



**Item No. 13**

**Meeting Date Wednesday 14<sup>th</sup> December 2022**

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

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**Health and Social Care Complaints Activity 2021-22**

<b>Purpose of Report:</b>	To present data on complaints for both health and social care during the period 1st April 2021 to 31st March 2022
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<b>Background/Engagement:</b>	Based on an analysis of ongoing activity captured in separate recording systems of the Health Board and Council.
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<b>Governance Route:</b>	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input checked="" type="checkbox"/></p> <p>Operational Performance and Delivery Scrutiny Committee</p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p>
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<b>Recommendations:</b>	<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>
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<b>Relevance to Integration Joint Board Strategic Plan:</b>	<p>Pages 22-23 - Strategic vision and priorities: Good complaints management helps support the strategic vision for our services in terms of:</p>
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- 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:

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

## 1. Purpose

- 1.1. To present data on complaints for both health and social care during the period 1st April 2021 to 31st March 2022.

## 2. Background

- 2.1. This report summarises the complaints activity for the period 1st April 2021 to 31st March 2022 in health and social care services managed by Glasgow City Health and Social Care Partnership ('the HSCP'). Full analysis of complaints data is given in two appendices. Appendix 1 for social care data and appendix

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2 for NHS data. The purpose of this report is to present and summarise the main features of that fuller analysis.

- 2.2. The complaints data informing this report is held in 3 separate systems – Datix (NHS), C4 (Social Work, homelessness and Care Services Residential and Day Care) and Lagan (Care Services Home Care). The complaints are managed under two distinct processes relating to the complaints handling policies and procedures of NHSGGC (Health) and GCHSCP (Social Work and Care Services). It is for this reason that the analysis of NHS complaints and social care complaints are reported in separate appendices and figures for social work and care services in separate tables within Appendix 1.
- 2.3. 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).
- 2.4. The timescale for first stage is 5 working days in both processes but may be extended to 10 working days in exceptional circumstances. The time limit for formal investigation and response at the second stage is 20 working days.
- 2.5. Management of the two processes relating to local authority services (social work and care services) are to be combined as part of developments to move all GCC customer-facing services onto a single system. This was originally scheduled for implementation in 2021 using a platform 'Firmstep', however, this is presently being re-scoped for the platform 'GovService' and will not be implemented until 2023 at the earliest.
- 2.6. Volumes of all complaints had decreased substantially in 2020-21: Social work fell by 41% from 661 to 393; Care Services by 46% from 581 to 315; NHS by 21% from 2134 to 1691. This, however, marked an exceptional year in terms of low numbers of complaints received.
- 2.7. In relation to Social Work, it was suggested in the previous Annual Report that the reduction was likely to be directly linked to aspects of the Covid pandemic, including service developments to mitigate the impact of the pandemic and a potential change in customer expectations. In addition, the preceding year had seen an unusually high number of Social Work complaints received.
- 2.8. The fall in health complaints was driven by a large fall in complaints at Barlinnie prison (almost halved) and a substantial fall in North East locality.
- 2.9. For 2021-22, Social Work complaints have increased substantially, rising by 26% from 393 to 496. Care Services complaints, however, continued to fall by a further 13% from 315 to 275. NHS complaints have also continued to fall, decreasing by 15% from 1691 to 1439.
- 2.10. There has been little change in the distribution of complaints volume between the three localities. Almost all care service complaints focus on home care. The majority of NHS complaints (70%) are about prison-based healthcare. More social work, home care and community health complaints are received in respect of South Glasgow than the other two localities, but this reflects different demographics and services in each locality.

