recognised that there needed to be more clarity in future around care arrangements made outwith SDS legislation for cases that would normally fall within that process.

Case 3: SPSO reference 201909093.

Main Focus: SWS needlessly intervened in the complainant's life and removed their child from their care following a Child protection investigation.

Summary of Case: The complainant made the above complaint in via their solicitor in late 2019, alleging that the social worker in the case had acted unprofessionally and put false information in a court report seeking a child protection order, 'cherry picking events'. GCHSCP investigated and did not uphold any element of the complaint. The solicitor then raised the matter with SPSO.

ICO Findings / Outcome: April 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after review of the complaints file provided by GCHSCP on the grounds that the child protection order had been appealed and these matters thoroughly considered by the court. SPSO was in essence being asked to review matters that had already been considered by the court and to initiate disciplinary action against the worker, neither of which were matters in which SPSO had scope to act.

Case 4: SPSO reference 201907046.

Main Focus: Poor quality of care from commissioned provider. Failure of GCHSCP to resolve the issue or to properly fund care.

Summary of Case: Guardians of two young adults with learning disability had complained in 2019 of a poor quality of care from both their previous and present provider, that GCHSCP had failed to act appropriately in light of the Guardians' concerns, failed to resolve these issues and were not providing a proper level of funding to ensure adequate care. GCHSCP investigated and did not uphold any of the issues raised. Solicitors contacted SPSO seeking investigation.

ICO Findings / Outcome: May 2020. Case closed no further action. Not taken forward following assessment. SPSO advised that the solicitors had not responded to their requests for further information supporting the complaint and that they were therefore closing the case without further action.

Case 5: SPSO reference 201909288.

Main Focus: Failure to act on adult protection concerns. Refusal of GCHSCP to support installation of cctv camera.

Summary of Case: The adult child of an elderly service user raised concerns about the conduct of their sibling towards their parent and complained that social work staff did not properly investigate these concerns and had opposed (on grounds that this was unnecessary and intrusive of the adult's privacy) to support their wish to install cctv cameras in the older person's home. GCHSCP investigated this in 2019 and did not uphold any element of the complaint.

ICO Findings / Outcome: June 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after review of the complaints file provided by GCHSCP on the grounds that the response and actions of GCHSCP had been reasonable and a good investigation had taken place.

Case 6: SPSO reference 201908339.

Main Focus: Respite carer unreasonably prevented from providing respite care to a specified child.

Summary of Case: A respite carer complained that GCHSCP was unreasonably preventing them from providing respite care to a child they had previously cared for and were not explaining their reasons for this decision. They further complained that concerns that they themselves had raised concerning the child's parent's management of the child's medical condition had not been properly progressed by social work staff and that this was the reason for respite arrangements having ended. GCHSCP investigated in 2019 and did not uphold any aspect of the complaint. The complainant raised this matter with SPSO adding that the complaint investigation by GCHSCP had not been properly conducted and objected to the content of the response.

ICO Findings / Outcome: June 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after review of the complaint file provided by GCHSCP. This was on the grounds that actions of GCHSCP had been reasonable and that it had been explained correctly that certain matters concerning the ending of respite arrangements could not be explained to the complainant on grounds of confidentiality. SPSO found that a good investigation had taken place and a clear, thorough and reasonable response provided. SPSO explicitly rejected the complaint of a lack of empathy in the response and stated that the tone of the response was reasonable. They decided that nothing could be accomplished by further SPSO investigation.

Case 7: SPSO reference 201709088.

Main Focus: A child protection investigation into injury of a child in their care was unwarranted and not properly conducted as they were not invited to the Child Protection Case Conference.

Summary of Case: Foster carers complained about the conduct of an investigation into the injury of a child in their care and their exclusion from the case conference discussing the case. GCHSCP investigated in 2019 and did not uphold any aspect of the complaint.

ICO Findings / Outcome: July 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by the complainants. This was on the grounds that actions of GCHSCP had been reasonable, a good investigation had taken place and a clear, thorough and reasonable response provided.

Case 8: SPSO reference 201907760.

Main Focus: Homelessness services did not accept complainant's application and did not meet their hotel expenses when they were forced to arrange accommodation for themselves.

Summary of Case: A homeless person complained that, following their eviction from a private tenancy, no emergency accommodation had been available to them when they presented at their local office. The had been made to wait for several hours, their homelessness application was not accepted and that, having been forced to pay for their own accommodation and asked for this to be reimbursed, that had been refused. They then sent a series of further complaints over a period of several weeks about various issues, mainly a lack of support (particularly financial support), the standard of temporary accommodation that they had now been provided with since first complaining and the actions of the worker who had since been allocated to them.

GCHSCP investigated in 2019 and upheld the complaints concerning an unreasonable wait, refusal of the homelessness application and failure to provide emergency accommodation. It was noted that the team had wrongly believed the person did not pass the habitual residency test when in fact they had a permanent right to reside in the U.K. An apology was issued and it was noted that they had now been allocated a worker and provided with accommodation. Complaints concerning the allocated worker, standard of accommodation, lack of support and refusal to pay hotel bills were not upheld. The person referred matters to SPSO, focussing on the issue of the initial refusal of the homeless application and reimbursement of costs.

ICO Findings / Outcome: July 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after review of the complaints file provided by GCHSCP. This was on the grounds that GCHSCP had upheld the specific complaint made and had correctly explained how the complainant might apply for compensation, had considered that claim and had rejected it.

During the course of their initial assessment, SPSO had asked GCHSCP to reconsider the question of compensation and we had done so, again rejecting the claim. SPSO commented that GCHSCP's response to the complaint appeared reasonable and clear. SPSO explained that even where temporary accommodation is provided, there is a charge for this and it is not provided free. This had been explained to the complainant by GCHSCP. They further explained that it was possible the complainant could have secured temporary accommodation at a lower cost than claimed for and that they were unable to say definitively that they had incurred the loss as a result of the Partnership's failings, recommending they seek legal advice. They concluded by stating they did not consider that they could helpfully add to the response already provided by GCHSCP.

Case 9: SPSO reference 201809055.

Main Focus: GCHSCP failed to carry out a reasonable support needs assessment for the complainant's child and prepare an appropriate outcome-based support plan.

Summary of Case: The complainant is guardian for a young adult with disability and has raised many complaints over a long period of time relating to the level of funding, quality of support and financial issues around client contributions. This particular one related to a complaint about a lack of reasonable assessment and support planning, inadequate respite budget, financial issues around transport costs and disability related expenditure and a wide-ranging criticism of the whole self-directed support process. It was submitted to GCHSCP in May 2018, but not responded to until April 2019, after which the complainant referred matters to SPSO. GCHSCP did not uphold any aspect of the complaint and apologised for the lengthy delay in responding. The complaint to SPSO focussed on the adequacy of assessment and care planning.

ICO Findings / Outcome: August 2020. Not upheld following full investigation. SPSO consulted their professional advisors and concluded that the action taken by GCHSCP in preparing the support needs assessment and outcome-based support plan was reasonable and in line with relevant guidance and policies. They did not uphold the complaint. They were critical of the complaints handling but made no recommendation, noting that an apology had been made and action taken to improve complaints handling in future.

Case 10: SPSO reference 20190835.

Main Focus: Failure to properly assess and fund Free Personal and Nursing Care.

Summary of Case: The family of deceased client had objected to errors and delay in the handling of their request for assessment for Free Personal and Nursing Care (FPNC) PNC and sought compensation as well as making a complaint. This was investigated by GCHSCP in 2019 and the complaint was not upheld but potential improvements were identified in the process of assessing for FPNC persons who were nearing the end of their life.

ICO Findings / Outcome: August 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by GCHSCP. This was on the grounds that GCHSCP had provided a reasonable and evidence-based response to the complaint and that, whilst the complaint was not upheld, GCHSCP evidently took the concerns seriously therefore further investigation by SPSO would be unlikely to achieve anything further.

Case 11: SPSO reference 201907794.

Main Focus: GCHSCP will not allow expenditure against the respite budget, are not properly supporting the carer and are not taking into account disability related expenditure when calculating client contribution.

Summary of Case: A carer for an adult with disabilities had made a large number of previous complaints focussed on alleged lack of support and on financial issues, submitted directly by them. On this occasion they submitted a further complaint via their legal representatives covering nine separate issues including that: no assessment had been completed for the adult; that current provision did not meet his needs; no proper budget had been allocated; the carer's assessment had not been carried out transparently; the carer was also not supported adequately; the carer was denied a meaningful input into the budgeting process; the carer was denied information to allow the respite budget to be accessed; there was a general lack of information provision; the carer and adult were being discriminated against. GCHSCP investigated these matters in 2019 and did not uphold any element of complaint. The complainant raised this matter with SPSO, focussing on the three issues set out above.

ICO Findings / Outcome: August 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by GCHSCP. This was on the grounds that GCHSCP's response to the complaint appears reasonable, provided a clear and detailed response, explaining the steps they took to investigate and the reasons they did not agree with the complainant's position.

In terms of the respite budget they commented that the complainant had not provided SPSO with any evidence that would them doubt the reasonableness of GCHSCP's position and as such they did not believe that it is the role of the SPSO to consider this matter further. In terms of carers support they noted that GCHSCP had indicated that the complainant had refused reasonable offers of resolution and that there has been a lack of engagement from the complainant with this process. The complainant had not provided SPSO with any information would make them question GCHSCP's position on this matter. On the question of Disability Related Expenditure SPSO again stated that the complainant had provided no evidence to make SPSO doubt GCHSCP's position on this matter and that that position also appeared reasonable to SPSO.

Their overall conclusion was that GCHSCP's position 'continues to appear reasonable' and that they could not helpfully add to the response GCHSCP had provided. They urged the complainant to engage constructively with GCHSCP.

Case 12: SPSO reference 202001951.

Main Focus: Inadequate funding arrangements, inappropriate care provided and poor communication with the complainant.

Summary of Case: The adult child of a deceased service user complained to GCHSCP in 2018 concerning financial matters relating to the interim funding of the parent's care home placement by the Council and charges to be applied against property owned by the deceased. In the course of this complaint they criticised certain aspects of correspondence received from the finance department. They also raised concerns that the care home in which the parent had resided prior to his death had not been suitable to meet their needs (though no such concerns appear to have been raised during their lifetime). They referenced exchanges of correspondence with the finance team in the period 2015-2017 and events preceding this. GCHSCP investigated and responded in early 2019. The general complaint was not upheld though an apology was made in respect of some aspects of the correspondence and, in particular, a failure to correctly highlight the right of appeal and/or complaint.

ICO Findings / Outcome: August 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by the complainant. This was on the grounds that the complainant had not referred their complaint to SPSO within the time limits set down.

Case 13: SPSO reference 201806997 (upheld).

Main Focus: Unreasonable delays in putting supports in place to mobilise client from bed.

Summary of Case: This complaint relates to home care services in place in 2018 when these were managed by Cordia LLP, prior to transfer to GCHSCP. Therefore no stage 2 investigation had been carried out by CFIT but a response to the complaint had been provided by care services management after the transfer for services from Cordia. The client died in early 2019. The matter was not reported in the previous year's annual report, as the decision notice had not been forwarded to the complaints team by financial year end and the case was not closed by SPSO until September 2020.

Essentially the service user, who had dementia and a range of physical infirmities, was bed-bound and there were both delays and errors in sourcing the correct equipment to assist home care staff in assisting the client to mobilise. Unsuitable equipment was delivered at one point and had to be returned. The service user's health deteriorated whilst these matters were being resolved and the service user's adult child submitted this complaint after the service user's death.

ICO Findings / Outcome: Decision February 2020: Upheld. SPSO found that there were unreasonable and unnecessary delays in putting mobilisation measures in place and upheld the complaint. They made 3 recommendations – for a letter of apology to be issued and for evidence that the result of their findings have been fed back to the staff involved in a supportive manner in respect of the prompt ordering of equipment following assessment and the correct use of moving and handling techniques. They also asked for evidence that procedures and processes relating to the complaint had already been reviewed following transfer of services from Cordia to GCHSCP.

The apology was sent and evidence submitted to SPSO. SPSO confirmed in September 2020 that the evidence was satisfactory, that all recommendations had been implemented and that they were closing the case.

Case 14: SPSO reference 202001314.

Main Focus: GCHSCP is institutionally racist and has issued a threatening letter to because the complainant is making enquiries into this.

Summary of Case: A criminal justice client under a life licence had complained in June 2020 about a previous response from the complaints team because it failed to give them legal advice they had requested. They claimed the complaint response was a 'whitewash' and 'cover up', that it was 'facetious, belittling and mocking' and that GCHSCP are 'institutionally racist'. That response had itself concerned a complaint about criminal justice workers treating them in a racist manner.

Grievances were stated in very general terms and records show that the complainant had a long history of making similar generalised allegations. Neither complaint was upheld. The complainant referred this to SPSO, linking a letter they had received in January 2020 to these matters and claiming this letter was a 'threat' 'under false pretences' in response to them having made enquiries about 'institutional racism'. The letter in question had been a reminder of their responsibility to engage constructively with supervision as a term of their licence following their unacceptable behaviour at a meeting in late 2019.

ICO Findings / Outcome: September 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by GCHSCP. This was on the grounds that the response made by GCHSCP had been generally reasonable and the advice given consistent with the SPSO's own understanding of the HDSCP's role.

Case 15: SPSO reference 201910161.

Main Focus: Home care worker was present when client fell, failed to prevent this and lied about not being present.

Summary of Case: This is a highly unusual case, again relating to home care services managed by Cordia LLP prior to transfer to GCHSCP, but again with a response provided by care services management following transfer. The adult child of a service user who died in 2018 made a complaint several months later, in late 2019, that a member of the home care team had been present when the client fell in their home, had failed to prevent that fall and then had lied to the complainant, stating that they were not present at the time of the fall, having previously indicated to the complainant that they were present.

Care services management responded in early 2020, rejecting these claims. The complainant referred the matter to SPSO who, unusually, neither decided to investigate nor to close the complaint following assessment but rather asked GCHSCP to provide a further response. CFIT investigated the complaint and responded again in October 2020. The complaint was not upheld. GCHSCP's position was in essence that there was no evidence at all that the member of staff was present when the service user fell and that the complainant had simply misconstrued a remark made by the member of staff.

ICO Findings / Outcome: October 2020. Case closed. SPSO initially advised on receipt of a copy of the new response in October 2020 that they were closing the case. They wrote again in December 2020 stating that they were reopening the case and information was again provided to them. That investigation was still formally open at the end of March 2021 and so the decision will be formally reported advised in the 2021-22 annual report. However it can be confirmed that the SPSO advised in June 2021 that they were not taking the matter any further on the basis that GCC had properly investigated and gave a satisfactory response in October 2020. It is unclear why this could not have been determined in October 2020.

Case 16: SPSO reference 201909093.

Main Focus: GCHSCP unreasonably refused to change the basis of care from commissioned provider to Direct Payments.

Summary of Case: A service user's relative had first complained in early 2019 in that GCHSCP was refusing to change from commissioned services to Direct Payments. They repeated that complaint in late 2019. The complaint was not upheld on either occasion. It was explained that there were irregularities in the information provided by the family member. A fresh assessment was proposed but the family cancelled services and withdrew from engagement with HSCP before that could happen.

ICO Findings / Outcome: October 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by GCHSCP. This was on the grounds that there was no clear role for the SPSO and that a full investigation, which would take a significant amount of time and resources, would not be suitable given that SPSO cannot achieve the outcomes the complainant is seeking. GCHSCP's response to the complaint appears reasonable and there is an available pathway of resolution available to the complainant through engaging with GCHSCP, should the family choose to do so.

Case 17: SPSO reference 202003776.

Main Focus: Social Worker was dismissive of his concerns. Complaint was not properly investigated.

Summary of Case: A parent of a child raised concerns at the treatment of the child by the other parent from whom they were estranged. They did not feel that the concerns had been taken seriously. When they then complained about the matter, they also did not feel that the complaint had been properly investigated.

ICO Findings / Outcome: November 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by the complainant and GCHSCP. This was on the grounds that GCHSCP's response was a reasonable a clear one addressing all concerns raised in the complaint. This fully addressed the points raised in the original complaint and properly explained the social work role. it appears to SPSO that the concerns were taken seriously.

Case 18: SPSO reference 201905627.

