

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

Report By: Susanne Millar, Interim Chief Officer

Contact: Jim Charlton, Business Development Manager

Tel: 0141 287 8716

HEALTH AND SOCIAL CARE COMPLAINTS ACTIVITY 2019-20 (ANNUAL REPORTS)

Purpose of Report:	To present data on complaints for both health and social care during the period 1 st April 2019 – 31 st March 2020
Background/Engagement:	Based on an analysis of ongoing activity captured in separate recording systems of the Health Board and Council.
Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) Note the content of this report and two attached appendices.</p>

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.
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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

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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').
- 1.2 The complaints data informing this report is held in 3 separate systems – Datix (NHS), C4 (Social Work) and Lagan (Care Services). The complaints are managed under two distinct processes relating to the complaints handling policies and procedures of NHS GGC (Health) and GCHSCP (Social Work and Care Services). For this reason the analysis of NHS complaints and social care complaints are reported in a separate appendices and the figures for social work and care services complaints are 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). The timescale for first stage is 5 working days 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.
- 1.4 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'.
- 1.5 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.
- 1.6 In the fourth quarter of 2019-20, following resolution of long-standing resource and staffing issues, the central HSCP complaint, FOI and Investigations Team (CFIT) assumed responsibility for the second and third stages of care services complaint. There will be a higher level of integration of complaints handling across these two complaints functions in 2020-21 but full integration will not now occur until 2022.

2. Summary of main findings

- 2.1 Volumes of social work, care services and NHS complaints increased substantially in 2019-20: Social work by 26% from 525 to 661; Care Services by 72% from 338 to 581 and NHS by 34% from 1595 to 2134. Increasing proportions of social work and NHS complaints were dealt with at the second or third stage (Social work from 28 to 30%, NHS from 29% to 39%).
- 2.2 Care Services complaints met the target for 70% of complaints responded to within the relevant timescale but there was a high proportion of those complaints (18.6%) still open and not responded to at the end of the reporting period.

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- 2.3 Social work complaints did not meet the target for response at either stage, with timescales being met in 62% of stage 1, 52% of stage 2 and 59% complaints overall. Particular issues with stage 2 complaints handling have been identified and are now resolved. Stage 2 performance improvement is expected in 2020-21. Local managers can improve performance of stage 1 complaints by appropriate use of the allowable extension.
- 2.4 NHS complaints met the 70% performance target. 85% of all complaints were responded to within the relevant timescales. At stage 1 94% were responded to in time, either within 5 working days or the allowed extension to 10 working days. At stage 2, 72% were responded to within time.
- 2.5 A minority of social work complaints were upheld or partially upheld (35.5%), an increase from 28% in the previous year. A majority of care services complaints were upheld or partially upheld (88%), a decrease from 95% the previous year. For NHS complaints, 15% were partially or fully upheld, also a decrease, from 27% the previous year. Only 9% of complaints relating to prisons services were upheld or partially upheld, a decrease from 21% the previous year.
- 2.6 There have been notable proportional rises in social work complaints from homeless clients and for those with physical disabilities or mental health difficulties, however children and families and older persons remain the largest groups. There was a significant and welcome reduction in complaints from cared for children and in particular a reduction in complaints concerning the management of bullying in children's houses.
- 2.7 The majority of care services complaints continue to relate to home care services, as was the case in 2018-19. Over half of all care services complaints relate to Home Care in South Glasgow. South locality is the largest Home Care Service in terms of geography, number of service users and staff.
- 2.8 Most NHS complaints related to services offered by G.Ps and Dentists, reflecting their role in prison-based healthcare at Barlinnie, Greenock and Low Moss and the very large proportion of complaints (82%) in those services. This is again consistent with previous years. Handling of these complaints largely determines overall NHS complaints performance within the HSCP.
- 2.9 For both social work and NHS complaints, there is good evidence of actions to offer redress and improve services in respect of upheld complaints. Improvement in service resulted 194 (85%) of all social work complaints where GCHSCP upheld or partially upheld the complaint. 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.
- 2.10 For health service complaints, largely in prison healthcare, the majority of upheld complaints resulted in improvements. These were often systematic improvements in terms of process, record keeping, communication and staff training in delivery of healthcare, particularly around pharmacy process and the administration of medication more generally.

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- 2.11 For care services the top three issues of complaint were the same as in 2018-19: general quality, competency of staff and failure to arrive. However both the number and proportion of complaints about staff competency fell in 2019-20 (from 15.5% to 10%), despite the rise of complaints overall. The proportion of complaints about quality also fell (from 47% to 40%). The rise in complaints could be attributed to issues relating to resource and in particular those concerning various aspects of time spent with clients, of failure to attend or late attendance, which as a group rose from 17% to 33%.
- 2.12 For social work there has also been a shift away from complaints about service quality toward complaints relating to resource pressures and issues such as eligibility, funding of SDS support and the availability of permanent and temporary accommodation for homeless clients. Whilst there has been a slight proportionate increase in complaints about staff, fewer have been about attitude and conduct. The focus of that increase has been specifically around issues of information handling, communication and lack of response. This may reflect resources or a wider change in public sensitivity and expectations around such issues.
- 2.13 For NHS Services 95% of complaints were about three issues: standard of clinical treatment (77%), waiting times for appointments (14%) and attitude and behaviour of staff (4%). These three issues accounted for 94% of complaints in 2018-19 but the balance has shifted, in that complaints about clinical treatment had been proportionately higher last year at 84% and complaints about waiting times lower at 5%. Complaints about staff attitude and behaviour had been much the same (5%). This is a similar shift as in social care from complaints about quality of service and staff to those related to resource availability, in this case waiting lists.
- 2.14 16 social care cases were reviewed by SPSO. One was partially upheld. One was fully upheld but set aside on appeal by the HSCP. One was not upheld. 13 were not progressed to full investigation, generally because SPSO were satisfied that an appropriate response had been given at the second stage. The one partially upheld complaint was resolved by the issuing of an apology and further complaint response. No cases that were the subject of SPSO review in 2019-20 led to recommended changes in policy, procedure or the offer of any redress to complainers beyond that one apology.
- 2.15 For NHS complaints, 11 decision letters were issued by SPSO in 2019-20. 4 cases were upheld or partially upheld, 2 relating to GP services and 2 relating to Mental Health Services. The complaints in mental health services led to recommendations about improving communication, recording, regularity of observation and the management of falls and head injuries on a particular ward. There was also a report to parliament around an issue of complaints handling in mental health services and the central HSCP complaints team. This led to an audit of GCHSCP complaints and improvements in those processes.

3. Recommendations

- 3.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) Note the content of this report and its two appendices.

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Glasgow City Health and Social Care Partnership

Social Work Complaints Report April 2019 – March 2020

Index:	Page
Section 1	Executive Summary
Section 2	Complaints processes and report format
Section 3	Statistical information and commentary
3.1	Overall volume and volume by stage
3.2	Demographic and service factors
3.3	Timescales overall and by service area
3.4	Complaints by client group overall and by service area
3.5	Complaints by issue
3.6	Complaint outcomes overall and by service area and client group
3.7	Stage 3 Referrals to Scottish Public Services Ombudsman
3.8	Service Improvements / customer outcomes

Section 1 Executive Summary

1. Executive Summary

- 1.1 This report covers complaints about social care services in the period April 2019 – March 2020 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 and care service complaints as these are processed within two different information systems ('C4' for social work and 'Lagan' for 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 increased substantially in 2019-20: Social work by 26% from 525 to 661; Care Services by 72% from 338 to 581. Care service complaints consist of 443 'received' and 138 'invalid' or withdrawn complaints. The equivalent number 'received' in 2018-19 was 239. More social work complaints were considered under the second or third stages (30%) than in previous years. The volume increase is unrelated to Covid-19, as there was no rise in the final quarter. Social work complaints were spread evenly across the year and care services complaints peaked in the third quarter Oct-Dec 2019.
- 1.4 There have been notable proportional rises in social work complaints from homeless clients and for those with physical disabilities or mental health difficulties. The majority of care services complaints continue to relate to home care services, as was the case in 2018-19. Over half of all care services complaints relate to Home Care in South Glasgow.
- 1.5 A greater proportion of social work complaints have been upheld or partially upheld in 2019-20 than in the preceding year (from 28% to 35.5%). The proportions of care services complaints upheld or partially upheld have conversely fallen (from 95% to 88%).
- 1.6 Analysis set out in this report concludes that the rise in complaint volumes relates to issues of resource and resource pressures rather than decline in the general quality of services or issues associated with the actions of staff. Detailed breakdowns of issues raised within each client group is set out in section 3.5.
- 1.7 A performance target of responding to 70% of complaints within the relevant time limit applying to the particular stage was met for care services, who dealt with the majority of their complaints under stage 2 (20 working days). The performance was 72% overall, though North East and North West Home Care were below that target. However this figure only relates to closed complaints and a large number of care services complaints (18.6%) remained open at the end of the reporting period due in part to the impact of Covid-19. It is doubtful whether the target was actually met for all complaints.
- 1.8 Only 52% of social work stage 2 complaints were investigated and responded to by the central team within the 20 working day time limit. This is an improvement on previous years but remains disappointing. The cause was ongoing staffing/ resource issues and other factors. These are now resolved and improvement is expected in 2020-21. The target for 70% within time was met by only one locality – North East – and was not met overall for GCHSCP, with only 62% response within time being achieved. The combined performance for both stages across GCHSCP was 59%. However the poor performance at stage 1 partly arises from a failure by local managers to apply relevant allowable extensions to complaints. Were this addressed the performance target would have been exceeded.

- 1.9 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 at section 3.7 for 213 cases where this applied. In 2018-19 this had been the case in only 117 complaints. This is partly explained by the rise in volume and in complaints upheld but capture of service improvement / customer outcome has also improved.
- 1.10 Section 3.4 summarises the main issues raised by service users. For care services the top three issues were the same as in 2018-19: general quality, competency of staff and failure to arrive. However both the number and proportion of complaints about staff competency fell in 2019-20 (from 15.5% to 10%), despite the rise of complaints overall. The proportion of complaints about quality also fell (from 47% to 40%). The rise in complaints could be attributed to issues relating to resource and in particular the time spent with clients, which as a group rose from 17% to 33%.
- 1.11 For social work a similar but slightly more complex pattern emerges. Within the complaints focussing on general service rather than staff actions there has been a shift away from complaints about quality of service toward complaints about services being refused, withdrawn or the level of service being insufficient, suggesting resource pressures around questions such as eligibility and funding of SDS support. Whilst there has been a slight proportionate increase in complaints about staff, fewer have been about attitude and conduct and the focus of the increase has been specifically around issues of information handling, communication and lack of response. This may reflect resource issues or a wider change in public sensitivity and expectations around such issues. Certainly the steep rise in homelessness complaints is closely associated with resources to relieve those issues, in particular the availability of both permanent housing and suitable temporary accommodation.
- 1.12 There was a significant and welcome reduction in complaints from cared for children and in particular a reduction in complaints concerning the management of bullying in children's houses. The number of all complaints in this group in 2019-20 (11) was smaller than the number of complaints on that one issue alone (15) in 2018-19. Four of the eleven complaints had been submitted by the same young person.
- 1.13 16 cases were reviewed by SPSO and one by I.C.O. One was partially upheld by SPSO. One was fully upheld but set aside on appeal by GCHSCP. One SPSO and the single I.C.O case were not upheld. 13 of those referred to SPSO were not even progressed to full investigation by SPSO, generally because they were satisfied that an appropriate response had been given at the second stage. The one partially upheld complaint was resolved by the issuing of an apology and further complaint response. No cases that were the subject of SPSO or I.C.O investigation in 2019-20 led to recommended changes in policy, procedure or the offer of any redress to complainers beyond that one apology.

Section 2 Complaints Processes and report format

This report covers both social work and care services (former Cordia LLP) complaints during the period April 2019 to March 2020. Both are now handled under the GCHSCP Social Work Complaints Policy and Procedure. The GCHSCP complaints handling procedure (CHP) is modelled on a national procedure set down by the Complaints Standards Authority (SPSO CSA) and introduced in April 2017. This process consists of three stages as follows:

- 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 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 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.

Figures are reported separately for social work and care services because complaints data are held on separate systems ('C4' for social work and 'Lagan' for care services). These systems have some differences in the data sets and manner in which complaints are organised and categorised. Both systems are scheduled to be replaced by a single system and so development on both has been halted. This fact, and certain technical limitations in the C4 system, has meant that it has not been possible to integrate the handling of these complaints on a single system during 2019-20.

In early 2020 (Q4 of the reporting period) CFIT took ownership of the second and third stages of the process for care service complaints. Stage 1 front-line resolution however continued to be dealt with by managers of care services and recorded within the Lagan system, as did the vast majority of stage 2 complaints received in the reporting period. A small number of second stage care services complaints appear within the social work data set. The number of care service stage 2 complaints considered by CFIT in 2019-20 is however too small to significantly impact on the activity figures reported for either social work or care services.

In 2020-21 Care Services managers will continue to deal with, and record on Lagan, stage 1 complaints but stage 2 and 3 complaints will be dealt with by CFIT and stored on C4. A new mandatory CHP developed by SPSO CSA is to be introduced for the whole of Glasgow City Council in April 2021 and the social care CHP abolished. At that point there will be an integrated procedure for all complaints in the Council but not an integrated information system.

In 2022 it is anticipated that complaints handling will be fully integrated for both social work and care service complaints within a new system that will replace both C4 and Lagan. This was originally planned for 2021 using a platform called 'Firmstep', but is not being re-scoped across the Glasgow Family using a platform called 'GovService'. Once that system is brought on-line in 2022, all Council complaints, including both social work and care services complaints, will be processed using a common process, information system, set of definitions, key performance indicators and reporting arrangements.

In this present report, care services figures are produced from the Lagan system. Social work figures are produced by a process of manual coding of C4 data records downloaded into a spreadsheet. Considerable effort has gone into validating the data against the original records. 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.

Due to the separation of responsibility for management of the two stages between frontline services and CFIT, statistics for stage 1 and stage 2 complaints are reported on an aggregated basis in terms of the volumes, client groups, localities to which they apply and issues they raise but reported separately in terms of timescales for handling and decisions as to the validity of the complaint. This is because the latter are a measure of performance and outcome associated with the complaint handling rather than an intrinsic feature of the complaint.

Figures are presented 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. There are separate sections on third stage complaints and also on service improvement for the social work complaints. No figures are available for service improvement in care services. 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

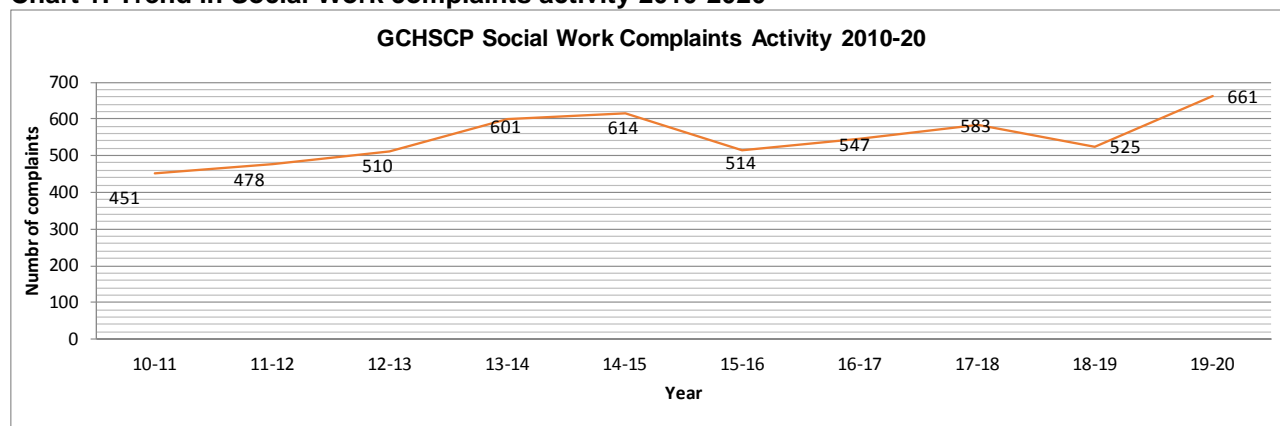
Section 3 Statistical information and commentary

3.1 Overall volume and volume by stage and locality

A total of 661 social work complaints were submitted to GCHSCP from 1st April 2019 to 31st March 2020, comprising 444 (67.2%) Stage 1 (local resolution), 200 (30.3%) Stage 2 (formal investigation) and 17 (2.6%) Stage 3 (External review). Due to multiple complaints or complaints raised at multiple stages, these 661 complaints were raised by 525 customers.

This is a large increase in terms of overall volume of social work complaints (26%), reversing a drop in the previous year. It also represents a continuing trend in the increased percentage of complaints dealt with at stages 2 and 3 (32.9%). This had been 30% in 18/19, 28% in 17/18 and 19% in 16/17. The trend for overall volume over a 10 year span is illustrated in Chart 1 below.

Chart 1: Trend in Social Work complaints activity 2010-2020



This rise cannot be explained as an artefact of changes in procedure, recording practice or channels of complaint as these were the same for social work complaints in 2019-20 as in 2018-19. This is therefore a genuine large rise in complaints. Whether this indicates a decline in quality of services, reflects resource pressures on services or is an indicator of wider societal trends around the propensity to complain may be partly answered by analysis in later sections as to the nature of complaints made and whether these are upheld.

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

Care Services recorded 443 complaints as 'received' in 2019-20. In addition, a further 138 complaints were submitted but recorded as 'withdrawn or invalid'. 'Invalid' complaints are those that do not properly apply to these services or fall outwith the procedure. Most in this group were withdrawn. These types of complaint are recorded separate from 'received' complaints on Lagan. This makes a total of 581 complaints. This represents, even more so than for social work complaints, a substantial rise (of 71.9%) from 2018-19, when total of 338 complaints had been received, of which 239 were counted as 'received' complaints and 99 were withdrawn or invalid. That is to say received 'valid' complaints have almost doubled.

The service operated two different complaint systems during the period covered by this report, gradually moving from the Cordia procedures (April 2019 to October 2019) to the HSCP procedures (October 2019 onwards). The change in the complaints procedure and the way in which complaints were recorded may have been a contributing factor to the rise. In addition the suspension or reduction in service as a result of the Covid-19 pandemic commencing in March 2020 is likely to have had a small effect in the final quarter, which will be greater in 2020-21.

The fact that both social care and care services complaints were subject to steep rises in complaints tends to support the proposition that this is a genuine rise rather than some form of recording artefact.

Of the 138 invalid/withdrawn complaints submitted about care services, 131 were closed and 7 remained open at year end. Of the received complaints 342 were closed and 101 remained open. This again represents a substantial increase over 2018-19, when more complaints were closed than were received (due to complaints being carried forward from the previous year). A substantial number of the 101 complaints that remained open were received in the final quarter of 2019-20, which overlaps with the beginning of the Covid-19 pandemic by some 3-4 weeks, including the consequent disruption and restrictions to service. This, together with the administrative difficulties in dealing with such a large overall increase in complaints, is likely to explain the reason why such a large proportion of complaints (18.6%) were still open at the end of the reporting period.

The pandemic does not however explain the overall rise in complaints in care services and social work. In fact there was a decrease in complaints regarding care services in the last quarter of 2019-20, complaints having peaked sharply in quarter 3 with 192 received, plus a further 36 invalid or withdrawn – 228 in total. By contrast, only 87 were received in quarter 4 plus 35 withdrawn or invalid – 122 in total. For social work, volumes were steadily higher than usual across the whole year - with 150 in quarter 1, 164 in quarter 2, 160 in quarter 3 and 154 in quarter 4 (these exclude stage 3 complaints). There was neither marked increase nor decrease in complaints about social work services in the final quarter of 2019-20 as a result of the pandemic, though service disruption at that time did impact on timescales for response as covered later in this report.

Table 1 summarises volumes of care services complaints submitted and closed in 2019-20.

Table 1: Care Services Complaints submitted and closed 2019-20

Care Services complaints 2019-20		
Stage	n	%
Received valid	443	76.2
Received Withdrawn/Invalid	138	23.8
Total submitted	581	100.0
Closed Stage 1	83	14.3
Closed Stage 2	259	44.6
Closed withdrawn/Invalid	131	22.5
Total closed	473	81.4
Still open at 31/03/20	108	18.6
Grand Total	581	100.0

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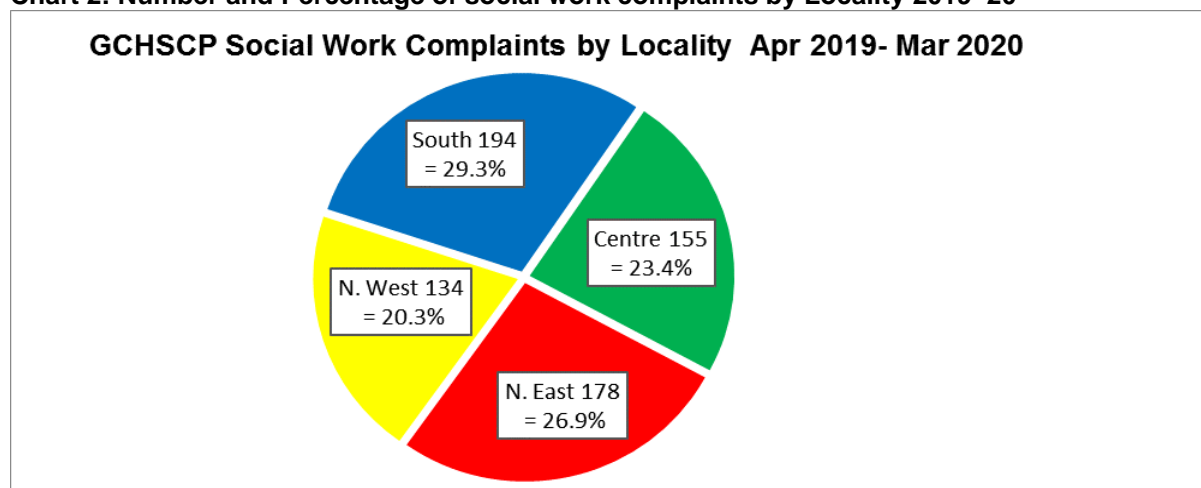
Appendix 1: Social Work Complaints Report April 2019 – March 2020

Table 2 below gives social work complaints activity by locality in comparison with the whole previous year. Proportions of complaints held steady in North West, slightly increased in North East and for central services but decreased, perhaps significantly, for services in South Glasgow, although this remains the area with the highest number of complaints (which have risen in all areas). The higher proportion of complaints in South Glasgow contrasted with other areas 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 2019-20, compared with 2018-19

Locality	Complaints					
	Stage 1 n	Stage 2 n	Stage 3 n	Total n	%	% 2018-19
Centre	108	42	5	155	23.4	19.8
N. East	121	51	6	178	26.9	22.3
N. West	84	47	3	134	20.3	20.9
South	131	60	3	194	29.3	37.0
Grand Total	444	200	17	661	100.0	100.0

Chart 2: Number and Percentage of social work complaints by Locality 2019–20



Centre service area complaints encompass a range of teams. These are set out below with the number and percentage of all centre and of all GCHSCP complaints 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 = 71 (45.8% of centre, 10.7% of all complaints)
- Finance- including issues of invoicing, deprivation of assets and agreement of DRE waivers: Complaints = 31 (20% of centre, 4.7% of all complaints)
- Business Development – including the CFIT team and welfare rights: Complaints = 14 (9 % of centre, 2.1% of all complaints)
- Centre Residential and Day Care for older people: Complaints = 12 (7.7% of centre, 1.8% of all complaints)
- Children and Families – including fostering and adoption and residential units: Complaints = 8 (5.2% of centre, 1.2% of all complaints)
- Centre Criminal Justice – including Prison-based SW, MAPPA and specialist resources: Complaints = 7 (4.5% of centre, 1.1% of all complaints)
- Social Care Direct: Complaints = 5 (3.2% of centre complaints, 0.8% of all complaints)
- Out of Hours service: Complaints = 3 (1.9% of centre complaints, 0.5% of all complaints)

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This group also includes 4 Stage 2 Care Services complaints (2.6% of centre complaints, 0.6 % of all complaints) processed by the CFIT team. These related to delays in the handling of subject access requests, also processed by that team, rather than complaints about complaint processes.

The most notable feature here is the numerical and proportional rise in homelessness complaints, which is part of a general trend in rising complaints related to homelessness clients (see section 3.4). In 2018-19 there were only 21 complaints about central homelessness services, which was 20% of all centre complaints. In 2019-20 it was 71 (45.8%) – more than double the percentage and over three times the volume. The number of finance complaints has also risen from 13 to 31, or 12.5% to 20% of centre complaints.

The apparent fall in complaints about children and family services at centre (from 36 to 8) is partly an artefact of a change in complaints handling. Whilst complaints about fostering and adoption continue to be dealt with centrally (these are small in number), complaints about children's houses (formerly referred to as 'residential units') made by children themselves are now dealt with by Service Managers in the area teams. This was felt to be more appropriate in terms of an objective evaluation of the complaints and execution of the corporate parenting role. These complaints therefore now appear under the statistics for locality children and families.

The distribution of 'received' care services complaints (excluding withdrawn or invalid), is shown in table 3 below. This is focussed on home care services, as was the case in 2018-19, 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 year 2018-19. In the previous year the proportions of all complaints were distributed as follows: 19.3% NE Home Care, 31.3% NW Home Care, 48.6% South Home Care. Numbers of complaints have risen for all those services but there has been a moderate proportional fall for North West and rise for South Home Care. South locality is however the largest Home Care Service in terms of geography, number of service users and staff. Therefore a higher number of complaints in South is proportional to size of operations.

Table 3: Care Services Complaints by Service Area 2019-2020

Valid Care Services complaints 2019-20				
Service Area	Received		Closed	
	n	%	n	%
Home Care North East	77	17.4	69	89.6
Home Care North West	111	25.1	68	61.3
Home Care South	245	55.3	198	80.8
Help at Home North East	2	0.5	1	50.0
Help at Home North West	2	0.5	2	100.0
Help at Home South	5	1.1	4	80.0
Community Alarms/telecare North East	1	0.2	0	0.0
Total	443	100.0	342	77.2

3.2 Demographic and service factors

Complaint activity should be considered in terms of the demographic profile and performance / activity of GCHSCP. This is fully set out for the period ending March 2020, in two reports that can be found on the following website: <https://glasgowcity.hscp.scot/performance-and-demographics>

There is an uneven distribution of population between the three localities within GCHSCP, with South having 36.2% of the Glasgow population, followed by North West (35.4%) and then North East (28.5%). North East locality has however the highest number and proportion of zones that are listed within the SIMD 20% most deprived data zones in Scotland. North East locality contains 128 such deprived data zones (58.4% of those in Glasgow), with South having 112 (40.1%) and North West 99 (39.9%).

North West population has the highest share of the adult population aged 16-64. 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 South and North-East would be anticipated to have a higher number of complaints than North-West, given these demographics.

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%). 38.2% 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 however, 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%).

The looked after children rate is 23.2 per 1,000 population in Glasgow (far higher than the Scotland rate of 13.6) but varies between localities from 16.8 for South to 20.9 for North West and the highest in North East (31.1). Similarly the rate of children on the Child Protection Register in Glasgow (41.8 per 10,000 population) is far higher than the Scotland rate (24.0) with locality rates varying from 26.8 for South to 44.6 for North West and the most again for North East (55.7).

Homelessness is clearly a significant problem in Glasgow. In 2018/19 there were 4,660 homeless applications in Glasgow that were assessed as homeless or threatened with homelessness with 45.0% of these involving people with one or more support need (2,099). There were 2,191 households in temporary accommodation in Glasgow in 2018/19 – 19.9% of the national total.

Given these demographics, 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 relating to children and families work. One would expect the overall number in North West to be lowest of all but proportionately higher than both other localities in terms of adults aged under 65 with disability.