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- 2.11. The presence of sexual health services in Sandyford clinic North West Glasgow contributes significantly to a greater number of community health complaints in that locality. The varying number of complaints in the three prisons are a product of the differing size and complexity of needs of their prisoner populations.
- 2.12. While the number of homelessness complaints has increased slightly this year, the proportion of all complaints that relate to homelessness has fallen for the second year running. Continued measures to provide more emergency accommodation and reduce rough sleeping in the wake of the pandemic are likely to have been a contributory factor in relation to this.
- 2.13. Performance against timescale for stage 2 investigations of complaints has reduced in 2021-22, following a marked improvement in 2020-21. In 2019-20, only 52% of social work stage 2 complaints had been investigated and responded to by CFIT within the 20 working day time limit, but this rose to 84.3% in 2020-21, before falling again this year to 70.8%. While this represents a significant decrease in compliance, this still meets the target of 70% compliance. This fall is attributed to the increase in volume of complaints, and also to a significant increase in the volume of work unrelated to complaints handled by the team in relation to the Subject Access process. The target for stage 2 complaints was not met for the NHS overall, dropping to 61% from 70% the previous year, although both HMP Barlinnie (72%) and North East area (86%) did meet the target for compliance for the year.
- 2.14. Timescales for stage 1 complaints are again for 70% to be responded to within the relevant time (5 working days or 10 days with extension). These targets were not met for social work complaints (except in North East locality). 64.2% of these were in time across GCHSCP, up fractionally from the year before. Targets were met for the NHS (over 90%).
- 2.15. Although Stage 2 target was met, Stage 1 performance has meant that target was not met for complaints across both stages, with only 67.5% of all responses being within deadline. For the NHS across both stages the figure was 80%. More Stage 1 social care complaints would have met the target had managers in localities applied available extensions.
- 2.16. There has been a noticeable rise in social work complaints concerning alleged failures to respond to service users. This may be related to staff absences or other staffing issues relating to Covid. The proportions of other complaint types have remained similar, with the exception of a decrease in complaints of a financial nature.
- 2.17. For Care Services, the top three issues were quality of service, competency of staff and failure to arrive. Complaints about failure to arrive, late arrival or failure to complete tasks have risen (numerically) from a combined 28 in 2020-21 to 34, but remain well below pre-pandemic levels of 112 (32.7%) in 2019-20. Conversely, the combined number and proportion of complaints about staff competency and attitude has fallen from 108 (40.6%) to 84 (36.5%), despite the overall fall in complaints.

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- 2.18. A larger proportion of both social work and care services complaints have been upheld or partially upheld in 2021-22 than in the preceding year, however while Social work complaints upheld or partially upheld have increased from 23.5% to 35.3%, care services complaints upheld or partially upheld have increased only fractionally, from 58% to 59.6%. As overall numbers of complaints have also increased across both areas, more complaints have been upheld than in the previous year, however 2020-21 is noted as representing a particularly exceptional year where fewer complaints were upheld or partially upheld than in any preceding year.
- 2.19. For health services, most complaints were associated with nursing staff (50.7%), followed by G.Ps (25.7%), other Doctors (9.8%) and admin staff (8%). The high number for G.Ps and Dentists, and the majority of those for nurses, reflect their role in delivering prison-based healthcare and the very large number of complaints in that sector.
- 2.20. 92% of NHS complaints were about three issues: standard of clinical treatment (73%), waiting times for appointments (12%) and attitude and behaviour of staff (7%). This is proportionately similar to the previous year.
- 2.21. In health services only 17% of complaints were upheld or partially upheld, but this reflects the fact that most complaints are about prison-based healthcare, with a rate of only 5.6% upheld or partially upheld across all prisons. Across locality community-based health services the rate of upheld complaints was 45.9%.
- 2.22. For upheld complaints in all services, there is good evidence that actions were then taken to offer redress and improve services. These were largely confined to improvements at an individual case level, but also involved some systemic improvements to information, staff training and amended processes. Specific improvements are highlighted and relevant actions listed in full at section 3.8 of Appendix 1 and section 5 of Appendix 2.

### 3. Recommendations

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

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**Glasgow City Health and Social Care Partnership**  
**Social Care Complaints Report April 2021 – March 2022**

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## Section 1 Executive Summary

### 1. Executive Summary

- 1.1 This report covers complaints about social care services in the period April 2021 – March 2022 considered under the GCHSCP complaint procedure. This consists of three stages of: Stage 1: 'Front-line resolution' (timescale 5 working days that may be extended); Stage 2: formal Investigation and written response (timescale 20 working days); stage 3: Scottish Public Services Ombudsman (independent review that may lead to formal investigation, decision and recommendations or to a decision not to take matters further).
- 1.2 Figures are given separately for social work (including Homelessness) and care service complaints (home care, residential and day care) as these are processed within two different information systems ('C4' for social work / homelessness and 'Lagan' for most care services). While previously anticipated that these complaints would be fully integrated by this point, as complaints systems remain separate and significant development is still required on a solution, greater alignment will not be possible until complaints systems are replaced with a common system across all complaints.
- 1.3 Volumes of social work complaints increased substantially in 2021-22, rising by 26% from 393 to 496. Care Services complaints, however, fell by 13% from 315 to 275.
- 1.4 There has been little change in the distribution of social work complaints proportionately between the localities. Almost all care service complaints focus on home care, with more in South locality than the other localities, but this is in line with the greater population and scope of services.
- 1.5 While the number and proportion of homelessness complaints fell in the previous year, reversing a trend of the previous three years, the number of complaints has increased slightly this year. The proportion, however, has fallen further. Continued measures to provide more emergency accommodation and reduce rough sleeping in the wake of the pandemic are likely to have been a contributory factor in the rise in preventing a more significant rise in the number of homelessness complaints.
- 1.6 Performance against timescale for stage 2 investigations of complaints has reduced in 2021-22, following a marked improvement in 2020-21. In 2019-20, only 52% of social work stage 2 complaints had been investigated and responded to by CFIT within the 20 working day time limit, but this rose to 84.3% in 2020-21, before falling again this year to 70.8%. While this represents a significant decrease in compliance, this still meets the target of 70% compliance. This fall is attributed to the increase in volume of complaints, and also to a significant increase in the volume of work unrelated to complaints handled by the team in relation to the Subject Access process.
- 1.7 Timescales for stage 1 complaints were not met for social work complaints (except in North East locality). 64.2% of these were in time across GCHSCP, up fractionally from the year before. The target was, therefore, not met for complaints across both stages, with only 67.5% of all responses being within deadline.
- 1.8 Section 3.4 summarises the particular client groups submitting complaints, with the majority of complaints relating to Children and Families involvement – this is typical, and directly related to the general dissatisfaction that many complainants feel towards social work involvement in their family lives.
- 1.9 Section 3.5 summarises the main issues raised by service users across social work complaints and across care services complaints.
- 1.10 There has been a noticeable rise in social work complaints concerning alleged failures to respond to service users. This may be related to staff absences or other staffing issues