Main Focus: Unreasonable delays in responding to correspondence and failure to provide an assessment and minute of a child protection case conference.

Summary of Case: Parents of a child with behavioural issues who had been voluntarily accommodated for respite had complained in both 2018 and 2019 of a failure to provide them with paperwork – a child protection case conference minute and an assessment, together with delays in responding to their correspondence. These complaints been upheld by CFIT in 2019, and an apology given. Despite this the parents continued to be dissatisfied and referred all matters to SPSO, including those elements of complaint that had already been accepted and addressed.

ICO Findings / Outcome: November 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by GCHSCP. In terms of the failure to provide paperwork, SPSO found that GCHSCP had provided the minute in December 2018 along with an apology for the delay and an indication that action would be taken to prevent such a delay happening again. They also noted that the assessment had been provided in June 2019, the content of which had then been the subject of further complaint. They considered the apology and actions taken by GCHSCP reasonable and that there would be no significant benefit to them taking further action on that matter. In terms of correspondence they noted that this had been delayed, but not excessively so and that there would again be no significant benefit in further investigating the matter.

Case 19: SPSO reference 202000143.

Main Focus: Failure to provide temporary accommodation and contact the service user to progress an application for permanent housing. Service user feels they are being ignored.

Summary of Case: A homeless person complained in late 2019 of not having been provided with temporary accommodation and a subsequent lack of contact and progress in finding permanent accommodation on the part of the local homeless team. The complaint was partially upheld on the basis that there had been a failure to provide temporary accommodation but the other parts were not upheld. It was stated that the person had lost contact and their application could not be progressed and that they had since secured a tenancy so their homelessness situation had been resolved. The person complained again that had their application been better handled they would now be in a better and cheaper tenancy. This was reviewed by CFIT in early 2020 but essentially upheld the terms of the original response. The service user referred the matter to SPSO.

ICO Findings / Outcome: January 2021. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by the GCHSCP. This was on the grounds that GCHSCP had acknowledged the failing around temporary accommodation provision and had provided evidence they were taking actions to address that in the longer term. They also noted that the records evidenced that attempts had been made to contact the complainant, that the response to their complaint had therefore appeared reasonable and there was unlikely to be anything SPSO could add to that. Finally, they agreed with GCHSCP that matters raised about the standard and cost of additional accommodation were matters for the housing association, not GCHSCP.

Case 20: SPSO reference 202005780.

Main Focus: Failure to return to family belonging of deceased client of GCC care home.

Summary of Case: Family members complained that belongings of their deceased were already ‘boxed’ when they attended at the care home and that some belongings were missing, with no explanation having been given by the care home.

Both the initial response and formal written response from CFIT acknowledged that some items of clothing were missing, regretted that no explanation was possible as to how that came to be the case, confirmed that a thorough search had been completed, apologised for these matters and offered reimbursement. A commitment was given to improve the process of registering resident's possessions at the Care Home. A further complaint that such responses had not been reasonable or sufficient was not upheld.

ICO Findings / Outcome: January 2021. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by the GCHSCP. This was on the grounds that actions and response of GCHSCP had been reasonable.

Case 21: SPSO reference 201909331.

Main Focus: Service user not being supported appropriately. Has difficulty accessing services as they live in one part of the city but their case is managed by a different locality.

Summary of Case: An advocate for a person with an autistic spectrum disorder complained to SPSO that the person was not being sufficiently supported by GCHSCP to cope with the activities of daily living and that the office assisting with their case was in a different part of the city which was expensive and difficult to travel to while telephone contact was also difficult.

This complaint had followed from several submitted to GCHSCP. These complaints were not upheld. This was on the basis that the service user had for many years represented a higher level of need than assessed, had an adequate budget in place, was subject to the GCC Unacceptable Action Policy due to abusive behaviours towards staff and therefore communication was restricted in line with this. They were being managed by the appropriate office for the homelessness application, as this was not based upon where a person was temporarily housed. Some communication issues were however accepted and an apology was given in respect of those.

It was also later explained to SPSO in the course of their enquires that the office supporting the service user in terms of mental health difficulties and support needs was the one near to their temporary residence and only homelessness services were being delivered from a different office.

ICO Findings / Outcome: January 2021. Not taken forward following assessment. SPSO declined to further investigate after reviewing information provided by GCHSCP on the grounds that actions and response of GCHSCP had been reasonable. SPSO specifically referred to a clear explanation having been given that the service user's view of what their needs are does not override the professional views of the people who have assessed them. Disagreement with those professional views is not adequate grounds for a service complaint and GCHSCP will not continue to respond to complaints based on the service user's personal view of what their needs are. SPSO accepted that the office dealing with homelessness need not change with temporary changes of address and that it was reasonable to have accepted and apologised for some communication issues. They concluded by stating that SPSO cannot carry out an assessment on the service user or act as an appeal body against the HSCP, solely on the basis of personal disagreement.

Case 22: SPSO reference 201809520.

Main Focus: The HSCP failed to provide a clear rationale for how the financial contribution charged to the client complies with their charging policy.

Summary of Case: The complainant, the adult child of an elderly parent cared for at home had originally complained in March 2018 about lack of clear rationale and explanation for the application of a client contribution charge to their parent's package of care, claiming this to be arbitrary and unreasonable.

This had been part of a far wider complaint about assessment issues covering seven issues that had been responded to in April 2018 in a formal 25-page response. No part of the complaint had been upheld. A response was then made to enquiries from SPSO in May 2019 but the final decision was not advised until February 2021, following a provisional decision in December 2020.

ICO Findings / Outcome: February 2021. Not Upheld following full investigation. No recommendations. SPSO found that GCHSCP had applied the relevant charging appropriately, had provided a clear rationale and explained how the financial contribution charged complied with their charging policy. As such, they did not uphold the complaint.

Case 23: SPSO reference 202004320.

Main Focus: GCHSCP acted unreasonably by reducing the client's home care package.

Summary of Case: At the start of the Covid-19 pandemic in March 2020 the service user had indicated that they were moving to stay with a relative outwith Glasgow due to the pandemic and would no longer require the home care visits which had been twice per day 6 days a week. When they later returned to the area a few weeks later expecting immediate reinstatement of the service, they were advised that services were now only being provided to priority 1 cases of critical need and that the service user did not meet those criteria, their most recent records not providing evidence of that level of need. They were advised that this was under continual review and that they would be contacted when services could be restored. Six weeks later an occupational therapy assessment was carried out and a limited service was provided of one visit per week, increased to two visits per week shortly afterwards. They then complained about the issue and a formal response was issued by GCHSCP that did not uphold the complaint, citing the lack of evidence of need for the service in the records and the policies and procedures then in place due to Covid-19.

ICO Findings / Outcome: February 2010. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by the GCHSCP and seeking the views of their professional social work advisor. They concluded that the decision reached by GCHSCP was supported by the available evidence and was reasonable. They also concluded that the response provided to the complaint had been clear and reasonable. GCHSCP had clearly explained why its resources were limited and that it was reasonable for them to focus them on individuals assessed as requiring critical care during the pandemic. SPSO noted the later partial restoration and then increase in the service user's care package when additional resources became available, and expressed a view that this illustrated that GCHSCP had taken into account the complainant's variable health condition.

Case 24: SPSO reference 202008534.

Main Focus: Social Worker failed to investigate child protection concerns appropriately, breached confidentiality and data protection by identifying them and the complaint about these matters was not taken seriously.

Summary of Case: A grandparent reported concerns about their grandchild in its parent's care. They subsequently complained that the worker who phoned them to discuss the matter had not properly read their letter setting out concerns, misunderstood what family member they were speaking to, failed to investigate the concerns and identified them to the child's parent as the source of concerns in breach of confidentiality and data protection. This complaint was formally investigated by CFIT and was not upheld. It was accepted that the worker had not personally read the letter prior to being asked to contact the complainant due to an administrative error and an apology was given for that however it was not accepted that this had a material bearing on the rigour of the investigation. It was also not accepted that disclosing the identity of the source of the concerns was a breach either of the Data Protection Act or of confidentiality, on the grounds that it was necessary for the purposes of properly investigating the allegations in question.

The complainant then made a further complaint that their complaint had not been taken seriously or investigated or responded to properly. That complaint was also not upheld and the complainant referred both matters to SPSO

ICO Findings / Outcome: March 2021. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by the GCHSCP. This was on the grounds that position and both responses of GCHSCP had been reasonable. The complainant was advised they could progress their specific complaint about data protection matters with the Information commissioner.

Case 25: SPSO reference 201905921.

Main Focus: Unreasonable lack of response to request for change of provider. Unreasonable response to phone call to emergency services.

Summary of Case: An advocate complained in 2018 about a failure to facilitate a transfer the service user from their current care provider to a new provider of their choice, stating this was a breach of duties under Self-Directed Support legislation. This was responded to in January 2019 and again in March 2019 but SPSO did not enquire about the case until December 2020.

The complaint was not upheld in 2019. It was stated in response that the service user was on waiting list but was not the highest priority in terms of allocation for assessment being P2 at a time when only P1 cases were being allocated. It was highlighted that the service user had had 6 different changes of care manager and terminated 10 different providers over the preceding decade. They had been assessed under SDS and a budget was in place. An offer to review care had been made the previous year but refused by the service user. For these reasons assigning a worker for a new assessment was not thought to be as urgent as represented by the advocate. A new assessment would be necessary before a change of provider could be supported as it was being stated within the complaint that needs had changed and it could not be assumed that a new provider of the service user's own choice could meet any changed needs.

They referred this matter to SPSO, adding a complaint about an allegedly unreasonable response to a phone call to emergency services by the service user that had occurred in either 2018 or 2019 that had not formed part of the original complaint. When SPSO contacted GCHSCP to make enquiries we were able to advise that in the time that had elapsed since our response and SPSO's enquiries, a social worker had been allocated, the service user was now in receipt of Direct Payments and therefore personally responsible for choosing their own provider. A full reassessment of needs had been offered and refused by the service user later in 2019.

ICO Findings / Outcome: September 2020. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing the information provided by the GCHSCP and seeking the views of their independent social work advisor. SPSO stated they could not consider the complaint about the phone call as the service user had to first submit this to GCHSCP and that, if they now did that, it would most likely be time-barred. In terms of the other complaints they stated that they and their advisor believed GCHSCP's position to be reasonable, that that position was evidenced as reasonable by the information provided and that the response to complaint and explanations offered to both the advocate and the service user had similarly been reasonable with no reason from the evidence available to doubt the GCHSCP position.

Case 26: SPSO reference 202004021 (upheld).

Main Focus: a) The HSCP unreasonably failed to provide the complainant with kinship care support in line with their obligations (upheld). b) The HSCP unreasonably failed to provide transition support to the young person (upheld).

Summary of Case: An advocate for a kinship carer complained that they had only received 'sporadic' practical support throughout their care of the young person and had never received kinship care payments, despite having obtained, some years ago, a residency order from a children's panel making them eligible under legislation that changed in 2011 and despite having had contact with social work staff in 2019, specifically raising this issue. They also complained that the young person had been eligible for transitional support on the basis that they had been looked after, but had never been advised of their eligibility for this support.

CFIT investigated these matters in September 2020 but did not uphold the complaint on the basis that the complainant had previously been advised that social work did not place the young person with the kinship carer and they were therefore ineligible for payments at that time. The legislation around kinship payments had been in place for some years without the carer having complained, despite having knowledge of these matters for over 12 months, meaning that this complaint was 'time barred'. On the issue of transitional support, this was not upheld on the basis that no request for such support had been made. The advocate then referred this matter to SPSO

ICO Findings / Outcome: Decision February 2021: Upheld. SPSO and their independent advisor agreed that there is no obligation for GCHSCP to proactively inform individuals, where a section 11 order was in place, of the changes to eligibility in the kinship care legislation/guidance. They recognised that the case had been closed to social work for 10 years prior to the new legislation coming into force changing the eligibility criteria, such that it would not be reasonable to expect such proactive contact. They highlighted however that there is an obligation under section 9 of the Kinship Care Assistance (Scotland) Order 2016 specifically requiring Local Authorities to publish information about the application process. There was no such information on the website of GCC or GCHSCP at time of complaint. They also highlighted that the matter had been specifically raised by the complainant at a visit by social work staff to their home in December 2019. They considered it unreasonable not to have made information on the application process available in general terms or when asked specifically about the matter in December 2019.

On that basis the complaint was upheld and SPSO found that GCHSCP had unreasonably failed to provide the carer with kinship care support in line with their obligations. They also found that a referral to an appropriate support scheme should have been made in respect of the young person. They made 6 recommendations: (1) Apologise to both the carer and young person for not having published details of the application on the GCHSCP website, for not having advised them how they might apply for kinship assistance and for not referring the young person to the young people in transition scheme. (2) Advise both parties how they could now apply for kinship support. (3) Ask the young person if they wish to be assessed under relevant legislation and, if so, make that referral. (4) Publish Information about applying for kinship support on the website (5) and (6) Feedback findings to staff emphasising the need to provide information to kinship carers and also to consider the eligibility of young people for the transitional support scheme referred to.

The letters of apology were sent, website updated and findings fed back to staff as directed and evidence submitted to SPSO. Whilst there was no specific recommendation to make backdated kinship payments and no suggestion by SPSO of any duty to proactively advise the carer of eligibility prior to December 2019, we stated within our apology letter that we carry out an assessment without an application being made and, if that confirmed eligibility, would intend to make payments backdated to 2016 and continuing until the child turns 18 in 2021. SPSO confirmed on 19th July 2021 that they were satisfied all recommendations had been implemented and that they were closing the case.

3.8 Service Improvements / Customer Outcomes

CFIT is responsible for checking and updating complaint records as regards outcomes for the service user. A service improvement is defined as either some tangible outcome for the customer consistent with their objectives in making the complaint, or a more systematic organisational benefit, learning or improvement process generalised throughout the particular team or whole service. There is a satisfactory level of data capture of these outcomes because of the specific effort made by CFIT. Whilst the Lagan system contains a field for service improvement, no such improvements were identified in the Lagan report for Care Services. Service improvements are only therefore recorded in respect of care services complaints that have been managed via CFIT.

Across all three stages of complaints logged by CFIT, 31 complaints were fully upheld and 73 partially upheld. All 31 of the fully upheld complaints resulted in a formal apology and recording of a service improvement action. Of the 73 partially upheld, apologies were given for the relevant elements upheld and service improvement was recorded in 51 instances (70%). Service improvement was also recorded against 2 informally resolved and 6 not upheld complaints. This is a total of 90 service Improvements / positive customer outcomes, summarised in the table below which concludes this report. The kinds of improvements that took place were as categorised below:

- **Engagement:** 11 complaints led to improved formal engagement with the service user.
- **Increased Support:** 9 complaints led to an increased support such as an uplift in the agreed care budget, provision of increased respite or additional services.
- **Allocation:** 10 complaints led to staff being allocated to progress work previously unallocated or to a change in staff allocated as requested by the service user.
- **Staff:** 22 complaints led to intervention by management in respect of staff to improve their performance either via supervision, provision of guidance and/or training or more formal action.
- **Financial:** 9 complaints led to some form of financial benefit for the complainer such as client contributions being waived, Free Personal Care payments being agreed or debt written off.
- **Expediting:** 5 complaints led to processes such as assessments being brought forward.
- **Review / re-assess:** 5 complaints resulted in cases being reviewed or reassessed.
- **Information:** 10 complaints led to improved information being provided.
- **Process improvement:** 9 complaints led to changes to or development of processes.

Service improvements usually involved individual interventions reflecting complaints that are often highly individual, complex and specific. Whilst some actions may appear quite limited in scope, they demonstrate that valid complaints are acted upon and generate more for the customer than an apology and explanation. However some improvements of more general application were taken forward, through professional governance groups or the direct action of managers. These included:

- Improved information on the website for kinship carers.
- New guidance for staff on recording of cases managed outwith Self-Directed Support.
- The replacement of obsolete information leaflets for all home care customers.
- The development in home care of better monitoring processes to allow late visits to be captured sooner and ensure more prompt arrangement of cover.
- A review of procedures for home care staff managing medication error / suspected overdose.
- Changes in the distribution of child protection meeting invitations to improve confidentiality.
- New processes for the storage of furniture for homeless people in temporary accommodation and the registering of residents' belongings in care homes.
- A formal audit and review of documentation in all GCC care homes.
- Revised information in the Foster Carer handbook with new training on social media activity.