These are indeed some of the trends that emerge from the data in terms of distribution of complaints between localities and client groups as can be seen in tables 2 and 3 above and table 7 in section 3.4. These demographic factors are however not the only context of complaints. Information as to the scale and nature of services provided and changes in those services during the reporting period, can also be helpful in understanding changes in complaint issues, the client groups to which they apply and the distribution between localities.

At the end of March 2020, a total of 3,163 adult service users (as well as 272 children with disabilities) were in receipt of personalised social care services. The proportion of service users who chose to receive their personalised budget as a direct payment increased from 15% to 17% during 2019-20. Changes were also made to the method of administering Direct Payments in July 2019, with the introduction of a pre-paid card system.

For carers, improvements were introduced in 2019 in terms of accessibility to short break respite as an alternative to building-based respite. This had followed from new arrangements around short-break respite introduced by the Carers (Scotland) Act. Amendment to the Community Care (Personal Care and Nursing Care)(Scotland) Act additionally led to free personal care for under 65's being introduced in April 2019.

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

Through the Transformation Programme for Older People, the HSCP is aiming to support a shift in the balance of care away from institutional care (hospital and care homes) towards supporting people more in the community. At the same time there has been an investment in modernising Local Authority residential and day care and the building of new fit-for-purpose facilities. There had however been an increase in delayed discharge from hospital in 2019-20 and a shortfall in meeting targets to discharge people home via intermediate care.

One might expect therefore to see a fall in complaints about residential and day care for older people and respite care for adults. One might conversely expect a general rise in complaints relating to care and support for older people and adults at home and to social work and home care service inputs around discharge from hospital. One might also expect an increase in complaints of a financial nature related to self-directed support and free personal care as the number of people to whom these arrangements apply are extended.

In fact, though complaints about respite provision have fallen in both older people and adult care groups since 2018-19, complaints about the quality of care in local authority care homes and about difficulties in hospital discharge remain at much the same level in the current reporting period as in the previous one (though these are few in number). Complaints about financial issues, support budgets and general level of support have risen both proportionately and numerically for all client groups and, with the exception of complaints about care home financing and free personal and nursing care funding in care homes, these do centre of support at home, with home care complaints also rising. These are set out in more detail in section 3.5.

There were 6926 Adult Support and Protection referrals in 2019-20, compared to 4865 the previous year. This led to 392 formal investigations, against 302 the previous year. Complaints about those processes rose from the previous year though remained small in number (only 16), particularly considering the number of investigations undertaken and the likelihood of these leading to conflict between our services and the subjects of concern.

There has also been a Transformation Programme for children's services. This aims to deliver a sustainable shift in the balance of care for Glasgow's children such that there is an increased availability, accessibility and quality of family support services, a return of children looked after within other local authorities to instead be supported within their local communities and a reduction in the number of families accessing statutory services in the longer term.

At the end of March 2020, the total number of children looked after and accommodated was 899, representing a continuing downward trend from 1352 at March 2016. Within that group the number of children accommodated outwith Glasgow has also fallen slightly and there has been a 70% reduction in placement moves. The total number of children looked after at home has risen slightly to 1603, of whom 1064 were in kinship care. The number in kinship care has fallen and those looked after at home by one or more parents has risen.

GCHSCP has developed a Rapid Rehousing Transition Plan (RRTP) subsuming a number of initiatives to improve the pathway to settled accommodation for the general population and specific groups, for example those released from prison. GCHSCP has also progressed and concluded a Glasgow Alliance to End Homelessness tender which aims to identify Alliance partners to work collaboratively with GCHSCP to improve homelessness services in Glasgow.

A significant proportion of complaints have in 2019-20 centred on a general lack of support or refusal of support for children cared for by their family in the community. There has been a slight shift away from complaints centred on looked after and accommodated children as well as a drop in complaints by those children themselves. This does to a degree reflect the initiatives referred to above. The number of complaints related to children and family services has not however fallen and homelessness complaints continue to rise. It may simply be too early for the initiatives set out above to have translated into reduced complaints for these groups.

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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.

In 2019-20, only 52% of social work stage 2 complaints were investigated and responded to by the central CFIT within the 20 working day time limit. This is a slight improvement on previous years (38% in 17/18 and 44% in 18/19) but falls far short of the performance target. The cause of this was rising demand (in terms of both volume and increased proportions progressing to stage 2), staff shortages and the impact of Covid-19 in the last month of the reporting period. The mean response time was 24.3 working days, but this was skewed by one case where the response was not issued for over a year (though the issue itself had been resolved within 3 months of complaint). The median response time was exactly 20 working days.

Staffing pressures eased in 2019-20, with a grade 6 officer joining the team in October 2019 and two grade 7 senior officers joining the team in January and February 2020. An existing senior officer left the team in March 2020 and that vacant post was filled in November 2020. The team is therefore now for the first time in several years operating with the full required complement of staff. Despite the impact of Covid 19 in March (none of the senior officers were initially equipped to work from home) performance did improve to 60% in the final quarter due in large part to the staffing issues being addressed. Much improved performance is anticipated in 2020-21.

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. The mean response time at stage 1 was 8.6 working days and the median was 5 working days. The overall performance across stage 1 and stage 2 was that 59% of complaints were responded to in time.

Table 4: Timescales for social work complaints at stage 1 by locality 2019–20

Locality	Within time		Total Stage 1
	n	%	n
Centre	69	63.9	108
N. East	93	76.9	121
N. West	37	44.0	84
South	76	58.0	131
GCHSCP	275	61.9	444

Only North East locality has met the target for timescales on stage 1 response. This is a drop in performance from 2018-19 where the overall performance for GCHSCP had met target at 71.9% and North West and South did not meet the target but were both over 60%. There is a specific issue that impacts upon the performance of 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	236	53.2
Extension 6-15 WD	39	8.8
No ext 6-15 WD	102	23.0
Outwith 15 WD	67	15.1
Total	444	100.0

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

For the 62% of stage 1 complaints that were in time, 8.8% had been made subject to a relevant extension. A further 23% 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 performance would have been 85%, not 62%, as only 15% 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. For care services complaints, the overall performance across both stages is shown at table 6 and a comparison is given for each service area. This is for all closed, valid complaints and excludes those that were invalid, withdrawn or still open at the end of the reporting period.

Table 6: Timescales for care services complaints by service area 2019–20

Closed Valid Care Services complaints 2019-20						
Service Area	Stage 1	%	Stage 2	%	In Time	%
Home Care North East	24	34.8	45	65.2	44	63.8
Home Care North West	7	10.3	61	89.7	47	69.1
Home Care South	49	24.7	149	75.3	150	75.8
Help at Home North East	0	0.0	1	100.0	0	0.0
Help at Home North West	1	50.0	1	50.0	2	100.0
Help at Home South	2	50.0	2	50.0	4	100.0
Community Alarms/telecare North East	0	N/A	0	N/A	N/A	N/A
Total Complaints	83	24.3	259	75.7	247	72.2

Three quarters of all complaints were dealt with by care services managers at stage 2, reflecting a tendency in all localities for those managers to respond to complaints in writing following formal investigation. It is anticipated that this will rebalance as complaints processes become increasingly aligned i.e that the majority of complaints will be dealt with locally by managers of those services under stage 1 of the process, focussing on resolution, and that only a minority will be escalated to the CFIT team for fuller investigation and formal response under stage 2 of the process.

As mentioned earlier in this report, the complaints system for care services changed half way through the period covered by this report. In the period April 2019 to October 2019 (the Cordia procedures) complaints logged on Lagan were automatically categorised as 'Investigation Stage' (or Stage 2) rather than Frontlines Resolution (or Stage 1) with the management of timelines residing with Regional Service Managers.

Since October 2019 a dedicated team, Home Care Direct, have been responsible for logging all complaints and for issuing daily reminder timeline bulletins to managers investigating complaints. All incoming complaints are logged as 'Frontline Resolution' and resolved at the point of contact or within five working days. The 'Investigation Stage' (Stage 2) is now managed by the HSCP Complaints, FOI and Investigations Team'.

For 2019-20 the 70% performance target for percentage of complaints dealt with within time was met for complaint handling in South Home Care and was met for care services overall, but was not met in North West and North East home care.

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This is a worse performance than in 2018-19 when all areas met the target and it was met overall in 82% of cases, rather than the 72% in the current year. However, given the very large increase in volume of complaints and the pressures on services in the last quarter, the fact that the target was met overall is commendable.

There was a recognition within the service that the management of complaints was not as efficient and effective as it could be in terms of both response times and the quality of the response. As the service moved from Cordia to HSCP procedures, changes were made to the management of complaints e.g. the introduction of an enhanced 'Tracker Sheet' which records the different stages, investigation methods, communication with complainant, outcomes and learning from each complaint. This was supported by the introduction of a dedicated team (Home Care Direct) who logged and track all complaints and of enhanced quality control procedures by line managers.

It is anticipated therefore that these response times will improve in 2022-21 once disruption to services and additional pressures caused by Covid-19 abate.

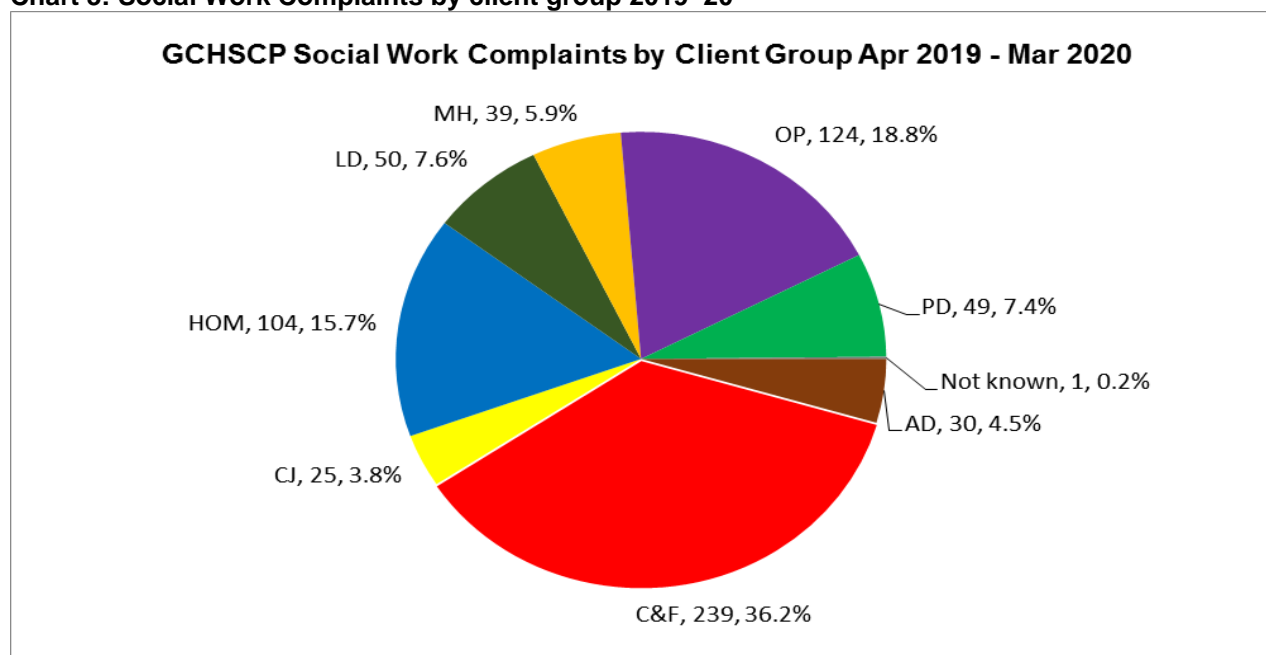
The mean time for response at stage 1 was 11 days. That is to say outwith the standard 5 working day target but within the allowable extension period. No extensions were however applied to any of the stage 1 complaints. The mean response time for stage 2 complaints was 15 working days, well within the required time limit. It must be borne in mind however that these figures are only for closed complaints and a large proportion of care services complaints (18.6%) were still open at the end of the reporting period, many of which would be beyond the 20 working day limit for response.

3.4 Complaints by client group overall and locality

Chart 3 below and table 7 on the next page breakdown social work complaints by client group and by client group and service area respectively (for all stages). The client groups 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, as this is not a data field reported within the LAGAN system. Breakdown by service area for these complaints has already been given in section 3.1 above (table 3).

Chart 3: Social Work Complaints by client group 2019–20



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Appendix 1: Social Work Complaints Report April 2019 – March 2020

The proportions of complaints from customers in Criminal Justice, Addiction services and with Learning Disability remained the same. There was a small proportional drop in complaints from the two largest client groups – Children and Families and Older Persons, which had represented respectively 38.5% and 22.3% of complaints in the previous year. This proportional drop does not however represent a drop in *number* of complaints for either group. There has been a rise in numbers of social work complaints for all client groups, reflecting a rise in complaint volumes generally. The proportional drop instead results from these groups being ‘squeezed’ by notable numeric and proportional rises in three other client groups:

There was a marked increase in complaints relating to Mental Health Services, up from 19 (3.6%) to 39 (5.9%) of complaints. This is partly accounted for by a specific issue with lengthy delays in processing reports associated with private Guardianship applications, which require a report by a Mental Health Officer (MHO). There was a general shortage of MHOs to complete such reports in 2019-20, an issue that was dealt with during the course of the year. However issues relating to level of support or delays in assessment contributed to this increase.

There was a large increase in complaints from person's with physical disability, up from 21 (4%) to 49 (7.4%). This seems to relate to resource pressures with many of these complaints relating to dissatisfaction with the amount of money / level of resource awarded under Self-Directed Support assessment processes.

There was a very large rise in complaints relating to homelessness, from 56 (10.7%) to 107 (15.7%) complaints. This extends across all aspects of homelessness services from the centre functions referred to in section 3.1 above to the processing of homelessness applications in community-based teams. No one issue explains this rise, which seems to reflect growing pressures on homelessness services and the availability of both permanent housing stock and adequate temporary accommodation.

In terms of variation in complaints from client groups between different localities, these were broadly consistent with previous years and are reflective of demographic differences in the populations and social needs in these areas. Between 2018/19 and 2019/20 there was a proportional shift in all localities of older person complaints reducing and children and family complaints increasing. This mirrors a shift in the opposite direction for complaints at centre and is explained by changes in the nature and handling of these complaints referred to in section 3.1. Handling of complaints from cared for children in children's houses moved from the centre to teams. A greater proportion of older person's complaints related to financial issues dealt with by the central finance team. Homeless complaints increased numerically and proportionately in all areas other than North East where these fell from 18 (15.4%) to 8 (4.5%) from the previous year.

Table 7: Comparison of social work complaints by client group and locality 2019–20

Client group	Locality									
	Centre		N. East		N. West		South		Grand Total	
	n	%	n	%	n	%	n	%	n	%
AD	1	0.6	10	5.6	10	7.5	9	4.6	30	4.5
CF	18	11.6	82	46.1	51	38.1	88	45.4	239	36.2
CJ	9	5.8	7	3.9	3	2.2	6	3.1	25	3.8
HOM	74	47.7	8	4.5	11	8.2	11	5.7	104	15.7
LD	3	1.9	15	8.4	10	7.5	22	11.3	50	7.6
MH	4	2.6	13	7.3	13	9.7	9	4.6	39	5.9
OP	42	27.1	30	16.9	20	14.9	32	16.5	124	18.8
PD	3	1.9	13	7.3	16	11.9	17	8.8	49	7.4
Not Known	1	0.6	0	0.0	0	0.0	0	0.0	1	0.2
Grand Total	155	100.0	178	100.0	134	100.0	194	100.0	661	100.0

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3.5 Complaints by issue

For social work complaints, the main and secondary presenting issues have been categorised under thirteen separate headings in four groups as set out below. This allows an analysis of the relative balance of complaints about (1) policy or (2) financial issues, (3) complaints linked to 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

The number of issues exceeds the number of complaints however complaints with more than two presenting issues are summarised in terms of the main two issues only.

The relevant headings are as follows:

P = A policy issue F = A financial Issue

C = Issues linked to staff performance subdivided as:

C1 – Attitude or conduct of staff

C2 – Lack of response to the customer

C3 – Poor quality/errors in information/communication C4 – Breach of confidentiality / privacy

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

Table 8 below shows the relative percentage of each issue as a percentage of all issues and compares them with annual figures 2018-19. The number of issues exceeds the number of complaints as a complaint may raise more than one issue and the two primary issues (as identified by the CFIT team) are listed against each complaint. Charts 4 and 5 then shows these same numbers and proportions visually.

Table 8: Main social work issues complained of 2019–20 compared with 2018-19

Issue	n 2019-20	% 2019-20	% 2018-19
Finance	72	8.1	10.9
Policy	11	1.2	0.0
Attitude/Conduct	178	19.9	22.9
No response	72	8.1	9.9
Info/Communication	151	16.9	10.9
Confidentiality	33	3.7	2.2
Discrimination/HR	6	0.7	0.6
All Staff	440	49.2	46.5
Quality	101	11.3	20.2
Level	90	10.1	6.2
Wait	3	0.3	0.2
Delay	79	8.8	7.8
Procedure	54	6.0	5.9
Refused/withdrawn	44	4.9	2.5
All Gen Quality	371	41.5	42.6
Total of main issues	894	100.0	100.0

It should be noted that for both social work and care services complaints, there is a degree of subjectivity in the coding of complaint issues by the officers who update these records. While categorisation is useful as a means of identifying themes/trends, the system does have limitations which should be taken into account in any analysis of complaint activity.

For social work, on the C4 system, this is done by the central complaints team, having regard to the whole of the complaint. However, the number of issue codes that can be applied is limited to two, such that if six different issues were raised, the officer would need to exercise judgement as to which were the two main issues.

For care services, the category for each complaint is entered on Lagan at the point of contact. An investigation will sometimes reveal that the initial categorisation does not accurately reflect the actual issue raised by the complainant. For example a complaint received about a home carer not arriving would be categorised at the point of contact as a 'Failure to Arrive' however, a subsequent check by the investigating officer on the Scheduling and Monitoring system could show that the home carer is running late or that there is the opportunity to take action to ensure a visit does go ahead. That visit would then have been a 'Late Arrival' and not a 'Failure to Arrive'.

For social work complaints all areas have increased in numerical terms. There has been a slight proportionate increase in complaints focussing on the actions of staff and slight proportional decreases in complaints about financial matters and issues of general service quality, level and delay. The shift is largely focussed on complaints regarding errors in information or lack of / poor communication rather than issues of the personal conduct of staff. The detail of these complaints suggest that this reflects increased public awareness of, and sensitivity to, the management of personal information as well as increased expectations around staff availability and contact via mobile phone, text and email.

Within the set of complaints relating to general service issues, there has been a shift away from complaints about general *quality* of services towards those complaining of services being refused, withdrawn or the *level* of service being insufficient. The detail of these complaints suggest these reflect the application of eligibility criteria and dissatisfaction related to resource availability as with the level of care packages awarded under Self-Directed Support.

A high proportion of complaints focussing on issues related to staff is an ongoing feature of social work complaints. This should not be taken as an indicator of 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. The majority of such complaints are not upheld.

The 6 (0.7%) complaints about discrimination or human rights breaches, though small in number, were checked individually because of the potential seriousness of such complaints. 5 of these were not upheld and the sixth upheld on a minor issue of information provision distinct from the complaint of human rights violation. These complaints were from:

- A homeless person complaining that he was discriminated against on grounds of ethnicity in the processing of his homeless application.
- A homeless person stating that the withdrawal of a housing offer to him had been on the grounds of racism and discrimination.
- A homeless person complaining of being discriminated against in relation to both her ethnicity and sexuality in the processing of her homelessness application.
- A homeless person complaining that being required to stay in supported accommodation whilst awaiting permanent accommodation was a breach of her human rights.
- A young person complaining that rules in a children's house breached their human rights.
- A person with sexual offences being managed under MAPPA and complaining that restrictions on their use of social media was a restriction of their right of expression.

None of these complaints involved any evidenced discrimination or breach of human rights.

Chart 4: Number of complaints by issue complained of 2019–20

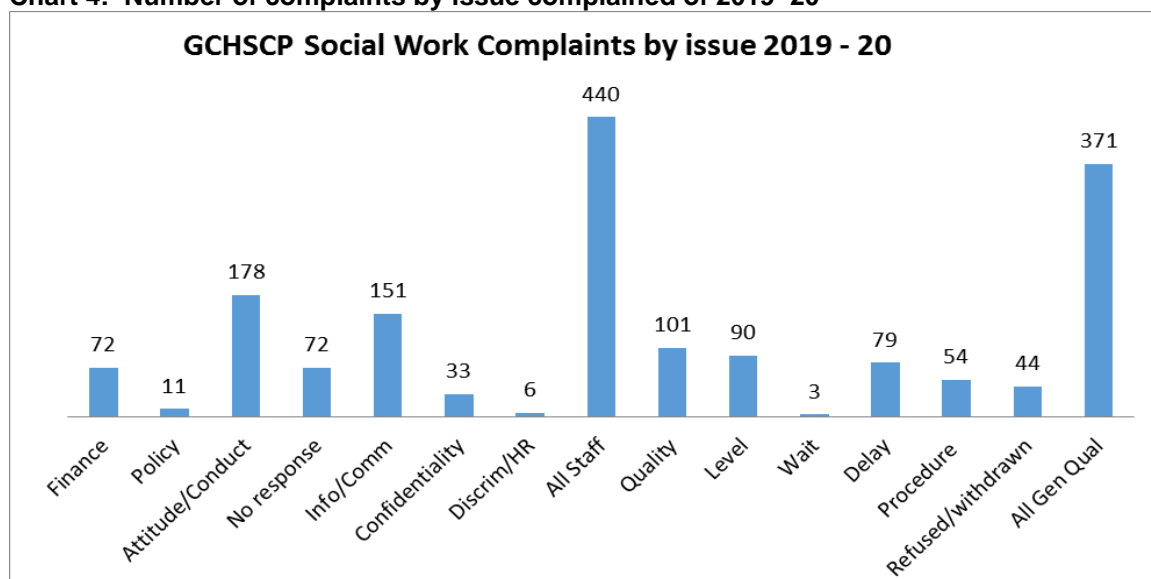
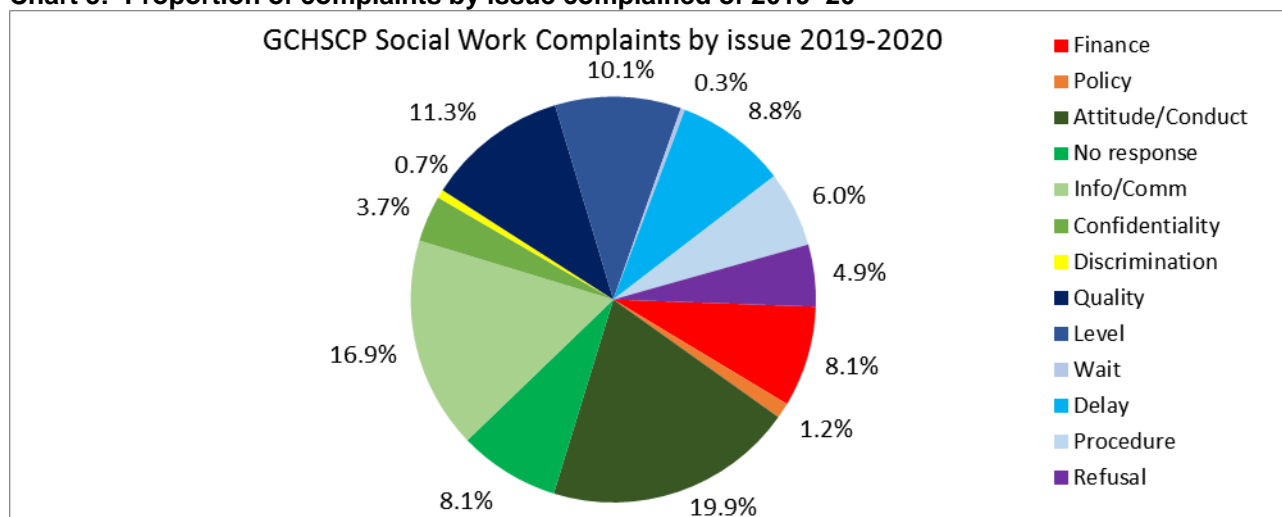


Chart 5: Proportion of complaints by issue complained of 2019–20



For complaints about care services, the issues raised are set out in table 9 below as applied to those complaints that were valid, not withdrawn and closed during 2019-20. Poor general quality of service is the main presenting issue as recorded, with failure to arrive and the competency of staff, as the other two most complained of issues.

In 2018-19, the three most complained of issues had also been general quality of service, competency of staff and failure to arrive, however the data in table 9 shows a possibly significant change in the complaint profile between these groups and wider issues. In 2018-19, the relevant figures for the three most complained of issues had been general quality (116 = 47.3%), competency of staff (38 = 15.5%) and failure to arrive (26 = 10.6%). Although numbers of complaints have risen significantly overall, both the number and proportion of complaints about staff competency have fallen. Complaints about general quality issues have also fallen proportionately. Conversely, complaints about a failure to arrive have risen markedly in both numeric and proportional terms such that it is now the second most complained of issue.

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

When combined with the smaller number complaints about late arrival, not staying an adequate time and not completing tasks, all of which are indicators of pressures on resource and the management of the time that staff can spend with any given client, then the combined numbers become: Resource driven issues 2018/19 = 41 of 245 complaints = 16.7% and 2019/20 = 112 of 343 complaints = 32.7%.

Grouping staff competency complaints together with the smaller number of complaints about staff attitude, consistency of care and communication, the number and percentage in 2019/20 is 75 (21.9%). The same grouping in 2018/19 had been 67 (27%).

That is to say complaints related directly to the individual skills of staff have hardly risen at all numerically and have fallen proportionately whereas those related to resource issues have doubled proportionately and more than doubled numerically. This would appear to indicate quite clearly the areas of service driving increased customer complaint.

Table 9: Closed Care Service complaints by issues 2019–20

Closed Valid Care Services complaints 2019-20		
Issue	n	%
Quality of service	136	39.7
Failure to arrive	92	26.8
Staff competency	34	9.9
Staff attitude	26	7.6
Consistency of care	14	4.1
Failure to complete tasks	12	3.5
Quantity of service	11	3.2
Arrived late	4	1.2
Failure to stay adequate time	4	1.2
Vehicle issues	4	1.2
Operational	3	0.9
Procedure	1	0.3
Poor communication	1	0.3
Breach of confidentiality	1	0.3
Total closed	343	100.0

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:

For service users in **addiction / alcohol and drug recovery services** the main issues arising in 30 complaints related to their inter-personal contact with staff and the attitude and conduct of those staff towards them (13 of 30). 4 further complaints were misdirected and applied exclusively to NHS services or staff within the partnership. 4 complaints referred to barriers to accessing services, which is fewer than last year (when there were 12 such complaints).

One service user highlighted an issue with a separate entrance causing them to feel stigmatised in terms of their attendance at addiction services being evident to the general public. A similar issue relating to signage had been raised by two service users in the previous year and addressed. The response on this issue indicated that this would be taken into account in future new build facilities but could not be addressed in the current location due to the layout (this was a Health Centre, not part of the GCC estate).

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

For **children and families** service users, many complaints had overlapping issues. The most common issue cited, within 67 (28%) of the 239 complaints submitted, related to the personal conduct or attitude of social work staff, usually from parents or other relatives of looked after children unhappy with their child being in care or their circumstances in care. A further 53 (22%) of complaints referred to poor standard of communications or allegedly inaccurate information within social work reports, often reports to children's hearings or courts.

The language of these complaints was often highly charged with 26 of the summaries of complaint (11% of all complaints for this client group) referring to social workers telling lies, being dishonest, defaming, threatening, harassing, bullying or being biased. That figure might be higher were the full text of each complaint examined. Such complaints were seldom upheld except those partially upheld in respect of minor information errors or missed communications. None of the complaints about workers deliberately falsifying reports, lying to court or threatening, bullying or harassing service users were upheld. These complaints appear to reflect a tendency of parents of children in care, or subject to child protection processes, to personalise their grievances about these circumstances as being the personal fault of the social worker involved.