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### Appendix 1: GCHSCP Social Care Complaints Report April 2021 – March 2022

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relating to Covid. The proportions of other complaint types have remained similar, with the exception of a decrease in complaints of a financial nature.

- 1.11 For Care Services the top three issues were quality of service, competency of staff and failure to arrive. Complaints about failure to arrive, late arrival or failure to complete tasks have risen (numerically) from a combined 28 in 2020-21 to 34, but remain well below pre-pandemic levels of 112 (32.7%) in 2019-20. Conversely the combined number and proportion of complaints about staff competency and attitude has fallen from 108 (40.6%) to 84 (36.5%), despite the overall fall in complaints.
- 1.12 A larger proportion of both social work and care services complaints have been upheld or partially upheld in 2021-22 than in the preceding year, however while Social work complaints upheld or partially upheld have increased from 23.5% to 35.3%, care services complaints upheld or partially upheld have increased only fractionally, from 58% to 59.6%. As overall numbers of complaints have also increased across both areas, more complaints have been upheld than in the previous year, however 2020-21 is noted as representing a particularly exceptional year where fewer complaints were upheld or partially upheld than in any preceding year.
- 1.13 23 cases were considered by the Scottish Public Services Ombudsman (SPSO) at stage 3 of the complaints process. Cases summaries and outcomes are presented at section 3.7 of this report. One case was upheld, and one other was partially upheld.
- 1.14 In addition, one case previously upheld by the SPSO was reviewed and the decision subsequently overturned, following representations made by both SWS and GCC Legal.
- 1.15 The remaining cases were not upheld, or not taken further by the SPSO following initial assessment, which equates to agreement with the stage 2 response issued to the complainant. This generally gives reassurance that the internal complaints process is functioning correctly at the second stage, although complaints handling was specifically criticised in the upheld and partially upheld cases, leading to learning points for the team.
- 1.16 For social work complaints that were upheld, there is good evidence that actions were then taken to offer redress to complainers and improve the services to them. These were largely confined to improvements at an individual case level, but were nevertheless important from the customer's perspective, often involving increased financial and other support, improved engagement or the expediting of services. Relevant actions are listed in full at section 3.8 for 116 cases where this applied.



## **Section 2 Complaints Processes and report format**

This report covers social care (social work, homelessness and care services) delivered by GCHSCP during the period April 2021 to March 2022. Operational care services subsume home care and related services previously managed by Cordia LLP, together with Day Care and Residential Services that have always been managed by GCC Social Work Services.

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

- Stage 1: 'Front-line resolution'. This has a timescale 5 working days that may be extended to 15 working days at the discretion of the service manager, if there is valid reason to do so. As this extension will be formally revised to 10 working days under the new procedure, during 2021-22 we have adopted this 10 day limit for extended Stage 1 complaints. This part of the process is managed locally, is focussed on resolution of the issue and may or may not involve a degree of formal investigation and written response.
- Stage 2: Formal Investigation. This has a timescale 20 working days and always involves written response. It is managed by the central Complaints, FOI and Investigations Team (CFIT). A formal investigation may follow from an unresolved stage 1 complaint. Alternatively, a complaint may be immediately escalated to stage 2 based on complexity or seriousness of complaint or at the request of a complainer. If a complaint is made at both stage 1 and stage 2 it will be counted as two separate complaints for reporting purposes rather than the continuation of a single complaint.
- Stage 3: Scottish Public Services Ombudsman (SPSO) review. This is an independent review with no fixed timescale that may or may not lead to further formal investigation, decision and recommendations by that body. Again, for reporting purposes, stage 3 complaints are treated as separate from any preceding stage 1 or 2 complaint, rather than as a continuation of a complaint.