Reference	Outcome	Service Improvement Type	Service Improvement Description
GCC47447	Informally Resolved	Financial	Service user received emergency cash support the day after her complaint.
GCC46493	Informally Resolved	Increased Support	It was decided to offer client another property which he accepted and is delighted with.
GCC46777	Not Upheld	Allocation	Social worker was removed from the case and new worker allocated
GCC50822	Not Upheld	Financial	Interim payment to be reinstated as a gesture of good faith - backdated to January 2021 and will continue to apply for six-months from date of response.
GCC50399	Not Upheld	Information	Voluntary sharing of professional CP Discussion minute to follow complaint response (once redacted). Importance of issuing written notice of CP investigation outcome and case closure highlighted to team.
GCC50939	Not Upheld	Information	Service user provided with copies of their recent Homecare Assessments & SAR DPA form in case they require additional recorded information.
GCC47630	Not Upheld	Staff	Complaints team member given guidance on appropriately signposting customers to other agencies and legal advice for issues that cannot be dealt with within our complaints process.
GCC53899	Not Upheld	Process Improvement	Head of Service and Service Manager are to take this forward in the form of a staff briefing linked to the published case and will also raise at Governance Groups. This will ensure that those rare cases not managed under SDS will contain clear statements within the main record and any OBSP clearly indicating that fact.
GCC48405	Partially Upheld	Allocation	The team will be in contact next month to start the assessment process for SDS. The children's cases will be reallocated to another worker in the team at that time.
GCC48269	Partially Upheld	Allocation	Existing worker removed and new worker allocated.
GCC45140	Partially Upheld	Allocation	Lack of contact with client over 6-month period will be discussed with worker at supervision. New worker allocated.
GCC47202	Partially Upheld	Allocation	Team of carers changed after original team made two errors securing medication
GCC48649	Partially Upheld	Engagement	Regular SW visits will take place and there will be ongoing contact with complainer and her child in line our statutory obligations and in accordance with the relevant advice and guidance around COVID19. A further multiagency meeting will take place between complainer, Education and Social Work to review child's educational wellbeing plan and SWS Glasgow Assessment and Plan.
GCC47127	Partially Upheld	Engagement	It was acknowledged that the views of the child were not formally sought during a meeting and would be sought at any subsequent meetings
GCC48775	Partially Upheld	Engagement	Team have contacted family to clarify the best contact numbers for future communication in case of unavoidable changes to service

GCC48031	Partially Upheld	Engagement	Duty Worker to contact client for an update on current circumstances and establish the best way forward.
GCC47015	Partially Upheld	Engagement	Commitment given to provide minimum monthly updates Re. children
GCC45850	Partially Upheld	Engagement	Staff to be more proactive concerning contact arrangements with her child in future. SW contacted complainer on 15/08/20 (after complaint but before response issued) to discuss restoring direct contact, subject to Covid restrictions.
GCC47114	Partially Upheld	Engagement	Phone numbers advised by the client to be centrally recorded so they are accessible to all team members for purposes of future communication.
GCC46584	Partially Upheld	Expedite	Case will be allocated to a worker for the purpose of a full assessment within the next 2 weeks. TL has discussed with complainer the interim supports available until assessment completed.
GCC50710	Partially Upheld	Expedite	New worker had been allocated just prior to complaint being received and she will now look to progress the least restrictive and most appropriate intervention under the 2000 Act. We will investigate internally what has led to the delays in applying for the necessary powers required to address any deficits in decision under the Adult's with Incapacity (Scotland) Act 2000.
GCC44307	Partially Upheld	Expedite	SAR had not been processed. This is now assigned to be progressed.
GCC48167	Partially Upheld	Financial	Partially upheld due to the delay in setting up electronic payment for kinship payments. Electronic payment now in place and first payment will include backdate amount.
GCC44434	Partially Upheld	Financial	Head of Service to arrange for a reminder to be sent out to staff about the management of finances for young people in transition where a welfare guardianship order is in place. Team Leader has asked worker to start the process of assisting young person to access Direct Payments.
GCC45423	Partially Upheld	Financial	Money was refunded to client that had been applied for services which were not provided during Covid-19
GCC51046	Partially Upheld	Financial	Social Work Services are working to establish a standardised procedure in relation to the end of direct payments to avoid similar occurrences in future.
GCC46552	Partially Upheld	Increased Support	Full Home Care Service was reinstated 11 days after complaint submitted.
GCC50586	Partially Upheld	Increased Support	SWS to provide travel expenses in advance of contact. SWS to provide letter correspondence to Service User when unable to communicate through other forms.
GCC48344	Partially Upheld	Information	Client was having difficulty getting through to his allocated SCW and had been incorrectly advised regarding her working times and that she was working from home. He now has the correct information and the SCW is contacting Housing Association to help progress his case.
GCC47976	Partially Upheld	Information	Finance to update address for all financial correspondence to that of the complainant.

GCC47637	Partially Upheld	Information	Finance to update address for all financial correspondence to that of the complainant.
GCC50102	Partially Upheld	Information	Inaccurate information/contact details on GCC website removed and replaced.
GCC48495	Partially Upheld	Information	Unnecessary personal information to be excluded and inaccuracies corrected in future reports to SCRA
GCC50501	Partially Upheld	Information	Agreement that minutes will be amended to reflect SU views and a new set of minutes will be issued in due course.
GCC45776	Partially Upheld	Information	Home Care Services to provide updated information leaflets to all service users (replacing previous 'Cordia' leaflets) via care diary
GCC46670	Partially Upheld	Process Improvement	Head of Service to raise issue at SMT and Governance meetings to ensure a better process in future around considering Data Protection issues in the distribution of CPCC minutes and the information to parents about that distribution.
GCC51085	Partially Upheld	Process Improvement	New process was introduced with clear guidance on criteria for essential/critical jobs in relation to taking furniture into storage. Information cascaded to all staff within homelessness locality services
GCC44534	Partially Upheld	Process Improvement	Recommendation to HOS that formal written confirmation is provided to assessed individual on completion of a Screening Referral, even where outcome has been verbally confirmed.
GCC46965	Partially Upheld	Process Improvement	Processes and internal monitoring system to be developed to create a real time monitoring service to allow late visits to be captured sooner to ensure cover for visits is arranged sooner. Information around complaints for staff in homecare services will be reviewed and updated to ensure complainants receive accurate information.
GCC48141	Partially Upheld	Process Improvement	Management to review documentation of care in 5 GCC care homes and request formal audit of this as part of the HSCP audit programme.
GCC47509	Partially Upheld	Review/ Reassess	Review of care now underway. Allocated worker has now sent a copy of the report. Carer has requested change of social worker which will be actioned.
GCC45547	Partially Upheld	Review/ Reassess	The Temporary Accommodation Team will liaise with accommodation providers in relation to reviewing accommodation standards and expectations. We will ensure client is updated in relation to any future changes to the management of his application.
GCC44473	Partially Upheld	Staff	Staff member spoken to by manager regarding failure to provide list of food banks as advised.
GCC48088	Partially Upheld	Staff	Manager has discussed handling of case with worker and requirement to make appropriate referrals in such cases.

GCC47467	Partially Upheld	Staff	Team Leader spoke to worker about their practice and requested that in the future all calls are responded to or diverted to the right worker or team leader
GCC50977	Partially Upheld	Staff	TL discussed the complaint with worker, instructing worker to complete the Customer Service Gold Course, which she has since done. TL will now personally oversea complainer's homelessness application.
GCC47547	Partially Upheld	Staff	Worker reminded by manager of the importance of ensuring she responds timeously to any telephone calls made to her.
GCC50100	Partially Upheld	Staff	The staff member was spoken to directly by her line manager. The complaint and importance of good communication was explained to her.
GCC46700	Partially Upheld	Staff	Processes discussed with SW formally at supervision. Lack of empathy explored with SW as part of professional development.
GCC50812	Partially Upheld	Staff	Issue was raised with all staff and legal guidance issued in relation to Gender Recognition Act 2004 to ensure staff are aware of their legal responsibilities
GCC46835	Partially Upheld	Staff	Staff have been reminded of the importance of sticking to meeting schedules where possible.
GCC46888	Partially Upheld	Staff	Complaints team have highlighted to SM and TL the need to signpost complainants to the complaints procedure and notify the complaints team of need for stage 2 review where repeated stage 1 complaints are received and it is therefore evident the complaint is not being resolved at stage 1.
GCC50373	Partially Upheld	Staff	Staff member attended work contrary to Covid procedures. Issue is being pursued through formal disciplinary procedures.
GCC48010	Partially Upheld	Staff	Locality HOS asked to ensure that all staff have completed Data Protection Training and are aware of the correct procedures for handling subject access requests.
GCC51091	Partially Upheld	Staff	Staff reminded of the process for handling Child Visit Applications from Prisoners.
GCC47582	Partially Upheld	Staff	Admin staff have been reminded about the importance of accurately taking messages and passing to workers
GCC48183	Partially Upheld	Staff	All home care staff reminded of their responsibilities to record and report incidents correctly
GCC46416	Partially Upheld	Staff	Staff member involved in the recording of false information has been spoken to directly about their conduct. All staff have also been reminded of the necessity to work in pairs at all times.
GCC51039	Partially Upheld	Staff	Guidance issued - All carers to ensure the clips on slings are double checked before beginning to hoist service user; extension bars must always be used where required; assessment must be updated when any changes take place in equipment or tasks; moving and handling team should be consulted during any change of equipment to ensure its suitability; assessment should be consulted before using equipment; guidelines should be kept in Care Diary and available for consultation
GCC51203	Upheld	Allocation	SW allocated to carry out assessment.

GCC46734	Upheld	Allocation	Service user allocated a new worker and given the telephone number of TL to contact direct if any further problems. Poor quality of service will be addressed with worker at supervision.
GCC50885	Upheld	Allocation	SW allocated to carry out needs assessment.
GCC46612	Upheld	Allocation	Service User's case has now been allocated to worker in the Children affected by Disabilities Team and she will be in contact within the next 7 days to arrange a visit and to progress assessment.
GCC51336	Upheld	Allocation	update now provided. SW allocated to carry out an assessment.
GCC48625	Upheld	Engagement	Manager will liaise with the YPs involved and continue to work with our YP to understand the importance of respecting neighbours and their properties. Neighbour (who complained) has been given the unit manager's direct phone number to call day or night if she has further concerns in relation to the behaviour of LAAC YP.
GCC46829	Upheld	Engagement	TL has spoken to worker about need to take care when recording journeys for children being picked up from school and being available to school to liaise with Cordia in case of issues. School (who are the complainer) has been given TL's contact details should further problems arise.
GCC50847	Upheld	Engagement	SU updated on upcoming parenting capacity and an agreement reached to facilitate supervised family time between complainer and her child.
GCC46105	Upheld	Engagement	Social worker allocated and has made contact, providing an update for each of the children. Monitoring will continue with updates provided where required. Any significant changes will result in a formal review being reconvened.
GCC47263	Upheld	Expedite	Manager has called the service user and confirmed that the rails will be getting fixed tomorrow.
GCC47672	Upheld	Expedite	SAR information provided by GCHSCP CFIT within 7 working days of receipt of complaint. CED Information Governance team issued letter of apology as the oversight in not responding to previous correspondence has been within their team, not GCHSCP.
GCC45785	Upheld	Financial	Budget has been agreed and has now been released to spend on appropriate services.
GCC44574	Upheld	Financial	Backdated kinship payments to be made in the amount specified by the complainant's representative.
GCC51262	Upheld	Financial	Kinship payments made to kinship carer backdated for the period October 2016 - May 2019. Offer of further assessment for support made to young person. Website updated to include details of application process for kinship care payments. Briefing circulated to all staff regarding YPIT scheme.
GCC47365	Upheld	Increased Support	Service User is happy with the resolution in that she now has an offer of housing that she is happy with and is in fact better than the original offer that was withdrawn.

GCC50687	Upheld	Increased Support	Senior Homelessness officer confirmed that accommodation was sourced for service user on the date of his complaint. He has been accommodated in a temporary furnished flat and has advised that he is happy with this accommodation. He also has an allocated housing support worker from Turning Point that will support him with any issues that may arise in the future.
GCC44915	Upheld	Increased Support	Young Person who is bullying the complainer in the children's home is to be supervised in future whenever he is in contact with other YP
GCC50696	Upheld	Increased Support	Poor experience of service received from the carers team will be addressed with both members of staff. SU was emailed a weblink as part of complaint response and her ability to access support was clarified. Short Breaks will provide the support the SU requires.
GCC47406	Upheld	Increased Support	Alternative offer of housing has been made. Issues with staff member will be addressed through support and supervision with the allocated worker
GCC47531	Upheld	Increased Support	Briefing held for all localities OT teams to review policy and legislation relating to the procurement of Safe space beds. Safe space bed purchased for service user via City Building, an alternate purchasing route (would usually be EquipU).
GCC48900	Upheld	Information	1) Foster care agreement and foster carer handbook to be reviewed to ensure documents are more accessible, reinforce the confidential nature of personal information and that there is expressed guidance for social media activity. 2) Guidance around social media activity is to be incorporated into learning and training programmes for foster carers.
GCC48677	Upheld	Process Improvement	The registering of resident's belongings process will be tightened up by staff and audited by Senior Social Care Staff. This record will be updated as required in residents' personal files. When residents pass away or move to an alternative service residents belongings will be checked against this record.
GCC50801	Upheld	Process Improvement	Temporary Accommodation Strategy in development that will consider the needs of current and potential Homelessness Service users with mobility issues in securing temp homelessness accommodation.
GCC46637	Upheld	Process Improvement	Changes to process and training around manual handling, risk assessment and equipment ordering.
GCC47853	Upheld	Review/ Reassess	SW has been asked to undertake an urgent review of service user's current level of need to establish if there is any change in circumstances. A Review RASG meeting is to take place (on same day as response issued) to consider the findings of this and to determine whether any increase to his budget and consequently his support plan is merited. This will also consider the changes proposed by the service user's mother in respect of substituting services to use a Personal Assistant. TL will arrange a meeting with service user and mother to offer apologies in person and to discuss how we can better ensure that we support them in future. Both will be provided with copy of assessment. TL has been asked to look at any immediate supports we can put in place to assist pending the outcome of the assessment and revised support plan e.g. some residential respite provision if this is appropriate.

GCC46800	Upheld	Review/ Reassess	Care manager will remain allocated to service user to assist in any further assessment of his needs once his condition is stabilised following hospital admission. Substance of complaint has been shared with the local teams to learn from the errors in this case and improve customer communication.
GCC46411	Upheld	Review/ Reassess	Procedures for home care staff on what to do in the event of a medication error or suspected overdose will be reviewed. We will ensure that the procedures detail the need for our service to seek medical advice from a medical professional and the recording of this advice to be clear on our communication systems. We will ensure they reflect the need for carers to remain with the service user until a relative or emergency service, where appropriate, has arrived.
GCC50473	Upheld	Staff	Matter discussed with relevant staff members to confirm reporting process & identify any additional support required by them.
GCC46372	Upheld	Staff	1) Records updated regarding emergency contact. 2) Call handlers to receive monthly coaching with specific caller receiving additional coaching to ensure they full refer and adhere to specified instructions.3) Telecare Response staff to undertake refresher training course on moving and handling and providing personal care
GCC46599	Upheld	Staff	Training in place for staff in relation to mail procedures as well as information security
GCC48485	Upheld	Staff	Findings will be fed back to duty Team by SM at first opportunity highlighting need for follow-up for any carer who reports not coping. Also case will be discussed at regular joint meeting with home care managers to see if any process improvement is required.

Glasgow City Health and Social Care Partnership

Health Complaints Report April 2020 – March 2021

Index: Page

Section 1: Executive Summary

1.1 This report covers complaints for the period 1st April 2020 – 31st March 2021 related to Health Services managed by Glasgow City Health and Social Care Partnership. 1691 complaints were received about these services in 2020-21, together with 189 comments, concerns and other feedback. The majority of these complaints (79%) were about prison-based health services at Barlinnie, Greenock and Low Moss. 1713 complaints were closed in 2020-21. This figure is higher than received complaints due to complaints carried forward from the preceding year. Complaints received decreased by (21%) from the previous year.