The next most complained about issue was a general lack of support or refusal of support (usually for children cared for by their family in the community), which was the subject of 37 (15.5%) of complaints for this client group. An additional 10 (4%) addressed alleged underpayment or lack of financial payment to families (usually kinship carers). A further 8 (3%) related to a delayed assessment or allocation of worker. Such complaints about support levels, delay and finance were frequently upheld or partially upheld, in contrast with others in this client group. To this group might be added 11 (4.5%) complaints regarding disrupted contact of families with children in care, some of which were upheld.

26 (11%) of complaints referred to a lack of direct contact with workers or lack of response to correspondence or issues. These were quite often upheld, reflecting resource pressures or errors in administrative processes. Additional to these was a specific group of 23 (10%) of complaints about a lack of action or appropriate response to child protection concerns raised by the complainant. This was often a parent making allegations against an estranged partner who had care and custody of the child. These specific complaints about lack of response to child protection concerns were seldom upheld, though 2 were upheld and 4 partially upheld so these did in some cases prompt review of the child protection response.

15 complaints (6%) in this client group related to breach of confidentiality, double the previous year. Only one person's complaint was upheld, at both stages of the process. This had resulted from human error in one service user being contacted in error and the other's person's name and phone number being disclosed to them. No further sensitive information had been disclosed.

There were 11 (4.5%) complaints from children in children's houses. Four of these were from the same young person on different issues at different times. Of the 11 complaints, 3 related to attitude and conduct of staff, 2 to care planning issues, 2 to the rules of the children's house and 4 from children complaining of bullying by other residents not being effectively dealt with. All of these children were personally met with and their issues addressed. This represents a significant reduction in complaints from this group. In 2018-19 there had been 15 complaints on the bullying issue alone.

For the 25 complaints from **criminal justice** service users the most frequently complained of matters (in 13 cases each, both 52%) was the attitude and conduct of workers towards the client, and alleged information errors in case files or reports concerning the client. Some of these overlapped i.e a complaint both about poor attitude and information errors. A further 3 (12%) alleged breaches of rights or of confidentiality. None of those 3 complaints were upheld. None of the complaints from this client group were fully upheld. A small number were partially upheld on relatively minor matters.

OFFICIAL

For **homeless** service users the main issue raised within the 104 complaints in this client group was a general lack of support, delay or failure to progress section 5 applications and secure offers of permanent housing. This was cited in 38 (36.5%) of complaints for this client group. Many of these complaints were upheld, reflecting resource pressures in the sourcing of permanent accommodation. A further 14 (13.5%) complained of an outright refusal of assistance or failure to provide temporary accommodation in breach of statutory duties. Six service users (6%) specifically complained that their homelessness application had been mishandled from the outset or that it contained wrong information relating to them.

21 service users (20%) complained of a lack of communication or contact from workers or lack of response to enquiries and correspondence. Most of these were upheld or partially upheld and there did therefore seem to be a generalised issue of lack of communication with service users as to the progress of their homelessness applications.

19 services users (18%) complained of a poor quality of temporary accommodation. 4 (4%) complained of possessions being inappropriately disposed of or not properly secured in storage.

Staff conduct and attitude were complained of as a primary or secondary issue in only 12 complaints (11.5%), which is reduced from the previous year. There were four further complaints of breaches of human rights and discrimination but these were not upheld as covered in a previous section of this report. Four service users complained of a breach of confidentiality. None of these were upheld. Seven (7%) service users complained of being given wrong information about the homelessness application process.

There were six specific complaints from 3 clients who were affected by the closure of a particular resource – Merkan House – objecting to that decision. There were also six complaints from members of the public who were not services users, 3 objecting to the alleged antisocial behaviour of their neighbours who were homeless tenants in temporary accommodation and 3 complaining of the council's approach to begging and the acceptance into the city of asylum seekers.

For **adult community care groups** - physical disability (49), learning disability (50) and mental health (39) complaints, there were common themes within the total of 138 complaints for these groups so these have been grouped together in this section.

The main issues raised were those relating to dissatisfaction with the care budget or level of service provision and support. This was raised in 27 (19.5%) complaints. There were also 21 (15%) complaints about delays in assessment and/or lack of allocated social worker. There were a further 7 (5%) complaints specifically about the lack of availability of MHOs to complete reports for Guardianship applications and consequent delays in those applications progressing. 10 complaints (7%) related to refusal of services or clients not meeting eligibility criteria for supports. A further 10 (7%) related to financial issues such as management of direct payments and the payment of client contributions. 8 (6%) related to dissatisfaction with the quality of commissioned services.

There were 28 (20%) complaints about the attitude or conduct of staff and a further 21 (15%) about generally poor communications or difficulty in contacting workers or getting a response. These overlapped in some cases with the complaints referred to above, but these issues were markedly increased from the previous year. A further 12 (8.5%) complaints related to information errors and 5 (3.5%) to alleged breaches of confidentiality, though none of the latter were upheld.

Finally, for **older persons** the main issues raised were around financial issues. Of a total of 124 complaints for this client group, 38 (30.5%) related to financial provision. These can be sub-divided into complaints billing issues (17), those about refusal or, delay or failure to backdate Free Personal and Nursing Care (7), disputes over deprivation of assets / disregard or property for purposes of calculating liability for care costs (5), disputes over client contributions for non-residential charges (2), management of direct payments (1) or other financial issues (6).

There were 13 complaints (10.5%) referencing inadequate budget or level of support and 8 (6.5%) about delays, lack of choice or other issues in relation to older persons transferring from home to care home, from hospital to care home or between care homes.

12 (10%) complaints related to delays in progressing assessments or allocating social workers and a further 5 (4%) related specifically to the failure to allocate MHOs to complete reports relating to Guardianship applications (making 12 such complaints in total across care groups).

These complaints about financial matters, inadequate level of provision of delays in the system represent a continued rising trend from the previous year.

There were 16 (13%) complaints about Adult Support and Protection processes, either about a failure to act on concerns or a decision to investigate that a person disagreed with. This is a slight increase on the previous year.

There were 10 (8%) complaints relating to the quality of care homes or day care run by Glasgow City Council and 2 reviews of complaints about home care services. A further 8 complaints (6.5%) related to commissioned services or the quality of care in privately operated residential care.

There were also 17 complaints (14%) referencing the attitude and conduct of staff and a further 15 (12%) referring to poor communication, lack of personal contact and response to communications. This is similar to the previous year when the combined total of such complaints in this client group was 24%.

Finally there were 7 complaints about poor quality of information or information errors, 1 about a breach of confidentiality (not upheld) and 6 about care planning issues.

3.6 Complaint outcomes overall, by service area and client group

Table 10 and Chart 6 below show the outcomes of social work complaints in terms of whether they were upheld for stages 1 and 2. Third stage SPSO complaint outcomes are given in section 3.6. 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'.

In 2017-18, 27.9 % of complaint were fully or partially upheld and 57.4% not upheld, in 2018-19 the figures were similar at 28.2% and 54.2%. Over the preceding three years approximately 80 - 85% of what begin as formal complaints have remained within the process and concluded with a formal finding. Of these, approximately twice as many complaints were not upheld as were upheld. About 5% were informally resolved without a finding and the remainder had some other disposition.

In 2019-20, a greater proportion of complaints (89%) have remained in the complaints process, fewer (1.7%) were resolved informally a greater proportion (35.5%) were upheld or partially upheld, although over a half (54%) were still not upheld. This increase in upheld complaints is most likely to relate to the increase in particular types of complaints from particular client groups that have increased since the preceding year and relate to resource and staffing issues which are justified to varying degrees. Most notable would be the steep rise in complaints from homeless persons and the known difficulties in sourcing permanent accommodation for those persons, shortages in MHOs to compile reports and the availability of qualified staff to meet rising demand around assessment and review of care, dissatisfaction with levels of support and financial constraints in the older persons and adult community care group.

OFFICIAL

Appendix 1: Social Work Complaints Report April 2019 – March 2020

Table 10: Social Work Complaints Outcomes 2019–20

Outcome	n	%
Transfer To Other Process	26	4.0
Not Accepted	26	4.0
Informally Resolved	11	1.7
Not Upheld	347	53.8
Partially Upheld	134	20.8
Upheld	95	14.7
Withdrawn	6	0.9
Grand Total	645	100.0

Chart 6: Social Work Complaints Outcomes 2019-20

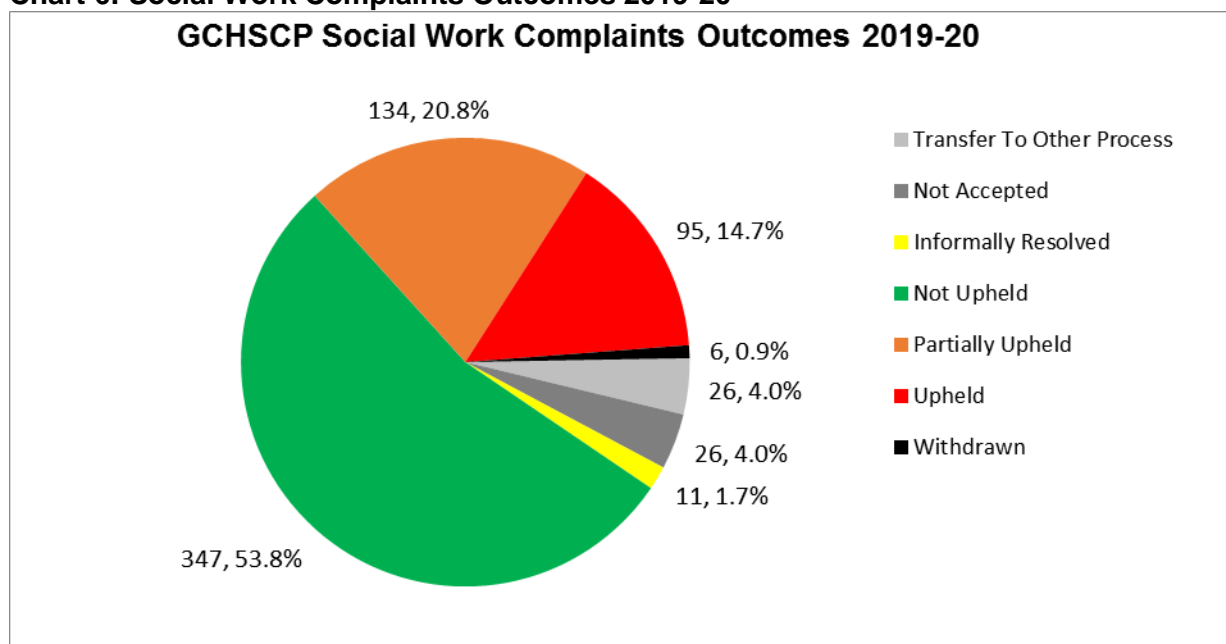


Table 11 below shows care service complaints by outcome overall and by service area for those that were valid, not withdrawn and closed in 2019-20. Stage 1 and 2 are combined. In contrast with the social work complaints, the majority of complaints that are accepted as valid within the process and not withdrawn are upheld or partially upheld (87.7%), although this is a decrease from 2018-19 when over 95% of complaints were upheld or partially upheld.

Since October 2019 new guidance has been applied on the management of complaints, including the way in which complaints are managed at the point of contact or within five working days, has been in operation. Additionally, 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, based solely on the account given by customers and staff, have not been upheld when wider facts were established.

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

Table 11: Care Services Complaints Outcomes 2019-20

Closed Valid Care Services complaints 2019-20							
Service Area	Total	Not Upheld		Partially Upheld		Upheld	
		n	%	n	%	n	%
Home Care North East	69	5	7.2	7	10.1	57	82.6
Home Care North West	68	8	11.8	4	5.9	56	82.4
Home Care South	198	28	14.1	4	2.0	166	83.8
Help at Home North East	1	0	0.0	0	0.0	1	100.0
Help at Home North West	2	0	0.0	1	50.0	1	50.0
Help at Home South	4	1	25.0	0	0.0	3	75.0
Community Alarms/telecare North East	0	0	0.0	0	0.0	0	0.0
Total	342	42	12.3	16	4.7	284	83.0

Table 12 shows outcomes for social work complaints by locality. Table 13 shows outcome by client group. The one for client group excludes 1 case where the client group was not known.

Table 12: Social Work Complaints Outcomes by locality 2019–20

Outcome	Locality									
	Centre		North East		North West		South		Grand Total	
	n	%	n	%	n	%	n	%	n	%
Transfer To Other Process	10	6.7	7	4.0	4	3.1	5	2.6	26	4.0
Not Accepted	8	5.3	5	2.9	8	6.1	5	2.6	26	4.0
Informally resolved	6	4.0	0	0.0	2	1.5	3	1.6	11	1.7
Not Upheld	73	48.7	98	56.6	71	54.2	105	55.0	347	53.8
Partially Upheld	33	22.0	36	20.8	23	17.6	42	22.0	134	20.8
Upheld	19	12.7	26	15.0	21	16.0	29	15.2	95	14.7
Withdrawn	1	0.7	1	0.6	2	1.5	2	1.0	6	0.9
Grand Total	150	100.0	173	100.0	131	100.0	191	100.0	645	100.0

The proportions of complaints that are not upheld are very consistent across the three localities in the range 54-57%. The proportions partially or fully upheld similarly vary within a narrow range 33-37%. There is therefore no discernible bias in any locality towards upholding or not upholding complaints. The proportions upheld or partially upheld for central services are in the same range but the number not upheld is less because of a greater proportion disposed of under the other categories. This reflects the fact that the complaints team that determines some of these other dispositions is itself located at centre.

Table 13: Social Work Complaints Outcomes by Client Group 2019–20

Outcome	Client Group																	
	Addictions		C&F		CJ		Homeless		LD		MH		OP		PD		Grand Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Transfer To Other Process	5	16.7	4	1.7	0	0.0	6	5.8	0	0.0	1	2.8	9	7.3	0	0.0	25	3.9
Not Accepted	0	0.0	7	3.0	2	8.7	6	5.8	1	2.1	4	11.1	6	4.9	0	0.0	26	4.0
Informally resolved	1	3.3	4	1.7	0	0.0	1	1.0	0	0.0	0	0.0	5	4.1	0	0.0	11	1.7
Not Upheld	12	40.0	140	59.6	14	60.9	51	49.5	32	68.1	17	47.2	59	48.0	22	46.8	347	53.9
Partially Upheld	4	13.3	43	18.3	7	30.4	28	27.2	7	14.9	9	25.0	20	16.3	16	34.0	134	20.8
Upheld	7	23.3	33	14.0	0	0.0	11	10.7	7	14.9	4	11.1	24	19.5	9	19.1	95	14.8
Withdrawn	1	3.3	4	1.7	0	0.0	0	0.0	0	0.0	1	2.8	0	0.0	0	0.0	6	0.9
Grand Total	30	100.0	235	100.0	23	100.0	103	100.0	47	100.0	36	100.0	123	100.0	47	100.0	644	100.0

Relatively higher proportions of complaints are upheld or partially upheld in physical disability (53%) and homelessness (38%) than other client groups. This reflects the particular nature of those complaints as referred to in the preceding section.

3.7 Stage 3 Referrals to Scottish Public Services Ombudsman

A total of sixteen complaints were the subject of decisions advised by the Scottish Public Services Ombudsman (SPSO) during 2019-20. Some of these had been the subject of investigation in a previous year and were referenced in the 2018-19 report. SPSO was also in contact with GCHSCP to make enquiries about a further 8 cases in the reporting period 2019-20. Of these 8 further cases, the outcome decision for 4 of them is now known but was not known by 31st March 2020, so these will be reported in next year's report. For the other 4 the decision has still not been advised but will be reported in the 2020-21 report, presuming the decisions are known at that time. In addition to these, one case was considered by the Office of the Information Commissioner of the U.K. The disposition of these cases is as below followed by a summary of each case.

The Information Commissioner investigated but did not uphold the single complaint referred to them. In 13 of the 16 SPSO cases, SPSO declined to take the matter further following a preliminary screening assessment, usually on the grounds that the stage 2 response issued by GCHSCP has been satisfactory and it was not proportional or nothing further could be achieved by further investigation by SPSO. One of the 16 was fully investigated and not upheld. One was partially upheld with recommendations and one fully upheld with recommendations (however this decision was then challenged by GCHSCP – see below).

The fact that so few complaints are escalated to SPSO at all and that those which are escalated are seldom upheld in any part would appear to indicate that the second stage of the process is operating in correct manner to identify failings and offer redress when these are accepted and to otherwise give a full and well-evidenced rebuttal of the complaint.

Case 1: ICO reference RFA0850576. Main Focus: Inaccurate information on client records.

Summary of Case: The complainer had proxy powers for her adult son and had obtained a copy of his records via Subject Access. She claimed that these records were inaccurate and that GCHSCP had failed to rectify these. GCHSCP had advised that these records were entirely accurate with the exception of a typographical error in a date contained in an email that did not form part of her son's records and that that had in any case been manually corrected on the complaints file in which it was held.

ICO Findings / Outcome: Not Upheld. ICO accepted GCHSCP's account of the matter and that the records were accurate. They did not uphold the complaint but asked GCHSCP to place a note in the file indicating the complainer's disagreement with the stated facts. This was actioned.

Case 2: SPSO reference 201705735. Main focus: GCHSCP unreasonably failed to offer SDS options to client following assessment.

Summary of the case: This case also appeared in last year's report as case 16. The client's Guardian had chosen to care for him at home despite a professional finding that his needs could only safely be met in residential care. He disputed the adequacy of the care package put in place following an ASP intervention and questioned whether GCC had acted in compliance with SDS legislation in putting services in place rather than offering SDS options, in particular direct payments. The complaint was originally raised in 2017-18 and a response issued in early 2018 taking into account a series of prior complaints stretching back 5 years. No part of the complaint was upheld by GCHSCP. SPSO initially investigated this in 2018 and decided to close the case at that time without further action, being satisfied with the response of GCHSCP. They 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.

SPSO findings / outcome: Upheld, subsequently set aside. The January 2020 decision upheld all elements of the complaint and made three recommendations. However GCHSCP used the review process of SPSO to challenge this decision. GCC Legal services also complained to SPSO about the handling of the complaint. The complaint concerning SPSO handling was partially upheld in September 2020. The Ombudsman Ms Rosemary Agnew advised GCHSCP 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. An update of the final outcome of this case will be given in the 2020-21 annual report.

Case 3: Complaint 201708763. Main focus: Prison-based Social worker's management of case was unreasonable and GCHSCP failed to properly investigate complaint.

Summary of the case: This complaint was also originally submitted in 2017-18 and reported in last year's report as case 17. The decision was not known at that time. The complaint related to the conduct of the worker towards the complainer (an allegation of bullying) and an assertion that a report presented to the parole board had contained both inaccurate information and private information that the service user had not consented to being included. It was partially upheld only in respect of a minor matter of delay in providing the complainer with a copy of a complaints form.

SPSO findings / outcome: Partially Upheld. SPSO did not uphold complaint about the worker, the inaccurate information in the report or the alleged breach of confidentiality, but did uphold the part of the complaint that referred to flawed complaints handling. In essence the service manager who responded at the first stage had failed to advise the complainer of his right to refer matters to the next stage and had not fully investigated all issues raised. SPSO recommended apology to Mr C and the reinvestigation of one element of his complaint. CFIT issued an apology and further complaint response (which did not uphold the additional element of complaint) within one month of the SPSO's decision and that resolved the issue to SPSO's satisfaction.

Case 4: Complaint 201810533. Main focus: Failure to make records available.

Summary of the case: This was again reported last year as case 11, but SPSO did not advise their satisfaction with GCHSCP's response until early April 2019 so it is also included in the present year's report of SPSO cases. An adult complained in 2018-19 that they had not been provided with adoption records as requested. The complaint was upheld by GCHSCP but the promised follow-up action was not taken due to a further oversight. The person contacted SPSO about the matter rather than referring back to GCHSCP. Within 5 working days of being contacted by SPSO an apology letter was sent to the service user, together with a copy of her records.

SPSO findings / outcome: Not to take the matter further. SPSO sent an email, rather than formal decision letter, acknowledging the actions immediately taken by GCHSCP and stating that they were satisfied this resolved the issue and would not be taking the matter further.

Case 5: Complaint 201807841. Main focus: Worker colluded in client's eviction and deliberately recorded misinformation.

Summary of the case: A client made a complaint regarding the conduct of a social worker whom he alleged had colluded with his landlord in forcing his eviction from his previous home as well as recording false information in his file (a forged mandate to view his medical records. He also stated these actions had a racist motivation. These events occurred in 2016. The complaint was not upheld by GCHSCP.

SPSO findings / decision: Not to take the matter further. SPSO declined to take the matter further on the grounds that GCHSCP's response had been reasonable and nothing further could be accomplished by SPSO investigation.

Case 6: Complaint 201807798. Main focus: Unprofessional conduct of staff and inaccurate criminal justice report.

Summary of the case: The mother of an adult criminal justice client claimed that a worker had been bullying and intimidating in her interview with the client (at which the mother was not present) and that facts recorded in the subsequent report about the client had been inaccurate. The complaint was not upheld by GCHSCP.

SPSO findings / decision: Not to take the matter further. SPSO declined to take the matter further on the grounds that GCHSCP's investigation had been to a level they would expect to see and the response had been reasonable such that nothing further could be accomplished by SPSO investigation.

Case 7: Complaint 201903569. Main focus: GCHSCP staff unreasonably complained about complainer's conduct to their employer (the care inspectorate) and their complaint was not properly investigated.

Summary of the case: The complainer's conduct during an inspection they were conducting of GCHSCP services gave rise to concerns that were expressed to the Care Inspectorate via the relevant Assistant Chief Officer. The complainer stated they had been unfairly criticised and 'defamed' by the Assistant Chief Officer Mike Burns and that his complaint was not properly investigated as he was not spoken to as part of the investigation. The complaint was not upheld by GCHSCP.

SPSO findings / decision: Not to take the matter further. SPSO declined to take the matter further on the grounds that nothing further could be achieved by their investigation. SPSO commented "I am satisfied that the HSCP have considered your complaint and explained their position to you in detail."

Case 8: Complaint 201900340. Main focus: GCHSCP staff failed to make an accurate report of circumstances to a court.

Summary of the case: A grandmother made a complaint about a social worker's recommendation to the court, who were considering a private civil custody matter, that contact between grandmother and child was not in the child's best interests. She asserted that the worker had not accurately reported circumstances to the court, failed to record decisions in the records and failed to save relevant legal documents in the file. GCHSCP did not uphold the complaint.

SPSO findings / decision: Not to take the matter further. SPSO declined to investigate on grounds that the matters raised were ones she could have raised in court at the time.

Case 9: Complaint 201902638. Main focus: Client overcharged for services

Summary of the case: A service user complained about charges for services provided via a Self-Directed Support package. Initially not upheld, the complaint was reconsidered following submission of further information. It became clear that there were errors in the charges applied, and that no information had been provided to the client regarding the possible application of disability related expenditure waivers to the client contribution. The complaint was upheld and a commitment given to waive previous and that no charges would be applied from April 2019. The client contacted the SPSO when monies were not reimbursed to her, however GCHSCP had not been advised of that fact by the client prior to her contacting SPSO. Once notified arrangements to refund the money were made immediately.

SPSO findings / decision: Not to take the matter further. SPSO declined to take matters further because they were satisfied that GCHSCP had acted appropriately and resolved the issue.

Case 10: Complaint 201905905. Main focus: Social worker made inappropriate phone call to client.

Summary of the case: A service user who was subject of a compulsory treatment order complained that his MHO had made an inappropriate phone call to him, speaking in a rude and abusive manner and requested a change of MHO. That request was refused and the complaint was not upheld.

SPSO findings / decision: Not to take the matter further. SPSO declined to investigate further on grounds that GCHSCP had investigated the matter properly, our response was reasonable and it would not be proportionate for SPSO to consider further.

Case 11: Complaint 201809131. Main focus: Quality of current care arrangements and poor care management decisions over a number of years.

Summary of the case: The mother of an adult service user subject to a compulsory treatment order in a residential placement made various complaints covering issues back to 2015 (a number of previous complaints had been made) including attitude/conduct of staff, financial calculation of client contribution, quality of care within current placement as well as previous supports in the community and care management decisions made over the years. None of these had been upheld by GCHSCP.

SPSO findings / decision: Not to take the matter further. SPSO declined to take the complaint further on grounds that the response of GCHSCP had been reasonable and our investigation conducted to a reasonable standard.

Case 12: Complaint 201907011. Main focus: Assessment of client contribution to care is incorrect and has not been properly explained.

Summary of the case: The Guardian of an adult service user complained that her son was being charged too much as a client contribution and that this was in excess of a maximum amount advised in a previous letter. She also complained that her previous enquires on this issue had not been responded to. The complaint about lack of response was upheld by GCHSCP but the main complaint was not, in that the client contribution had been calculated correctly and the complainer had misread the correspondence sent to her. A further explanation of the calculation of client contribution was given.

SPSO findings / decision: Not to take the matter further. SPSO declined to investigate further on grounds that GCHSCP had given a reasonable explanation of the client contribution and investigation by SPSO could not achieve anything.

Case 13: Complaint 201905680. Main focus: Failure to provide temporary accommodation to client on several occasions in breach of legal duty.

Summary of the case: A lawyer for a homeless client had complained about a failure on several occasions to secure temporary accommodation for him. This complaint had been previously upheld by GCHSCP who had apologised and explained the efforts being made through the Rapid Rehousing Transition Plan to address the problems. They also noted that no redress could be offered to the retrospectively to the client and no intervention made to resolve current issues as he was no longer in receipt of social work services or looking for support with homelessness. The lawyer was however seeking compensation.

SPSO findings / decision: Not to take the matter further. SPSO declined to take the matter further on the grounds that there was nothing of practical significance they could achieve.

SPSO noted that the complainer disagreed with the HSCP's approach to resolving the problems related to housing and homelessness across the city of Glasgow but that it was not for the Ombudsman to advise the HSCP or Glasgow City Council on the approach that they should be taking, highlighting the role of The Scottish Housing Regulator. They stated that the problems encountered by the client seemed largely to do with supply and demand, that HSCP had properly acknowledged and apologised for these failings and explained what efforts were being made to resolve them. They stated that SPSO had no role in directing that compensation should be paid and suggested the lawyer might more appropriately continue lobbying the housing authority, MSPs, etc about the systemic issues they had concerns about.

Case 14: Complaint 201901834. Main focus: GCHSCP did not properly manage transition from foster to kinship care.

Summary of the case: Foster carers complained of a poor planning of transition of a child from their care into kinship care and that their concerns as to the safety of the move had not been reasonably responded to. The complaint had not been upheld.

SPSO findings / decision: Not to take the matter further. SPSO declined to take the matter further on grounds that the GCHSCP position response had been reasonable, clear and detailed and nothing further could be achieved by SPSO.

Case 15: Complaint 201903298. Main focus: GCHSCP failed to act to remove abuser from shared accommodation.

Summary of the case: The mother of an adult service user in shared supported accommodation complained that her daughter had been assaulted on more than one occasion by the other service user in the accommodation and that GCHSCP had unreasonably failed to remove that other person from the shared accommodation. The original complaint had been upheld on the basis that these assaults had occurred and that measure taken to try to prevent or mitigate these incidents had not been fully successful. We had explained that efforts were being made to secure an alternative placement for the other service user but that identification of an alternative placement and planning of that transition would take time and that we had legal responsibilities towards both service users.

SPSO findings / decision: Not to take the matter further. SPSO declined to take matters further on the grounds that both the position and response of GCHSCP were clear and reasonable.

Case 16: Complaint 201908859. Main focus: GCHSCP is not taking seriously concerns about poor services from a commissioned provider.