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

It is anticipated that at some point during or after 2022-23, both Lagan and C4 will be replaced by a system common across GCC so that all complaints across the Council family are managed and recorded under a common procedure and on a common information system. This will result in the data for these areas being more fully integrated for the annual report, however development is ongoing and there is no implementation date set for any new system as yet.

In this present report, care services stage 1 complaint figures are produced directly from the reporting function of the Lagan system. Social work and homelessness figures are produced by a process of manual coding of raw C4 data records downloaded into a spreadsheet. Considerable effort has gone into validating the data against the original records. Figures are presented on

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Appendix 1: GCHSCP Social Care Complaints Report April 2021 – March 2022

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overall activity, timescales, client group, issue and outcome for the HSCP as a whole and by four localities - North West, North East, South and Centre.

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

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

## Section 3 Statistical information and commentary

### 3.1 Overall volume and volume by stage and locality

There has been an increase in complaints received for social work services. 496 complaints were received in relation to social work and homelessness services in 2021-22, a significant increase on the previous year, but still the second lowest total over the last decade. In 2019-20, 393 complaints had been received, so volume has increased by almost 26%. Chart 1 below shows the 10-year trend in complaints received.

Chart 1: Trend in Social Work complaints activity 2012-2022



Of the 496 complaints, 243 (49%) were dealt with at stage 1 (local resolution), 231 (46.6%) at stage 2 (formal investigation). 22 (4.5%) were stage 3 complaints referred to CFIT by SPSO.

For care services 252 new complaints were received and managed locally at stage 1, of which 22 were withdrawn or deemed invalid and 230 were accepted as complaints within procedure and responded to. This does not include any complaints received prior to 1<sup>st</sup> April 2021 that were still being dealt with in the current year having been carried forward. In addition, CFIT dealt with 23 complaints relating to Care Services - 22 stage 2 and 1 stage 3. This makes a total of 275 new complaints relating to Care Services, 253 of which completed the complaints process.

In 2019-20 care services management had dealt with 581 complaints, of which 138 were withdrawn or 'invalid' and 443 accepted and responded to at either stage 1 or 2 (none at stage 3). In 2020-21, volumes dropped dramatically, by 46%, to 315 total complaints. In 2021-22 we have seen further reduction in numbers received by 13%. Table 1 below summarises these volumes and contrasts with the previous year.

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

Stage	Social Work & Homeless		Care Services <sup>1</sup>		GCHSCP Total	
	20-21	21-22	20-21	21-22	20-21	21-22
1 Local Resolution	160(40.7%)	243(49%)	285(90.4%)	252 (91.6%)	445(62.9%)	495 (64.2%)
2 Investigation	210(53.4%)	229(46.6%)	27(8.6%)	22 (8%)	237(33.4%)	253 (32.8%)
3 SPSO / ICO	23(5.9%)	22(4.5%)	3(1.0%)	1 (0.4%)	26 (3.7%)	23 (3.0%)
Grand Total	393	496	315	275	708	771

<sup>1</sup> For Care Services Stage 1 complaints in the table above includes those deemed invalid or withdrawn

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The slight increase in received complaints overall may indicate the beginning of a return to ‘pre-pandemic’ levels. Last year’s report speculated that a factor that may have been partly responsible for the sharp drop in complaints received in 2020-21 compared to 2019/20, was that customer expectation had changed in light of the pandemic, and therefore that the propensity to complain had reduced.

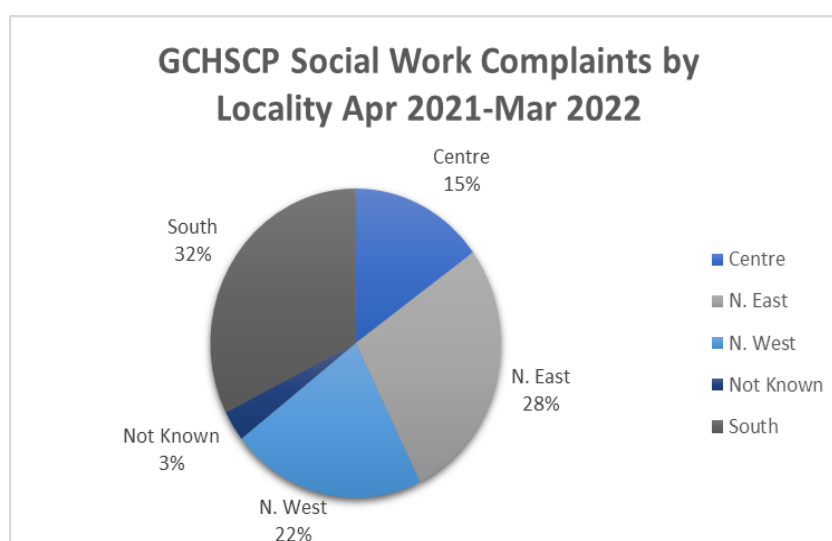
Other factors in the dramatically reduced number of complaints received in 2020-21 were identified as: 2019/20 representing an unusually ‘high benchmark’; changes in management around complaints; and service developments undertaken by the GCHSCP in relation to the pandemic, alongside the continuance of initiatives and developments already commenced.