1.2 There has been a large fall in complaints at Barlinnie (almost halved) and a substantial fall in North East locality. These falls drive the overall fall across GCHSCP. Incidence of complaints within localities varies as a product of their population size and different profile of services provided in each locality. A large proportion of those in North West (34%) relate to Sandyford Sexual Health clinic (specialist sexual health services being unique to that locality), though these have fallen numerically since the preceding year.

1.3 The majority of complaints (65%) are dealt with at stage 1 and compliance with timescales is very high (over 90%). For those dealt with at stage 2, the timescale target is met at HMP Barlinnie and South Locality, but not at the other two prisons and two localities. Because of the high volume at Barlinnie and good performance there however, the target is met for GCHSCP as a whole (70%). For all complaints overall, regardless of stage, 87% of complaints were responded to within relevant timescales.

1.4 Most complaints were associated with nursing staff (41.4%), followed by G.Ps (36.9%), other Doctors (9.6%) and Dentists (6.1%). The high number for G.Ps and Dentists, and the majority of those for nurses, reflect their role in delivering prison-based healthcare and the very large number of complaints in that sector. However, complaints for Nursing staff have fallen steeply whilst those for G.Ps and dentists have increased. It is a fall in complaints associated specifically with prison nursing staff that has driven the fall in complaints.

1.5 96% of complaints were about three issues: standard of clinical treatment (76.6%), waiting times (11.8%) and attitude, behaviours and communication skills of staff (7.5%). This is proportionately similar to the previous year but, numerically, complaints about treatment and waiting times have fallen whilst those about staff have risen.

1.6 Overall (79%) of complaints were not upheld and (13%) were partially or fully upheld. A further (8%) were withdrawn or otherwise not progressed. Complaints about prison healthcare were far less likely to be upheld or partially upheld (4.7%) than for community-based services in localities. These ranged between 37.4% (North East) and 52.1% (North West) with South in between. However North West's outcomes were skewed by the sexual health service that only operates in that area, where 58% of complaints were upheld. For other community-based health services, outcomes were broadly comparable between localities. There was however a huge variation in percentage outcomes in prisons between only 1.7% of complaints being upheld or partially upheld in Barlinnie and 13.6% in Greenock. It may be helpful for prisons to look at numbers upheld rather than percentages and Low Moss was highest with 43 upheld or partially upheld.

1.7 4 decision notices and no formal reports were issued by Scottish Public Services Ombudsman for the period 2020-21 relating to GCHSCP health services. This contrasts with 11 decisions letters and 1 formal report in the previous year. Only one was partially upheld, about a GP practice rather than a service directly managed by GCHSCP. All other concerned mental health services and none were upheld.

1.8 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 2020-21 as set out in section 5 of this report. An e-learning package to assist staff in dealing with complaints is available on the Board's Learn Pro e-learning system modules and the recording of improvements and action plans is mandatory.

Section 2: Complaints process and report format

2.1 This report covers complaints, feedback, comments and concerns related to Health Services managed by Glasgow City Health and Social Care Partnership (GCHSCP). The information collated within this report is intended to be shared with local management teams and clinical governance structures to aid in achieving service improvements that will underpin the Health Board's Healthcare Quality Strategy and development of Person-Centred, Effective and Safe Care (https://www.nhsggc.org.uk/media/253754/190219-the-pursuit-of-healthcare-excellence-paper_low-res.pdf)

2.2 Statistical information as presented will also be incorporated into the quarterly report on Complaints made to the Health Board. This current report addresses the requirement of both the Health Board and Integration Joint Board for more detailed information on complaints processing and outcome, particularly in relation to the lessons learned from complaints and Ombudsman Reports.

2.3 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.

2.4 A model complaints handling procedure (CHP) was introduced by the Scottish Public Services Ombudsman and implemented by all Health Boards in Scotland with effect from 1st 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.

2.5 The report covers: (1) statistical information on volumes, timescales, issues complained of and outcomes (2) volume of cases referred to the Scottish Public Services Ombudsman and (3) details of service improvements.

2.6 The data presented within this report is split geographically within GCHSCP into three geographic localities (North East, North West and South) and sub-divided into the following headings: Health & Community Care Services, Mental Health Services, Specialist Children's Services, Children & Family Services, Sexual Health/Sandyford Services. It also covers healthcare managed by GCHSCP in three prisons: Barlinnie, Greenock and Low Moss.

2.7 All data on complaints is collated nationally by ISD and published annually. From 2015/16 ISD and Scottish Government indicated they required further information on action taken in response to complaints. Information on actions / service improvement is presented in section 5 of this report using 11 pre-set codes in line with ISD requirements 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.

Section 3: Statistical Information and commentary

3.1 Volume of Complaints Received

During the period 1st April 2020 to 31st March 2021 a total of 1691 complaints were received as compared with 2134 in the previous year (a 21% decrease). A breakdown of complaints received during 2020/21 is set out in Table 1. As well as complaints, patient feedback was recorded (comments and concerns not dealt with as complaints) and this is shown in the final column

Table 1 – Volume of Complaints Received by locality 2020-21

	Q1	Q2	Q3	Q4	Total n	Total %	Feedback
Glasgow City HSCP – Corporate	0	1	0	0	**1**	**0.1%**	**0**
HMP Barlinnie	157	189	192	140	**678**	**40.1%**	**67**
HMP Greenock	19	15	25	8	**67**	**4.0%**	**32**
HMP Low Moss	142	132	180	145	**599**	**35.4%**	**77**
Glasgow City HSCP - North East	17	26	24	25	**92**	**5.4%**	**2**
Glasgow City HSCP - North West	22	35	46	38	**141**	**8.3%**	**9**
Glasgow City HSCP - South	18	29	42	24	**113**	**6.7%**	**2**
Total	**375**	**427**	**509**	**380**	**1691**	**100**	**187**

The highest volume of complaints overall received were within prison services, which cumulatively account for 1344 out of the 1691 received complaints (79.5%). This is broadly compatible with the previous year in terms of overall prison healthcare complaints when the proportion of all complaints that related to prison services was 82%.

Absolute complaint numbers have however fallen in Barlinnie since the preceding year and the distribution between prisons is now different, in that Low Moss and Barlinnie complaint numbers are now closer together. In 2019-20, Barlinnie had well over double the complaints of Low Moss (1220 vs 481) and Barlinnie accounted for 57.2% of all GCHSCP complaints. Absolute numbers of complaints have actually risen at both Low Moss (481 to 599) and Greenock (up from 41 to 67). The overall fall in prison complaints for 2020-21 is therefore driven by a fall in complaints in Barlinnie.

Recording of feedback has also fallen in both Barlinnie and Greenock but risen slightly in Low Moss. 210 feedback forms were recorded for Barlinnie in the previous year and have also fallen. It is therefore clearly not the case that the fall in complaints at Barlinnie is the result of complaints being downgraded and treated as feedback. This is a real fall in both complaint and feedback.

Complaints have also fallen both numerically and proportionately in North East Sector (from 162, 7.6% to 92, 5.4%) but have risen in both North West and South. North West only slightly from 140 to 141 but South more substantially from 89 to 113. Again therefore it is the drop in complaints at Barlinnie that is largely driving the overall fall in complaints for GCHSCP, with some contribution from North East Locality.

A more detailed breakdown of complaints by each locality and their constituent specialist services is given at table 2 below. Totals for each locality and each quarter are given in the shaded line under the list of services for that locality. This makes clear that although there are variations between the volumes in North East, North West and South localities, these are determined by the varying profile of individual services within each locality.

Higher numbers of North West complaints compared with other localities are driven by the fact that they host the Sandyford sexual health clinic (which accounts for 34% of their complaints). Higher number in South relate to more health and community care complaints, which is most likely a function of that locality's higher population and higher proportion of elderly clients. South conversely have a lower incidence of complaints regarding specialist children's services, again a function of their lower population profile of young age groups and of such specialist services.

The pattern was much the same last year when sexual health services in North West accounted for over half that locality's complaints, though in fact the number of complaints about those services has fallen from 72 to 48 in the current year.

Health and community care complaints in South have risen from 20 to 38, against a general trend of falling complaints in health and social care. This is perhaps explained by the fact that elderly clients were disproportionately impacted by Covid-19 and the withdrawal of other support services, such as day centres and ready access to General Practitioners. A general rise in dissatisfaction in that client group with the available health services would not be surprising.

Table 2 – Volume of Complaints Received by locality/services.

	20/21 Q1 Apr-Jun	20/21 Q2 Jul-Sep	20/21 Q3 Oct-Dec	20/21 Q4 Jan-Mar	**Totals by Service then locality**
Health & Community Care	0	1	0	0	**1**
HMP Barlinnie**	157	189	192	140	**678**
HMP Greenock**	19	15	25	8	**67**
HMP Low Moss**	142	132	180	145	**599**
All GCHSCP – Corporate	**318**	**337**	**397**	**293**	**1345**
Children & Family Services	0	0	2	0	**2**
Health & Community Care	1	4	3	7	**15**
Mental Health Services*	12	17	15	9	**53**
Specialist Children's Services	4	5	4	9	**22**
All GCHSCP – North East	**17**	**26**	**24**	**25**	**92**
Children & Family Services	1	2	1	0	**4**
Health & Community Care	3	0	8	5	**16**
Mental Health Services*	12	13	18	13	**56**
Sexual Health/Sandyford	6	14	12	16	**48**
Specialist Children's Services	0	6	7	4	**17**
All GCHSCP - North West	**22**	**35**	**46**	**38**	**141**
Children & Family Services	0	3	1	2	**6**
Health & Community Care	4	7	24	3	**38**
Mental Health Services*	14	18	17	18	**67**
Specialist Children's Services	0	1	0	1	**2**
All GCHSCP - South	**18**	**29**	**42**	**24**	**113**
Totals by Quarter:	**375**	**427**	**509**	**380**	**1691**

*Covers Forensic Services and Tier 4 Learning Disabilities
**Prison Health Care Services recorded under Glasgow City HSCP – Corporate.

3.2 Timescales for response

The tables below describe the timescales in responding to complaints. Stage 1 complaints (early resolution) timescale is 5 working days or 10 working days with an extension applied. Stage 2 (formal investigation) timescale is 20 working days. Stage 2 may follow a stage 1 or be initiated immediately. The tables provide figures for 1713 closed complaint responses. This number is greater than the numbers received in tables 1 and 2 because it includes complaints carried forward from the previous year, not having been responded to in that year.

The majority of complaints (1105 of 1713 = 65%) are dealt with at stage 1 and compliance with timescales is very high. For those dealt with at stage 2, the timescale target is met at HMP Barlinnie and South Locality but not at the other two prisons and two localities. Because of the high volume at Barlinnie and good performance there however, the 70% target is met for GCHSCP as a whole. For all complaints overall, regardless of stage, 1487 of 1713 completed complaints (87%) were responded to within relevant timescales.

Table 3a – 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*
GCHSCP – Corporate (excl Prisons)	0	0	**0**	*0*
HMP Barlinnie	401	0	**401**	*100%*
HMP Greenock	36	0	**36**	*100%*
HMP Low Moss	413	0	**413**	*100%*
GCHSCP - North East	33	8	**41**	*80%*
GCHSCP - North West	49	21	**70**	*70%*
GCHSCP - South	41	6	**47**	*87%*
Total	**973**	**35**	**1008**	*97%*

Table 3b – 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*
GCHSCP – Corporate (excl Prisons)	0	0	**0**	*0*
HMP Barlinnie	59	5	**64**	*92%*
HMP Greenock	2	1	**3**	*67%*
HMP Low Moss	3	0	**3**	*100%*
GCHSCP - North East	17	3	**20**	*85%*
GCHSCP - North West	3	0	**3**	*100%*
GCHSCP - South	4	0	**4**	*100%*
Overall Total	**88**	**9**	**97**	*91%*

Table 3c – 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*
GCHSCP – Corporate (excl Prisons)	1	0	**1**	*100%*
HMP Barlinnie	179	41	**220**	*81%*
HMP Greenock	15	12	**27**	*56%*
HMP Low Moss	131	68	**199**	*66%*
GCHSCP - North East	16	14	**30**	*53%*
GCHSCP - North West	36	33	**69**	*52%*
GCHSCP - South	48	14	**62**	*77%*
Overall Total	**426**	**182**	**608**	*70%*

3.3 Complaints by staff group and issue

Table 4 below shows complaint issues by the staff groups with whom the complaints are associated. Table 5 shows complaints by issue and table 6 the specific type of service with which those issues are associated. The total number of issues exceeds the number of closed complaints as some complaints focused on more than one issue.

Table 4 – Complaint issues by staff group complained of

	Locality						
Staff Group	**Corporate** (excl Prisons)	**Prisons**	**North East**	**North West**	**South**	**Total**	**%**
Nurses	1	554	54	59	54	722	41.4%
GP	0	643	0	0	0	643	36.9%
Consultants / Doctors	0	13	50	68	36	167	9.6%
Dental	0	106	0	0	0	106	6.1%
NHS board/hospital admin staff	0	13	0	27	17	57	3.3%
Pharmacists	0	36	0	0	0	36	2.1%
Allied Health Professionals	0	1	2	0	6	9	0.5%
Opticians	0	2	0	0	0	2	0.1%
Total	**1**	**1368**	**106**	**154**	**113**	**1742**	100%

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. The high number of complaints about nursing staff is also disproportionately focused on nursing staff in prisons.

The hierarchy of these staff groups in terms of complaints is unchanged from the previous year but the distribution has changed. In the previous year nurses accounted for 57% of complaints (1140 complaints), G.Ps 23%, other Doctors 9% and Dentists 5%. Complaints about nursing staff have fallen in numerical and proportional terms, those of other doctors have fallen numerically but stayed the same proportionately but those regarding G.Ps and Dentist have both risen in numerical and proportional terms. As both groups are associate with healthcare in prisons it appears that the fall in complaints in prisons is largely driven by falls in complaints about nursing staff rather than G.Ps or dentists.

Table 5 below shows that the greatest proportion of complaints associated with the staff groups above is not concerned with their personal behaviours or communication skills but rather with the standard of treatment that they administer. Complaints about clinical treatment account for 76.6% of all complaints. The next most complained about issue is waiting times for appointments and test results (11.8%) and then staff behaviours, attitudes or communication skills (7.5%).

These proportions were little changed from the previous years when 76.9% of complaints had been about treatment, 14.3% about waiting times and 6.1% about staff. However, in numerical terms complaints about treatment have fallen (1547 to 1336) as have waiting times (288 to 205) whereas those about staff have risen slightly (120 to 131).

Table 5 – Complaints by issue complained of

		Locality						
Category	**Issue**	**Corporate** (exc Prisons)	**Prisons**	**North East**	**North West**	**South**	**Total**	**Total %**
A – Staff	Attitude/Behaviour	0	6	20	31	15	72	4.1
	Complaint Handling	0	0	0	0	1	1	0.1
	Shortage/Availability	0	0	1	1	0	2	0.1
	Communication (written)	0	0	1	6	1	8	0.5
	Communication (oral)	0	1	1	24	4	30	1.7
	Competence	0	3	0	15	0	18	1.0
Total Staff		**0**	**10**	**23**	**77**	**21**	**131**	**7.5**
B – Waiting times	Date for appointment	0	165	9	15	11	200	11.5
	Test Results	0	3	1	1	0	5	0.3
Total Waiting		**0**	**168**	**10**	**16**	**11**	**205**	**11.8**
C – Delays	Admit/Transfer/Discharge	0	0	0	2	1	3	0.2
	Out-patient and other clinics	0	0	0	2	0	2	0.1
Total Delay		**0**	**0**	**0**	**4**	**1**	**5**	**0.3**
D – Environmental / domestic	Premises	0	0	2	0	2	4	0.2
	Aids/appliances/equipment	0	1	2	0	0	3	0.2
	Catering	0	0	2	0	0	2	0.1
	Cleanliness/laundry	0	0	1	0	0	1	0.1
	Patient privacy/dignity	0	2	0	0	1	3	0.2
	Patient property	0	0	0	0	1	1	0.1
	Patient status	0	0	1	0	0	1	0.1
	Personal records	0	0	2	0	0	2	0.1
	Bed shortages	0	0	1	0	0	1	0.1
Total Domestic		**0**	**3**	**11**	**0**	**4**	**18**	**1.0**
E – Procedural issues	Failure to follow procedure	1	20	4	5	14	44	2.5
	Policy/Commercial decisions NHSGGC	0	0	0	1	1	2	0.1
	NHS Board Purchasing	0	0	0	1	0	1	0.1
Total Procedure		**1**	**20**	**4**	**7**	**15**	**47**	**2.7**
F – Treatment	Clinical Treatment	0	1167	57	49	61	1334	76.6
	Consent to Treatment	0	0	1	1	0	2	0.1
Total Treatment		**0**	**1167**	**58**	**50**	**61**	**1336**	**76.7**
Grand Total		**1**	**1368**	**106**	**154**	**113**	**1742**	**100.0**

Table 6 below shows complaints issues raised by service area, emphasising that, as with complaints received, the overwhelming number of issues raised relate to clinical services within prisons.