Summary of the case: The spouse of a client with support needs initially complained about the attitude of the local social work team in relation to her dissatisfaction with, and complaints against, a commissioned provider. She advised SPSO that GCHSCP had refused to investigate her complaints. She asked SPSO to determine whether the provider's staff were trained and competent. In fact this had been investigated at both stage 1 and stage 2 but not upheld. The client was no longer receiving services from that provider as time of complaint and the complainer had been correctly advised to report any outstanding concerns to the Care Inspectorate. GCHSCP was clear that we agreed with some of the concerns expressed with regard to the care delivered to her spouse, but attributed these to issues of staffing levels since resolved by that provider. We did not agree with some of the assertions of the complainer as to the fundamental unfitness to operate of the provider and had no role in pursuing these matters now the service was no longer being commissioned for her spouse, as the issues she was now raising were issues for the regulator.

SPSO findings / decision: Not to take the matter further. SPSO declined to investigate further once responses were provided to them, on the grounds that our response had been reasonable and there was nothing further they could achieve or helpfully add to the response already provided.

Case 17: 201805785 Complaint. Main focus: GCHSCP failed to make reasonable adjustments in light of the client's communication needs in order to carry out an assessment.

Summary of the case: The client's advocate had complained that GCHSCP had unreasonably failed to make reasonable adjustments in light of the client's communication in order to carry out a needs assessment. She stated that the local team had cancelled meeting and had refused to engage with the client's chosen interpreter. She had also complained about the charging policy, but that complaint had not been raised with SPSO. The complaint was not upheld by GCHSCP. The position of GCHSCP was that efforts had been made on this and previous occasions to assess the client's needs and to offer services and that suitable interpreters had been booked. It was the client who had repeatedly cancelled meetings and placed obstacles in the way of assessment, as had happened in the past.

SPSO findings / decision: Investigated. Not Upheld. SPSO concluded that GCHSCP had made reasonable efforts to progress the client's SDS assessment, had taken account of her specific communication needs and had communicated clearly with her.

3.8 Service Improvements / customer outcomes

The CFIT team is responsible for checking and updating records on C4 as regards outcomes for the service user as a result of having complained. A service improvement is defined as either some tangible outcome for the customer consistent with their objectives in making the complaint, or as some more systematic organisational benefit reflecting a learning and 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 to capture them. Whilst the Lagan system does contain a field for service improvement, no such improvements were identified in the Lagan system report for Care Services at year end. This is an issue the CFIT team will address when assuming responsibility for stage 2 complaints during 2020-21. For the current report however the service improvements and customer outcomes listed below apply only in respect of the social work complaints, excluding care services.

Whilst some of the actions taken may appear quite limited in scope, these do demonstrate that valid complaints are acted upon and generate more for the customer than simply an apology and explanation of what went wrong.

Of the 95 complaints that were fully upheld in 2019-20, all of the persons concerned received an apology. In 87 (91.5%) of cases this was followed up with some form of action or intervention of benefit to the client in their individual circumstances or (less frequently) triggered wider improvements in process. Of 134 complaints that were partially upheld most, but not all, received an apology and some improvement in service for the client was achieved in 107 (79% of cases).

Service improvements were also recorded for several complaints that were informally resolved or not upheld. In all there were improvements resulting from 213 (32%) of all 661 complaints submitted to GCHSCP in 2019-20 and in 194 (85%) of all complaints where GCHSCP upheld or partially upheld the complaint.

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

- **Engagement:** 46 complaints led to improved formal engagement with the service user.
- **Increased Support:** 35 complaints led to an increased support such as an uplift in the agreed care budget, provision of increased respite or additional services.
- **Allocation:** 34 complaints led to staff being allocated to progress work previously unallocated.
- **Staff:** 25 complaints led to some formal action taken in respect of staff to improve their performance either in supervision or provision of training or more formal action.
- **Financial:** 18 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:** 16 complaints led to processes such as assessments being brought forward.
- **Review / re-assess:** 14 complaints resulted in cases being reviewed or reassessed.
- **Information:** 14 complaints led to improved information being provided to that particular service user or more generally.
- **Process improvement:** 11 complaints led to changes to or development of processes

A full listing of the recorded service improvement outcomes for every complaint where improvement was identified is set out below as recorded on the C4 system.

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

Outcome	Service Improvement Type	Service Improvement Description
Not Upheld	Allocation	SW allocated shortly after complaint received & met with YP's mother 6 days before response issued. SW has held direct discussion with provider about arranging respite after the school holidays end. The relevant paperwork is being finalised and SW remains in contact with YP herself to take this forward.
Not Upheld	Allocation	SM has asked that someone from our Duty Team within North West visit client to commence completing a new assessment in order to determine eligibility for FPC and assist in completing the process.
Partially Upheld	Allocation	TL has identified a new Social Worker for client and he will be meeting with the new worker tomorrow to discuss his case. TL and new SW will meet client in 9 days' time to discuss the assessment process and the potential options for support
Upheld	Allocation	Case assigned to an Occupational Therapist just prior to complaint but updated contact details not held. Now they have been provided as part of the complaint O.T has written to client and a new date for a visit has been arranged.
Informally Resolved	Allocation	Team Leader has spoken to complainant and agreed that the case will be allocated in the next 2-3 weeks. Complainant has agreed that this is acceptable to her.
Informally Resolved	Allocation	Case to be allocated this week. Client happy with outcome.
Not Upheld	Allocation	Client has been referred for allocation of a worker to carry out a full assessment in relation to Personalisation
Partially Upheld	Allocation	TL phoned complainant who was happy with outcome, that another Inclusion Worker would be allocated to work with her son
Partially Upheld	Allocation	As a result of worker being absent from work, the matter has now been reallocated to a different worker who has telephoned complainant today and left a message to arrange meeting to discuss matters
Partially Upheld	Allocation	Homelessness case file has been transferred from NW community team for management by the Chara Centre.
Partially Upheld	Allocation	Case to be reallocated to progress direct payment and complete financial assessment
Partially Upheld	Allocation	New worker will be allocated to carry out assessment
Partially Upheld	Allocation	Team Leader is identifying a new social worker to manage the case. Until the case has been formally transferred to North West area another social worker from the team will complete the child protection visits.
Partially Upheld	Allocation	TL apologised for the delay in allocating a worker and advised that this would be done today. TL then called daughter to arrange visit for early next week and advised who would be visiting her mother. When asked if assistance was needed over the weekend family advised that this would not be necessary. Both son and daughter accepted apology for the lack of good communication and were happy to accept that the situation was now being dealt with.
Partially Upheld	Allocation	SM spoke to complainant. Case now assigned. Apologised for the difficulties. Complainant confirmed she is happy with apology and that case now assigned
Partially Upheld	Allocation	SW from Children Affected by Disability Team is arranging visit to discuss the range of support options that are available to family. Worker is to complete an assessment for Self-Directed Support.
Partially Upheld	Allocation	Case not transferred in allocated worker's absence. Case will now be allocated.
Upheld	Allocation	Young Person is now allocated to a social worker and assessment is ongoing with the priority of identifying appropriate accommodation for him.
Upheld	Allocation	The Council is currently increasing its MHO capacity to enable it to meet its statutory requirements. This particular request has now been allocated to an

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

		MHO. The details of the worker who will complete the report has been sent separately.
Upheld	Allocation	Response states that an MHO will be allocated this month
Upheld	Allocation	A Social Worker has been allocated and will telephone the complainer within a week to arrange a suitable time to meet herself and her mother. He will then immediately begin an assessment and discuss if any immediate supports are needed prior to the assessment being completed.
Upheld	Allocation	Apology for communication issues and arrange to have new worker allocated
Upheld	Allocation	Team Leader for Children Affected by Disabilities has spoken to complainant to advise that the case is now allocated. The Social Worker will now progress the children's assessment.
Upheld	Allocation	The home has undertaken a full recruitment of new sessional staff who have already commenced employment. This had reduced the use of agency staff significantly to ensure that continuity of staff remains a priority.
Upheld	Allocation	Case allocated on day of response for worker to carry out assessment immediately.
Upheld	Allocation	New staff have been recruited and will be in place soon in order to deal with cases that still require allocation and assessment. TL has contacted complainer to advise that a named worker will be identified to commence the assessment as soon as possible and at the latest by 3 June 2019 (3 weeks from response date).
Upheld	Allocation	Response states case will be allocated 'at earliest opportunity.' CareFirst confirms MHO allocated to prepare report 22 days after response.
Upheld	Allocation	MHO has been allocated via overtime and the MHO has already made contact with the applicant
Upheld	Allocation	The family have now been allocated an MHO and the solicitor has been advised .This allocation for MHO reporting has been actioned through overtime to cover the backlog of reports.
Not Upheld	Allocation	There has been a change of allocated Care Manager for client. New worker is now undertaking a new social care needs assessment.
Partially Upheld	Allocation	A new worker has been allocated and has committed to arranging meeting.
Upheld	Allocation	Overtime has been approved and an extra recruitment drive has been undertaken in order to appoint extra SW who will be MHO trained
Upheld	Allocation	Additional staff have been recruited and overtime in place to deal with the backlog of requests. This specific case was allocated to an MHO to compile reports 5 days before complaint received.
Upheld	Allocation	An MHO has been appointed for this case between date of complaint and response and is currently liaising with lawyers. MHO has also made attempts to contact client to arrange a home visit, leaving a voicemail message. Recruitment of additional MHOs is on-going and whilst this recruitment process is being undertaken, senior management within GCC have authorised overtime specifically to deal with the number of outstanding requests for MHO reports in relation to Guardianship applications. This strategy is proving to be effective, with falling volumes of outstanding requests and reduced delays.
Informally Resolved	Engagement	Meeting arranged to discuss financial issues in person with S.O Finance Officer
Informally Resolved	Engagement	Officer has spoken directly to tenant asking them to address their behaviour and has given contact details to complainer to raise any further issues directly should there be a recurrence
Not Upheld	Engagement	Agreed with Respite Carer to ask parent if she would agree to a meeting to discuss some of the issues and how things came to an end and finish any contact on a more positive note. Carer was happy with this but understands this meeting may not be possible. She also acknowledged we could not force either the parent or indeed the child to meet with her.

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

Partially Upheld	Engagement	Meeting with SW offered. SW is working on updated SDS reports and has contacted provider
Partially Upheld	Engagement	Appointment to be arranged with worker to provide full update. A referral will be made to Turning Point if service user wishes this support.
Partially Upheld	Engagement	Appointment given to meet with a duty worker to discuss application and look at any additional assistance that may be required. If temporary accommodation is required this can also be arranged at this appointment.
Partially Upheld	Engagement	Meetings have now been arranged and a commitment given to keep the couple updated on progress of adoption as it moves forward.
Partially Upheld	Engagement	Staff to contact complainant's lawyers to discuss a suitable repayment plan before recovery action proceeds.
Partially Upheld	Engagement	Senior worker met with allocated worker to formally discuss errors made in this case. Senior worker also met with client to explain process.
Partially Upheld	Engagement	An appointment has been made for complainer to meet with Senior Worker at which she will be provided with a full update on her case and on any referrals made on her behalf.
Partially Upheld	Engagement	The caretaker has been asked to ensure the area directly outside the office at Norfolk Street is kept tidy and free from litter. Staff have also been asked to ensure service users do not linger following their appointments.
Partially Upheld	Engagement	Commitment given to improving future communication.
Partially Upheld	Engagement	Case Worker has arranged to meet with client in 2 weeks' time to discuss her application and whether temporary accommodation is required, and will continue to liaise with her lawyer in relation to the application.
Partially Upheld	Engagement	SW has met with mother and records evidence that there has been more consistent engagement since that time.
Partially Upheld	Engagement	A review has been arranged with Senior Community Homelessness Worker to give service user an opportunity to fully discuss the ongoing concerns and the options available to him to move on to settled accommodation.
Partially Upheld	Engagement	Appointment arranged for 1 week after response to discuss any advice and assistance that can be provided to him from local homelessness team.
Partially Upheld	Engagement	This communication issue will be highlighted at the HSCP Adult Support and Protection forum.
Partially Upheld	Engagement	Unit manager and external manager have met with the YP who complained to review and discuss his own care plan. Incidents also discussed with the young person in question and he has been reminded about his responsibilities and impact of his behaviour on others. This will continue to be addressed and monitored.
Partially Upheld	Engagement	Commitment given to more regular communication in future. List of private care homes sent out.
Partially Upheld	Engagement	SW is making arrangements for iPhone to be returned to relative
Partially Upheld	Engagement	Complainer and partner have now met with SW on two occasions since complaint to explain the reasons for intervention in the pre-birth process by SWS. Recruiting new staff to help resolve ongoing problems with capacity to respond to phone calls.
Upheld	Engagement	Funding made available for service user to move to preferred Care Home at end of November on date agreed with family.
Upheld	Engagement	TL had assigned Social Worker to investigate child's circumstances & made contact with complainer 2 days after complaint submitted, providing advice in relation to his legal rights in respect of his child.
Upheld	Engagement	Options being explored to allow child to be discharged from hospital. Managers are in the process of setting up a meeting with commissioning and legal representatives to ascertain if there is a mechanism that would allow access to self-directed support. Offer of interim placements made but rejected by carers. Offer made of meeting with carers to discuss these matters further.

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

Upheld	Engagement	Agreement reached to send invoices directly to complainer in future
Upheld	Engagement	Service User attended community homelessness service day before complaint response issued and his homeless application was accepted and is now being processed.
Upheld	Engagement	All day care managers have been informed that no one should be stopped from attending day care without firstly talking to family members and organising a formal meeting, as other services may have to be considered. SM to reiterate need for clear communication at next managers meeting and to be discussed at managers supervisions. Father offered alternative service (but family declined).
Upheld	Engagement	Invited to meeting following week to discuss his housing applications
Upheld	Engagement	Appointment offered and accepted for same day as response.
Upheld	Engagement	Service Manager contacted client. Updated Carefirst records with new address and phone number of client. Advised social worker would ring her this week and arrange visit. Gave client contact details of new Team Leader and Service Manager's name.
Upheld	Engagement	Commitment given that for planned CP visits, worker will give specific time in advance. Will continue with some visits unannounced however, as this is a requirement of the CP process
Upheld	Engagement	TL telephoned client and confirmed that he was to be provided with temporary emergency accommodation that day with undertaking to make efforts to find him permanent accommodation.
Upheld	Engagement	Staff attitude will be raised via supervision and management. Complainer advised of the process for accessing temporary and supported accommodation for his son. Referrals to be submitted for alternative accommodation for his son and complainer further advised that he would be called again by TL the following week.
Upheld	Engagement	Investigation has been allocated to Social Worker and Team Leader. Social worker has made contact with complainant day after complaints and will continue to keep in regular communication.
Upheld	Engagement	New worker allocated, advised of communication issues and complainant's preference not to be advised of contact changes via text message.
Partially Upheld	Engagement	Client has now been assessed by the Welfare Rights Team and he is due to have an assessed charge implemented in the near future. The Finance team will write to advise him of his new contribution charge and an explanation of this is given within the complaint response itself.
Partially Upheld	Engagement	Advice given to team on handling of SAR requests. SAR now being progressed by CFIT Team
Partially Upheld	Engagement	Service Manager had agreed regular communication (every three weeks) following previous complaint. This was not done. Matter highlighted to head of C&F and renewed commitment given that frequency of contact would now improve.
Partially Upheld	Engagement	Team Leader and Service Manager within the Community Homelessness Team alerted to the fact complainant stating she is experiencing racial abuse at her TFF. They will ensure that contact is made to discuss this issue and any problems she is facing within her TFF. Team Leader also asked to arrange for complainant to attend the office to meet with a member of staff who will review her areas of choice and discuss any other potential areas where she may have an increased chance of securing an offer of settled accommodation
Partially Upheld	Engagement	Issues raised in ASP are now to be subject to Significant Case Review process. Service Manager will include letter of complaint as an appendix to the submissions for the SCR.
Partially Upheld	Engagement	Client will now meet with Senior Officer within the homelessness team in order to reassess her options for settled accommodation

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

Upheld	Engagement	Staff will be asked to forward complainant their email addresses to ensure better communication. Staff will be reminded to give as much notice as possible to in relation to date of Child Protection Core Group meeting.
Upheld	Engagement	Team will take into account what went wrong in this case so they can learn from it and ensure that future care planning decisions are properly communicated with young people and their families. Additionally, Service Manager has asked TL to discuss with young person the leaving care and after care support available to her.
Upheld	Engagement	Service manager will ensure that service user receives a phone call this month in order to provide him with an update on his case and will ensure he receives subsequent phone calls in line SWS procedures in managing substantial need cases.
Upheld	Engagement	Duty to Inquire will be undertaken again by a different officer and the client's views will be both sought and recorded.
Upheld	Engagement	Response advises Team Leader to write and respond to outstanding points. EDRMS confirms letter was sent following month responding to points and making offer that children's newly appointed SW will meet with Grandparent in order to assess whether contact would be in the best interest of the children.
Informally Resolved	Expedite	Incorrect equipment has been removed and replaced.
Informally Resolved	Expedite	Mother's ring has been located and forwarded to finance to return to him together with any monies in his mother's personal account. He has also been given an apology.
Partially Upheld	Expedite	SNA concluded and proposals for increased care package to be presented at RAG on 11/12/19
Partially Upheld	Expedite	It has been agreed that a worker will be in touch with service user over the next four weeks to begin assessment
Upheld	Expedite	MHO will be allocated at earliest opportunity
Upheld	Expedite	Onward referral has been made to relevant TL who is aware of the delay that experienced and will prioritise on the waiting list.
Upheld	Expedite	Guardian's solicitors now have a completed report. Steps will be taken with the worker to address performance issues through the supervision process.
Upheld	Expedite	Draft report is now being cross checked prior to forwarding to legal team to seek permanence order
Upheld	Expedite	5 invoices now being processed as a priority
Partially Upheld	Expedite	Service Manager confirms that delayed minutes (2 months overdue) to be finalised and sent out in the next 2-3 days.
Upheld	Expedite	commitment made to carry out review meeting within two weeks
Upheld	Expedite	This will be raised directly with the worker so that she is aware of the proper procedure for directing SARs to central team. In the meantime, that team are currently processing the request and it will be sent shortly.
Not Accepted	Expedite	When contacted by SPSO, CFIT completed SAR process, sent records out and issued letter of apology
Upheld	Expedite	SDS now being progressed. RASG dates set. Interim supports being looked into due to Covid-19
Partially Upheld	Expedite	Efforts are underway to identify a suitable ground floor or other TFF which meets her family's needs. In the meantime, steps have been taken to ensure that the safety of the family is not compromised. Also section 5 referrals recently made to two HA.
Informally Resolved	Financial	Agreement reached to refund care home fees in full
Informally Resolved	Financial	Weekly financial payments agreed and kinship care assessment to commence.

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

Not Upheld	Financial	SW Finance have facilitated service user paying the invoice (SDS - DP case)
Partially Upheld	Financial	SW will be in touch with you to organise for vouchers to be given for the equivalent amount.
Partially Upheld	Financial	Glasgow City Council have made a decision to reinstate the kinship payments whilst another local authority carries out an assessment. Payments will be backdated to time of original cancellation.
Partially Upheld	Financial	Kinship assessment was approved 24 days before complaint was submitted. It has now been decided to backdate payments 6 months.
Partially Upheld	Financial	S22/kinship payments that were due were calculated and will be paid shortly. Payments due for transport costs will also be paid shortly.
Partially Upheld	Financial	The council has entered into an Interim Funding arrangement to meet care costs. We will reinforce to staff the requirement to be as clear as possible on the issue of potential costs when giving families information on care costs
Partially Upheld	Financial	Finance Section have now sent a letter advising of his new Personalised Budget and of an underpayment dated from the 17th May to 18 August 2019. Personal Assistant has been advised that payment should be made within the next few days.
Upheld	Financial	Payments will now be paid 1 week in advance. Issue has been addressed with the responsible team member in the admin.
Upheld	Financial	Service Manager confirms financial assessment to be completed once covid-19 restrictions lifted. Kinship payments to be made backdated to date of placement.
Upheld	Financial	A budget of £33,024.82 has been agreed and will be backdated almost 6 months on the basis that this was when the assessment and associated budget processes were concluded.
Upheld	Financial	Service Manager has contacted lawyers to advise she has signed off the batch header and the invoice is in the process of being paid. She has also disseminated message to the team to confirm that if invoices are received by them as part of correspondence, they should never assume it is a copy for their records but instead ensure it is passed to the SM or TL having checked whether it needs to be put forward for payment.
Upheld	Financial	Process of generating reminders is being reviewed urgently and remedial actions have been put into place. Credit applied to account reducing amount outstanding.
Upheld	Financial	Finance staff have double-checked all non-attendance dates and found invoices issued to date to be correct apart from 3 dates that had not been processed. A credit of £48.69 will be applied to the next bill and customer is invited to advise of further dates father did not attend day care if they believe the reconciled accounts are still not correct.
Partially Upheld	Financial	Care Home fees charged to client for 7 week period have been waived. New bill will be issued.
Partially Upheld	Financial	Finance staff arranging a waiver for a portion of the charge
Upheld	Financial	Error on our system prevented the team from correctly identifying the over-payment. This has now been rectified. A Refund of £141.84 will be issued shortly.
Not Upheld	Increased Support	Care manager to be replaced and residential rehab option pursued.
Not Upheld	Increased Support	Worker has requested a move to a temporary furnished flat and is hopeful that we will be able to offer this when a suitable flat becomes available. In addition an appointment has been organised for client to meet with worker to progress a referral for permanent housing.
Not Upheld	Increased Support	The property vacated by the person who was moved into the property he had wished to move into has now become available and will be offered to him when the remedial works are complete

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

Partially Upheld	Increased Support	SW and TL asked by SM to source additional community supports
Partially Upheld	Increased Support	Following review of additional information provided as part of complaint, it has been agreed that the allocated budget will be increased from £9000 to £13500. Team Leader to meet with complainer to outline the implications of the revised budget and to explore how this can best meet her son's needs by exploring available options.
Partially Upheld	Increased Support	Welfare Rights Officer immediately made contact with customer.
Partially Upheld	Increased Support	SW phoned complainant after complaint giving further information regarding short breaks available from carers centre and confirming that he had arranged for another worker to accompany a Moving and Assistance trainer in a visit to her home a few days before the response to the complaint was issued.
Partially Upheld	Increased Support	Client does not meet eligibility criteria for SDS and allocated SW. However, alternative support offered from Inclusion Service to work with family to identify and secure community support. TL to contact complainer to discuss.
Partially Upheld	Increased Support	New SW has visited. Assessment has been prioritised. New SW has concluded that interim support is required prior to competing full assessment and is currently identifying a service that can provide this while her assessment is prepared for Resource Allocation Group.
Partially Upheld	Increased Support	Have agreed to store his belongings as requested.
Partially Upheld	Increased Support	A request is being made to housing provider to facilitate a move to a ground floor room at the earliest opportunity.
Upheld	Increased Support	Overtime arrangements are now in place to manage the back-log of outstanding/ late AWI MHO reports. We anticipate this will mitigate the problem over the next 6 months.
Upheld	Increased Support	Service Manager agreed regular communication (every three weeks), plus continuing to pay for respite placements and would look at providing financial support to kinship carer in relation to the proposed extension to her home.
Upheld	Increased Support	Given assurances from Team Leader that their case will progress and a move from BnB accommodation will be prioritised
Upheld	Increased Support	OT referral made. Have arranged an urgent duty visit from Children affected by Disabilities Team with the view to examining some interim support pending the completion of a full SDS assessment. TL asked to consider prioritising case for allocation to SW for full assessment.
Upheld	Increased Support	Contact has been made with an officer from GHA who has confirmed that Section 5 referral is currently being considered and if accepted will be backdated to initial presentation date 6 months earlier. Also Caseworker has been placed on a Performance Improvement Plan.
Upheld	Increased Support	Staff from unit will keep a closer eye on complainant and service user who is the subject of complaint
Upheld	Increased Support	SDS review service user carried out, completed the necessary review form for an increased budget & support to facilitate discharge.
Upheld	Increased Support	Taxi to college has now been incorporated into her daughter's support plan
Upheld	Increased Support	Staff will be advised to look out for situations between YP and the other YP in the house.
Upheld	Increased Support	Are now supporting the couple to complete and submit a revised Housing Benefit application.
Upheld	Increased Support	Decision taken to increase the level of available support to Service User following review.
Upheld	Increased Support	Allocated worker was in fact absent from work. Other team members assisted with support in the interim by providing family with hotel accommodation and financial assistance. SW has now returned and will continue to support

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

Upheld	Increased Support	Replacement Autism Alert Card posted to home address 2 days after complaint.
Partially Upheld	Increased Support	Case has been allocated to a Social Worker to complete a new a Support Needs Assessment. STI put in place to provide increased support in meantime.
Partially Upheld	Increased Support	A clear statement of the present position is given in the response. Couple have accepted an offer of a referral to Scottish Adoption Advisory Service to provide further support to them. A new Assessing Social Worker has been appointed by Families for Children to complete the adoption re-assessment. The Team Leader responsible for care planning for the children has met with the couple and dates have been set for LAAC Reviews for both children to confirm and progress the plans as outlined in the response.
Partially Upheld	Increased Support	Mother moved to now Nursing Dementia Unit within one week of complaint. The Finance team within GCHSCP have agreed to waive £983.92 from her charges whilst in intermediate care.
Partially Upheld	Increased Support	Since letter of complaint was written local team have successfully arranged a care package in place to support child at home. Explanation of SDS policy re foster carers given in complaint response.
Partially Upheld	Increased Support	Client is now in receipt of support from a suitable provider and has been supported by that organisation since 7 days after the complaint was submitted.
Partially Upheld	Increased Support	RASG meeting took place 11 days after complaint and agreed a new increased budget of £53k covering support seven days per week with an extra three hours per week social support.
Partially Upheld	Increased Support	Temporary accommodation offered.
Partially Upheld	Increased Support	Reassessment following complaint led to a new package of care put in place - allowing client to return to own home from residential care with £133,000 package of support (previously £57,500).
Upheld	Increased Support	Staff had visited on same day complaint made and delivered food vouchers. However there was still a 4 day delay and SM advised to consider potential process improvements.
Upheld	Increased Support	Staff will now ensure that YP who complained is not unsupervised with the other young person. SW has met with her and she is aware she can contact him further if she does not feel safe in the unit.
Upheld	Increased Support	Complaint received late Friday evening. Required Home Care Services put in place on the next working day (Monday)
Informally Resolved	Information	Requested information sent to complainant
Partially Upheld	Information	Complainant to be provided weekly updates of how the CP situation is progressing to avoid further communication issues
Partially Upheld	Information	Service user subsequently issued with written notification of the full address and attended a viewing of the property
Upheld	Information	Problem addressed. Customer will not receive any further correspondence relating to the previous occupant.
Partially Upheld	Information	Service Manager has completed a validation of the risk assessments in question. Information on the process formally provided to complainer via the FOI process.
Partially Upheld	Information	Information is the records will be amended in line with the complainers representations (though it is noted these all relate to minor matters that would have no impact on the assessment).
Partially Upheld	Information	A SAAS form was signed for complainant within 7 working days of his visit to City Chambers / 5 working days of his complaint. A new process has been introduced for processing such requests, avoiding the need to submit a formal subject access request. Guidance will be given to the GCC Service Desk as to that new process and we will review that information in online regarding SARs / SW support for care- experienced SAAS Bursaries.
Partially Upheld	Information	Further explanation provided to complainer as to reasons for redactions. CFIT team are to improve level of detail in future covering letters enclosing SAR