Table 2 below gives social work and homelessness complaints activity by locality in comparison with the whole previous year. As can be seen, the overall number has increased, and there has also been some change in proportional distribution between localities and centre. There is now a more significantly higher proportion of complaints in South Glasgow contrasted with other localities, which is now more pronounced than in previous years, however there are population and demographic differences in South (see section 3.2) that may partially account for this. These overall figures are also presented in graphical form in chart 2.

**Table 2: Social Work Complaints by Service area 2021-22, compared with 2020-21**

Locality	Complaints					
	Stage 1 n	Stage 2 n	Stage 3 n	Total n	%	% 2020-21
Centre	36	38	2	76	15.3	25.7
N. East	64	68	5	137	27.6	22.6
N. West	49	52	6	107	21.6	23.2
South	84	68	8	160	32.3	27.7
Not Known	10	5	1	16	3.2	0.8
Grand Total	243	231	22	496		

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



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### Appendix 1: GCHSCP Social Care Complaints Report April 2021 – March 2022

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The 76 centre service area complaints in the table and graph above encompass a range of teams. These are set out below in order of decreasing volume. The number and percentage of all centre and of all GCHSCP complaints is indicated after each:

- **Homelessness** – not including fieldwork (done by the area teams) but including prison throughcare, TADS, HAC and emergency accommodation, Asylum and refugee support: **Complaints = 28** (36.8% of Centre complaints, 5.6% of all complaints).
- **Business Development** – including the CFIT team and welfare rights: **Complaints = 14** (18.4% of centre, 2.8% of all complaints).
- **Children and Families** – including fostering and adoption and some residential care: **Complaints = 11** (14.5% of centre, 2.2% of all complaints).
- **Social Care Direct/Standby OOH Complaints = 8** (10.5% of centre complaints, 1.6% of all complaints)
- **Centre Criminal Justice** – including Prison-based SW, MAPPA and specialist resources: **Complaints = 5** (6.6% of centre, 1% of all complaints)
- **Finance** - including issues of invoicing, deprivation of assets and agreement of DRE waivers: **Complaints = 5** (6.6% of centre, 1% of all complaints).
- **Care services** – including residential care and complaints not accepted: **Complaints = 5** (6.6% of Centre, 1% of all complaints)
- **Addiction services: Complaints = 1** (1.3% of centre complaints, 0.2% of all complaints).

The Business Development group includes 7 complaints relating to delays in the handling of subject access requests (SAR), and 1 complaint regarding communication, all in respect of work undertaken by the CFIT team itself. In addition, 2 complaints were received regarding handling of data, which were investigated by CFIT. Four of the complaints concerning SAR handling were upheld, and two were partially upheld. This is a notable increase in complaints of this nature, however is an expected increase due to a dramatic increase in numbers of SARs received by CFIT as a result of the Scottish Government's Redress Scheme, whereby applicants are being advised by the Scottish Government to submit SARs to Local Authorities to access information to support their applications for Redress. Such complaints may continue to rise in 2022-23. This category also includes complaints dealt with by CFIT that are not about any Business Development Team but have no other relevant service area – for example complaints about services and staff that were, on investigation found to be misdirected and not be about GCC services or employees.

Homelessness and Finance complaints have continued to fall both numerically and as a proportion of all complaints, as have centre Children and Families complaints. Changes in the other groups are negligible.

The distribution of complaints about care services in terms of service and locality is shown in table 3 below. This excludes complaints that were withdrawn or deemed invalid. Complaints are focussed on home care, as was the case in 2019-20, with only one complaint about other care services. The highest proportion of complaints were in South Glasgow, consistent with figures for the previous three years, however this area represents the largest Home Care Service in terms of geography, number of service users and staff so a higher number of complaints in South is proportional to scope of operations. It should be noted, however, that complaints have reduced by 6.5% in the South of the city compared to the previous year.