Table 6 – Complaint issues raised by service

Service Area	**Corporate** (excl Prisons)	**Prisons**	**North East**	**North West**	**South**	**Total**	**% of Total**
Prison Services	0	1368	0	0	0	1368	78.5%
Psychiatric / Learning Disabilities Service	0	0	65	51	77	193	11.1%
Care of the Elderly Services	0	0	0	0	2	2	0.1%
Other Community Health Services	1	0	41	87	31	160	9.2%
Community Hospital Services	0	0	0	11	1	12	0.7%
Administration Services	0	0	0	5	2	7	0.4%
Total	**1**	**1368**	**106**	**154**	**113**	**1742**	**100%**

3.4 Complaints outcomes.

A breakdown of outcomes for those complaints completing the process is given at table 7 below. The number of complaints which were completed within 2020/21 was **1713**, this includes complaints received in Quarter 4 of 2019/20, but not responded to until Quarter 1 of 2020/21 and so exceeds the number of complaints received as set out in tables 1 and 2. Complaints noted as 'withdrawn' includes those where no consent or mandate was received and complaints were effectively withdrawn for that reason. Transferred cases are those for another process or NHS Directorate. Overall 79% of complaints were not upheld and 13% were partially or fully upheld. A further 8% were withdrawn or otherwise not progressed within the HSCP's complaints process.

Table 7 – Outcome of completed complaints by locality

	Outcome										
	Upheld		Partially Upheld		Not Upheld		Withdrawn		Transfer		Total
Locality	n	%	n	%	n	%	n	%	n	%	**n**
GCHSCP Corporate (excl Prisons)	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	**1**
HMP Barlinnie	5	0.7	7	1.0	618	90.2	55	8.0	0	0.0	**685**
HMP Greenock	6	9.1	3	4.5	56	84.8	1	1.5	0	0.0	**66**
HMP Low Moss	21	3.4	22	3.6	522	84.9	50	8.1	0	0.0	**615**
North East Locality	13	14.3	21	23.1	54	59.3	3	3.3	0	0.0	**91**
North West Locality	35	24.6	39	27.5	59	41.5	7	4.9	2	1.4	**142**
South Locality	24	21.2	29	25.7	43	38.1	13	11.5	4	3.5	**113**
Total	**105**	**6.1**	**121**	**7.1**	**1352**	**78.9**	**129**	**7.5**	**6**	**0.4**	**1713**

Table 8 below shows more detailed outcomes by locality and service area for specific community-based services. Prison complaints are excluded from this table as that information is already presented in the table above.

Table 8 – Outcome of completed complaints by locality and service area.

	Outcome										
	Upheld		Partially Upheld		Not Upheld		Withdrawn		Transfer		Total
Locality / Service	n	%	n	%	n	%	n	%	n	%	**n**
GCHSCP - North East											
Children and Family Services	0	0.0	0	0.0	2	100.0	0	0.0	0	0.0	**2**
Health & Community Care	4	33.3	3	25.0	5	41.7	0	0.0	0	0.0	**12**
Mental Health Services	3	5.8	14	26.9	33	63.5	2	3.8	0	0.0	**52**
Specialist Children's Services	6	24.0	4	16.0	14	56.0	1	4.0	0	0.0	**25**
Total for North East	**13**	**14.3**	**21**	**23.1**	**54**	**59.3**	**3**	**3.3**	**0**	**0.0**	**91**
GCCHSCP - North West											
Children and Family Services	0	0.0	4	80.0	1	20.0	0	0.0	0	0.0	**5**
Health & Community Care	5	33.3	4	26.7	5	33.3	0	0.0	1	6.7	**15**
Mental Health Services	9	15.8	13	22.8	28	49.1	6	10.5	1	1.8	**57**
Sexual Health/Sandyford	16	32.0	13	26.0	21	42.0	0	0.0	0	0.0	**50**
Specialist Children's Services	5	33.3	5	33.3	4	26.7	1	6.7	0	0.0	**15**
Total for North West	**35**	**24.6**	**39**	**27.5**	**59**	**41.5**	**7**	**4.9**	**2**	**1.4**	**142**
GCHSCP - South											
Children & Family Services	2	33.3	4	66.7	0	0.0	0	0.0	0	0.0	**6**
Health & Community Care	15	40.5	12	32.4	9	24.3	0	0.0	1	2.7	**37**
Mental Health Services	7	10.3	12	17.6	33	48.5	13	19.1	3	4.4	**68**
Specialist Children's Services	0	0.0	1	50.0	1	50.0	0	0.0	0	0.0	**2**
Total for South	**24**	**21.2**	**29**	**25.7**	**43**	**38.1**	**13**	**11.5**	**4**	**3.5**	**113**

Complaints in prisons were far less likely to be upheld than those in community-based health services in the localities in total only 64 of 1366 (4.7%) complaints were either upheld or partially upheld. There is a large variation between the percentage of upheld or partially upheld complaints between different prisons with the lowest at Barlinnie (1.7%) and highest at Greenock (13.6%) and Low Moss in between (7%). However the actual number of complaints upheld or partially upheld is highest at Low Moss (43) with only 12 at Barlinnie and least of all at Greenock (9). This might simply suggest that a large number of complaints at Barlinnie and Greenock are without an evidential basis and that it is more helpful to look at numbers of complaints upheld rather than proportions.

For localities, the highest proportion upheld or partially upheld was in North West (52.1%), which also had the greatest number (74), the lowest proportion and number were in North East (34, 37.4%) with South in between (53, 46.9%). In the localities therefore number and proportions together are more consistent and reliable indicator of complaints activity than is the case for prison-based healthcare.

Looking at individual services in localities, the absolute number of complaints is small in children and family and general community health services to meaningful analysis and comparison is not really possible. 58% of complaints in Sandyford sexual health clinic are upheld or partially upheld. For community mental health services 32.7% of complaints were upheld of partially upheld in North East, 38.6% in North West and 27.9% in South. Given the relatively small number concerned these rates are broadly comparable.

Section 4 Cases referred to Scottish Public Services Ombudsman

The Scottish Public Services Ombudsman (SPSO) issues either formal reports, which are laid before Parliament, or decision notices which are issued to the relevant public sector body. Such decision notices may advise that the authority should comply with recommendations made by the Ombudsman. Formal reports to parliament cover those matters of public interest which the Ombudsman considers should receive wide awareness beyond the affected authority.

There were **no** formal Ombudsman reports and 4 decisions notices issued for GCHSCP NHS services during this reporting period. This contrasts with one formal report and 11 decision notices in 2019-20. In addition, SPSO indicated that they had received a further 4 complaints which, following early assessment, they had decided not to progress. Only one of the four complaints was partially upheld. This was about a GP practice, not a service directly managed by GCHSCP. The remainder, all concerning mental health services, were not upheld. Table 9 below summarises the outcomes for these and the services to which they apply, after which a full summary of each case is provided, extracted from the SPSO's own decision notices.

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.

Table 9 – Outcome of decisions by SPSO

Service	Fully / Partially Upheld	Not Upheld	*Not Progressed/ Taken Forward*
GP Services	1	0	*2*
Mental Health Services	0	3	*0*
Phlebotomist Services	0	0	*1*
Prison Healthcare	0	0	*1*
Total	**1**	**3**	*4*

(a) Complaint against - GCHSCP (NW) – GP Service – SPSO Ref: 201900411
Decision dated 27th April 2020 – Complaint Partially Upheld (2 recommendations)

This complaint was about 2 issues: **Issue 1**: The GP failed to provide reasonable care and treatment when Mr A attended the Practice on 7 June 2018 (not upheld). **Issue 2:** The Practice subsequently unreasonably removed Mr A from their list (upheld).

Issue 1 Decision: SPSO was unable to comment on the amount of eye contact during the consultation as there is no evidence in relation to this. However, SPSO noted that the GP has stated that they will try to learn from this. The Practice had stated that the consultation took longer than the ten minutes allocated. The advice SPSO received and accepted is that it was evident that the Practice had a lot of history available for Mr A and the decision to decline referral to psychiatric services was based on their knowledge of Mr A and his medical history. The Adviser stated that she considered the care and treatment provided to Mr A at the consultation was reasonable. Having considered the evidence and advice received, SPSO did not uphold this complaint.

Issue 2 Decision: SPSO recognised there is a degree of discretion for a GP in reaching a view that the doctor/patient relationship has broken down. However, SPSO was concerned that a letter from the Practice in response to the enquiries indicated that on reflection, the breakdown was in fact with Mr A's advocate (Ms C). The Practice acknowledged that they should have made the reasons for removal more clear in a warning letter to Mr A.

SPSO had not seen a contemporaneous record which demonstrates that the circumstances described in sub-paragraph 4 of the 2004 Regulations applied in this case, such that there were valid reasons not to give a warning. Issuing a warning letter would have provided an opportunity to set out the boundaries of acceptable behaviour to try to prevent future problems arising. It might also have prevented some of the problems Mr A had after he was removed from the Practice's list. Given Mr A's problems with literacy, the Practice should have also considered phoning Mr A about the contents of the warning letter first. Taking the above into account, SPSO found that the Practice did unreasonably remove Mr A from their list at that time and therefore, upholds this complaint. The recommendations in relation to this matter were as below:

Issue Number	What we found	What the organization should do	What we need to see
2	The practice unreasonably removed Mr A from their practice list and should have issued a warning before doing so.	Apologise to Mr A for the failure to issue a warning before removing him from their practice list. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spso.org.uk/information-leaflets	A copy or record of the apology.
2	The practice unreasonably removed Mr A from their practice list and should have issued a warning before doing so.	Consider any application to re-register on the Practice list received from Mr A.	Confirm that, in the event Mr A makes an application, they will consider this and provide reasons to him for their decision on the matter.

(b) Complaint against - GCHSCP (NE) – MHS Service – SPSO Ref: 201900718
Decision dated 18th May 2020 – Complaint Not Upheld

This complaint was about 1 issue: The HSCP failed to take reasonable action in response to Mr A's physical condition and symptoms (**not upheld**).

Issue 1 Decision: The advice received from both advisers can be summarised as follows:

I. If a patient known to have epilepsy (like Mr A) has a seizure, it would not normally be considered a medical emergency. Mr A's clinical presentation did not indicate it was an emergency situation or that he was at acute risk.

ii. The duty doctor assessed Mr A within a reasonable time frame and they managed his condition appropriately.

iii. The duty doctor appropriately sought advice from the hospital on Mr A's condition. It was agreed that Mr A would be taken to the hospital for a specialist assessment. This was mainly because Mr A appeared to have experienced a different pattern of epileptic seizure than previous episodes.

iv. As it was not a medical emergency, it was reasonable the request for an ambulance was not upgraded to an emergency. Also, the nursing staff had further contact with the ambulance service and the duty doctor to discuss Mr A's condition while waiting for the ambulance to arrive.

In light of this medical advice, SPSO considers the care and treatment Mr A received from the HSCP was reasonable. SPSO did not uphold this complaint.

(c) Complaint against - GCHSCP (NW) – Mental Health Service – SPSO Ref: 201905223 Decision dated 14th Sept 2020 – Complaint Not Upheld

This complaint was about 1 issue: The HSCP failed to provide Mrs C with reasonable treatment during her stay in Gartnavel Royal Hospital **(not upheld**).

Issue 1 Decision: The advice received and accepted is that the treatment provided to Mrs C during her admission to the Hospital was in line with recognised clinical practice. There was clear evidence within the clinical records of her medication being reviewed and altered on a number of occasions. SPSO accepted the Adviser's opinion that the changes that were made were in line with good practice and were designed to provide a longer-term benefit to Mrs C. As well as management of her medication, Mrs C received counselling and therapeutic input to help her manage her symptoms. SPSO did not uphold this complaint.

(d) Complaint against - GCHSCP (NE) – Mental Health Service – Ref: 201909385 - Decision dated 31st March 2021 – Complaint (Not Upheld).

This complaint was about 6 issues: **Issue 1:** The HSCP failed to provide the patient reasonable treatment **(not upheld). Issue 2:** The HSCP failed to provide the patient reasonable care **(not upheld). Issue 3:** The HSCP failed to use reasonable level of restraint on patient **(not upheld). Issue 4:** The HSCP unreasonably discharged the patient **(not upheld). Issue 5:** The HSCP unreasonably discharged the patient on a second occasion **(not upheld). Issue 6:** The HSCP failed to reasonably communicate with the patients named carer while the patient was under the HSCP's care **(not upheld).**

Issue 1 Decision: The adviser considered the medication prescribed for the patient was reasonable, adhered to NICE guidance and was reasonably monitored to ensure treatment benefits were balanced with possible side effects. While the adviser noted that there were records of the patient being drowsy or less responsive, there were also records of the patient being more responsive. The adviser noted that while the periods of drowsiness could not be said to be unrelated to the medication prescribed, it was also a known symptom of some of the patients' conditions. The adviser considered the medication prescribed was reasonable. The adviser considered the care plan in place was regularly updated and reasonable. SPSO accepted the adviser's view. As such, did not uphold this complaint.

Issue 2 Decision: While there was a failing in terms of the patients contact with her child, overall the care provided to the patient by the HSCP was reasonable. While the HSCP could have been more proactive in arranging an optician to attend the patient when she was well enough to do so, their actions in terms of the patients glasses overall were reasonable. The adviser considered the HSCP's explanation about the use of mixed-sex wards was reasonable. As such, SPSO did not uphold this complaint.

Issue 3 Decision: The adviser considered the use of physical restraint was appropriate and reasonable. The adviser considered physical restraint was utilised for the minimum period of time necessary and there were no prolonged periods of restraint. SPSO The Ombudsman accepted the adviser's view. As such, did not uphold this complaint.

Issue 4 Decision: The adviser considered the actions taken prior to the patients discharge in were reasonable with the discharge itself well planned and reasonable. They were of the view that risks were identified and the rationale given for discharge balanced the risks with the benefits to patient. The adviser considered the actions taken to mitigate those risks were reasonable. SPSO accepted the adviser's view. As such, did not uphold this complaint.

Issue 5 Decision: The adviser considered the HSCP's rationale behind discharging the patient was reasonable. The adviser said that communication prior to discharge were reasonable, taking into account the pandemic and that there were risks in discharging any patient, including during the pandemic.

They said that risks were mitigated through supports put in place in the community and the patients clinical presentation, while also considering the risks, made the decision to discharge appropriate, reasonable and with the patients best interest in mind. SPSO accepted the adviser's view. As such, did not uphold this complaint.

Issue 6 Decision: The adviser considered, based on the records available, that there was evidence of involvement by the patients family and named carer into the management, treatment, progress and discharge. The adviser considered the medical record evidenced reasonable, regular communication with the patients named carer and wider family, which was in line with expected practice. SPSO accepted the adviser's view. As such, did not uphold this complaint.

Section 5 Service Improvements

5.1 Since Quarter 1 of 2015/16 actions arising from complaints are recorded using a national coding system set out by ISD as referred to in section 2.7 above. This ISD reporting 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 10 shows the actions taken in each individual case that has been fully or partially upheld for the period 1st Apr 2020 – 31st March 2021. This includes Prison Healthcare. Where applicable, a description of the planned or implemented service improvements are listed in the final column of this table. In some cases no service improvement has been identified.

5.3 Staff have been advised of the importance of ensuring that where a complaint is upheld lessons learned are recorded so that these can be shared with colleagues and other clinical teams. In cases where service improvement is indicated as "none", this confirms that the investigator has considered this point and identified that there was no specific learning or action point arising from the complaint. The extent to which investigators and managers actively review lessons learned from complaints is variable and remains an area for Improvement.