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

		material.
Partially Upheld	Information	Complainant provided with missing page of psychiatric report and 2 mails originally exempted in error from the SAR request.
Partially Upheld	Information	Correct details updated on the CareFirst record
Partially Upheld	Information	Complainer provided with explanation of MAPPA decision not previously communicated to her.
Partially Upheld	Information	Copy of CP minute included with response
Upheld	Information	Correct information concerning eligibility criteria given to client's advocate in response, together with confirmation that he remains on waiting list for allocation and is supported by home care services in the interim.
Upheld	Information	Personal Data provided to customer
Partially Upheld	Process Improvement	All staff reminded to check all prescriptions to ensure that all details are correct. All staff will be reminded of the need to consider each patient's individual circumstances, ensuring we do not put individuals at risk of coming out of treatment. Staff members Team Leader to discuss issues raised.
Partially Upheld	Process Improvement	A meeting has been set up with all senior social care workers on day duty at Hawthorn House to look at the communication systems within the care home. This will look to improve how information in relation to residents care plans are passed over from each team.
Partially Upheld	Process Improvement	Homelessness services have now adopted a rapid rehousing framework to reduce the amount of time Service Users wait in temporary accommodation. His caseworker will continue to offer appointments to discuss his current circumstances and offer additional support to resolve his homelessness.
Partially Upheld	Process Improvement	Communication sent to area teams directing them to consider font size when in communication with people who have a visual impairment.
Partially Upheld	Process Improvement	In future the Duty TL will copy worker's TL into all allocated work. If SW goes straight from duty week to sick leave, worker's TL will liaise with Duty TL to double check what work was allocated the previous week.
Partially Upheld	Process Improvement	Changed the way service users are allocated to bus pick-up/drop-off runs each day, improving the clarity for drivers and escorts on who they are picking up. Additional measures will be put in place to help improve the care team's communication in Orchard Grove day care.
Partially Upheld	Process Improvement	Manager has arranged for the sling representative from Stairlift Scotland Limited to visit and advise on the correct slings for use with track hoist. SSL representative was booked to visit the week of response, after which an order will be made for the correct slings. All OT staff have been advised that where bespoke slings are required in future then a representative from the supplying company should be accessed to ensure the correct slings are identified on the first assessment.
Upheld	Process Improvement	We have instigated an urgent review of the process to identify where it has broken down, and to put remedial actions in place.
Upheld	Process Improvement	Though unable to change layout in present Health Centre, commitment given to address this within all new builds.
Upheld	Process Improvement	1. Meeting has taken place with the staff member as well as additional competency training for that staff member specifically. 2. Managers have met with all care staff to discuss the issue of what contributes to staff error in the administration of medication. We are now that staff input on board and implementing a 'test of change' - i.e a change to the processes followed by an assessment of any improvement.
Partially Upheld	Process Improvement	Email sent to all Assistant Chief Officers asking them to cascade to HOS and SM stating that in future it is the responsibility of the investigating officer to ensure draft responses for signature have the correct address taken from most recent correspondence, or verified directly with the customer, and not left for

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

		admin to complete from Carefirst records.
Partially Upheld	Review/Reassessment	TL to discuss email content with allocated worker and ensure a more sympathetic approach is taken in future. TL to review case and ensure all appropriate supports / services are in place to meet needs / risks
Partially Upheld	Review/Reassessment	The team will review contingency supports for service users whose allocated worker is on long term sick leave (more than 28 days) & will review allocation process / procedures.
Partially Upheld	Review/Reassessment	Team are to review processes regarding AWI cases.
Partially Upheld	Review/Reassessment	Service user's case be reviewed in full to establish the level of need and if the current hours of support are meeting her needs.
Partially Upheld	Review/Reassessment	Reviewing internal processes to minimise the risk of this re-occurring in the future.
Upheld	Review/Reassessment	Computer system used to manage the recovery of any monies due to the council was not appropriately configured leading to multiple reminders. Finance have instigated an urgent review of the process to identify where it has broken down, and to put remedial actions in place.
Upheld	Review/Reassessment	Worker has now made contact with the family is arranging a review and looking at the request for client to move to new care home.
Partially Upheld	Review/Reassessment	New comprehensive assessment to be carried out and referral to Welfare Rights Team for income maximisation.
Partially Upheld	Review/Reassessment	Response indicates that care plan will be reviewed to ensure it meets client's social care needs. CareFirst indicates that 15 days after response client's SW presented an updated SNA to RASG to reflect addition of CGCHSCP Homecare and restructuring of TRFS support in terms of personal care tasks. This was approved by SM and SW instructed to complete new OBSP. It was also noted that DP could be offered as requested by his financial POA (the complainant) but that client himself would like to continue with TRFS as provider.
Upheld	Review/Reassessment	Team to urgently review the circumstances of the client and determine whether additional supports are required for him. They will update the client's advocate directly.
Upheld	Review/Reassessment	Finance to review use of holds being placed on accounts.
Upheld	Review/Reassessment	Team to use existing information to create new homelessness application and escalate to previous status. Personal data provided by CFIT.
Upheld	Review/Reassessment	Staff to meet with complainer to review the case and look at alternative options for the placement.
Upheld	Review/Reassessment	Local team will now progress to full assessment under SDS legislation.
Partially Upheld	Staff	Team Leader to formally discuss with staff involved the expectations in responding to service user requests and correspondence.
Partially Upheld	Staff	Staff member reminded of professional standards within phone calls
Partially Upheld	Staff	Staff member spoken to about his attitude to the customer
Partially Upheld	Staff	Member of staff was spoken to, reminded of council's policy regarding speaking to customers and was told her conduct had been unacceptable
Partially Upheld	Staff	All duty and admin staff in office reminded by email that: (1) Service users who present outwith scheduled appointments should be provided with an expected length of wait and should be updated if this changes. (2) Service user complaints should be facilitated timeously either by directing to a local manager or providing the complaints procedure. (3) In-service referrals should be followed up timeously and referrals to internal services pursued at every appointment with a service user. (4)Where referrals are made by tier 4 services

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Appendix 1: Social Work Complaints Report April 2019 – March 2020

		such as psychiatry, care managers should also be updated.
Partially Upheld	Staff	Member of staff spoken to by line manager.
Partially Upheld	Staff	Staff spoken to regarding checking a worker's diary for appointments when on unplanned leave.
Partially Upheld	Staff	Staff member has been reminded of his responsibilities in relation to communication issues and proper recording of case notes
Partially Upheld	Staff	Topics of parental consent and communication with parents will be raised at full team meeting to be communicated to Foster Carers.
Partially Upheld	Staff	Looking to implement further training for all staff to who carry out escorts duties. Staff member in question has been taken off escort duties until further training received.
Partially Upheld	Staff	Staff member formally spoken to and will be given additional training.
Partially Upheld	Staff	Worker's line manager has formally discussed the complaint with her and will continue to monitor her practice. GHA has now addressed remedial work at property.
Upheld	Staff	Issue formally raised by Service Manager with staff member and his TL to ensure situation does not occur again.
Upheld	Staff	Staff will receive further training on kinship payments.
Upheld	Staff	Admin manager has advised admin staff that when receiving phone calls they should always check calendars on outlook rather than solely relying on the office whiteboard as this may not reflect up to date information.
Upheld	Staff	SW given guidance on checking POA status of clients before meeting with them.
Upheld	Staff	Staff member spoken to by line manager 'robustly' regarding conduct during and after the call and sent on further training on call handling.
Partially Upheld	Staff	Finance team reminded of communications policy that responses to enquiries should be issued within ten days
Partially Upheld	Staff	Worker has been spoken to regarding failures in this case in relation to attitude, compassion as well as the advice and information provided.
Partially Upheld	Staff	Staff within the South Community Homelessness Services have been reminded of the need to ensure all service users are provided with housing options action plans in the future.
Partially Upheld	Staff	Data Breach reported. Staff spoken to re checking of details on CareFirst
Partially Upheld	Staff	Staff involved have been reminded of their duties in relation to data protection as well as the need for vigilance when handing over personal details at reception. Data breach has been reported.
Partially Upheld	Staff	Members of staff involved have been spoken to and advised what to do if a similar situation occurs in future. Relevant training also provided.
Upheld	Staff	This staff member's behaviour is being dealt with via HR processes. Family offered new worker to engage with them if they wish this.
Upheld	Staff	Email sent to all staff advising them to (1) Check information on receipt and (2) When checking information on file do not disclose information but rather ask for information.

Glasgow City Health and Social Care Partnership

Health Complaints Report April 2019 – March 2020

<u>Index:</u>	<u>Page</u>
Section 1 Executive Summary	2
Section 2 Complaints process and report format	3
Section 3 Statistical Information and commentary	4
3.1 Volume of complaints and feedback	4
3.2 Timescales for complaint response	5
3.3 Complaints by issues	6
3.4 Outcomes of complaints	8
Section 4 Cases referred to Scottish Public Services Ombudsman	10
Section 5 Service Improvements	18

Section 1: Executive Summary

- 1.1 This report covers complaints, feedback, comments and concerns for the period 1st April 2019 – 31st March 2020 related to Health Services now managed by Glasgow City Health and Social Care Partnership.
- 1.2 2134 complaints were received about these services in 2019-20, together with 350 comments, concerns and other feedback. This was an increase of complaints by (34%) from the previous year. The vast majority of complaints (82%) were about prison-based health services at Barlinnie, Greenock and Low Moss.
- 1.3 Overall, 1691 of 1992 completed complaints (85%) were responded to within the relevant timescales. The majority of complaints at first stage (frontline resolution) were dealt with on time, either within 5 working days or the allowed extension to 10 working days. For those subject to second stage investigation, 72% of completed complaints were responded to within the 20 working days timeline.
- 1.4 95% of complaints were about three issues: standard of clinical treatment (77%), waiting times for appointments (14%) and attitude and behaviour of staff (4%).
- 1.5 Most complaints related to services offered by G.Ps and Dentists, reflecting their role in prison-based healthcare and the very large number of complaints in those services.
- 1.6 Overall (69%) of complaints were not upheld and (15%) were partially or fully upheld. A further (16%) were withdrawn or otherwise not progressed. There were 1623 complaints relating to prison services of which (74%) of complaints were not upheld and (9%) were partially or fully upheld
- 1.7 11 decision letters relating to these health services were issued by Scottish Public Services Ombudsman for the period 2019-20. 4 cases were upheld or partially upheld. Details of all decisions are given in section 4 of this report.
- 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 2019-20 as set out in section 4 of this report. An e-learning package to assist staff in dealing with complaints is available on the Board's Learn Pro e-learning system modules and the recording of improvements and action plans is mandatory.

Section 2: Complaints process and report format

- 2.1 This report covers complaints, feedback, comments and concerns related to Health Services now managed by Glasgow City Health and Social Care Partnership. The information collated within this report is intended to be shared with local management teams and clinical governance structures to aid in achieving service improvement. Statistical information as presented will also be incorporated into the quarterly report on Complaints made to the Health Board. This report addresses the requirement of both the Health Board and Integrated Joint Board for more detailed information on complaints processing and outcome, particularly in relation to the lessons learned from complaints and Ombudsman Reports.
- 2.2 The Patient Rights (Scotland) Act 2011 introduced an extension of the legal right of patients to complain, give feedback or comments, or raise concerns about the care they have received from the NHS. It placed a responsibility on the NHS to encourage, monitor, take action and share learning from the views received and the concerns expressed about the care they have received from the NHS. Further rights and duties were set out in Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012 and the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012. The process operates within the context of current Scottish Government Guidance "Can I Help You?" This report covers not only complaints but also feedback, comments and concerns.
- 2.3 A new model complaints handling procedure (CHP) was introduced by the Scottish Public Services Ombudsman and implemented by all Health Boards in Scotland with effect from 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.
- 2.4 The report covers: (1) statistical information on volumes, timescales, issues complained of and outcomes (2) volume of cases referred to the Scottish Public Services Ombudsman and (3) details of service improvements.
- 2.5 The data presented within this report is split geographically between Glasgow City Community Health Partnership and three geographic 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.
- 2.6 All data on complaints is collated nationally by ISD and published annually. From 2015/16 ISD and Scottish Government have indicated that they will seek further information on action taken in response to complaints. The information will initially be limited to collecting information on action taken using 11 pre-set codes as follows: (1) Access (2) Action Plan (3) Communication (4) Conduct (5) Education (6) No Action Required (7) Policy (8) Risk (9) System (10) Share (11) Waiting. Information on actions / service improvement is presented in section 5 of this report.

Section 3: Statistical Information and commentary

3.1 Volume of Complaints Received

During the period 1st April 2019 to 31st March 2020 a total of **2134** complaints were received as compared with 1595 in the previous year (a 34% increase). A breakdown of complaints received during 2018/19 is set out in Table 1.

Table 1 – Volume of Complaints Received by Locality / location

	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	Total
GCHSCP – Corporate (excl Prisons)	0	1	0	0	1
HMP Barlinnie	190	283	461	286	1220
HMP Greenock	9	0	16	16	41
HMP Low Moss	47	76	188	170	481
GCHSCP - North East	39	41	43	39	162
GCHSCP - North West	35	29	45	31	140
GCHSCP - South	22	28	19	20	89
Total	342	458	772	562	2134

Clearly the highest volume of complaints overall are received within prison services which account for 1743 of 2134 complaints (82%).

Table 2 below reflects information on more informal feedback of comments and concerns which have, since October 2012, been recorded onto the DATIX complaints recording system. For 2019/20, there were **350** forms of feedback (including comments and concerns), the majority of which again came from Prison Health Care Services and from Sandyford clinic (North West).

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

	Comment	Concern	Feedback	Appreciation	Total
GCHSCP – Corporate (excl Prisons)	-	-	-	-	-
HMP Barlinnie	-	-	210	-	210
HMP Greenock	-	-	16	-	16
HMP Low Moss	-	-	90	-	90
GCHSCP - North East	-	-	1	-	1
GCHSCP - North West	-	-	19	-	19
GCHSCP - South	-	-	14	-	14
Totals:	-	-	350	-	350

A more detailed breakdown of complaints received by each locality and location is given at table 3 below. This makes clear that although there are variations between the volumes in North East, North West and South, these are determined by the individual services within each locality.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

Table 3 – Volume of Complaints Received by Locality/service by quarter.

	19/20	19/20	19/20	19/20	Overall Total by Service
	Q1	Q2	Q3	Q4	
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	
GCHSCP– Corporate					
Commonwealth House	0	1	0	0	1
HMP Barlinnie*	190	283	461	286	1220
HMP Greenock*	9	0	16	16	41
HMP Low Moss*	47	76	188	170	481
GCHSCP- North East Locality					
Children & Family Services	1	0	1	0	2
Health & Community Care	5	6	5	2	18
Mental Health Services	9	14	15	11	49
Specialist Children's Services**	24	21	22	26	93
GCHSCP- North West Locality					
Children & Family Services	1	0	0	1	2
Health & Community Care	4	1	2	1	8
Mental Health Services	10	14	23	11	58
Sexual Health/Sandyford	20	14	20	18	72
GCHSCP- South Locality					
Children & Family Services	1	7	0	0	8
Health & Community Care	5	2	4	9	20
Mental Health Services	16	19	15	11	61
Totals:	342	458	772	562	2134

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

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

3.2 Timescales for response

The tables below describe the timescales in responding to complaints. As of 1st April 2017 (see section 2.3 above) complaints recorded on the Datix system are Stage 1 (early resolution) – timescale 5 working days or Stage 1 (early resolution) extended – timescale 10 working days. Some complaints are subject to a Stage 2 (formal investigation) – timescale 20 working days, Stage 2 may follow a stage 1 or be initiated immediately. The tables provide figures for the **1992** closed complaint responses, starting with those that were subject to Stage 2 investigation:

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

	On or within 20 working days	Over 20 working days	Total	% within 20 working days
GCHSCP – Corporate (excl Prisons)	1	0	1	100%
HMP Barlinnie	315	133	448	70%
HMP Greenock	18	4	22	82%
HMP Low Moss	141	58	199	71%
GCHSCP - North East	50	13	63	79%
GCHSCP - North West	36	19	55	65%
GCHSCP - South	32	8	40	80%
Overall Total	593	235	828	72%
Overall %	72%	28%	-	-

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Appendix 2: GCHSCP NHS Complaints report 2019-20

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

	On or within 10 working days	Over 10 Working days	Total	% within 10 working days
GCHSCP – Corporate (excl Prisons)	0	0	0	0
HMP Barlinnie	8	1	9	89%
HMP Greenock	1	0	1	100%
HMP Low Moss	0	1	1	0%
GCHSCP - North East	20	2	22	91%
GCHSCP - North West	4	8	12	33%
GCHSCP - South	1	0	1	100%
Overall Total	34	12	46	74%
Overall %	74%	26%	-	-

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

	On or within 5 working days	Over 5 Working days	Total	% within 5 working days
GCHSCP – Corporate (excl Prisons)	0	0	0	0
HMP Barlinnie	699	22	721	97%
HMP Greenock	13	0	13	100%
HMP Low Moss	207	2	209	99%
GCHSCP - North East	74	9	83	89%
GCHSCP - North West	46	11	57	81%
GCHSCP - South	25	10	35	71%
Total	1064	54	1118	95%
%	95%	5%	-	-

Considering all complaints overall, regardless of stage, 1691 of 1992 completed complaints (85%) were responded to within relevant timescales.

3.3 Complaints by issue

Table 5 below shows complaint issues by the staff groups with whom the complaints are associated. Table 6 shows complaints by issue and table 7 the specific type of service with which those issues are associated. The total number of issues can exceed the number of closed complaints as some complaints could have focused on more than one issue.

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.

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

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Appendix 2: GCHSCP NHS Complaints report 2019-20

Table 5 – Complaint issues by staff group complained of:

Code	Staff Group	Locality					Total
		Corporate (excl Prisons)	Prisons	North East	North West	South	
1	Consultants/Doctors	0	11	80	50	34	175
2	Nurses	0	998	81	30	31	1140
3	Allied Health Professionals	0	3	4	3	3	13
4	Scientific/Technical	0	0	0	2	0	2
6	Ancillary Staff/ Estates	0	0	3	1	2	6
7	NHS board/hospital admin	0	1	12	46	6	65
8	GP	1	455	0	0	0	456
9	Pharmacists	0	44	1	0	0	45
10	Dental	0	98	0	0	0	98
11	Opticians	0	13	0	0	0	13
	Total	1	1623	181	132	76	2013

Table 6 – Complaints by issue complained of

Category	Code	Issue	Locality					
			Corporate (exc Prisons)	Prisons	North East	North West	South	Total
A – Staff	1	Attitude/Behaviour	0	14	30	26	7	77
	4	Communication (written)	0	0	9	4	1	14
	5	Communication (oral)	0	1	4	10	1	16
	7	Competence	0	0	0	11	2	13
B – Waiting times for	11	Date of admission/attendance	0	0	1	2	0	3
	12	Date for appointment	0	219	35	21	1	276
	13	Test Results	0	1	4	4	0	9
C – Delays in/at	21	Admissions/transfers/discharge	0	0	1	0	0	1
	22	Out-patient and other clinics	0	0	0	2	1	3
D – Environmental /domestic	29	Premises	0	1	1	1	2	5
	30	Aids/appliances/equipment	0	0	1	2	0	3
	33	Cleanliness/laundry	0	0	3	0	1	4
	34	Patient privacy/dignity	0	0	1	0	0	1
	35	Patient Property/Expenses	0	0	1	0	1	2
E – Procedural issues	41	Failure to follow agreed procedure	0	8	5	2	14	29
	42	Policy and commercial decisions of NHS Board	1	1	4	0	1	7
	43	NHS Board Purchasing	0	0	0	1	0	1
F – Treatment	51	Clinical Treatment	0	1378	80	46	43	1547
	52	Consent to Treatment	0	0	1	0	1	2
Total			1	1623	181	132	76	2013

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Appendix 2: GCHSCP NHS Complaints report 2019-20

Table 7 – Complaint issues by service

Service Area	Corporate (excl Prisons)	Prisons	North East	North West	South	Total
Administration Services	0	0	7	1	1	9
Care of the Elderly Services	0	0	0	0	2	2
Community Health Services - not elsewhere specified	1	0	106	95	20	222
Community Hospital Services	0	0	0	2	4	6
Homelessness Services	0	0	4	0	0	4
Prison Services	0	1623	0	0	0	1623
Psychiatric / Learning Disabilities Service	0	0	64	34	49	147
Total	1	1623	181	132	76	2013

3.4 Complaints outcomes.

A breakdown of outcomes for those complaints completing the process is given at table 8 below. The number of formal complaints which were completed within 2019/20 was **1992**, this includes complaints received in Quarter 4 of 2019, but not responded to until Quarter 1 of 2019/20. Overall 69% of complaints were not upheld and 15% were partially or fully upheld. A further 16% were withdrawn or otherwise not progressed.

Table 8 – Outcome of completed complaints by Locality

	Consent Not Received	Fully Upheld	Partially Upheld	Not Upheld	Withdrawn	Mediation	Transferred to another unit	Total
Glasgow City Corporate (excl Prisons)	0	0	0	1	0	0	0	1
HMP Barlinnie	0	19	41	914	204	0	0	1178
HMP Greenock	0	0	2	29	5	0	0	36
HMP Low Moss	0	38	46	255	70	0	0	409
North East Locality	11	19	47	89	2	0	0	168
North West Locality	0	28	36	55	3	1	1	124
South Locality	9	12	16	37	2	0	0	76
Total	20	116	188	1380	286	1	1	1992
<i>% of total</i>	<i>1%</i>	<i>6%</i>	<i>9%</i>	<i>69%</i>	<i>14%</i>	<i>0.5%</i>	<i>0.5%</i>	<i>-</i>

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

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Appendix 2: GCHSCP NHS Complaints report 2019-20

Table 9 – Outcome of completed complaints by Locality and service area.

	Consent Not Received	Fully Upheld	Partially Upheld	Not Upheld	Withdrawn	Mediation	Transferred to another unit	Total
GCHSCP- Corporate								
Commonwealth House	0	0	0	1	0	0	0	1
HMP Barlinnie	0	19	41	914	204	0	0	1178
HMP Greenock	0	0	2	29	5	0	0	36
HMP Low Moss	0	38	46	255	70	0	0	409
GCHSCP- North East								
Children and Family Services	0	0	0	2	0	0	0	2
Health & Community Care	0	6	3	9	0	0	0	18
Mental Health Services	5	2	17	30	1	0	0	55
Specialist Children's Services	6	11	27	48	1	0	0	93
GCHSCP- North West								
Children and Family Services	0	0	0	0	0	0	0	0
Health & Community Care	0	1	1	6	0	0	0	8
Mental Health Services	0	6	8	24	2	1	1	42
Sexual Health/Sandyford	0	21	27	25	1	0	0	74
GCHSCP- South Locality								
Children & Family Services	0	1	3	2	0	0	0	6
Health & Community Care	2	4	4	6	0	0	0	16
Mental Health Services	7	7	9	29	2	0	0	54
Totals:	20	116	188	1380	286	1	1	1992

Section 4 Cases referred to Scottish Public Services Ombudsman

4.1 The Ombudsman issues either formal reports, which are laid before Parliament, or decision letters which are issued to the relevant public Locality body. Such decision letters may advise that the authority should comply with recommendations made by the Ombudsman. Formal reports cover those matters of public interest which the Ombudsman considers should receive wide awareness beyond the affected authority.

There was one formal Ombudsman report, relating to Mental Health Services, issued during this reporting period: **Complaint against - GCHSCP (South) - Mental Health Service - SPSO Ref: 201706689**

Summary: Ms C complained in September 2017 that a letter had been sent to her offering an appointment with mental health services without her having requested such an appointment. This had been prompted by a referral from Ms C's G.P to community mental health services, which had itself followed concerns for her welfare communicated by Police Scotland. There was no direct engagement with Ms C by services at that time or subsequently. She at no point received any services from GCHSCP and was clear in her wish not to have any further contact and support.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

Ms C's complaint was responded to in October 2017 by the Service Manager, who apologised that the letter had not been more informative and explained the reason why the letter had been sent, in the context of a legal requirement to respond to the referral made and concerns that had been submitted to GCHSCP. Ms C was dissatisfied with that response and wrote again requesting further response. When none was issued she wrote to SPSO. SPSO asked GCHSCP on four occasions from January 2018 onwards to review Ms C's complaint and provide her with further response, as they did not consider all the points raised by Ms C had been addressed by GCHSCP. On each occasion the SPSO were given assurances that a further response would be sent to Ms C but this was not done until November 2018. Ms C was again dissatisfied with this response and wrote again to SPSO.

SPSO were critical of the delay in response, questioned why a complaint to NHSGGC had been responded to by GCHSCP and found that the reasons for delay stated to SPSO differed from those stated to Ms C. They commented that there was a lack of openness and accountability as to why the significant delay occurred. They also found that the tone and language used in the HSCP's complaint responses was, at times, inappropriate. In view of these failings, the SPSO upheld Ms C's complaint that the HSCP did not handle her complaint reasonably and submitted a report to Scottish Parliament on 21st August 2019.

Recommendations: SPSO made four substantive recommendations. (1) That a further letter of apology should be issued by 18th September 2019 - This was issued on that date. (2) That training on complaints process should be undertaken by the staff involved by 21st November 2019 - This training was completed for both staff involved by 13th November 2019. (3) That evidence should be provided by 21st November 2019 as to the complaints arrangements of GCHSCP having of senior level/governance responsibility for complaint handling - This evidence was provided on 19th November 2019. (4) That evidence of an audit of a sample of complaints in the GCHSCP (social work) complaints procedure should be provided to SPSO by 21st November 2019, covering compliance with procedure and the use of professional and empathetic tone and language - That audit was conducted in November 2019 and a copy of the report provided to SPSO on 19th November 2019.

The audit found that some responses were issued outwith timescale and that a small number of complaints contained an unfortunate and unhelpful tone or would have benefited from a more empathetic tone. The report noted that the complaints team had identified an action plan to deal with this issue and recommended repeat audit after 18 months.

- 4.2 During the 2019/20, there were **11** Ombudsman decision letters received involving the HSCP or local GP/Dental Services. Table 10 below shows the outcomes of those decisions.

Table 10 – Outcome of decisions by SPSO

Service	Upheld/ Partially Upheld	Not Upheld	Not Progressed/ Taken Forward
GP Services	2	4	7
Dental Services	0	0	0
Mental Health Services	2	2	5
Prison Healthcare	0	1	8
Total	4	7	20

- 4.3 Certain reports or decision letters have an impact on the services provided within Glasgow City. Where decisions are made against a General Practitioner it is for the Practice to respond, but through the Locality CDs support may be provided in helping GPs to respond or change systems. The Ombudsman also looks to Boards to ensure recommendations made in relation to GP Practices are implemented.
- 4.4 Decisions issued for the 11 cases in the period 1st April 2019 – 31st March 2020 are outlined below indicating the outcome and any recommendations made.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

(a) Complaint against - GCHSCP (South) - FHS (GP Service) xxxx07078
Decision dated 10th May 2019 – Complaint Not Upheld.

This complaint is about 1 issue: The GP failed to carry out the appropriate investigations of the patients symptoms.

Decision on Issue 1: The Ombudsman considered all the evidence and advice carefully. The advice received of which the Ombudsman accepts is that the treatment, assessment and investigations into the patients symptoms were in line with the General Medical Council – Good Medicine Practice (GMC GMP). This complaint has not been upheld.

(b) Complaint against GCHSCP (Corporate) - Prison Service xxxx09475
Decision dated 26th June 2019 – Complaint Not Upheld.

This complaint is about 1 issue: The Partnership failed to provide reasonable care and treatment for the patient's addiction issues.

Decision on Issue 1: The Ombudsman considered all the evidence and advice carefully. The Ombudsman had noted that the patient made a referral to the Addiction Service and was not seen at that point due to staffing levels. It was not clear from the records whether the patient was informed of the outcome of the patients' initial referral and that it would have been good practice for the Partnership to do this. Also, following an assessment on 6 January 2019 a review was intended for one week later. This follow up assessment did not take place until 27 January 2019. While not unreasonable, it would have been good practice to carry out this follow up assessment within one week as planned. The Ombudsman has provided points below as feedback for the Partnership.

The Ombudsman has accepted the advice that the treatment and support offered to the patient for drug misuse problems was reasonable. This complaint has not been upheld. Points to note:

- It was not clear from the clinical records whether the patient had been informed of the outcome of his initial referral to the Addiction Service. I am drawing this to the Partnership's attention because they may want to reflect on how prisoners are informed of the outcome of referrals to the Addiction Service.
- There was a plan to review the patient one week after he attended the Addiction Service on 6 January 2019. The patient was not reviewed until 27 January 2019. The Partnership may want to reflect on how they ensure follow up assessments are carried out as planned.