**Table 3: Care Services Complaints by service area and locality 2021-2022**

Valid Care Services complaints 2021-22		
Service Area	Count	%
Transport and Support Services	1	0.4
Home Care - North East	86	33.7
Home Care - North West	68	26.7
Home Care - South	100	39.2
<b>Total</b>	<b>255</b>	

No stage 1 complaints are logged on the Lagan system against Residential Care and only one (of the five recorded in the 'Centre' service area complaints, above) was reported directly to CFIT during the course of the year. As with the figures last year, this seems very low. It is possible that any other customers who did complain did so formally to the Care Inspectorate, which is not data captured within this report, however it is recommended that Care Services Management look into this to ensure that all stage 1 complaints are in future captured and either recorded on Lagan or reported to the central team for recording on C4.

### 3.2 Demographic factors

Complaint activity should be considered in terms of the demographic profile and performance activity and strategic developments of GCHSCP. This is fully set out for the period ending March 2022, in reports that can be found at: <https://glasgowcity.hscp.scot/performance-and-demographics> and <https://glasgowcity.hscp.scot/publication/annual-performance-report-2021-2022>.

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

#### Demographics

In terms of demographic profile, there is an uneven distribution of population between the three localities within GCHSCP, with South having 36.1% of the Glasgow population, followed by North West (35.3%) and then North East (28.6%). North East has however the highest number and proportion of zones listed within the SIMD 20% most deprived data zones in Scotland. North East locality contains 128 such data zones indicating deprivation (58.4% of all zones in North East), with South having 112 (40.1% of South's zones) and North West 99 (39.9% of North West's zones).

North West population has the highest share of Glasgow's the adult population aged 16-64 and 74.4% of North West's population fall into this group. Only 13.4% of North West's population are children and 12.2% older people aged 65 or older. By contrast, 17.2% of South's population are children and 14.3% older people. The figures in North East are 17% and 13.9% respectively.

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

The looked after children rate is 2.1% in Glasgow (far higher than the Scotland rate of 1.3%) but varies between localities: 1.9% for South; 1.8% for North West and 2.5% in North East. Similarly the rate of children on the Child Protection Register in Glasgow (2.8 per 1,000 population) is higher



than the Scotland rate (2.3) with locality rates again varying: 2.8 for South; 2.7 for North West and 3.6 for North East.

As children and families and older persons have consistently been the two client groups most associated with complaints over many years, and together account for over 60% of all complaints in the reporting period, then areas with higher proportions of these age group in their population would be expected to have higher level of complaint. The fact that South has a generally higher population overall and North-East higher deprivation might also lead to an expectation of a higher level of complaint in those areas than in North West.

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

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

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

In 2020-21, 177 of 210 stage 2 complaints (84.3%) were investigated and responded to by the central team within the required 20 working days. The mean response time was 17 working days and the median 18 working days. Compliance has reduced in 2021-22, with 179 of 253 stage 2 complaints (70.8%) investigated and responded to within the required 20 working days, with a mean response time of 21 days and a median 19 working days.

This decline in performance is partly attributable to the increase in overall complaints numbers – the team have actually responded to two more complaints than the previous year - and partly as a result of competing demands on the resources available to the team. A dramatic and ongoing increase in the number and rate of Subject Access Requests being received by the team has had a significant impact on the ability of the team to meet all deadlines.

Table 4 shows the performance against timescale for stage 1 complaints by locality. The target of 70% of complaints responded to within the relevant time was not met for GCHSCP, being only 64.2%. The mean response time at stage 1 across all GCHSCP social work complaints (excluding care services) was 7.2 working days and the median was 5 working days. Average response times for stage 1 responses have improved since the previous year, and the percentage of total complaints responded to within the relevant time has improved slightly since the previous year, however further improvement in this area is necessary. As only 335 of the 496 total complaints (67.5%) were responded to in time, the target was not met overall, despite stage 2 compliance along meeting target. Stage 3 (SPSO) complaints are excluded from these figures as they have no indicative timescale.

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### Appendix 1: GCHSCP Social Care Complaints Report April 2021 – March 2022

**Table 4: Timescales for social work complaints at stage 1 by locality 2021–22**

Locality	Within time		Total Stage 1
	n	%	n
Centre	20	55.6	36
N. East	48	75	64
N. West	32	65.3	49
South	47	56	84
Not Known	9	90	10
GCHSCP	219	64.2	243

This profile of performance at stage 1 for localities is broadly the same performance as in the preceding year, Only North East locality met the target for timescales on stage 1 responses in both years. There remains a failure to apply the extension available to stage 1 complaints, and this has been consistent since the introduction of this facility, and CFIT will look to identify ways to increase use of this facility to increase the number of complaints that are responded to within appropriate timescales.