5.4 NHS NES have developed an e-learning package to assist staff in recognising complaints, feedback, comments and concerns and providing advice on conducting investigations. This is available on the Board's Learn Pro e-learning system modules. The core complaints modules are required to be undertaken by all staff involved in handling NHS complaints on a regular basis.

Table 10 - Service Improvements Identified for Completed Complaints Partially of Fully Upheld (1st Apr 2020 – 31st March 2021)

Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
B2020/263	Patient unhappy with not receiving his medication.	Partially Upheld	Access, Action Plan	K01-04 Partially upheld. Pharmacy advised of error and asked to be more vigilant.
B2020/270	Patient unhappy with not receiving his medication.	Fully Upheld	Communication	K03-03 Staff suggestion for improvement - To improve communications between Senior nursing staff and HCA.
B2020/313	Patient claims he has not received his tests requested by GP	Partially Upheld	Action Plan	K02-03 service improvement identified, Issued guidance on the QFIT process to nursing/admin staff and the GP error has been raised with the clinical lead.
B2020/315	Patient has not received any medication.	Partially Upheld	Action Plan	K02-03: Action Plan - Nursing staff have been advised to check medication delivered against medication ordered and highlight all discrepancies to Senior Nursing Staff and highlight all discrepancies to Senior Nursing Staff.
B2020/322	Patient unhappy with dispensing of medication	Fully Upheld	Communication	K03-04 Communication agenda for board meeting issued raised with clinical manager
B2020/377	Patient unhappy about treatment he has received	Partially Upheld	Action Plan	K02-01 Lead Manager co-ordinating improvements
B2020/440	Patient is unhappy with treatment.	Fully Upheld	Communication	K03-04 - communication - team meeting agenda
B2020/455	Patient is unhappy with medication.	Partially Upheld	Communication	None
B2020/469	Patient is unhappy that he hasn't received medication.	Partially Upheld	Communication	K03-01: Communication - A reminder has been added to the patient folder to order medication.
B2020/593	Patient is unhappy with previous complaint response and treatment	Partially Upheld	Communication	None
B2020/596	Patient would like a telephone or video call with his GP outside of prison	Fully Upheld	Communication	None
B2020/729	Patient has seen the Doctor and patient Celecoxib was doubled. This medication stopped four days later for a review, patient is in serious pain. Patient was only issued with six tablets instead of 14	Fully Upheld	Action Plan	Improve communication between GPs if task cannot be completed e.g. prescription changes when no Kardex is available or external referral if IT issues.

ECY20	Unhappy with discharge from Skye House to Ayrshire and Arran Community	Fully Upheld	Action Plan	There are core principles that should remain which are communication with the receiving team of Mental Health Act status, clinical discussion around presentation and strategies used to support this, any risk factors and any triggers which may exacerbate risk and any predictions regarding future risk management. MS Teams meetings can be set up to ensure these principles are adhered to. As a minimum standard a clinical discussion between health teams should occur and the receiving health team should know when a young person is being discharged.
ECY20-16	Challenging CAMHS actions and information provided to Multi-agency CP meeting Unhappy at nurse response to an email that the guardian sent asking for help from CAMHS. Guardian felt that he was being reprimanded.	Partially Upheld	Action Plan	Discuss with team as whole and in individual supervision the importance of explaining the therapeutic process to families and children.
ECY20-20	Unhappy that on several occasions it has been unsuccessful to get a confirmed diagnosis due to staff on leave and unable to schedule sessions for child to be seen. Mother concerned regarding child's mental health state as he is displaying behaviours similar to those that led to his attempted suicide last year.	Fully Upheld	Action Plan	Service has adapted to prioritising patients how need to be seen urgently and those who can be seen via Attend anywhere or telephone consultation due to social distancing constraints applied for CIVID 19 management
ECY20-22	Unhappy with care and support given to Son for his Asperger's. He is struggling to attend school and general life activities after a year of treatment	Fully Upheld	Action Plan	Communication processes within the team will be reviewed to understand why you were not informed of any cancelled or delayed appointments which resulted in you being unclear on the planned outcomes and the duration of the care episode.
ECY20-26	Unhappy with care and support given to Son. He is struggling to attend school and general life activities after a year of treatment	Fully Upheld	Action Plan	Communication process to be reviewed.
ECY20-33	Not assisted with sleep disorder issues.	Fully Upheld	Action Plan	Procedures to ensure hand over of cases when staff leave to be reviewed and reiterated to team.

ECY20-34	Would like to know the outcome of assessments. daughter is at a crucial stage of her life journey, starting secondary school with additional support needs	Fully Upheld	Action Plan	We will address this lack of response through our supervision structures so that we can address the reasons behind this. improvements will be made in the communication structures where appropriate
ECY20-43	Unhappy with child protection report	Partially Upheld	Education	Discussed with Doctor, reflection on how consultation could have gone better.
ECY21-05	Delays within the system for appropriate assessments and diagnosis for those living with neurodiversity.	Partially Upheld	Action Plan	Scottish Government are currently finalising their Neurodevelopmental Service Specification which advocates developing a service which supports children, young people and their families accessing a service which supports looking at a neurodevelopmental profile and where appropriate specific and/or differential diagnosis.
G2020/028	Patient not receiving correct dosage of medication.	Fully Upheld	Communication	None
G2020/045	Patient upset at doctor taking medication off him without acknowledgement of this and no discussion	Fully Upheld	Communication	None
G2020/048	Patient unhappy with way medication was administered by prison officers. Was also unhappy at not knowing medication was result of test results.	Fully Upheld	Action Plan, Communication, Policy	Group meeting and back up email sent to all members of nursing staff re iterating their responsibilities regarding medicine management within prison healthcare.
G2020/052	Patient being liberated in 3 weeks and wants to be stabilised and back on Espranor. He does wish to take methadone.	Fully Upheld	Communication	None
G2020/059	Patient complaining about a hospital appointment	Partially Upheld	No Action Required	None
G2020/060	Patient complaining about his medication	Fully Upheld	Communication	None
G2020/074	Patient stating that wrong dosage of medication given and requesting that correct amount given.	Partially Upheld	Communication	None
G2020/077	Appointment made for GP but patient did not know why. Feels Health Centre staff unable to communicate to patients concerning appointments.	Partially Upheld	Action Plan	Communication process planned to keep patient informed of appointments

G2021/005	Problems with stomach and bowl and advised to stop taking painkillers and samples taken. Issue with samples as not labelled properly. Back on pain killers due to pain but prescription was not strong enough.	Fully Upheld	Action Plan	Labelling of specimens to be checked before issue
GD/cf/01	Patient complained that the COVID-19 test which had been taken from them at the Barr Street Testing Centre was destroyed.	Partially Upheld	Policy	Investigation has put measures into place to ensure this does not happen again and further processes have been put in place to ensure that patients and their GP's will be notified when a patient has been tested and no longer meets the surveillance testing criteria.
LM2019/367	Patient is complaining about the GG&C Complaints process	Partially Upheld	Communication, No Action Required	We have changed the way in which we communicate with the patient in order to resolve issues
LM2020/001	Patient is complaining about the complaints process.	Fully Upheld	Action Plan	Issue has been identified to complaints staff to ensure it does not happen again
LM2020/027	Patient is unhappy with her complaint being returned and the response she received in doing so.	Fully Upheld	Communication	Patient has now been allocated a complaints officer
LM2020/030	Patient is complaining about the complaints process	Partially Upheld	Communication	We have changed the way we communicate with this patient in order to resolve issues.
LM2020/031	Patient is complaining about her complaints not being responded to within the 20 day timeframe.	Partially Upheld	Action Plan	We have changed how we communicate with the patient in order to try and resolve issues
LM2020/032	Patient is complaining about the complaints process.	Partially Upheld	Communication	We have put in place communication measures in order to resolve issues
LM2020/092	Patient is complaining about the delay in answering a feedback she submitted.	Partially Upheld	Communication	We have put a process in place in order to change the way we communicate with patient
LM2020/093	Patient is complaining about the delay in providing response to her complaints	Fully Upheld	Communication	Patient has now been allocated a complaints officer
LM2020/113	Patient complaint regarding timelines of complaints	Partially Upheld	Action Plan	We have changed the process on how we communicate with patient in order to resolve issues
LM2020/120	Patient is complaining about not getting his supervised meds	Fully Upheld	Communication	Staff made aware of error and advised on how to avoid it happening again
LM2020/122	Patient is complaining about lack of treatment/not being referred.	Fully Upheld	Action Plan	Patient was not referred. However, GP made aware and this has now happened

LM2020/139	Patient is complaining about not getting his medication he received in the community	Partially Upheld	Action Plan	Staff made aware of processes surrounding the confirmation of community medication
LM2020/143	Patient's mum has sent in complaint regarding the care her son is receiving	Partially Upheld	Action Plan	Patient delayed in being seen by emergency dental team - staff made aware of this error
LM2020/151	Patient is complaining about not getting his medication on time.	Fully Upheld	Action Plan	Highlighted to healthcare staff medication error, staff to be aware of processes to avoid this happening again
LM2020/163	Patient complaint regarding medication	Fully Upheld	Action Plan	Issue highlighted to Healthcare Manager to ensure delay in patient receiving medication does not happen again.
LM2020/165	Patient is complaining about the medication he is receiving	Fully Upheld	Action Plan	Pharmacy staff made aware of situation and how to avoid it happening in the future.
LM2020/170	Patient complaining about not getting his medication	Fully Upheld	Action Plan	Patients kardex was unavailable at time of re-admission, this caused a delay in patient receiving his medication. Health Care staff made aware of this error to avoid it happening again.
LM2020/209	Patient is complaining about his medication	Fully Upheld	Action Plan	Patient now given correct meds. Staff made aware of processes to ensure this does not happen again.
LM2020/222	Patient is complaining about his medication and isolation period	Partially Upheld	Communication, No Action Required	K06 04 Not Upheld K03 02 To be discussed at team meeting
LM2020/228	Patient is complaining about his medication	Fully Upheld	Action Plan	Patient to self refer if any other issues occur
LM2020/255	Patient is complaining about multiple health care issues. Patient originally seeking legal advice however he has advised he wants us to answer the complaint.	Partially Upheld	Action Plan	Service Review Identified - Patients referral delayed and patient consulted at the medication hatch - both to be brought up at the team meeting to discuss how we can avoid both happening again.
LM2020/285	Patient complaint regarding blood result delay.	Partially Upheld	Communication	Staff advised of the process for blood samples at team meeting
LM2020/318	Patient not receiving appropriate healthcare for his mental health	Partially Upheld	Communication	None
LM2020/320	Patient complaint regarding time to see dentist	Partially Upheld	Communication	None
LM2020/332	Patient not receiving prescribed medication on time.	Fully	Communication	None

		Upheld		
LM2020/341	Patient is complaining about not receiving his medication.	Fully Upheld	Communication	None
LM2020/342	Patient not receiving prescribed medication	Fully Upheld	Communication	K03 02 Provide Explanation. Kardex locations are now checked on a weekly basis
LM2020/343	Patient complaint regarding incorrect amount of medication	Partially Upheld	Communication	Kardex's now being received every week
LM2020/347	Patient unhappy regarding healthcare, mental health treatment and the wording in his complaint response	Partially Upheld	Communication	K03 - 02 provide explanation, further training to be given in relation to complaint responses
LM2020/367	Patient not receiving prescribed medication	Partially Upheld	Action Plan	This issues has been highlighted to relevant staff to ensure it does not happen again.
LM2020/370	Patient not receiving prescribed medication	Fully Upheld	Communication	K03 02 - Provided explanation This was an oversight on behalf of the pharmacy and situation rectified
LM2020/418	Patient not receiving appropriate healthcare	Fully Upheld	Communication	K03 02 Information was not received from SPS staff. SPS staff have been made aware that information should be passed to the lead nurse
LM2020/426	Patient not receiving required medication	Partially Upheld	Communication	K03-03: Explanation offered, patient advised dispensing of medication is a clinical decision
LM2020/430	Patient received incorrect medication	Partially Upheld	Communication	K03 01 explanation offered to patient. Clinical director to speak to GP's regarding this issue
LM2020/441	Patient is complaining about the healthcare he is receiving and the delay in receiving treatment for health condition.	Partially Upheld	Action Plan	Initiation of nurse triage and the importance of triaging patients has been highlighted to the nursing team. It is recommended that patients should be seen following submitting self-referral forms.
LM2020/451	Patient concern regarding not receiving medication	Fully Upheld	Communication	K03 01 explanation offered This delay was due to the pharmacy having no stock
LM2020/457	Patient not receiving medication and kardex being discussed with SPS	Fully Upheld	Action Plan	Issue raised to be discussed at Staff Team Meeting to ensure this does not happen again

LM2020/483	Patient is complaining about NHS Staff not wearing PPE whilst dispensing methadone.	Partially Upheld	Policy	K07-01 Policy/procedure review: Email sent to staff to remind of the Public Health and NHSGGC policy in relation to PPE and wearing of facemasks. Staff to ensure they have Name Badges on their uniform. Add to agenda for staff meeting.
LM2020/512	Patient requires input from addictions and not receiving supervised medication	Partially Upheld	Communication	None
LM2020/536	Patient states he did not receive his medication	Fully Upheld	Communication	None
LM2020/543	Patient not receiving appropriate health care	Fully Upheld	Communication	K03 02 Provided explanation that this was due to staffing
LM2020/597	Patient is complaining about not getting to see the psychiatrist and not getting his medication on time.	Partially Upheld	Action Plan	Service Improvement Identified - Patient experienced delay in receiving his medication. He has now received it and this delay has been highlighted to the nursing team to improve this service.
LM2021/101	Patient claims that he has not had a detox.	Fully Upheld	Action Plan	Discussions with GP to ensure that kardex is completed for patients who require detox.
NE476	Patient unhappy with various aspects of her own treatment plan and also various procedures within the ward, she does not however want staff to be aware of this complaint.	Partially Upheld	Communication	SM to share feedback with SCN who will ensure that all staff are reminded of their professional responsibilities and accountability.
NE481	Complainant is unhappy with treatment sister has endured whilst an in-patient.	Partially Upheld	Communication	K03-04 - Communication - Improvements in communication with staff. Service Manager will share experience with staff to facilitate and support staff reflection and drive forward improvements.

NE482	Family concerned with regards to the condition the patient was discharged from hospital.	Partially Upheld	Communication	K03-03/04 - Communication - suggestions for improvement and agenda for team meeting *Review of transport needs/assessment tool for physically compromised/frail patients *Assurance /audit of communication from Clinical staff to *Carers/Relatives/Named Person and documentation of same IDL discharge medication requires to be fully completed by Medical staff on discharge *Belongings require to be accurately recorded on admission/transfer/discharge
NE484	Son concerned with regards to mother's welfare and the lack of support provided.	Partially Upheld	Communication	K03-03 - staff suggestions for improvement To ensure record of all telephone messages are passed to clinicians all admin will be reminded to record telephone messages in the telephone message book which keeps a carbon copy of the message. Emis alert on the system to alert that there is a power of attorney
NE485	Patient unhappy with the content of letter he received with regards to his assessment.	Partially Upheld	Communication	None
NE490	Son upset with the attitude and behaviour of a member of staff after the death of his father.	Fully Upheld	Conduct	K04-01 - Conduct issues discussed with staff.
NE493	Daughter feels her mother was given substandard care.	Partially Upheld	Communication	K03-04 - Communication - Complaint will be taken forward with all staff to discuss at future meetings in order to address any gaps in knowledge and to ensure that we continue to work towards improving the service that we provide.
NE494	Mother concerned with lack of communication with HV and that she failed to refer her son to CAMHS and CDC for assessment.	Partially Upheld	Communication	K03-04 - Communication - improvements in communication staff - staff or staff-patient - agenda for team meeting
NE497	Patient stating that prescribed medication was not received on the evening of 5.8.20	Fully Upheld	Communication	K03-01 - Communication - Early engagement with complainant.