(c) Complaint against - GCHSCP (NE) – Mental Health Service – SPSO Ref: XXXX03099
Decision dated 16th Jul 2019 – Complaint Partially Upheld with 1 recommendation

This complaint is about 4 issues.

Issue 1: Consultant psychiatrist failed to provide appropriate care and treatment to the patient.

Decision: The advice received of which the Ombudsman accepts is that the care and treatment provided to the patient was reasonable in relation to her physical health and physical symptoms. – This element of the complaint was Not Upheld.

Issue 2: The consultant psychiatrist failed to communicate appropriately with the patients GP about her diagnosis and treatment.

Decision: The Ombudsman was advised that the mental health team shared the responsibility to update the patients GP and that the updates sent to the GP were reasonable and contained appropriate information. However, the Ombudsman had also been advised that there was an unreasonable gap in sending those updates between June 2016 and January 2017. In light of this identified failing in communicating with the patients GP, the Ombudsman has Upheld this element of the complaint.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

Issue 3: The community psychiatric nurse unreasonably met with the patient in public settings.

Decision: The advice received of which the Ombudsman accepted is that it was reasonable the community psychiatric nurse had meetings with the patient in public settings. The Ombudsman was advised that the community psychiatric nurse had balanced the need to protect the patient confidentiality against her stated preference to meet outside her flat. Based on the evidence available and in view of the independent advice the Ombudsman received. This element of the complaint was Not Upheld.

Issue 4: The communication with patients' parents was unreasonable

Decision: The advice received and accepted by the Ombudsman from Adviser 1 is that the communication with the patients' parents was reasonable and it was in line with the patients' wishes. This element of the complaint was Not Upheld.

Recommendations:

What we found	What the organisation say they have done:	Evidence SPSO needs to see and the deadline:
The communication with patients' GP was unreasonable, as there was a six-month period where no updates were sent to her GP about her condition and treatment.	The HSCP said they had discussed this communication failing with the relevant medical staff.	Evidence that learning has been shared with relevant medical staff in a supportive manner. By: 16 September 2019

(d) Complaint against - GCHSCP (NW) - GP Service – SPSO Ref: XXXX01445

Decision dated 24th July 2019 – Complaint Partially Upheld with 3 recommendations..

This complaint is about 6 issues.

Issue 1: The service failed to identify the patient had a personality disorder.

Decision: The Ombudsman received and accepted clear advice that it was reasonable for the Practice not to diagnose the patient with a personality disorder. This aspect of the complaint was therefore Not Upheld.

Issue 2: The service failed to manage the patients' anti-depressants appropriately.

Decision: The advice the Ombudsman received in relation to this complaint is that the Practice acted reasonably in their prescription of the patients' anti-depressants both before and after her admission to hospital. The Ombudsman accepted this advice and for this reason did Not Uphold this aspect of the complaint.

Issue 3: The service failed to take appropriate action when the patient stockpiled medication.

Decision: The Ombudsman had considered the information provided by the complainant and the Practice. There was no evidence that the patient had described intentional stockpiling of drugs to the Practice prior to the overdose. The Adviser also said that the responsibility to check how much medication a patient has in their house does not lie with a GP. The Ombudsman received and accepted advice that the Practice's actions in relation to this matter were reasonable. After careful consideration of the evidence available, the Ombudsman did Not Uphold this aspect of the complaint.

Issue 4: The service unreasonably failed to call the family back on 30 November 2015.

Decision: The Ombudsman had looked at whether or not the Practice's actions were reasonable. Following consideration of the clinical notes, the complaint letter and the response from the Practice, the Ombudsman can see no evidence that the complainant requested or was promised a follow-up call after the Practice spoke to the patient on 30 November 2015. For this reason the Ombudsman has Not Upheld this aspect of the complaint.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

Issue 5: Failure to take appropriate action when the patient reported abuse of her children.

Decision: The complaint that the Ombudsman had considered is that the Practice failed to take appropriate action when the patient reported abuse of her children. The Ombudsman understood that the complainant's main concern was a lack of documentation and action by the Practice in relation to the patients' disclosure of physical abuse during consultations. The advice the Ombudsman has received is that there are no clinical records that make reference to reports of physical abuse or assault. The Ombudsman acknowledges that the complainant had clear recollections of their mother disclosing instances of physical abuse, but in the absence of any documentary evidence, the Ombudsman is unable to comment further on this. The Ombudsman received clear advice that the Practice unreasonably failed to ensure that social work input was arranged following documentation of emotional abuse by the patient, which was disclosed during consultations with GPs. The Ombudsman has accepted this advice and for this reason Upheld this aspect of the complaint.

Issue 6: The service failed to deal with the complaint appropriately.

Decision: The Ombudsman considered that the Practice made a reasonable attempt to respond to the issues raised, however, noted that they did not identify the failing highlighted at issue (5) above. The model CHP sets out a two-stage procedure that allows organisations to investigate and respond to complaints about their service in order that they have the opportunity to resolve the complaint directly. In smaller organisations, like GP Practices, this can mean that sometimes the person involved in investigating the complaint is also named in the complaint. Four doctors were named in the complaint letter from the MSP and the Ombudsman considered it reasonable, given the size of the Practice, that the investigation was undertaken by one of the named doctors. Having carefully considered this aspect of the complaint, given the failure to keep the complainant or the MSP updated on the delay in responding or when the Practice expected to be able to issue a final response, on balance, the Ombudsman has Upheld this aspect of the complaint.

Recommendations

What we found	What the organisation should do:	Evidence SPSO needs to see and the deadline:
The Practice failed to ensure that social work input was arranged for the family after emotional abuse by their mother was disclosed during consultations with GPs. The Practice failed to keep the MSP updated on the delay in responding to the complaint or when they expected to be able to issue a final response	Apologise for their failure to ensure that social work input was arranged and for failing to keep the MSP updated on the complaint. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/informationleaflets	A copy or record of the apology. By: 23 August 2019
What we found	Outcome Needed:	Evidence SPSO needs to see and the deadline:
The Practice failed to ensure that social work input was arranged for the family after emotional abuse by their mother was disclosed during consultations with GPs.	GPs should be familiar with the indications of emotional abuse in children and the referral mechanisms in place for social work assessment.	Evidence that the findings of this investigation have been fed back to the staff involved in a supportive way that promotes learning By: 23 August 2019
The Practice failed to keep the MSP updated on the delay in responding to the complaint or when they expected to be able to issue a final response.	When there is a delay in responding to a complaint, the Practice should tell the person making the complaint about the reasons for the delay and when they can expect a response.	Evidence that this has been fed back to the staff involved in a supportive way that promotes learning By: 23 August 2019

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Appendix 2: GCHSCP NHS Complaints report 2019-20

(e) Complaint against - GCHSCP (NE) - CAMHS Service – SPSO Ref: XXXX02124
Decision dated 22nd Aug 2019 – Complaint Not Upheld.

This complaint is about 1 issue: The care and treatment provided by CAMHS was unreasonable

Decision: The Ombudsman considered all the evidence and advice carefully.

The advice received of which the Ombudsman accepted is that the treatment provided by CAHMS was reasonable. This complaint was Not Upheld.

(f) Complaint against - GCHSCP (NE) - CAMHS Service – SPSO Ref: XXXX03746
Decision dated 18th Sept 2019 – Complaint Not Upheld.

This complaint is about 2 issues; the Ombudsman reviewed the documentation provided by the complainant and the Board. The Ombudsman sought independent clinical advice from a Registered Nurse experienced in working in child and adolescent mental health.

Issue 1: The decision that the patient did not merit an emergency appointment in the week prior to his hospital admission.

Decision: The Ombudsman considered that on the basis of the information available at the time, the decision not to offer the patient an emergency appointment was reasonable. The Ombudsman did Not Uphold this element of the complaint.

Issue 2: There was an unreasonable delay in diagnosing the patients' condition between 2014 and 2017.

Decision: The advice from the adviser, which the Ombudsman accepts, is that the level of support provided to the patient from 2014 was reasonable and the assessment tools used to assess him were appropriate. The adviser's view, which the Ombudsman accepted, is that it is reasonable that the CAMHS team working with the patient from 2014 would not have been able to confidently diagnose a bipolar affective disorder. The Ombudsman did Not Uphold this element of the complaint.

(g) Complaint against - GCHSCP (NW) – GP Service – SPSO Ref: XXXX01749
Decision dated 3rd Oct 2019 – Complaint Partially Upheld.

This complaint is about 2 issues.

Issue 1: The Surgery failed to provide reasonable palliative care for the patient.

Decision: The Ombudsman sought independent clinical advice from a GP adviser. The Adviser had sight of the Surgery records, District Nursing notes and Out of Hours records relevant to the period complained about. The Adviser had sight of all of the clinical and nursing records relevant to the time of the complaint and also considered the various points raised in the family's correspondence with the Surgery and the SPSO. The Adviser was satisfied that the patient's condition was being appropriately monitored by those responsible for her care, and that her treatment was reasonable in view of her presenting condition. The Ombudsman accepts the clinical advice that the treatment of the patient was reasonable, and that there was no clinical justification for providing a 'just in case' box and syringe driver at an earlier point. Taking all of the above into account the Ombudsman considers that the Surgery's palliative care was reasonable and therefore does Not Uphold this element of the complaint.

Issue 2: The Surgery failed to handle the complaint appropriately.

Decision: The Ombudsman is critical of the Surgery for not having obtained consent before having discussions with the PCN Manager, this is because the discussions directly involved the contents of the complaint letter and the complainant's personal opinion. The Ombudsman accepts the discussions may have been well-intentioned, but has the view that this ought not to have taken place without the complainant's prior consent.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

The Ombudsman also noted that the Surgery's complaint response contained numerous spelling mistakes and typographical error and notes it would be a reasonable expectation that complaint responses are proof-read and spell-checked before being issued. After consideration of the evidence available, the Ombudsman has Upheld this element of the complaint.

(h) Complaint against - GCHSCP (NE) – GP Service – SPSO Ref: XXXX05018

Decision dated 22nd Oct 2019 – Complaint Not Upheld.

This complaint is about 1 issue: The care and treatment received from the medical practice was unreasonable.

Decision: The advice received was that the overall care and treatment received from the practice was reasonable and was in accordance with the relevant guidelines. In particular, the adviser considered the practice appropriately assessed the patients wound, arranged referral and arranged appropriate treatment. The Ombudsman noted that the Practice was responsible for antibiotics, and found that appropriate antibiotics were prescribed in a timely manner. Taking the above into account, the Ombudsman considers the care and treatment the Practice provided was reasonable and does Not Uphold this complaint.

(i) Complaint against - GCHSCP (NE) – GP Service – SPSO Ref: XXXX10977

Decision dated 21st Nov 2019 – Complaint Not Upheld - Feedback included.

This complaint is about 3 issues.

Issue 1: The Practice's decision to stop the patient's PRN medication prescriptions was unreasonable.

Decision: The advice given to the Ombudsman is that the Practice's decision to stop the patient's diazepam and ibuprofen were reasonable in principle given the patient's circumstances and the possible long-term effects of their use. The adviser also confirmed that timescales for withdrawal of diazepam were in line with applicable guidance. The Ombudsman accepted this advice and therefore does Not Uphold this element of the complaint.

Issue 2: The Practice failed to reasonably monitor the patient's health following the PRN medication prescriptions being stopped.

Decision: The advice given to the Ombudsman is that it was noted the patient had six, roughly monthly, consultations in the six months following the stopping of diazepam. This was a reasonable level of follow up for a patient with chronic pain and anxiety. The Ombudsman accepted this advice and therefore does Not Uphold this element of the complaint.

Issue 3: The Practice unreasonably failed to provide the patient's notes to her new medical practice within a reasonable timescale.

Decision: In responding to the patient's complaint about the delay in providing all of her notes to her new practice, the Practice made clear that the patient medical summary sheet had not been provided. The Practice had appropriately apologised to the patient for the oversight. The Ombudsman views the Practice's error was minor, quickly corrected, reasonably explained and apologised for. The Ombudsman has Not Upheld this element of the complaint.

Feedback for GP Practice

Points to note: The adviser commented that, in his experience, a diazepam reduction of 1mg every 2 to 3 weeks is more reasonable and effective than the timescales given in relevant guidance. The adviser also noted that there was no clear record of discussion with the patient about the withdrawal of ibuprofen or an agreed withdrawal plan for this. This should, however, be noted in the context of the adviser's view that the general principle the Practice adhered to – that long term benzodiazepines should be reduced and stopped – was correct and is in itself evidence of their good practice.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

(j) Complaint against - GCHSCP (NE) – Mental Health Service – SPSO Ref: XXXX00647
Decision dated 17th Dec 2019 – Complaint Fully Upheld.

This complaint is about 2 issues:

Issue 1: Care and treatment given to the patient while she was in Jura Ward, Stobhill Hospital was unreasonable.

Decision: The Ombudsman found aspects of the patient's care on admission that fell below a reasonable standard. The documentation on admission was inadequate, the patient's Integrated Care Pathway was left blank. There was a plan for constant observation and this was not followed. The patient had an unwitnessed fall; the family asked for an assessment by an independent doctor there is no evidence in the medical records that this was actioned and the Ombudsman will draw these concerns to the Partnership's attention. In responding to the unwitnessed fall, the Ombudsman found staff did not follow the NHS GG&C policy for falls, or the NICE guidelines for Head Injury. The advice received is that there was a delay in the commencement of neurological observation, and a delay in organizing a CT brain scan. Taking the above into account, the Ombudsman notes there were unreasonable failings in the care and treatment provided to the patient and Upholds this element of the complaint.

Issue 2: Communication with the family prior to the patient's move to Jura Ward was unreasonable.

Decision: The advice the Ombudsman received and accepted from the Adviser is that the level of communication with the family fell short of what could reasonably be expected and the level of communication at the time added to the family's concerns. In view of this, the Ombudsman has Upheld this element of the complaint.

Recommendations

What we found	What the organisation should do	What we need to see
Under complaint (a) and (b) we found failings in the care and treatment provided, as well as in relation to communication	Apologise to the family for the failings this investigation has identified.	A copy or record of the apology. By: 14 th Jan 2020
Under complaint (a) we found a number of gaps in documentation. The documentation on admission was inadequate, with the Integrated Care Pathway not completed. The Adults with Incapacity (Scotland) 2000 Act, Section 47 Certificate was incomplete, no evidence of the treatment plan having been discussed with the family.	Staff should make accurate and complete records. In particular, the Partnership should ensure completion of the Integrated Care Pathway (as means of evidencing identification of needs at the point of admission, and sharing of information between disciplines). The partnership should also ensure its documentation adheres to the principles of the Adults with Incapacity (Scotland) 2000 Act.	Evidence that the completion of key documentation is being reviewed regularly through local audit processes. By 11 th Feb 2020
Under complaint (a) we found staff did not implement constant observation, despite an assessment on admission that this was required.	The Partnership's observation practice should be in line with assessed patient need and organisational policy.	Evidence of action to ensure appropriate observation is implemented By: 10 th March 2020

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Appendix 2: GCHSCP NHS Complaints report 2019-20

What we found	What the organisation should do	What we need to see
Under complaint (a) we found following the unwitnessed fall there was a delay in the commencement of neurological observations, and a delay in organizing a CT brain scan.	Staff should be aware of, and provide care and treatment consistent with, the NHS GG&C local policy for falls, and the NICE guidelines for Head Injury.	Evidence of action to improve awareness of the guidelines surrounding falls and head injuries. By: 10 th March 2020
Under complaints (a) and (b) we found the level of communication with the family fell short of what could reasonably be expected.	Staff should engage in clear and effective communication with relatives/carers, particularly where patients have cognitive impairment.	Evidence of action to improve communication. By: 10 th March 2020

Feedback for GCHSCP

Points to note:

Adviser 1 made the following comments: (1) There appeared to be infrequent team meetings, and there would be a benefit in having more regular meetings with clearly identified actions, owners and timescales. (2) Use of specialist dementia assessments seemed to be an area of good practice.

Advisers 1 and 2 made the following comments: (1) Where nursing staff had concerns about the worsening physical presentation they promptly sought medical review and advice. (2) There was evidence of good person-centred care.

(k) Complaint against - GCHSCP (NW) – GP Service – SPSO Ref: XXXX04096

Decision dated 18th Feb 2020 – Complaint Not Upheld.

This complaint is about 1 issues:

Issue 1: The Practice unreasonably delayed referring the complainant to the orthopaedic clinic and for a multi-resonance imaging (MRI).

Decision: The advice received from the Adviser is that the patient received appropriate care and treatment in respect of his knee pain, which was in line with the relevant national guidance. The Ombudsman accepted this advice. In the Ombudsman's view, the Practice acted reasonably and the GP appears to have adopted a step-by-step approach in identifying and treating the cause of the patient's knee pain. The Ombudsman acknowledges that this approach may have been frustrating for the patient, especially if it involved exploring potential causes that the patient felt he was already aware of. However, this does not mean it was unreasonable for the GP to adopt this approach in order to identify or rule out potential causes of the patient's knee pain in a methodical manner. This complaint has not been upheld.

Section 5 Service Improvements

- 5.1 Since Quarter 1 of 2015/16 actions arising from complaints are now recorded using a national coding system set out by ISD as referred to in section 2.7 above. Table 11 below lists these codes in details. This excludes prison healthcare however. Actions relating to Prison healthcare are reported to the Prison Healthcare Operational and Clinical Governance meetings for review and to help inform the Action Plan.
- 5.2 Table 12 shows the actions taken in each individual case that has been fully or partially upheld for the period 1st Apr 2019 – 31st March 2020. 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.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

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

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

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Appendix 2: GCHSCP NHS Complaints report 2019-20

Table 12 - Service Improvements Identified for Completed Complaints Partially or Fully Upheld (1st Apr 2019 – 31st March 2020)

Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
B2019/1031	Patient unhappy with not receiving response to his previous complaints	Partially Upheld	Education	K01-01: Education - Learning/Training opportunities identified: To check for special requirements before arranging transport.
B2019/1046	Patient unhappy with not receiving medication on time. Also complaint regarding prison food	Partially Upheld	Communication	Regular meetings held regarding pharmacy processes
B2019/1059	Patient not receiving medication	Partially Upheld	Education	K05-01 Learning/ training opportunities identified: Clearer communication route required.
B2019/1102	Patient unhappy with not receiving his medication.	Fully Upheld	Action Plan	Pharmacy report has gaps and unclear when medications were issued. There is a need for a clearer communication route rather than CIP top sheets which are not easily accessible.
B2019/126	Patient unhappy with his medication	Partially Upheld	Communication	K03-02 meeting complainant - providing explanation
B2019/134	Patient unhappy about not receiving medication.	Partially Upheld	Communication	None
B2019/152	Patient unhappy about medication.	Partially Upheld	Communication	None
B2019/170	Patient's wife states that her husband was admitted to Barlinnie with a bag of medication on 15.3.19. Daughter phoned to check if her dad was in Barlinnie and was assured that her dad would receive any medication prescribed. 18.3.19 patient phoned his wife and stated that he never received any medication until 17.3.19.	Fully Upheld	Action Plan	Senior Management Team has set-up a meeting with the Governors from all 3 Glasgow Prisons to discuss the challenges around increases in prisoner numbers and the strategy for dealing with these additional pressures.
B2019/206	Patient unhappy as not had his cardiac trial drugs, painkillers or anti-inflammatory cream.	Partially Upheld	Access	K1-04 Access: Patient advised that staff had contacted Hairmyres regarding the clinical trial he had started before coming into prison and the last update on 8th April was that the Consultant at Hairmyres would explore the next steps and feedback to Barlinnie

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Appendix 2: GCHSCP NHS Complaints report 2019-20

B2019/209	Patient has not been receiving his medication	Partially Upheld	Communication	None
B2019/210	Patient has not received his medication.	Partially Upheld	Communication	To ensure all patients responses are answered within the guidelines time
B2019/212	Patient unhappy with his GP consultation.	Partially Upheld	Conduct, Education	K04-01 Conduct Issues discussed with staff
B2019/237	Patient unhappy about not receiving his medication at times he feels appropriate.	Partially Upheld	Communication	Detox process with be reviewed and discussed with all staff within Prison Health Care
B2019/276	Patient unhappy about medication being stopped.	Partially Upheld	Access	K01-04 access patient pathway journey
B2019/292	Patient unhappy about not receiving his medication when he is expecting to.	Fully Upheld	Communication	Discuss with patient why there is a delay in medication
B2019/301	Patient unhappy about not receiving medication.	Fully Upheld	Education	K05-01 Learning/training opportunities identified
B2019/349	Patient unhappy medication has not been received when due.	Partially Upheld	Communication	Pharmacy process under review.
B2019/360	Patient unhappy that he has been missing some days of treatment.	Fully Upheld	Communication	None
B2019/400	Patient unhappy at the waiting time to see a GP.	Partially Upheld	Communication	None
B2019/414	Patient unhappy with his medical treatment whilst in prison	Partially Upheld	Education	K05-01 - Learning/Training Opportunities Identified - To ensure this doesn't happen again and patient receives meds on time.
B2019/458	Patient unhappy with not receiving his medication	Fully Upheld	Action Plan	K02-03 - Service improvement identified - Pharmacy will agree a process to avoid this happening again
B2019/470	Patient unhappy with his treatment	Partially Upheld	Action Plan	GP has been advised to reflect on his prescribing and possible drug interactions.
B2019/479	Patient has not received his medication.	Fully Upheld	Communication	Pharmacy process being continually monitored.
B2019/484	Patient had not received his repeat medication when due.	Partially Upheld	Communication	K03-02: Communication / Provide Explanation To Complainant...Problem with the supply of medications from pharmacy.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

B2019/485	Medication not received	Partially Upheld	Communication, Education	K03-01: Communication - If staff are unable to interview the patient this should be noted on the response. If a patient is requesting medication that is not prescribed they should be sent a response advising them to submit a self-referral to see the hall nurse.
B2019/486	Patient has not received his detox. Believes he has received another patient's medication in error.	Partially Upheld	Communication	K03 01 Communication Partially upheld. Commissioned an investigation into Drug Error
B2019/489	Patient has not received his medication.	Partially Upheld	Action Plan	K02-02 Partially Upheld Practitioner Nurses should routinely check review dates and ensure GP rewrites as required Senior Practitioner Nurses should re issue the process for patients on supervised medication ordering In possession medication
B2019/507	Patient unhappy with the waiting time to see nursing staff.	Partially Upheld	Communication, Education	K03-01 Communication Nursing staff to ensure that any changes to medication/equipment have been ordered.
B2019/532	Patient unhappy at the waiting time to see the mental health team.	Partially Upheld	Education	K05 01 Partially upheld Feedback has been provided to the GP in question
B2019/535	Patient unhappy at the waiting time to see the nurse.	Fully Upheld	Communication	None
B2019/537	Patient unhappy at the waiting time to see the nurse.	Partially Upheld	Communication	None
B2019/543	Patient has not received his medication.	Partially Upheld	Communication	K03-02 Provide explanation. Speak to nursing staff and highlight the importance of review dates being actioned before dispensing due date.
B2019/550	Patient has not received his medication.	Partially Upheld	Communication	K03-02 Provide explanation.
B2019/553	Wrong transport booked for hospital appointment.	Fully Upheld	Communication	K03 02 Upheld Meeting complainant – Provide explanation For all administration staff involved in hospital

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Appendix 2: GCHSCP NHS Complaints report 2019-20

				appointments to be made aware of the importance on checking for any alerts on electronic medical records and to ensure that this is adhered to. Information regarding any prisoners requiring additional support for appointments to be made easily available for administration staff.
B2019/570	Patient has not received his medication.	Partially Upheld	Communication	K03-02 Provide Explanation
B2019/575	Patient has not received his medication.	Fully Upheld	Action Plan	K02-02: A review of Pharmacy and Healthcare processes to be completed.
B2019/591	Patient unhappy with the way nursing staff spoke to him. Patient has not received his medication.	Partially Upheld	Communication	Clinical Manager to meet with Lloyds Pharmacy to iron out issues with medication reviews. K2-01 lead manager co-ordinating improvements.
B2019/594	Patient unhappy at not receiving the correct medication	Fully Upheld	Communication, Education	K03-04 Fully Upheld Agenda for team meeting Reinforce the need to confirm an individual's name, SPIN and photo prior to dispensing medication.
B2019/614	Patient unhappy with not receiving his medication	Fully Upheld	Action Plan, Communication	K03-02 provide Explanation. Vision records updated in the event of an individual not being issued with medication a reason should be recorded eg not issued from pharmacy or operational issues within halls
B2019/620	Patient unhappy with his medical treatment	Partially Upheld	Education	Mental Health Team need to update medical records immediately to reflect any consultations. This will be formally recorded through supervision with the nurse involved. K05-01 Partially upheld Learning/training opportunities identified
B2019/624	Patient unhappy with not being prescribed his medication. Patient wishes to seek legal advice.	Partially Upheld	Education	K05-01 All GP's to review all relevant correspondence regarding patient's healthcare.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

B2019/649	Patient feels he is being messed about with his medication.	Partially Upheld	Education	K05-01 All GP's to review all relevant correspondence regarding patient's healthcare.
B2019/710	Patient has not received his medication.	Fully Upheld	Education	K05-01 - Learning opportunities identified
B2019/719	Patient has not received his medication.	Fully Upheld	Education	K05-01 Learning opportunities identified
B2019/904	Patient unhappy with attending wrong hospital appointment. Patient unhappy with missing a hospital appointment. Patient has been put back onto the waiting list, however his treatment is being delayed.	Partially Upheld	Education	K01-01 checking for special requirements before arranging transport
B2019/956	Patient unhappy with provided treatment. patient has not received his medication	Partially Upheld	Action Plan	K02-03
B2019/963	Patient did not received prescribed medication	Fully Upheld	Communication	Regular team meetings are held in order to update staff of processes
B2019/986	Patient has been prescribed anti-biotic from dentist, however has not received it.	Partially Upheld	Action Plan	K02-03 Service improvement identified
B2020/013	Patient unhappy with treatment received.	Fully Upheld	Education	A better and more robust process is needed - possibly a review of current process.
B2020/033	Patient unhappy with not receiving his medication	Fully Upheld	Action Plan	K02-03 Service improvement identified
B2020/034	<ul style="list-style-type: none"> •Patient claims he has been submitting self-referral forms and not receiving a response. •Patient claims he was assaulted on 10 October 2019 and did not receive appropriate care. •Patient claims he had an appointment with a mental health nurse and was not seen. 	Partially Upheld	Education	K5-01 Learning/Training opportunities identified - Outcome passed to Mental Health Team.