This has been an issue noted in previous years' complaints report and in many quarterly performance reports, as 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 performance figures. Extensions cannot simply be unilaterally applied to all stage 1 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 relevant local teams in good time.

While it was anticipated that this issue would further impact on performance against timescale when the maximum allowable extension reduced to 10 working days under the new procedure, as we have introduced this in advance of the new procedure being finalised and fully implemented, we have not seen a dramatic change – teams are still not applying extensions in the majority of instances where it would be appropriate, and therefore the length of extension has not proven particularly relevant.

It has previously been suggested that ,if local managers wish to improve complaint performance they must either turn around stage 1 complaints more quickly, or apply appropriate extensions in line with the terms of the Complaints Handling Procedures, or both. A further option for local managers to consider to improve stage 1 performance is whether or not stage 1 complaints allocated to them are, in fact, appropriate for frontline resolution.

All complaints are triaged by CFIT prior to being allocated to appropriate teams for action, and CFIT staff will assess whether a complaint is appropriate for stage 1, and therefore appropriate for resolution within five-ten working days. However, where it is clear to local staff that any complaint directed to their team for a stage 1 response is not suitable for early resolution, and will require a full investigation and detailed written response, it is appropriate to refer these back to CFIT for action under stage 2 of the CHP, provided the relevant service manager or senior CFIT staff are satisfied that this is necessary. Where stage 1 responses are subject to excessive delay, it may be that the matter should simply have been referred back to CFIT for stage 2 investigation, and so in addition to the application of extensions, local managers should also be aware of this option and apply it where appropriate.

The overall performance for stage 1 care service complaints was that 70.4% of complaints were dealt with in time, improving from 59.7% in the previous year. Table 6 below shows the stage 1 timescale compliance for individual care service teams. This excludes invalid and withdrawn complaints.

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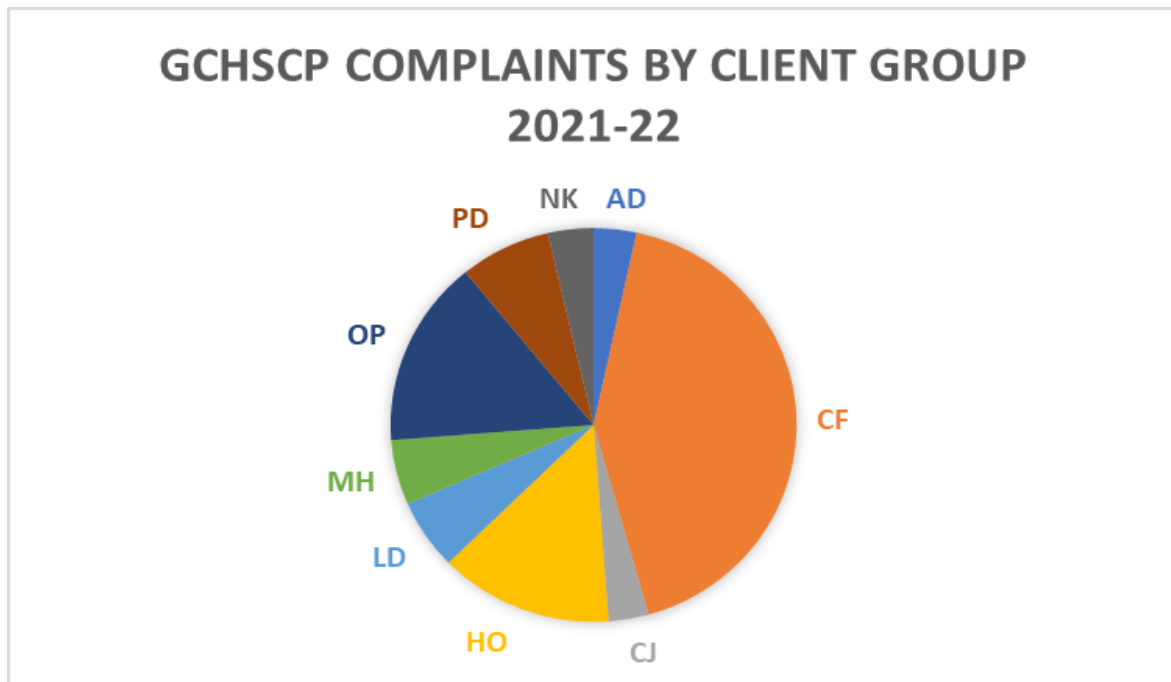
**Table 6: Timescale compliance for care services complaints by service area 2021–22**