NE498	Mother concerned with daughter's mental health and her interaction with CAMHS Service	Partially Upheld	Communication	K03-01 - Communication - Early engagement/resolution with complainant. Service will continually review and plan care with each young person and their family individually on an on-going basis.
NE500	Son unhappy that his father was discharged to a care home without authorisation.	Partially Upheld	Action Plan	Remedial action implemented to ensure that SW staff directly informs ward staff of an agreed placement and where ward staff are contacted by a care home of a placement this will confirm in the first instance with the patients allocated SW prior to the transfer being planned.
NE505	Patient wishes a change of psychiatrist and unhappy that written response was not provided with previous complaint.	Partially Upheld	Communication	K03-04 - Communication - Agenda for Team Meeting Staff to ensure that they communicate with patient whether a response is required or not.
NE511	Patient unhappy with the attitude and behaviour of staff.	Partially Upheld	Conduct	K04-01 Conduct - conduct issues - discussed with staff. SCN will continue to monitor all staff's performance, professional behaviour and attitudes and respond accordingly.
NE513	Patient unhappy that she was discharged from service, ended up in hospital and the attitude of CPN when she saw him again.	Partially Upheld	Communication	K03-01 Communication - improvements in communication staff-patient. Mindful that patients do not always open up at first assessment.
NE514	Complainant unhappy with the attitude and behaviour of staff towards his partner.	Partially Upheld	Communication	K03-04 Communication - Agenda for Team Meeting - Manager will discuss with staff at the next Team Meeting.
NE517	Patient is unhappy with behaviour/conduct of a Charge Nurse relating to her private mail whilst she was an inpatient.	Partially Upheld	Action Plan	K02 - 02 Service review instigated - A full review of how mail is managed within the ward will be carried out.
NE518	Grandfather unhappy with treatment grand-daughter currently receiving as an inpatient.	Partially Upheld	Communication	None
NE520	Unhappy with behaviour and uncaring attitude of staff during a recent appointment.	Fully Upheld	Conduct	None

NE521	Unhappy with treatment to father who is receiving palliative care at home.	Fully Upheld	Conduct	K04 - 02 Conduct - conduct issues addressed - values/behaviour - agreed with staff. Team Lead will attend joint visits with staff member.
NE524	Complainant unhappy with attitude and behaviour of OOH's Nurse.	Fully Upheld	Conduct	K04-02: Values/behaviour agreed with staff - Staff Member will revisit the HCSW Code of Conduct.
NE530	Complainant unhappy with lack of contact from his allocated worker.	Fully Upheld	Communication	K03-04 Communication - Agenda for Board or team meeting
NE531	Patient concerned that water font was out of order, staff not wearing name badges, she was given wrong medication and there was no information on notice board on where to send complaints.	Partially Upheld	Communication	K03-04- Agenda for Board or team meeting
NE535	Son unhappy with attitude and behaviour of staff and unhappy with stage 1 response.	Partially Upheld	Communication	Improvements in communication staff-staff or staff-patient - Agenda for Team Meeting. Nurse Team Leader will discuss issues with staff at staff meetings, which will allow team to address any gaps in staff knowledge and ensure that we continue to work towards improving the service that we provide.
NE539	Son unhappy with the treatment his mother is receiving as an in-patient	Partially Upheld	Education	K05 - 01 - Education/training of staff - Learning/training opportunities identified. Practice Development Nurse (PDN) to undertake an audit of nursing practice within the ward, this will include wound care and administration of medication.
NE550	Son is complaining that no vaccinator arrived to issue his elderly mother her vaccine on her allocated date. During the next week the patient and her family tried to contact the service for another date unsuccessfully, which resulted in the patient suffering great anxiety. The complainant would like his mother to receive a full written letter of apology with a full explanation of circumstances as to why she did not receive the vaccine.	Fully Upheld	Education	Learning/Training Opportunities Identified - Situation discussed with Nurse. Guidance and protocol has also been circulated to all vaccinator staff.

NW2033	Complaint against Health Visitor. Advised that HV hadn't got back to complainant with regards to application for specific nursery for child. Also complaining about conduct of Health Visitor.	Partially Upheld	Communication	TL is looking to further establish what if any audit trail can be established to ensure the system of calls into the HV Service are logged / receive a response.TL will ensure the reasons for the delay in completing this child's development review are understood, learning achieved and is addressed appropriately through processes and procedures. Learning to be gained around different responses open when HV feels in a hostile / aggressive situation. Service Manager will liaise with Information Advisor/Data Protection to ensure that current practice/policy in relation to patients right to record conversations is shared with staff with advice on best practice should this be requested. TL's will reinforce that referrals to Social Work / CDC should be discussed with the parent and the reasons for this. Share learning points with the wider TL Group and wider staff group in NW.
NW2048	Service user concerned that she is unable to get an appointment at Riverside Resource Centre so that her medication can be reviewed. Following watching the First Minister's briefing on COVID-19 around mental health services she is confused as to where she can receive help.	Fully Upheld	Communication	There are daily communications with the teams and this incident will be highlighted to ensure adequate communication is provided where possible.
NW2050	Complaint is around lack of treatment and services from the Addictions Teams.	Fully Upheld	Communication	Learning Identified: 1.Requests for transfer of care from HAT should be fully checked by Team Leaders to ensure the patient is resident in the locality & not in homeless accommodation 2.Processes for transfers between localities requires review
NW2053	Complaint is around not being allowed to use the toilets within the clinic.	Fully Upheld	No Action Required	N/A

NW2054	Complaint is around a patient being attended to by Cordia staff had fallen and cut herself. The following day Cordia staff attended again and it was noted that nobody from NHS had been in attendance. Daughter contacted NHS 24 and was informed that this was the first time they had received a call for the patient. Daughter is upset that anything could have happened to her mother and wants to know why nobody attended and why there is no trace of the call coming in.	Fully Upheld	Education	Steps have been taken to improve the processes on how information is passed on from the GP OOH Service to the District Nursing OOH Service to reduce the risk of this happening again.
NW2059	Seeking an investigation to commence around there being a causal link between child's immunisation in June and then the onset of an illness requiring hospital attention and then an operation.	Partially Upheld	Communication	None
NW2062	Patient wasn't happy whilst in Tait Ard and was unhappy with the way it was run. Complaint about Charge Nurse as to the way he spoke to patient. Charge Nurse apologised next day but had been removed from the ward. Patient had been released and advised that she had been unable to get help from the Crisis team.	Partially Upheld	Communication	Discussions to take place with medical nursing team regarding irregular discharges.
NW2063	Complaint is around conversations that took place over the phone. Complaint is around the way the patient was spoken to by the CPN on duty.	Fully Upheld	Action Plan	Meeting was arranged with the NTL and it was decided that the Nurse would be placed on a supported improvement plan. This is being monitored.
NW2066	complaint re assessment at shawpark	Partially Upheld	Communication	None
NW2068	Complaint from patient's GP regarding delay in IDL on discharge from ward	Fully Upheld	Policy	The process has been updated to include the IDL being printed off and handed to the patient at discharge. The IDL won't be generated unless staff have done so which is a double check for discharge.

NW2072	Complaint is around being given two doses of Zucploxiol over two days and staff allegedly not listening to him when he told them. Complaint is also around having to give blood every day and also being woken up at night every four hours for observations to be taken.	Fully Upheld	Policy	Routine checking of electronic records prior to prescribing patient medication. Exercise a clinical pause when the ward is busy to ensure appropriate checks are undertaken.
NW2076	Disagreement with the diagnosis given by Dr at Riverside. Also unsatisfied with the treatment of care received over the phone by her CPN.	Partially Upheld	Communication	Seek to highlight patient expectations to ensure they are aware of CPN role.
NW2079	Patient has been referred to the Arndale centre three times and has been "fobbed off". At final appointment patient was told she'd receive new medication and be tested for autism. Patient was supposed to be monitored on the new medication and receive a follow up appointment. This never happened and patient never heard outcome of autism test.	Partially Upheld	Communication	Highlight importance of completing notes following all communication with patients
NW2080	Complaint is around care and support that has broken down over the period of COVID-19. Complainant also advised that he had been moved onto a rehabilitation programme however this place was subsequently removed with no explanation.	Partially Upheld	Communication	The learning from this complaint was about having a flexible approach to each service user care plan and the MDT will approach each case with that in mind.
NW2082	Complaint is around the treatment being received from CAMHS for daughter.	Partially Upheld	Communication	Review SC Policy. Ensure response letter highlight's that the above is normal policy and a note that this should be explained properly going forward.
NW2085	1: Appointment cancelled. 2: No communication. 3: Calls not returned. 3:Case manager unaware of medication regime	Partially Upheld	Communication	No major learning points recognised except improve lines of communication with families in these exceptional circumstances.
NW2086	Lack of correspondence and communication. Long waiting times.	Fully Upheld	Communication	Family status to be clarified at appointments with parents view and consent on assessments reviewed at each step of the process

NW2087	1:Parent wishes a new case manager. 2:Parent wishes support for son around possible OCD 3:Parent wishes urgent ADHD review for son.	Partially Upheld	Communication	None
NW2089	Complainant is unhappy about the Health Visitor trying to second guess the legal reasons for the complainant's partner's bail undertaking and whether there had been a breach of confidentiality.	Partially Upheld	Education	Use of established assessment processes in determining levels of risk/needs to be used.
NW2092	CAMHS referral	Fully Upheld	Action Plan	Caseloads being looked at so that they never exceed size where CMs cannot be responsive to families.
NW2096	Complaint that Dr isn't listening to patient and is being ignored. Feel that he is being dismissed.	Partially Upheld	Communication	Clinical director will remind medical staff of the importance of documentation of consent for information sharing.
NW2097	Seeking full assessment for their child. Been waiting since 2018.	Partially Upheld	Communication	None
NW2099	1.Standard of personal care on transfer to CARE home and that soiled clothing was in bag on arriving 2.Late arrival of DNR paperwork to nursing home	Partially Upheld	Communication	1.SCN to remind staff –if consent is obtained- to check belongings on day of discharge/transfer to care homes. 2.SCN will remind staff of the need to ensure all essential documentation goes with the patient though in this case it was the staff who identified and rectified the paperwork omission.
NW21003	Telephone calls not being returned. Complainant is seeking a MDT meeting to discuss her child's symptoms and also an urgent review of her child's medication.	Fully Upheld	Policy	Phone guidance has been redrafted around the communication of phone calls received.
NW21004	Complaint is around the complete lack of care provided by the West CAMHS Team to complainants daughter. Patient has waiting a year since referral and hasn't been seen.	Fully Upheld	Communication	None

NW21005	Complaint regarding appointment times have been changed from 1 hour to 15 minutes without prior knowledge being given.	Partially Upheld	Communication	As limited face to face contact continues, the care plan continues to be discussed being mindful of the current limitations for full contact.
NW21007	Complaint about being unable to access Mental Health services.	Partially Upheld	Communication	Manager to work with admin team on importance of recording calls and information related to calls and return calls.
NW21008	Complaint around patient being discharged from mental health services and handed off to GP who has no baseline for the patient.	Fully Upheld	Policy	The pathway for the patient group is under review.
NW21009	Complaint around self-referral being refused by Arndale Resource Centre.	Partially Upheld	Communication	Discussions around the case have taken place with the NE Service Manager and Lead for PCMHT.
NW21011	Complaint about the service complainants daughter is receiving from Addiction Services.	Partially Upheld	Communication	Re-allocation of cases when the care manager is on extended leave needs to be picked up earlier
NW21014	Complaint about lack of security within Maryhill Health Centre. Patient said he was abused by other patients after asking them to wear their face mask. Complainant also advised that he was complaining about lack of communication from the office manager within the health centre.	Fully Upheld	Communication	Continue to monitor compliance, and whether we need to consider as with other areas introducing Security.
NW21024	Complainant is writing on behalf of nephew regarding his distressed about being on the methadone programme.	Fully Upheld	Access	None
NW21028	Complaint about length of time it took for an appointment to come through which was then cancelled.	Partially Upheld	Communication	None
NW2104	Complaint is about a referral for assistance. Appointment came through however had to be cancelled due to COVID-19. Complainant is stating that she has now been removed from the service and states that she has never actually received any help. Complaining about lack of care.	Fully Upheld	Communication	Highlight accuracy in recording in records. Staff to ensure calls are made on the day they are scheduled for. TLs will feed this back to staff to ensure action.
NW2108	Complaint around why patient had to attend a flu clinic for her jag rather than receiving it at the GP surgery.	Partially Upheld	Communication	Improved communication between scheduling teams and front line services to reduce the volume of unexpected appointments.

NW2114	Complaint about length of time it has taken for child's diagnosis from CAMHS.	Fully Upheld	Communication	Better communications with service users advising them of length timescales for appointments.
NW2116	Complaint about recent experience from the Crisis Team at Shawpark.	Partially Upheld	Communication	To ensure that any cancellation of appointments are done as early as possible. To ensure as much as possible that clinicians are on time for appointments.
NW2117	complaint re flu vaccination given without parent present	Partially Upheld	Communication	Improved training for call handlers to be aware that medical records are not accessed at a community immunisation clinic.
NW2124	Concern about the current waiting times for a CAMHS appointment and lack of communications with parents.	Partially Upheld	Communication	None
NW2129	Child given the incorrect flu vaccine causing her to become ill.	Partially Upheld	Communication, Education	Increased awareness of the way we share information. Assessment of need for partnership with interpreting services to ensure open and clear communication between our team and families.
NW2132	Complaint around the incorrect flu injection being given to child. Considering it as negligence.	Fully Upheld	Education	Work to ensure that staff are trained correctly in vaccination programme.
NW2135	Complain about Shawpark Resource Centre	Fully Upheld	Communication	Seeking new way of working around referrals being rejected on historical information.
NW2136	Asking for assistance with district nurses taking her bloods prior to chemo using her PICC line	Partially Upheld	Communication	1 Monitoring of unsuccessful visits regarding obtaining pre chemotherapy bloods 2 Consideration of different methods to obtaining blood 3 Employing different methods / styles to communicate with patient 4 Exploration of alternative options for delivering care i.e. change of district nursing team or Self Directed Support
NW2139	Complaint about information that has been added to a report about patient which has been sent to ex-partner's lawyer. This is with regards to child access. Patient wants information removed from report.	Fully Upheld	Communication	None

NWS00421	Patient was referred to Sandyford for a termination as she was not wanting another scan at RAH after miscarriage. Phone call from Dr at Sandyford after referral and was not happy with the tone or content of the call, in terms of discussing "aborting pregnancy". She was also unhappy that after this call the Dr called back and left personal information on her voicemail.	Partially Upheld	Communication, Education	It was agreed to reiterate the need for all staff to be as understanding and compassionate as possible. Also try to ensure no referrals of this type made again.
NWS00521	Patient emailed to book Asymptomatic screening but was told that this service is currently unavailable.	Fully Upheld	Communication	Line manager discussed with staff member involved and reiterated the proper processes which should be followed when dealing with email queries. Also confirmed the process with other members of staff within switchboard.
NWS00821	Patient complained he was not been put on the waiting list twice when he had phoned. Also a letter of referral had not been sent and an appointment given to discuss this when he just needed a letter.	Fully Upheld	Communication	IT issue is being investigated
NWS01021	Patient called to ask about their treatment, was told doctor would call back but didn't. Patient had asked for GP to be sent update. This had not been done.	Partially Upheld	Communication	None
NWS01420	Patient complained referral was delayed for TOP surgery Patient complained only one supplier of surgery and huge delays in surgery	Partially Upheld	Communication	None
NWS01520	Patient complained that she had been told how long the waiting list for the gender clinic was and she still hasn't had an appointment and now is told the waiting time is much longer	Fully Upheld	Communication	We have been recruiting staff and trying to recruit more.
NWS01620	Patient went to hospital for termination and had to wait hours for records to be transferred	Fully Upheld	System, Communication	New process in place for admin to send on records to acute
NWS01621	Patient complained she came to appointment but nurses would not change her implant as not out of date. GP had asked for change due to medical history.	Fully Upheld	Communication	None