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B2020/036	Patient unhappy with not receiving his medication.	Partially Upheld	Education	All patients should be encouraged to submit their own repeat med requests and not through an officer. HCSW should annotate the medications required and not use 'All Meds Due' as Lloyds Pharmacy have not issued against this request. Lloyds Pharmacy staff should make the Nurse In Charge know on a daily basis before end of their working day of any anomalies with prescriptions.
B2020/060	Patient unhappy with not receiving response for his previous complaint within 20 working days.	Partially Upheld	Education	K5-01 Learning/ training: Outcome passed to Clinical Managers for discussion on how to prevent this occurring in future.
B2020/062	Patient unhappy with not receiving his medication and further appointments being cancelled.	Partially Upheld	Action Plan	All cancelled appointments should have a corresponding entry in Vision to indicate the reason for cancellation - To be discussed at staff meetings.
B2020/073	Patient unhappy as he has not seen doctor in regards to his analgesia prescription.	Partially Upheld	Access	Access will be discussed with Healthcare Manager, Clinical Managers and Admin Manager.
B2020/104	Patient believed that doctor discussed his medical issue with SPS staff. Patient expected to have an ECG following a consultation on 29th January 2020, however did not take place.	Partially Upheld	Access	None
B2020/138	Patient unhappy with mental health waiting time.	Partially Upheld	Access	None
B2020/185	Patient unhappy with provided treatment. Patient is seeking legal advice. Patient has withdrawn legal.	Partially Upheld	Action Plan	Action Plan: Health care manager, clinical managers and pharmacy to discuss the issue.
B2020/210	Patient unhappy with not receiving his medication	Fully Upheld	Communication	K03 Communication, 03 staff suggestions for improvement - Senior nursing staff will highlight to pharmacy and healthcare staff to ensure this does not happen again.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

B2020/262	Patient unhappy with not receiving his medication.	Fully Upheld	Action Plan	Review processes for ordering monthly medication and clear information sharing when there are ordering errors/delays. This issue to be highlighted to staff.
ECY19-01	Unhappy with treatment by Clinical Coordinator and Nurse Therapist. Had been told a letter had been sent but no correspondence since Sept. Referral from Paediatrician for ADHD not responded to. Referral to Timid Tigers not processed as stated. 2nd opinion found him to be on the spectrum and diagnosis has been given. Feels totally let down by WEST CAMHS.	Partially Upheld	Action Plan	Procedures put in place to prevent documents being sent to the wrong address. Only envelopes with windows to be used.
ECY19-100	Unhappy with the care given to support grandson with mental health issues	Partially Upheld	Communication	To reassess in the new year
ECY19-101	Unhappy with lack of support in giving therapy to daughter who has ACE causing psychological problems affecting toileting and behaviour	Partially Upheld	Education	Reassess and find suitable intervention
ECY19-105	Patient was moved from South CAMHS to East Renfrewshire team when some service postcode boundaries where moved. Patient requested to stay in South CAMHS where already attending	Fully Upheld	Education	Staff to be mindful of individual circumstances affecting patient's ability to attend services.
ECY19-24	Looking for appointment for ASD diagnosis to be brought forward to son can receive help	Partially Upheld	Action Plan	Developing a new assessment pathway which will provide quicker access to assessment going forward.
ECY19-25	Unhappy with care from SCS clinical Psychologist input. Particularly the gaps between promises of action and action happening and medication	Partially Upheld	Action Plan	We will review these aspects of communication with the staff member and how to manage communication in the future more effectively.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

ECY19-30	Unhappy why son's blood was not monitored whilst being administered Clozapine. New accommodation within Skye House for patient not to standard. Patient's mother unhappy re medication error.	Partially Upheld	Policy	better system of storing and tracking patient belongings needed
ECY19-31	Unhappy with recent meeting held at Skye House. Mother and step father unhappy with the wording in assessments.	Partially Upheld	Communication	A note has been made in the record that Mum disagrees with aspects of diagnosis in the patient's record.
ECY19-34	Unhappy with first response asking for clarification: CD Player lost in transfer to another ward, apology given	Partially Upheld	Policy	A better system of tracking patient belongings in Skye house needed.
ECY19-36	Complainant unhappy about a lengthy wait for diagnosing and support for son and managing his behavioural problems and now an additional wait to see a psychiatrist for drug prescription.	Partially Upheld	Communication	Lack of capacity in regard to starting children on medication for ADHD is one that urgently needs to be addressed. No nurse prescribers within the service to offer this. Findings will be communicated to senior management.
ECY19-38	No feedback re treatment and diagnosis for son from EAST CAMHS team	Partially Upheld	Action Plan	Team to be asked to improve care plan writing and communication with parents.
ECY19-39	Looking for diagnosis of autism for family to be house in more suitable accommodation	Partially Upheld	Policy	Faster process for completing autism assessments needed
ECY19-43	Unhappy about the length of time waiting for treatment for daughter who is having suicidal thoughts and suffering with depression	Partially Upheld	Policy	All clinical staff need to be directed to be honest and transparent with families about waiting times and service pressure. System now in place in relation to phone calls not being returned.
ECY19-46	Looking for outcome of autism assessment. Received a draft copy of the report and has advised that there are a number of errors that need to be amended as a matter of urgency. Tried on numerous occasions to contact the clinical coordinator via work e-mail and calling North Camhs however was advised that they are no longer based there.	Partially Upheld	Policy	When a clinician goes off on long term sick the caseload must be reviewed by another clinician in the service of equal grade to determine any outstanding activity

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ECY19-47	The complainant feels that the service is a disgrace and doesn't care about the children. Serious concerns have been raised by grandfather and the school about their behaviour. Both children are struggling to cope with school. He said if it wasn't for the fact that he doesn't want to add to the boys anxieties he would go to the press. Wants to speak with senior managers (not 'minions')	Partially Upheld	Communication	Clinically reviewing case and will be meeting with carers and other agencies to finalise a plan that will satisfy all parties.
ECY19-48	Patient has not received any further support with his mental health and his high level of aggression and anger since his initial assessment. Neither CAMHS East or North feel they are responsible for his care. East because they carried out the assessment they were asked to do for North and North because they passed on the assessment to East.	Partially Upheld	Access	None
ECY19-50	Unhappy that appointment with CAMHS has been cancelled. Looking for urgent help managing son's behaviour.	Fully Upheld	Action Plan	Actions put in place to manage and prioritise referrals
ECY19-51	The lack of communication and attention from CAMHS, no response from anyone from North CAMHS and specifically no reply from either the clinical coordinator or service manager.	Partially Upheld	Action Plan	Discuss with team how the child can be seen by the relevant professional quicker and communicating with parents and carers around what is being done.
ECY19-53	Unhappy with the length of time to be seen for a partnership appointment for CAMHS. Unhappy with the receptionist's attitude during telephone call on 21.6.19.	Fully Upheld	Action Plan, Conduct	Discussing improvements in the handover of cases between different teams in Specialist Children's Services, to improve continuity of care. Learning from complaint to be included in supervision discussions with reception staff involved to reflect on their practice.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

ECY19-56	Unhappy about transfer to adult ward at Gartnavel.	Partially Upheld	Action Plan	Patients will be provided with more information on other units to feel better informed and supported during any transition to other units
ECY19-57	Inquiring about medication changes and transfer to Adult IPCU	Partially Upheld	Action Plan	To provide patients and families with relevant info for IPCU units that they may be transferred to.
ECY19-58	Too long to wait for an appointment to review adhd medication	Fully Upheld	Communication	None - Medication review appointment has now been arranged. Called mum and informed her she is now happy with the outcome.
ECY19-61	Looking for confirmation ltr of diagnosis for Autism	Fully Upheld	Action Plan	ensure letters are sent out where necessary
ECY19-64	Unhappy with 7 months wait for an assessment date for suspected autism.	Fully Upheld	Action Plan	Currently developing a new assessment pathway which will provide quicker access to assessment going forward. As part of this process we are taking a number of approaches to reduce the current waiting time for children already referred
ECY19-67	Parent felt her and her son were not given appropriate support from CAMHS. Comments from family therapist inappropriate	Partially Upheld	Conduct	Staff to be spoken to in supervision about issues raised
ECY19-74	Unhappy with response for request for access to records	Partially Upheld	Education, Policy	The letter the service are using for the consultant to confirm release of the records is referring to the data protection act 1998, this needs updated to reflect the data protection act 2018 2.The SAR response letter that was sent gives the details of ICO as a contact if unhappy. Letters going out to patients/parents etc. should state the details of the NHS GGC Data Protection officer as a first point of contact if they are unhappy, not ICO. If the DPO is unable to resolve the complaint they would then give details of the ICO for the patient/parent to contact. This is based on guidance from ICO themselves

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Appendix 2: GCHSCP NHS Complaints report 2019-20

ECY19-76	Parents feel their son's psychologist doesn't listen to them, parents have asked for different psychologist.	Partially Upheld	Conduct	Psychologist to discuss this case with their supervisor.
ECY19-93	Looking for help with Blenderised diet gastronomy feeds for son	Fully Upheld	Communication	MDT meeting to look at the issues and ways to support this family - Meeting arranged.
ECY19-97	Too long to wait for CAMHS appointment and being told that son won't be tested for autism	Fully Upheld	Action Plan	Managers looking at ways to reduce the waiting list and prioritizing most urgent cases. Families being told to contact service for support and guidance whilst waiting.
ECY19-98	Unhappy with attitude and behaviour from nurse.	Partially Upheld	Conduct	Discussion with nurse in supervision
ECY19-99	Unhappy with wait for ADHD diagnosis	Partially Upheld	Action Plan	NHS Greater Glasgow & Clyde CAMHS have a comprehensive project plan in place, with the aim of improving various aspects of the service to assist with returning to meeting the 18 week Referral to Treatment target. Numerous initiatives are already underway. We aim to improve on time taken to access service as quickly as possible but in a managed way that acknowledges the considerable task of balancing demand and capacity. The priority will be to ensure children, young people and families are seen as quickly as possible.
ECY20-05	Unhappy with care from SCPT - looking for more joined up approach from all the different professions	Partially Upheld	Action Plan	Reflection on our practice for other children. Added to our service development plan to streamline services for children and families
ECY20-09	Advised daughter was on a waiting list for Melatonin. When called to chase advised she should have attended for review but parent unaware of this. Told manager would call back but no call received. Then told Daughter not on waiting list and dr had left	Fully Upheld	Action Plan	Admin reminded to be more attentive when taking patients off the waiting list
ECY20-11	Unhappy with delay in receiving Autism diagnosis report. Not being called back and	Partially Upheld	Action Plan	Strategies put in place to ensure reports are written as soon as possible after assessment completed

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Appendix 2: GCHSCP NHS Complaints report 2019-20

	rudeness of Dr			
ECY20-12	Unprofessional manner of nurse. Too quick to diagnose children	Partially Upheld	Conduct	staff member will receive clinical supervision; coaching and a personal development plan review to support reflection and learning from your feedback
ECY20-19	Breach of confidentiality	Fully Upheld	Action Plan	Admin staff advised to deal with one report at a time. use windowed envelopes so they can see the address and to double check details of patient and corresponding addresses are correct and up-to-date
ECY20-21	Complainant asks why if his daughter was being 'Force fed' (nasogastric feeding) up to yesterday was she now fit to be discharged? What will happen if she gets worse when she goes home? Can her care be reviewed for a second opinion related to medication regime and changes. Complainant not happy with the way he was spoken to by his daughter's Consultant	Partially Upheld	Conduct	Staff will reflect on practice during appraisal time to ensure excellent two way communication with family during difficult times
ECY19-103	Unhappy that son will only be accepted by CAMHS for ADHD review and medication prescribing if put back to lowest dose and different medication to the one he has been given when seeking help privately	Fully Upheld	Conduct	All staff reminded that there is no need to stop medications or change any care plan unless assessment at review indicates to do so
G2019/030	Patient is complaining about the way he is being treated. He feels this is not acceptable.	Partially Upheld	Communication	k03-03 staff suggestions for improvement. Staff to come up with a way to ensure x-rays are not delayed
G2019/035	Patient is complaining about his prescribed medication being stopped and the amount of time he has waited for a dental appointment.	Partially Upheld	Waiting	K11-01 Review of waiting times. Dental spreadsheet to be reviewed to ensure patients are seen in timely manner.
LM2019/041	Patient is not happy with the way the nurse behaved or their attitude.	Partially Upheld	Education	K05-01 Learning/training opportunities identified.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

LM2019/047	Patient is not happy about having to wait for his follow up dental appointment.	Partially Upheld	Waiting	K11-01 Review of waiting times. Dental staff to bring to attention of management regarding waiting times.
LM2019/051	Patient complaint regarding not receiving prescribed medication	Partially Upheld	Communication	None
LM2019/056	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-04 Agenda for team meeting.
LM2019/063	Patient is not happy he did not receive his medication because it was 'home time'	Partially Upheld	Action Plan	k02-03 service improvement plan
LM2019/064	Patient is not happy he has not received his medication.	Fully Upheld	Action Plan	K02-03 Service Improvement Identified
LM2019/065	Was told he would see GP	Partially Upheld	Communication	k03 05 patient involvement
LM2019/066	Patient is not happy with clinical decision and length of time to see GP	Partially Upheld	Communication	K03 02 explanation provided
LM2019/068	Patient has not received medication.	Fully Upheld	Communication	K03-6: Explanation offered, kardex re written and supervised medication requested until prescription fulfilled
LM2019/069	Patient is not happy he was due to see GP and didn't get seen	Partially Upheld	Communication	k03-05 Patient involvement.
LM2019/077	Patient complaint regarding prescribed medication	Partially Upheld	Action Plan	k02-03 service improvement identified
LM2019/078	Patient complaint regarding prescribed medication.	Partially Upheld	Action Plan	k02-03 service improvement identified
LM2019/080	Patient is not happy with how his medication is being dispensed	Fully Upheld	Communication	K03 05 Patient involvement. All staff to ensure to communicate back to patients if looking into any queries.
LM2019/084	Patient is not happy he had to wait a lengthy time to get his medication.	Partially Upheld	Communication	K03-02: Communication - explanation provided
LM2019/086	Patient is not happy he has not received medication	Fully Upheld	Communication	K 03 - 02 explanation provided
LM2019/091	Patient is not happy he has not received his medication.	Fully Upheld	Share	K10 01 learning points shared with teams. All staff must be vigilant to ensure all medications are ordered.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

LM2019/094	Patient complaint regarding medication and healthcare treatment	Partially Upheld	Communication	K03-04 Agenda for board or team meeting. Staff advised of incident at team meeting and advised to be vigilant so this does not happen again.
LM2019/095	Patient not receiving all medication due	Fully Upheld	Communication	K03 02 Explanation provided
LM2019/099	Patient complaint regarding waiting times for dentist	Partially Upheld	Communication	K03 02 provided explanation
LM2019/108	Patient has not received his medication.	Partially Upheld	Communication	K03 02 provide explanation
LM2019/109	Patient is not happy he has not been seen by doctor after putting in numerous referrals.	Partially Upheld	Communication	k03-01 early engagement/resolution with complainant. Acknowledgment letters should be sent to advise patients we received referral.
LM2019/124	Patient is not happy he did not receive weekly medication	Fully Upheld	Communication	K03 02 Explanation Provided
LM2019/135	Patient has not been receiving medication.	Fully Upheld	Share	k10-01 learning points shared with teams.
LM2019/148	Patient complaint regarding health care	Fully Upheld	Communication	K3 02 provide explanation Discussed at staff meeting in order that everyone is aware of the process
LM2019/152	Patient concerned about not received correct dose of medication, also not being seen by Mental Health team	Fully Upheld	Share	None
LM2019/153	Patient not receiving medication	Fully Upheld	Education	None
LM2019/154	Patient complaint regarding medication, originally received 18 July and returned as a clinical decision. Due to SPSO being involved complaint now processed	Partially Upheld	Communication	None
LM2019/160	Patient complaint regarding his healthcare	Partially Upheld	Communication	K03 02 explanation provided - Triage clinic in hall set up for patients to speak to nurses
LM2019/165	Complaint regarding dental treatment	Fully Upheld	Communication	K03 02 provide explanation Extra dental sessions have been arranged to reduce the waiting times

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Appendix 2: GCHSCP NHS Complaints report 2019-20

LM2019/170	Patient looking for support for mental health team	Partially Upheld	Communication	K03-03 Staff suggestions for improvements. Staff to communicate all appointments to patients via acknowledgment slips.
LM2019/171	Patient complaint regarding incorrect dose of medication. Also blood results	Partially Upheld	Communication	K03-04 agenda for board or team meeting. Staff to be advised on errors with medication and how to solve these
LM2019/172	Patient complaint regarding waiting time for dental treatment	Fully Upheld	Communication	K03-02: Provide explanation - extra dental sessions arranged to reduce waiting times.
LM2019/180	Patient is not happy about his blood results and not receiving medication.	Partially Upheld	Communication	K03-04 agenda for board or team meeting. Staff to be advised on errors with medication and how to solve these
LM2019/181	Not happy with dental waiting time	Partially Upheld	Share	K10-01 Learning points shared with team. Staff should be more vigilant and ensure all patients medications are ordered on time.
LM2019/182	Patient not receiving medication and not being seen by mental health team	Partially Upheld	Share	k10-01 Learning points shared with team. Staff should be more vigilant when ordering patients medication to ensure they receive it on time.
LM2019/183	Patient did not receive his medication	Partially Upheld	Education	K05-01 Learning/Training opportunities identified.
LM2019/185	Patient not received his medication	Fully Upheld	Communication	K03 02 explanation provided
LM2019/187	Patient did not received medication	Fully Upheld	Communication	K03 02 Explanation Provided
LM2019/197	Patient complaint regarding prescribed medication	Partially Upheld	Action Plan	K02-01 Lead manager co-ordinating improvements. Lead manager is going to look into this and come up with a solution to avoid this.
LM2019/198	Patient complaint regarding prescribed medication	Partially Upheld	Share	K10-01 Learning points shared with teams. Staff to ensure all medications are ordered.
LM2019/202	Patient complaint regarding time he is receiving his medication	Partially Upheld	Education	K05-01 - Learning/Training opportunities identified
LM2019/206	Patient is not happy he has not received answer in regards to his blood results and he	Partially Upheld	Communication	K03-04 agenda for board or team meeting. Staff to be advised on errors with medication and how to

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Appendix 2: GCHSCP NHS Complaints report 2019-20

	is not receiving his medication			solve these
LM2019/222	Patient is having problems with his treatment and also medication.	Partially Upheld	Communication	Problem with medication - K03-03 - Staff suggestions for improvement -Processed highlighted to all members of staff.
LM2019/231	Patient is complaining about not getting medication.	Fully Upheld	Action Plan	K02-02 - Service Review Instigated - Issue has been highlighted to health care staff and a review will take place in regards to the distribution of Ensure drinks.
LM2019/235	Patient transferred and has not received his medication	Fully Upheld	Communication	K03-04 Agenda for staff meeting. All staff to make sure they check GP dookits for any paperwork
LM2019/243	Patient is complaining about medication.	Partially Upheld	Share	k10-01 Learning points shared with teams. All staff to ensure they check lists before printing these off.
LM2019/263	Patient is complaining as he has not received his injection.	Fully Upheld	Action Plan	K02-03 Service improvement identified. System to be set up so no patient misses injections.
LM2019/264	Patient is complaining regarding dental appointment.	Fully Upheld	Communication	K03-02 - Explanation provided. No service improvement required, this was human error.
LM2019/269	Patient is complaining about medication.	Partially Upheld	Communication	To provide patients with the correct support at the soonest available opportunity.
LM2019/270	Patient is complaining about medication being crushed.	Fully Upheld	Communication	Meeting with the addictions team to advise how patient's medication should be given.
LM2019/287	Patient is complaining about medication times - mentions taking legal action.	Partially Upheld	Action Plan, No Action Required	K02-02 - Service Review Instigated - Making sure all patients receive their "in possession" meds on time K06-04 - Not Upheld - Patient received appropriate treatment in all other areas of complaint
LM2019/290	Patient is complaining about waiting times for GP + BBV Nurse	Fully Upheld	Access	K01-01 - Access - Booking Arrangement - Patient has been given appointments for both services and made aware of these.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

LM2019/298	Patient is complaining about waiting times to see the Mental Health team and not being seen.	Fully Upheld	Communication	K03-04 - Agenda for Board or Team Meeting - Patient was not seen multiple times. Patient has since been seen and issues were raised at staff meeting for all staff to be reminded or processes etc.
LM2019/310	Patient is complaining about their medication	Fully Upheld	Communication	K03-02 - Meeting Complainant - Explanation Provided - Patient spoken to and offered apology. Apology accepted and issue raised with SMT.
LM2019/311	Patient is complaining that data protection has been breached by a clinical manager as they were discussing the patient's complaints with other staff without the patient's consent or them being present.	Partially Upheld	Action Plan	Patient now has up to date consent to share form.
LM2019/312	Patient is complaining about information regarding herself being shared without consent to her sister over the phone.	Partially Upheld	Action Plan, No Action Required	Patient now has up to date consent to share form on her file
LM2019/315	Patient is complaining about not getting regular obs regarding a healthcare issue.	Fully Upheld	Action Plan	Recording and maintaining patient records will be discussed at HMP Low Moss weekly staff meeting and emphasise the NMC obligation and organisational requirements to maintain accurate patient records.
LM2019/319	Patient is complaining about going to hospital and not being told to fast.	Partially Upheld	Education	K05-02 - Training/Development Implemented - Staff reminded of all relevant information to be passed to patients in advance of hospital appointments. Measure put in to ensure patient receives prep for next appt. K06-04 - Not Upheld - In regards to appropriate care, this was given fully to the patient.
LM2019/323	Patient is complaining about waiting times for medication	Fully Upheld	Action Plan	Service Review Instigated - Review to take place of medication ordering and delivery process to prevent this happening again

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Appendix 2: GCHSCP NHS Complaints report 2019-20

LM2019/327	Patient is complaining about not getting to see the GP + did not receive a confidential consultation	Partially Upheld	Action Plan	patient to submit self-referral if they wish private consultation with the GP
LM2019/342	Patient is complaining about his not getting his medication	Partially Upheld	Education	K05-01 - Learning/Training Opportunities Identified - All staff to be made aware of how to add patients to medication lists and ensure no one is missed.
LM2019/345	Patient is complaining about not receiving medication	Partially Upheld	Education	K05-01 - Learning/Training Opportunities Identified - All staff to be made aware of how to add patients to medication lists and ensure no one is missed.
LM2019/358	Patient is complaining about seeing the GP/Medication	Partially Upheld	Communication	None
LM2019/370	Patient is complaining about medication. Being answered with LM2019/342+345.	Partially Upheld	Education, No Action Required	K05-01 - Learning/Training Opportunities Identified - All staff to be made aware of how to add patients to medication lists and ensure no one is missed.
LM2020/002	Patient is complaining about medication	Fully Upheld	Action Plan	Service Improvement Identified - Meds ordered for wrong patient, staff made aware so this does not happen in the future
LM2020/010	Patient is complaining about not getting his medication.	Fully Upheld	Communication	Ensure all staff are aware of processes to avoid similar issues in the future.
LM2020/012	Patient is complaining about not receiving his medication on time when it is due.	Fully Upheld	Action Plan	Nurse to speak to GP to see if he is happy for patient to receive meds Course + Packet to avoid them being missed.
LM2020/016	Patient is complaining about not seeing the GP after putting out multiple referrals/requests.	Fully Upheld	Communication	None

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Appendix 2: GCHSCP NHS Complaints report 2019-20

LM2020/018	Patient is complaining about not receiving medication. Being answered with LM2019/342,345+370.	Partially Upheld	Education, No Action Required	K05-01 - Learning/Training Opportunities Identified - All staff to be made aware of how to add patients to medication lists and ensure no one is missed.
LM2020/029	Patient is complaining about not receiving his medication.	Partially Upheld	Action Plan	Staff to ensure upon admission patient is receiving correct medication.
LM2020/034	Patient is complaining about medication. Being answered with LM2020/029 + 045.	Partially Upheld	Action Plan	Staff to ensure upon admission patient is receiving correct medication.
LM2020/036	Patient is complaining about not getting his medication	Fully Upheld	Action Plan	K02-03 - Service Improvement Identified - Staff made aware of situation to ensure this doesn't happen again and patient to receive prescription.
LM2020/038	Patient is complaining about not receiving medication.	Fully Upheld	Action Plan	Staff made aware of situation to ensure this doesn't happen again and patient to receive prescription.
LM2020/043	Patient is complaining about not seeing psychiatrist/GP	Fully Upheld	Communication	K03-01 - Early engagement/Resolution with Complainant - Patient has been given appointments with both the GP + MHT
LM2020/044	Patient is complaining about seeing GP/Psychiatrist	Fully Upheld	Communication	K03-01 - Early Engagement/Resolution with Complainant - Patient has been given appointment with GP + MHT
LM2020/045	Patient is complaining about not receiving medication. Being answered with LM2020/029+034.	Partially Upheld	Action Plan	Staff to ensure upon admission patient is receiving correct medication.
LM2020/049	Patient is complaining about not getting medication. Being answered with LM2020/038.	Fully Upheld	Action Plan	K02-03 - Service Improvement Identified - Staff made aware of situation to ensure this doesn't happen again and patient to receive prescription.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

LM2020/050	Patient is complaining about the lack of treatment he is receiving despite putting in referrals.	Fully Upheld	Communication	Patient given new appointment for both GP + Podiatrist.
LM2020/051	Patient is complaining about not getting to see the GP/Other services	Fully Upheld	Communication	Patient given new appointment for both GP + Podiatrist.
LM2020/052	Patient is complaining about his GP appointment being changed multiple times	Fully Upheld	Action Plan	Issue highlighted to staff to avoid this happening in the future.
LM2020/087	Patient is complaining about the treatment he has received. Being answered with LM2020/088.	Partially Upheld	Action Plan, No Action Required	Service Improvement Identified - Staff to be made aware of fasting's for patients to ensure they take place Patient received the procedure and saw GP since to discuss meds
LM2020/088	Patient complaining about treatment he has received. Being answered with LM2020/087.	Partially Upheld	Action Plan	Service Improvement Identified - Staff to be made aware of fastings for patients to ensure they take place Patient received the procedure and saw GP since to discuss meds
LM2020/104	Patient is complaining he isn't receiving his medication	Partially Upheld	Action Plan	Service Improvement Identified - Patient has received medication and continues to receive it on time
LM2020/119	Patient is complaining about not getting meds. Being answered with LM2020/104.	Partially Upheld	Action Plan, No Action Required	N/A - Patient has received meds and continues to receive them on time
NE402	Patient feels there has been a breakdown in relationship and wishes a change of resource centre. She felt as if she had been ambushed at previous appointment as CPN was also at the meeting and feels there should be a long term plan in place.	Partially Upheld	Communication	K03-04 - Communication - Improvements in communication staff-staff or staff-patient e.g. - Agenda for Team Meeting. Where possible patient will be advised of in advance who will be present at outpatient appointments.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NE403	Mother is concerned with her son's behaviour and the medication he is currently taking.	Partially Upheld	Communication	K03-04 - Communication - agenda for team meeting. Staff need to ensure side effects are fully discussed with the patient All staff to be made aware of the following - Greater Glasgow & Clyde has invested in the Choice in Medication website which allows clinicians to download information with regards to medication for the patient and their families. Consultant to speak the ESTEEM team to ensure that families are aware of the significant side effects of the prescribed medication.
NE404	Patient feels there has been a breakdown in relationship and wishes a change of resource centre and feels there should be a long term plan in place.	Partially Upheld	Communication	K03-04 - Communication - Improvements in communication staff-staff or staff-patient e.g. Agenda for Team Meeting Where possible patient will be advised of in advance who will be present at outpatient appointments.
NE405	Patient complaining about members of staff and their conduct.	Partially Upheld	Communication	K03-02 Communication - Meeting complainant - provide explanation. SCN met with complainant on 29 March 2019 to discuss complaint in more detail.
NE406	Patient unhappy that his appointment was cancelled at short notice and he feels that his confidentiality was breached.	Partially Upheld	Communication	K03-01: Communication - Early engagement/resolution with complainant Service Manager contacted complainant by telephone and apologised for the administrative error and for any distress caused.
NE407	Complainant complaining with regards to the behaviour and conduct of a member of staff.	Fully Upheld	Conduct	K04-01 - Conduct - issued addressed with staff. Team Leader met with member of staff to discuss boundaries, sharing of information and appropriate behaviour staff.

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NE412	Daughter is concerned with treatment of her father and how she was assaulted by a patient whilst visiting her father.	Partially Upheld	Communication	K03-04 - Communication - Improvements in communication staff-pat SCN to raise visitor safety at the next Senior Charge Nurse Group.
NE416	Complainant feels that there are still unresolved issues from previous response and she has noted further observations.	Partially Upheld	Action Plan	K02-01- Action Plan - Lead Manager co-ordinating improvements Staff should ensure all relatives are provided with information booklets and these are readily available on the ward and signage in place advising of availability of same. Relatives to be notified as to key worker and staff to document this has been actioned. All Keyworkers to arrange a face to face meeting with family at earliest opportunity to obtain and offer information. Named Person documentation should be completed fully and sent to medical records for logging. Medical records should check with SCN and RMO via email that the named person details are in place where documentation requires to be shared e.g. specified person and no known named person identified. Staff should also ask families if they have received relevant documentation as a check and follow up with medical records that this has been actioned.
NE421	Daughter is concerned with the lack of communication between community teams and failure to identify and consider mother's ongoing weight loss	Fully Upheld	Action Plan	K02-03 - Action Plan - Service Improvement Identified. Reminder to staff: procedures following patient discharge, definition of role when joint working, access to core information for referrals, documentation of weight on EMIS. Actions listed in August edition of NE & East Dunbartonshire Learning From Serious Incidents Staff Briefing.