NWS01920	Patient came for appointment which was cancelled, patient said she did receive a text. Patient complained receptionist was rude and disrespectful Wanted a new appointment within a week	Partially Upheld	Communication	None
NWS02020	Patient was upset and made to feel dirty by the nurse.	Fully Upheld	Communication	None
NWS02120	Patient complained her confidentiality was compromised. Doctor delivered medication to her door and rang bell.	Partially Upheld	Communication	None
NWS02220	1.The GIC was almost impossible to communicate with 2.Dr confirmed that there were different addresses for patient on different admin systems. 3.Patient had no change in prescription and no explanation has been given for this 4.Dr frequently misgendered patient in her initial writings 5.No hair or speech treatment due to failure of Dr and the admin team to refer me correctly using the wrong address 6.Delay in prescription due to the above points 7.Dr talked about making a referral for a kind of cardiac exam 8.Dr openly talked about the possibility of refusing medication on the basis of weight, despite that being against the best practice at the time of the appointment. 9.The admin team submitted an email as a complaint when, in fact, patient had not yet made a complaint	Partially Upheld	Communication	All points other than point 9 were Not Upheld. Admin to be clear that issue is actually a complaint before referring patients to complaints.
NWS02320	Patient was misgendered by doctor and HCSW while having IUD fitted	Fully Upheld	Communication, Education	Gender team to be asked to discuss with sexual health staff re gender identification
NWS02620	Patient was sent medication by post with Sandyford return label, had to collect from post office, breach of confidentiality	Fully Upheld	Communication, Education	Nurse given feedback and given training to ensure follows SOP
NWS02920	Patient was informed that blood taken that day was insufficient for tests required but not offered another test.	Fully Upheld	Communication	None

NWS03020	Patient had coil removed, extremely uncomfortable. Post removal pain GP recommended further scan in case cyst, Sandyford Dr dismissed request, said no cyst previously.	Partially Upheld	Communication	None
NWS03120	Patient complained latex free condoms were too small	Fully Upheld	Communication	investigating if larger sized condoms are available and if so will add to stock
NWS03220	Patient complained of delays in treatment and lack of communication.	Fully Upheld	Communication	Dr is going to speak with the clinicians involved to highlight the areas of missed opportunity and to ensure that this does not happen again.
NWS03520	Patient complained nurse on phone triage was rude and abrupt	Partially Upheld	Communication	None
NWS03720	Patient complained: 1. They had to travel across the city 2. She had expected a biopsy to be done 3. Patient gave doctor history but doctor read patients notes as well 4. Patient was upset during appointment but dr did not acknowledge this 5. Examination was uncomfortable and doctor verbally confirmed diagnosis when this was unnecessary 6. Doctor said condition was not something to worry about	Partially Upheld	Communication	None
NWS03820	Patient complained of mistakes made including a delayed referral. Had not been contacted by the service for a while and there was confusion over top surgery.	Partially Upheld	Communication	None, referral was missed due to IT issue
NWS04020	Patient complained that after having a coil fitted her pain was dismissed but was an infection for which she was hospitalised. Doctor should not have missed this.	Fully Upheld		Clients presenting with coil problems (pain, discharge) following insertion – staff to be reminded of the possibility of PID and to consider antibiotic treatment. The case has been discussed with Dr and she has reflected on this. She accepts that earlier treatment with antibiotics may have prevented the hospital admission and need for IV antibiotics.
NWS04221	Patient was charged postage by post office for free condoms.	Fully Upheld	Communication	None

NWS04320	Patient arrived late for appointment and was told he could not be seen. he had called ahead to say he had childcare issues and would be a little late. he disputed his arrival time.	Fully Upheld	Communication	None
NWS04520	Patient felt doctor was not sympathetic enough to disclosed sexual trauma	Partially Upheld	Communication	None
NWS04720	Patients mother complained of delay in getting appointment for her son. Also for lack of communication.	Fully Upheld	Communication	More proactive approach to communicating waiting times
NWS04820	Lack of communication during lockdown. Appointments being given when wasn't aware an appointment would be needed. Delay in replying to email.	Partially Upheld	Communication	Generic inbox to have more than one person monitoring it.
NWS05120	Appointment cancelled, phoned and sent text but patient did not receive and logged on to virtual appointment and waited for Dr to arrive.	Partially Upheld	Communication	No improvements were identified as usual procedures followed.
NWS2420	Member of public was sent condoms from the free condom service which he did not order, his grandchildren did it as a joke, he complained they should not have been able to do this	Fully Upheld	Communication	None
PCH2020/01	Complaint received by e-mail regarding staff members inappropriate use of social media	Fully Upheld	Education	None
S101/20	Unhappy that patient and her partner are not being given their flu vaccine at their local GP practice and that they are going to have to travel to another practice they are not familiar with to obtain it.	Fully Upheld	Communication	None
S104/20	Looking for assistance is obtaining a referral/admittance to assist with detox	Partially Upheld	Action Plan	None
S105/20	Looking for a flu vaccination appointment for 93 year old mother	Fully Upheld	Communication	None
S108/20	Complaining that hand sanitizer at entrance has been empty for weeks.	Fully Upheld	Communication	None
S109/20	Complainant not happy that he was not informed of his brother's death in Care Home	Partially Upheld	Communication	Care Home staff to be reminded of their responsibility to show compassion and to be respectful.

S110/20	Not happy that she has not received her flu jag or received notification	Fully Upheld	Communication	None
S111/20	Service user received a text for an appointment, phoned to query and was told it was correct. Service user was left feeling anxious that they had missed the appointment. Then received an appointment letter in the post and the letter stated the appointment was for a month later	Partially Upheld	Communication	None
S116/20	Service user is complaining about the attitude of member of staff at Pollokshaws reception	Fully Upheld	Communication	Appropriate action and training will be undertaken with regards this staff member.
S117/20	Service user feels his psychiatrist is "dodging him" and does not want to help him. Unhappy medication was changed making him unwell Unhappy has been discharged from Rossdale after missing 2 phone calls	Fully Upheld	Action Plan	MDT meeting is to be held to discuss further care for service user
S118/20	Complainant had an appointment for flu vaccination however on attendance was told that they only had over 65 flu vaccines and could not vaccinate the service user.	Partially Upheld	Action Plan	Steps have been taken to highlight the issues that occurred in order to prevent other patients having this experience.
S119/20	Complaining of treatment partner received whilst an inpatient. Dereliction of care which led to sexual assault and further deterioration of mental state.	Partially Upheld	Action Plan	Staff to ensure that they take the time to listen, validate and support coping strategies in dealing with these distressing symptoms
S120/20	Could not get through to phlebotomy phone line and would like an appointment arranged.	Fully Upheld	Communication	None
S125/20	Complaining that staff are parking in Electric vehicle spaces at the Gorbals Health centre	Fully Upheld	Action Plan	Electric vehicle car parking spaces will continue to be monitored and parking guidance will be communicated out to all staff.
S129/20	Complaining that Health Visitor asked service user racist questions. HV discussed her own personal housing situation	Partially Upheld	Education	The issue of discussing own personal housing situation has been discussed with HV by Team leader and learning agreed with HV.
S131/20	Not happy at the lack of support provided to complainant from Florence Street from Occupational Therapist and equipment not being uplifted.	Partially Upheld	Education	It is recommended that the occupational therapist is re-educated about the process for EQUIPU uplifts and any future practice with this is updated. This will be addressed via practice governance structures.

S132/20	Complainant was open to the Stewart Centre and referred to Adult Autism service however after moving home advised that no onward referral for his treatment has been made to NHS Lanarkshire and now feels "stuck between two services".	Partially Upheld	Communication	None
S136/20	Complaining of the lack of treatment and support from Florence Street, received a previous diagnosis of adult autism however this was disagreed with by NHS GG & C Specialist and feels his CPN is stopping him from seeing a psychiatrist and receiving a second opinion.	Partially Upheld	Communication	None
S16/21	Complaining about the lack of consistency in psychiatrists. Patient has seen 8 different psychiatrists over a period of time at Stewart Centre.	Fully Upheld	Action Plan	Interim Consultant Psychiatrist has been allocated until other Consultant returns to work.
S17/20	Daughter is complaining about the care and treatment her father is receiving in care home.	Fully Upheld	Communication	Staff have received formal Supervision on their attitudes and behaviour. Staff to monitor daily to ensure patient is wearing their own possessions/clothing. Daily checks from maintenance and nursing staff to check the garden area for debris.
S19/21	Mother is complaining of the lack of support provided to her young son who has autism	Partially Upheld	Communication	Service will continually revisit our existing ways of working and this will prompt us to think about how we can further improve.
S21/21	Complaining that Treatment room Nurse ate Haribos at start of appointment with patient. Nurse wiped a spillage on the floor and then commented it had not been cleaned and was filthy. Did not properly supervise student carrying out procedure resulting in injury	Partially Upheld	Action Plan	Member of staff to undergo training on competency and other staff members to be trained.
S23/21	Complaining of lack of support from Health Visitor	Partially Upheld	Action Plan	To look at text messaging processes and procedures in order that Health Visitors make service users fully aware that text messages may not be answered the same day therefore any urgent matters should be communicated via telephone calls

S28/21	Father has concerns about delays to his son's assessment for Autism	Partially Upheld	Action Plan	Currently developing and implementing a number of improvement plans and exploring a range of measures that will allow us to improve this situation, even in the face of ongoing constraints regarding how we can deliver our services. Within this improvement work we have a clear focus on reducing the length of time that children and young people are required to wait whilst still ensuring that assessments are undertaken to a high quality
S29/21	Sent statement to CPN who did not sign and pass on this led to complainant being sectioned at Leverndale. Complainant would like to be allocated to a new CPN	Partially Upheld	Action Plan	Reallocation of CPN from former key worker. Advanced statement retrieved and to be revised/formalized with new CPN and existing RMO. Complainant and her daughter are both under the same RMO, this has now been rectified.
S3/21	Patient advised by his consultant psychiatrist in NHS Lothian that there had been no contact received from the mental health team who assessed him despite them saying they would contact his psychiatrist.	Fully Upheld	Action Plan	None
S42/20	Mental health/suicide risk assessments were carried out on one of our vulnerable clients without the aid of an interpreter, despite the fact that our client speaks and understands only limited English.	Partially Upheld	Action Plan	Interpreter to be booked for any further appointments/consultations with this patient.
S45/20	Complainant unhappy with the support and lack of treatment her sister has received from the Crisis team in particular.	Partially Upheld	Communication	The issues raised were discussed with the team.
S47/20	Vulnerable patient had an appointment only to be told on arrival he did not require to attend. Was previously advised his wife could attend with him then she was asked to wait outside Health Centre. No hand gel available.	Partially Upheld	Communication	Business Support Manager instructed reception staff to be consistent in the information they provide to patients i.e. only patient to attend. Hand gel dispensers to be checked

S48/20	Mother unhappy with the care given to her son who has pressure sores.	Partially Upheld		Nurse Team Leader and District Nurses to attend the patient's MDT at the QEUH hospital to ensure they are involved in patient's discharge care plan and are aware of any recommendations or changes to his plan of care on discharge.
S52/20	Complainant states that a CPN at Mother & Baby unit at Leverndale has misused social media	Partially Upheld	Communication	None
S53/20	Complaining about the length of time it takes to get through to the phlebotomy central line.	Fully Upheld	Action Plan	The Service have increased call handling capacity, access to phone lines and we are in the process of exploring a GP electronic referral system
S57/20	Complaining with regard to Autism diagnosis & Interactions and also child protection concerns minimised in respect of her son and communication with Health Visitors.	Partially Upheld	Communication	Health Visitor will make contact with Social Work to ensure appropriate information is included in report.
S58/20	Complaining with regard to the 12 month waiting time to have an appointment.	Partially Upheld	Access	None
S6/21	Unhappy with treatment sister has received from mental health services and lack of communication from Stewart Centre	Fully Upheld	Action Plan	Look to improve upon in our future contact with patients who have family members with Power of Attorney. The transition process from CMHTs to Adult learning disability teams under consideration for improvement.
S61/20	Complainant feels he is being over medicated and there has been a lack of caring and support from ADRS.	Fully Upheld	Communication	None
S64/20	Complainant unhappy that the District Nurse after discussing with the family the DNR form his mother had signed asked the time and then abruptly left. DN changed type of bag patient required. Unhappy with Nurse Team Leader who took over the complaint and subsequent chain of events.	Fully Upheld	Action Plan	DN team are asked to reflect on this situation and be given dedicated time for palliative care training and communication updates as this is a key aspect of the District Nursing role. Ensure that local procedures around roles and responsibilities for issue of prescriptions is clarified and clearly communicated
S65/20	Complainant was advised that they would receive a telephone consultation on 4th August however did not receive a call.	Partially Upheld	Communication	None

S66/20	Complainant unhappy with Health Visitor and lack of contact visits. In particular a lack of help and advice in regards to mother's concern over child's speech.	Partially Upheld	Action Plan	There is presently the introduction of the Health Visitor Pathway which will consist of additional health visiting contacts to all children at stages of development. Additional Health Visitors have been recruited which will assist in a reduction of caseload numbers.
S67/20	Complainant is unhappy that her son does not have the appropriate Special needs chair and that this is not being checked on a regular basis by a competent person.	Fully Upheld	Action Plan	Will develop our processes to ensure that equipment is reviewed on a regular basis. Children and young people, parents / carers and education providers will continue to be able to contact the service directly at any time to request a review. We will also ensure that a review period is agreed when equipment is initially provided and at each subsequent review
S68/20	Complaint is regarding the patient's transfer from Leverndale Hospital to another hospital.	Partially Upheld	Communication	None
S71/20	During a phone consultation with Continence Nurse was asked about FGM. Complainant very unhappy with this and feels it is racial to ask this.	Partially Upheld	Communication	SPHERE will review the assessment questions and the approach to asking sensitive questions. Staff awareness and consideration of unconscious bias is being explored with input from our Organisational Development colleagues
S8/21	Complaining of treatment from Rossdale and lack of support that has been provided.	Partially Upheld	Communication	Service manager will raise learning points relating to communication with appropriate staff.
S84/20	Complainant experiencing difficulties in getting through to the phlebotomy telephone line in order to make an appointment.	Fully Upheld	Action Plan	Service have attempted to address the ever increasing demand by: Extending the scope and staffing of the Single Point of Access telephone number, offering alternatives to make appointments at Health Centre community reception desks, introducing an electronic referral system for GPs and increasing recruitment to Phlebotomy and Business Support posts.

S86/20	Patient was referred to CAMHS. GP suggested previously patient would benefit from melatonin. 10 months later they had an appointment with CAMHS who said that patient did not suffer from “moderate to severe mental health”. The patient was then referred back to his GP and said the GP would prescribe melatonin. Melatonin is shared care between GP and CAMHS. Patient's mother states CAMHS will not speak with the GP as they have discharged her son.	Partially Upheld	Communication	Currently developing and implementing a number of improvement plans and exploring a range of measures that will allow us to improve this situation. Within this improvement work we have a clear focus on reducing the length of time that children and young people are required to wait for access to CAMHS. We are also currently reviewing our response to children who require melatonin. This work aims to ensure that there is an established pathway of care that facilitates appropriate treatment irrespective of whether a child or young person is referred to CAMHS or community paediatrics.
S87/20	Complaining of not being able to get through to Phlebotomy and length of time for appointment	Fully Upheld	Communication	Changes have been made to the phlebotomy contact line to address the issues raised: increased call handling capacity, recruitment of additional Phlebotomy staff, increased access to clinic space
S88/20	Complaining that a member of staff assaulted him and his partner outside their home and referred to them as paedos.	Partially Upheld	Conduct	None
S89/20	Experiencing difficulties in getting through to the phlebotomy line to make an appointment.	Fully Upheld	Communication	None
S90/20	Complaining that they cannot get through on the phlebotomy phone line	Fully Upheld	Action Plan	We will continue to explore new technologies, communication methods and learning and development opportunities for staff involved in the delivery of the service
S94/20	Complaining of the length of time it took to get through to the phlebotomy phone line.	Fully Upheld	Action Plan	To explore new technologies, communication methods and learning and development opportunities for staff involved in the delivery of the service
S95/20	Lack of communication from OT department in connection with her son	Fully Upheld	Action Plan	We are reviewing how we can ensure a greater level of collaboration with children and their families throughout the whole treatment process, including how and when treatment is concluded. We will also seek to ensure that effective communication is maintained throughout.

S96/20	Complainant not happy at the service from phlebotomy. Lack of information was provided to the complainant. Was not informed helpline had closed and was left hanging on phone till 6pm	Partially Upheld	Action Plan	The service has made changes to the system, advising callers of call cut off times in order to prevent unnecessary waits
S97/20	Complainant unhappy that CPN did not phone when stated they would and also arranged a blood test with GP despite agreeing that this was not required.	Fully Upheld	Communication	None
S99/20	Length of time taking to get through to phlebotomy line and also that the line closed at 4.30pm however no notification of this	Fully Upheld	Action Plan	We will continue to explore new technologies, communication methods and learning and development opportunities for staff involved in the delivery of the service