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NE423	Patient unhappy with the attitude and behaviour of staff. She also feels her confidentiality was breached and nurses did not listen to her with regards to using a green needle.	Partially Upheld	Action Plan	K02 - 03 - Action Plan - Service Improvement Identified Learning opportunity for nursing staff who are trained to use green needles for IM injections. The PDN's will take this forward to ensure all staff have a knowledge and awareness of needle use and that staff also seek advice where appropriate when a patient raises a concern or challenges a decision.
NE427	Patient upset that his weekly appointment had not been booked and the attitude and behaviour of the Receptionist.	Partially Upheld	Communication	K03 - 01 - Communication - Early Engagement/resolution with complainant. Manager spoke to complainant but could not determine why appointment was not on system.
NE429	Patient unhappy that his prescription was ready but no doctor was around to sign it.	Fully Upheld	Communication	K03-04 - Communication - Agenda for Team Meeting. OPs Manager and Team Leader will meet with the nurse to discuss the need to ensure that prescriptions do not lapse, any issues around the arranging for prescriptions to be signed should be discussed immediately with a manager. Above learning will be shared with full team through team meetings.
NE433	Patient raised concerns that some patients seem to be given preferential treatment and feels her confidentiality may have been breached.	Partially Upheld	Communication	K03-04 - Communication Agenda for team meeting SCN to discuss at Team Meeting that conversations with patients should take place in a private area and they must be mindful of surroundings when carrying of conversations to ensure confidentiality, dignity and privacy.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NE441	Complainant unhappy that he was to attend appointment early in order to see a doctor. He sat all day and was then told there was no doctor available and to come back at the end of the week.	Partially Upheld	Communication	K03-04 - Communication - agenda for team meeting Staff to be reminded of the correct process for booking medical reviews to avoid re-occurrence. Staff to be advised that any change in treatment plans or appointments should be notified to service users immediately.
NE443	Patient unhappy with attitude and behaviour of Reception Staff.	Partially Upheld	Conduct	K04-01 - Conduct - conduct issued addressed with staff
NE445	Patient unhappy that crisis team did not cater to his individual needs, that he was put on waiting list to see psychiatrist and that he would need to be referred to a psychologist. 3 months have passed and he has not heard anything.	Partially Upheld	Communication	K03-01 - Communication - Improvements in communication staff-staff or staff-patient - Early engagement/resolution with complainant.
NE451	Patient unhappy with the attitude and behaviour of staff.	Fully Upheld	Conduct	K04-01 - Conduct issues - discussed with staff. Team Leader has spoken to staff member and note will be added to her file.

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NE452	Patient has concerns with how long he has been on methadone. He would like to meet with staff to discuss his concerns.	Partially Upheld	Communication	<p>K03-04 Communication Agenda for Team Meetings.</p> <p>1. All staff will be reminded through team meetings that any trauma should be discussed with psychologists within the team to consider supports. Complex issues should be discussed within MDT complex case meeting;</p> <p>2. All staff will be reminded through team meetings that careplans should be discussed and agreed with service users, with a copy provided to service users, and this should include information from medical reviews. There are plans to hold citywide briefings in February to roll out a new assessment and careplan and the expectation of sharing careplans with service users will be re-emphasised;</p> <p>3. There should be regular attempts to involve families in service user care and family members should be provided with information in relation to supports where consent is provided by service users. This will be shared with staff through team meetings.</p>
NE457	Son concerned with the attitude and behaviour of staff and that his father has been left with no nursing care.	Fully Upheld	Conduct	K04-01- Conduct issues discussed with staff
NE461	Daughter concerned with the regards to the delay in her mother receiving results of her CT Scan.	Fully Upheld	Action Plan	<p>K02-01- Action Plan - Lead Manager co-ordinating improvements.</p> <p>Business Support Manager to review processes currently in place to ensure this does not happen again.</p>

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NE463	Daughter unhappy with the attitude and behaviour of staff when they visited her mother.	Fully Upheld	Education	K05-01 Education - Learning/training opportunities identified. DN has reflected on her behaviour and will use your comments and the points that were raised to direct her learning as part of her PDP.
NE464	Patient concerned with the lack of communication with regards to her referral to psychotherapy.	Partially Upheld	Communication	K03-01- Improvements in communication - resolution with complainant Letter to be sent with contact information for Psychotherapy Services.
NE465	Complainant concerned that LD Nurse is visiting her uncle at home when she is no longer involved in his care and questioning support worker with regards to changing patient's routine.	Fully Upheld	Conduct	K04-01 - conduct issues - discussed with staff. NTL will take actions forward through supervision process.
NE466	Concern that patient tried to take her own life by setting fire to her home and of the care provided.	Partially Upheld	Communication	K03-01 - Early Engagement Apology provided for the delay in allowing daughter to visit.
NE467	Family are looking for list of all medication/dosages prescribed from 1st Dec 2018 to date, an investigation in to alleged sexual encounter in 2009 and a copy of care plan.	Partially Upheld	Communication	K03 - 02 - Communication - meeting complainant - provide explanation.
NE470	Patient unhappy with the attitude and behaviour of staff.	Partially Upheld	Conduct	K04-01 - Conduct issues addressed - discussed with staff. BSM met with member of staff to stress the importance of behaving in an acceptable manner at all times.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NE471	Patient not happy that staff didn't explain the DVLA requirements to him re his fitness to drive.	Partially Upheld	Communication	K03-04 - Communication - Agenda for team meeting Service Manager to remind staff of the need to discuss fitness to drive as well as staff responsibilities in encouraging service users to report difficulties to the DVLA themselves.
NW1946	Issues centred on how nurse bank member of staff managed the acute disturbance of complainant's daughter. Resolution was sought via face to face meeting with complainant and I.O. and the SCN of the ward concerned.	Partially Upheld	Action Plan	K02-01: SCN to review Care Plan and iron out inconsistencies. Efforts made to staff wards at night with permanent Henderson staff and adequately brief them on care plan. Referred to Nurse Bank Manager to meet member of staff concerned and review knowledge and training.
NW1949	Complaint about attitude of individual Health Visitor.	Partially Upheld	Communication	Team Leader has reflected with the health visitor and discussed points raised to avoid re-occurrence
NW1955	Late Arrival of health visitor at baby clinic - no explanation given.	Fully Upheld	Communication	None
NW1956	1.Management of Proposed Transfer to Rehabilitation Ward The SCN had tried to resolve these locally though not to the complainant's satisfaction.	Partially Upheld	Action Plan	When transitioning from IPCU to Rehab (which is unusual) to give consideration of doing this in a bespoke fashion rather than trusting in the standard rehab driven model.
NW1969	Delay in providing Psychology service to patient.	Fully Upheld	Communication	None
NW1985	Mother unhappy with care from Doctor at Riverside. Requested transfer to another resource centre. Arndale resource centre did not accept transfer of care. Patient discharged from Riverside as he did not want to attend. Mother complained to service manager, who	Partially Upheld	Communication	Clearer communications between teams and acceptance of clinical decisions.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

	did not respond.			
NW1995	Lack of follow up from team Looking to be referred to service that is unavailable at the moment Looking for copies of assessments from Consultant	Fully Upheld	Communication	All areas of complaint have been looked at, recruitment is a huge issue, and Consultant is taking forward the resource issue highlighted as to a lack of service being provided as a gap in service provision. There are recruitment issues which have been highlighted.
NW1999	Treatment received from Kershaw Day Services - Complainant/Father concerned for his son who has had his diazepam prescription discontinued and seeking to have his case reviewed by another Doctor.	Partially Upheld	Action Plan	Minimal agreement in place prior to reduction planning being commenced. Issues raised discussed with Dr and care plan will be reviewed. An alternative Doctor can review son/patient at next planned appointment. Direct communication with Dr regards future planning of long term benzodiazepine reductions. Introduction of clinic to support service users with reduction. Identified nurse to support Dr with reduction, prescription monitoring & service user support.
NW2003	Delay in appt, delay in return call, medication increased without patient being informed.	Fully Upheld	Communication	Highlight simple lack of communication as an issue which is simple to rectify. I will address this at next meeting with staff
NW2006	Issues around care, treatment and changes to medication in the community and finding difficulties in voicing her concerns to the consultant.	Partially Upheld	Communication	None - but the concerns of the complainant will be highlighted to Consultant/Staff in respect of their sibling's care.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NW2009	Issue Raised: Excessive waiting time at clinic	Fully Upheld	Communication	Staff advised to seek assistance from Team Leaders to identify additional staff with clinics where delays are occurring due to unforeseen circumstances. Information should be relayed to patients as soon as possible advising of unplanned delay. SMT will circulate advice / procedure to all staff.
NW2013	Notes recorded where inaccurate, felt he had been dismissed and discharged without treatment. Requesting to record future interactions with any staff at resource centre.	Partially Upheld	Communication	Discuss with clinicians the importance of accurately recording information. Raise this at exec meeting to be cascaded throughout the teams.
NW2015	Complainant has complained about seeing her worker on only 2 occasions in past 6 months.	Fully Upheld	Communication	Patient's allocated worker will contact her to discuss how best she should be supported. Staff will be informed that they make arrangements when on annual leave to ensure continuity of care.
NW2016	Complainant advised that she is currently in Henderson Ward, Gartnavel Royal Hospital and wanted to complain about a number of concerns around the treatment she has received.	Partially Upheld	Communication	None
NW2039	Complaint is around amount of time waiting for an appointment. Complaint is also with regards to Dr's hostility towards patient at the appointment. Patient is also seeking a second opinion from another doctor as there is no faith in the first doctor seen.	Fully Upheld	Communication	Patient has been spoken to and is happy to be offered a second opinion. Feedback has been given to staff member and the points raised will be addressed via supervision.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NW2041	No regular medical reviews within agreed timescales. Seeking letter for housing from medical officer. Unhappy with advice on reducing illicit diazepam use as outcome of Nursing Mental Health Assessment. Review of ORT prescribing. Seeking access to inpatient detoxification.	Partially Upheld	Action Plan	Discussion with Lead Medical Officer to review Medical Officer / Prescriber availability to increase review within required timescale of 12 weeks.
NWS00120	1.Patient said he felt very low at the end of his consultation with Doctor, after revealing personal and difficult information. 2.Patient felt that Doctor should have contacted Doctor at CMHT before making a decision about whether to offer further appointments 3. Patient feels unsure about where sources of support will come from and whether he will be referred back to Sandyford or the community mental health team. 4. Patient felt he did not know what to expect when attending Sandyford.	Partially Upheld	Communication	Consideration of how to give more information to patients before an appointment. Possibly text link to website.
NWS00220	Mother of patient unhappy about his waiting time for appointment and being moved to gender adult list	Partially Upheld	Communication	None
NWS00420	Patient complained of lack of communication and lack of blood tests. Delays in treatment.	Fully Upheld	Communication	Recruitment of more staff
NWS00520	Patient complained of appointment being cancelled and length of wait for new appointment.	Fully Upheld	Communication	None

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NWS00720	Booked appointment in October, went to appointment in January, building was closed. Had not been advised. Has to wait months for new appointment.	Fully Upheld	Action Plan	Implementation of new model to reduce waiting times has begun.
NWS00820	Patient complained they needed more genital hair removal and had been told it was refused which meant they could not have surgery	Fully Upheld	Communication	None
NWS00920	Patient booked IUD appointment on line, when their appointment was cancelled and they tried to rebook they found out they could not bring their child. Patient said it did not say on the website and that you should be able to bring your child.	Partially Upheld	Access, Communication	Website to be updated with correct info
NWS01020	1. Patient felt judged during her consultation and as if she were 'not worth bothering about' 2. Patient that her daughter felt judged when BMI was discussed in the consultation 3. Patient felt that discussion of weight and BMI was inappropriate in the context and it was not Dr's place to make comment. 4. Patient felt that her questions during the appointment were unanswered	Partially Upheld	Communication	Dr has reflected on patient feedback and how she might address similar issues in future. Dr has now completed patient satisfaction questionnaires – all excellent feedback.
NWS01119	Delay in communication of results. Lack of communication with Patient. Failure to discuss reasons for being declined PrEP pending further investigations. Failure to make another appointment for patient.	Fully Upheld	Access, Action Plan, Communication	PrEP protocol has been updated. Algorithm for calculation of eGFR and management of this and other kidney function results has been revised and this will be managed more systematically by sexual health adviser office and consultants' virtual diary.
NWS01220	Patient complained that their care plan was changed and they were not told and that their prescription was changed incorrectly	Partially Upheld	Communication	Patient offered different clinician in future if desired

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NWS01719	Parents complained their child had been misgendered, their child's condition was not understood properly, that there were mistakes made in a written report.	Partially Upheld	Communication	None
NWS01820	Patient had implant removal appointment but when she called she was told no appointment was made and she'd have to wait until May. Personal circumstances meant this was very upsetting.	Fully Upheld	Communication	None
NWS01919	Delays in getting treatment Correct/alternative treatment not offered Clinically substandard Staff were antagonistic and not courteous	Partially Upheld	Communication	Service review is underway to try and reduce waiting times.
NWS02319	Patient unhappy with triage on phone, complained of not being offered treatment requested, complained reception not trained, triage nurse dismissive, offered referral did not think was correct.	Partially Upheld	Communication	None
NWS03019	Patient complained she had several appointments cancelled	Partially Upheld	Communication	None. Appointment was cancelled due to unforeseen circumstances
NWS03119	Complainant came with husband to clinic for his appointment. Reception were rude and unhelpful and shouted over the head of another patient to speak to them.	Fully Upheld	Communication	K03-01: Reception staff reminded of correct procedure when dealing with patients.
NWS03319	Client not happy re not being able to access an appointment for pill contraception.	Fully Upheld	Access	K01-1: Access - Plans for service review will open more routine care.
NWS03419	Client has raised concerns over length of time and process for overdue abnormal smears. Complained was told wrong length of wait for results.	Partially Upheld	Communication	None

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NWS03719	Patient was not introduced to 2nd staff member in consultation room. Patient felt judged and intimidated. Also felt not extensive enough consultation.	Fully Upheld	Communication, Education	New staff training to include always introducing any other clinicians in the consultation.
NWS03819	Patient complained of difficulties getting test results, had been problems before, this time confusion over tests being "redated" and swab leaking. Nurse lead retested, couriered to lab, leaked again. 3rd tests arranged. 4th June nurse took samples by hand to lab.	Fully Upheld	Communication	None
NWS04019	Patient complained of bruising from blood test & lack of explanation about a Healthcare Assist taking a blood sample.	Partially Upheld	Communication	Admin manager to ensure staff give enough explanation of a test only appointment.
NWS04119	Patient unhappy at having to wait so long for an appointment and also confused why August lists open but not July.	Partially Upheld	Communication	Service review is underway
NWS04319	Patient was waiting far to long for blood test results to start testosterone	Fully Upheld	Communication	None
NWS04619	Patient complained that he had to wait 2.5 hours to finish his appointment. Also that there was no floor nurse.	Fully Upheld	Communication	Review should help address staff shortages. Inclusion team contacted to be involved with patient for next visit.
NWS04719	Patient had not heard about their referral and was unhappy with delay	Fully Upheld	Communication	None- new staff now in place
NWS04919	Patient complained she was left in the waiting room for hours and that it was racially motivated	Partially Upheld	Communication	None

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NWS05019	Patient felt pain when having an implant inserted. This did not get better, implant was in the muscle. Could not be removed in clinic. Referred to GRI for removal but referral only sent two months later	Fully Upheld	Communication, Education	Clinicians should be reminded to get client to feel implant and give written information (ebulletin by end July 2019) Website should have easily accessible information about next steps if implant problems arise (by end July 2019) Clinicians should not type their own letters but should use existing administrative systems which have an audit trail and fail safe systems in place end July 2019)
NWS05219	Patient angry he was texted about cancelled appointment but could not get through to rebook. Said we should have phoned him to check suitable dates.	Partially Upheld	Communication	Cancellation text to include when to rebook
NWS05419	Patient complained of length of waiting time for first appointment and the lack of communication and support while waiting for an appointment	Partially Upheld	Communication	None
NWS05519	Patient complained doctor was rushed and did not explain aftercare for her coil removal. Complained of pain and bleeding.	Partially Upheld	Communication	None
NWS05819	Patient was upset with nurse for criticising her for having several abortions.	Fully Upheld	Communication	Nurse was asked to reflect on feedback.
NWS05919	Gender patient complained of waiting time for appointment and also not giving advice/information to GP needed for a prescription	Partially Upheld	Communication	Staff are being recruited to the service.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NWS06019	Patient feels their surgery is being delayed by not being treated properly and not being taken seriously. Wants to see a different doctor in future and wants to know why her counselling was delayed. When they called they were mis-gendered.	Partially Upheld	Education	<ul style="list-style-type: none"> •If unsure of gender ask for pronoun. Also check the identity of the person on the phone. •Ensure that all onward referrals are processed.
NWS06219	Patient was annoyed as appointment being cancelled by text and when she called receptionist was rude to her	Fully Upheld	Communication	None
NWS06319	Patient came to drop in but asked if he had an appointment as was full. He said he had symptoms and was told drop in was non symptomatic only. Annoyed at wasted journey. Emailed complaint, admin replied by mistake and referred to him as "this guy"	Fully Upheld	Communication	Admin advised to be more careful with information for patients and when emailing.
NWS06719	Patient had alerted Sandyford that a letter was sent to his house without permission, he had asked to be emailed. Current permissions were to send letters. This was changed but then patient said we wrote to his GP again. At this point wished to complain.	Partially Upheld	Communication	None, nurse was busy and it was an oversight not to add email address
NWS06819	Patient unhappy about time to get expenses repaid and complained admin staff was unpleasant and unhelpful	Partially Upheld	Communication	Gender team have new processes in place to track expenses claims
NWS06919	Patient's appoint was running late and no apology or explanation was given. During the appointment the nurse discussed with the patient a previously documented assault, which made the patient feel uncomfortable. Patient was told condoms are an ineffective method of contraception.	Partially Upheld	Communication	Appointment running late - staff are expected to communicate and apologise for any delays, all staff will be reminded of this.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NWS07019	1. Admin mix up caused 2 month delay in appointment. 2. Next appointment not soon enough.	Partially Upheld	Communication	New admin processes introduced
NWS07119	Patient complained he missed appointment because he did not get reminder and could not get through on the phone and was hung up on.	Partially Upheld	Communication	None
NWS07319	Patient initially complained her appointment time was changed by 30 minutes and a new care plan was put in place without telling her. Complaint escalated as she complained of every arrangement, phone call or person involved from then on. Being lied to about next appointment. Delay by admin over GDPR request.	Partially Upheld	Communication, Education	All admin staff made aware of process for subject access requests
NWS07419	Patient had an appointment booked for a smear and coil removal and due to the nature of their work had to take significant time off work to accommodate this. The appointment was cancelled last minute and an alternative not offered until Dec 2019. This was unsuitable and caused the patient concern and upset.	Fully Upheld	Communication	There is a review of the services underway to prevent cancellations
NWS07719	Patient complained of delays in getting an appointment to the gender service	Fully Upheld	Communication	New staff are being recruited and trained
NWS07819	Patient complained of delays in getting appointments, delays in referrals and not enough staff in the service plus questioned whether they even needed an appointment	Partially Upheld	Communication	We have recruited a new psychologist to the service.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

NWS08018	Patient had to attend twice due to admin error, inaccuracies in report Dr did not take notes, was flippant, subjective, appointment unnecessary.	Partially Upheld	Communication	None
NWS08219	Patient complained her referral to hospital was far too delayed	Fully Upheld	Communication	Secretaries asked to be more careful with referrals and to follow up any missing
NWS08319	Patient travelled to Glasgow for their appointment only to find there was no appointment scheduled. The patient was informed that a text had been sent to them to cancel the appointment - which the patient never received. The patient was then given the number the text was sent to and it was not the number used by the patient. The patient was then asked if they prefer to be called *name* or *name* (in turn misgendering them) and it was at this point the patient realised that the staff member they were talking to had them mixed up with another patient.	Partially Upheld	Communication	Line manager has spoken to the member of Admin staff.
NWS08419	Nurse was abrupt and unhelpful. Did not apologise for taking patient late for appointment.	Fully Upheld	Communication	Nurse to reflect on her attitude
S070/19	Complainant unhappy with attitude of staff when attempting to change appointment and gender issues in the way she was addressed.	Partially Upheld	Action Plan	All administrative staff will complete equality and diversity training and be reminded to ensure that they are aware of the importance of allowing people to cancel and rearrange appointments

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Appendix 2: GCHSCP NHS Complaints report 2019-20

S4/20	Complainant feels that the Health Visitor has acted in an unprofessional way in their attitude and behaviour, and she was unable to contact health Visitor	Partially Upheld	Action Plan	Service Manager will ensure that accurate contact details for Health Visitors are shared.
SO10/20	Patient felt pain when needle was pulled out and then felt faint. Phlebotomist did not ask patient how they were feeling during or after the procedure.	Fully Upheld	Communication	Team Leader has spoken with phlebotomist who has agreed to go on refresher training and to always enquire how the patient is feeling after procedure.
SO100/19	Complaining about the lack of help and support from Wellbeing services. Waited over 6 months for an appointment and as a result withdrew from wellbeing waiting list	Partially Upheld	Access	Lifelink have made changes to their referral process to ensure similar incident do not recur.
SO19/19	Lack of care complainant's husband received by Enteral Feeding Nurse based at Pollock health centre.	Partially Upheld	Action Plan	Management team will discuss this case at next team meeting especially regarding the inappropriate information given during the telephone call with the enteral feeding office.
SO23/19	PASS advisor raised complaint on behalf of previous inpatient as she was unhappy with the treatment that she and other patients were subjected to whilst an inpatient and also errors in relation to discharge.	Partially Upheld	Communication	Learning points to be taken with regard to discharge medication.
SO25/19	Complainant unhappy to receive a letter advising of an appointment that he was not expecting given it was several months since discharge and did not want. He does not want any treatment.	Fully Upheld	Communication	K03-01: Communication - Complainant has been taken off follow up - no further appointments to be sent.
SO26/19	Complainant unhappy to find cars parked in the electric car charging bays blocking access to the charger	Fully Upheld	Communication	K02-03: Signage will be applied to bays to advise of appropriate use.
SO29/19	Complainant unhappy that assessment process for loss of memory has resulted in her being disqualified from driving.	Partially Upheld	Communication, Education	K05-01: This experience is something of which the doctor has now reflected upon and will use as a learning point.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

SO35/19	Patient complaining re non wheelchair friendly entrance doors to Florence Street building	Fully Upheld	Action Plan	K02-03: Access will be rectified by Estates.
SO36/19	Inaccuracies in clinical letter sent to GP by CBT therapist following face to face session and requests that this information be removed from his clinical record	Fully Upheld	Communication	None
SO49/19	18mth old child given vaccination of MMR_measles/mumps/rubella twice by immunisation staff.	Fully Upheld	Education	We have looked at the cause of this incident to determine whether it was a human or procedural failing and we are putting additional counter-measures in place to minimise future errors. These countermeasures include sharing this error and the underlying factors with staff in a learning environment, reviewing our guidelines as well as identifying further staff training in order to promote best practice
SO51/19	You feel that if your son had been reviewed after his 3rd birthday, he would have had the right support to get to the bottom of the issue with his speech. You also feel this would have helped in pushing the GP to get him a referral to the hospital	Partially Upheld	Education	We have looked at this human failing discussed it with the member of staff involved and are putting in countermeasures to prevent future concerns. These countermeasures include reflection on practice as well as identifying further training in order to promote best practice.
SO52/19	Concerns in relation to an appointment with Florence Street Community Mental Health Team and lack of communication in relation to other appointments.	Fully Upheld	Action Plan	To put a process in place to ensure that each patient is informed of the outcome of their referral.
SO54/19	Complaining that no follow up visit had been offered by the Health Visiting team after her Health Visitor retired.	Partially Upheld	Communication	None
SO55/19	Unsatisfied with the level of service she receives from the Wellbeing Service.	Fully Upheld	Communication	None

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Appendix 2: GCHSCP NHS Complaints report 2019-20

SO57/19	Complainant feels she is not getting the support she needs and feels nothing is being done about it.	Partially Upheld	Action Plan	Processes are being reviewed to minimise the potential of this re-occurring.
SO59/19	Complainant has concerns regarding cleanliness of the ward. Tea room cutlery being kept in a dirty tub.	Partially Upheld	Action Plan	Changes have been made to the routine at meal times; the tables will now be set by the domestic staff and patients meals will be brought to their table.
SO60/19	Complainant feels the Health Visitor is disrespectful and makes patronising comments to him. The complainant feels this behaviour is out of revenge because he had complained about the health visitor's behaviour. A joint visit was made with a social worker and another health visitor, the complainant felt shocked and upset by this as he had no knowledge of a referral.	Partially Upheld	Education	K05-01: Learning/Training Opportunities Identified - Moving forward there are lessons to be learnt around communicating concerns to families so they are not left feeling let down.
SO68/19	Complainant unhappy about the process for managing appointments also appointment letters being sent to the wrong address resulting in a breach of his personal information and a missed appointment with his psychiatrist causing anxiety	Fully Upheld	Action Plan	Staff reminded of the importance of inputting data correctly. Staff have also been instructed to be courteous at all times.
SO74/19	Daughter complaining in relation to her mother who was an inpatient at Leverndale Hospital. Daughter feels her mother is not well enough to be discharged. Daughter questioned the Doctor's manner.	Partially Upheld	Communication	none

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Appendix 2: GCHSCP NHS Complaints report 2019-20

SO76/19	Patient feels does not have a productive patient-doctor relationship with their Doctor at Stewart Street. Difficulties in obtaining a more detailed letter to be provided to Home Hunt to locate them to more suitable housing from Glasgow to Another Scottish City. Perceived communication issues between Stewart Street, Crisis Team and Leverndale.	Partially Upheld	Communication	none
SO79/19	Complainant wishes to escalate complaint about receipt of an unsolicited voicemail message and a letter dated 08/11/19. Further complaint about the care complainant has received from Rossdale resource centre.	Partially Upheld	Communication	Communication
SO85/19	Complaining that his partner has been discharged from Rossdale without any notice, background information or reason. Partner is looking to obtain a report on conclusion and history of medication which despite requesting has been unable to obtain.	Fully Upheld	Action Plan	Guidance will be circulated to the CMHTs in South Glasgow which details a process that they should follow to ensure that patients receive follow up appointments and when patients are discharged from the service that they receive a letter informing them of discharge and details of how to access the service should they require to do so in future.
SO91/19	Complainant's wife is an inpatient at Leverndale with a history of absconding. Complainant advised his wife was distressed and stated it was her intention to leave the hospital, Complainant informed nurse on duty of his wife's intention to leave the hospital. Complainant later received a phone call to say his wife had left the ward and was treated as a missing person.	Partially Upheld	Communication	Senior Charge Nurse will reiterate to ward staff to continue to be vigilant to patient's absconding.
SO92/19	Complaining about the attitude of the Doctor	Partially Upheld	Action Plan	Doctor will be provided with this complaint and response and asked to reflect in it as part of his appraisal process.

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Appendix 2: GCHSCP NHS Complaints report 2019-20

SO96/19	Complainant was not happy that he had a swab taken in September which went missing, another swab taken in October which was fine and then a 3rd swab taken and this allegedly went to the wrong GP Practice.	Fully Upheld	Communication	Email has been sent out to all staff to advised that a GP MUST be on all specimens being sent to the lab to prevent this from happening again.
SO99/19	District Nurses who attended to immobile, housebound patient at a home visit, on leaving allegedly did not lock house or keybox leaving patient vulnerable.	Fully Upheld	Communication	Issues will be discussed at team meetings and reinforced

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