Stage 1 Valid Care Services complaints 2021-22		
Service Area	n	% in time
Home Care North East	77	70.1
Home Care North West	60	63.3
Home Care South	92	73.9
Transport and Support North East	1	100
<b>Total Complaints</b>	<b>230</b>	<b>70.4</b>

### 3.4 Complaints by client group overall and by locality

Chart 3 and table 7 below first gives a summary of complaints by client group and then by client group for each locality. These are abbreviated as Addictions (AD), Children and Families (CF), Criminal justice (CJ), Homelessness (HOM) Learning Disability (LD), Mental Health (MH), Older People (OP) and Physical Disability (PD). Not known (NK) is used where the complainant is not a service, user, or where the complaint does not relate to services used by the complainant, and in other circumstances where no suitable client group can be correctly applied. There is no client group breakdown for care services complaints. This is not a data field reported within the LAGAN system, however the majority of clients will be older people and adults with disabilities.

**Chart 3: HSCP S1/S2 Complaints excluding care services by client group 2021–22**



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**Table 7: Comparison of S1/S2 social work complaints by client group and locality 2021–22**

Client group	Locality									
	Centre		NE		NW		S		Tot	
	n	%	n	%	n	%	n	%	n	%
AD	0	0	7	5.3	3	3	6	3.9	16	3.4
CF	19	22.6	60	45.5	40	39.6	79	52	198	42.2
CJ	4	4.8	4	3	5	5	2	1.3	15	3.2
HO	31	36.9	8	6.1	13	12.9	13	8.6	65	13.9
LD	0	0	11	8.3	9	8.9	7	4.6	27	5.8
MH	4	4.8	10	7.6	5	5	6	3.9	25	5.3
OP	8	9.5	27	20.5	17	16.8	20	13.2	72	15.4
PD	1	1.2	5	3.8	9	8.9	19	12.5	34	7.2
NK	17	20.2	0	0	0	0	0	0	17	3.6
Total	84		132		101		152		469	

While total volumes of complaints have increased, the proportional distribution of complaints between client groups is similar to previous years – within 2% of 2020-21 distribution in each client group.

### 3.5 Complaints by issue

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

Social work and homelessness complaints are categorised into thirteen separate headings in four groups. This allows an analysis of the relative balance of complaints about (1) policy or (2) financial issues, (3) complaints linked to direct engagement with staff or their management of cases and (4) issues of general service quality or those that may be linked to resource availability such as waiting lists, delay and refusal of service. Care Services complaints are categorised under 12 headings.

The relevant headings for Social Work and Homelessness are as follows:

P = A policy issue      F = A financial Issue

C = Issues linked to staff performance subdivided as:

C1 – Attitude or conduct of staff

C2 – Lack of response to the customer

C3 – Poor quality/errors in information/communication

C4 – Breach of confidentiality / data protection

C5 – Discrimination / breach of human rights

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

Q1 - Poor quality of service

Q2 – Poor level or quantity of service

Q3 – Short term delay e.g. waiting in office

Q4 – Long term delays e.g. waiting for assessment

Q5 – Incorrect process / process not followed

Q6 – Refusal of service / not eligible / service withdrawn

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### Appendix 1: GCHSCP Social Care Complaints Report April 2021 – March 2022

For Care Services they are:-

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

Tables 8 and 9 show the relative percentage of each issue as a percentage of all issues and compares them with annual figures 2020-21, first for Social work and homelessness and then for care services. Charts 4 and 5 then show this data visually.

**Table 8: Main social work issues complained of 2021–22 compared with 2020-21**

Issue	N 2021-22	% 2021-22	% 2020-21
<b>Finance</b>	<b>23</b>	<b>3.1</b>	<b>7.5</b>
<b>Policy</b>	<b>4</b>	<b>0.5</b>	<b>0.9</b>
Attitude/Conduct	157	21.4	<b>20.4</b>
No response	93	12.7	<b>4.2</b>
Info/Comm	113	15.4	<b>15.0</b>
Confidentiality	26	3.5	<b>4.9</b>
Discrimination/Rights	5	0.7	<b>3.1</b>
<b>All Staff</b>	<b>394</b>	<b>53.8</b>	<b>47.6</b>
Quality	94	12.8	<b>12.7</b>
Level	42	5.7	<b>5.1</b>
Wait	2	0.3	<b>0.5</b>
Delay	56	7.6	<b>6.1</b>
Process	103	14.1	<b>15.5</b>
Refused/withdrawn	15	2	<b>4.2</b>
<b>All Gen Qual</b>	<b>312</b>	<b>42.6</b>	<b>44.1</b>
<b>Total of main issues</b>	<b>733</b>	<b>100.0</b>	<b>100.0</b>

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

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**Table 9: Care Service complaints by issues 2021–22, compared with 2020-21**

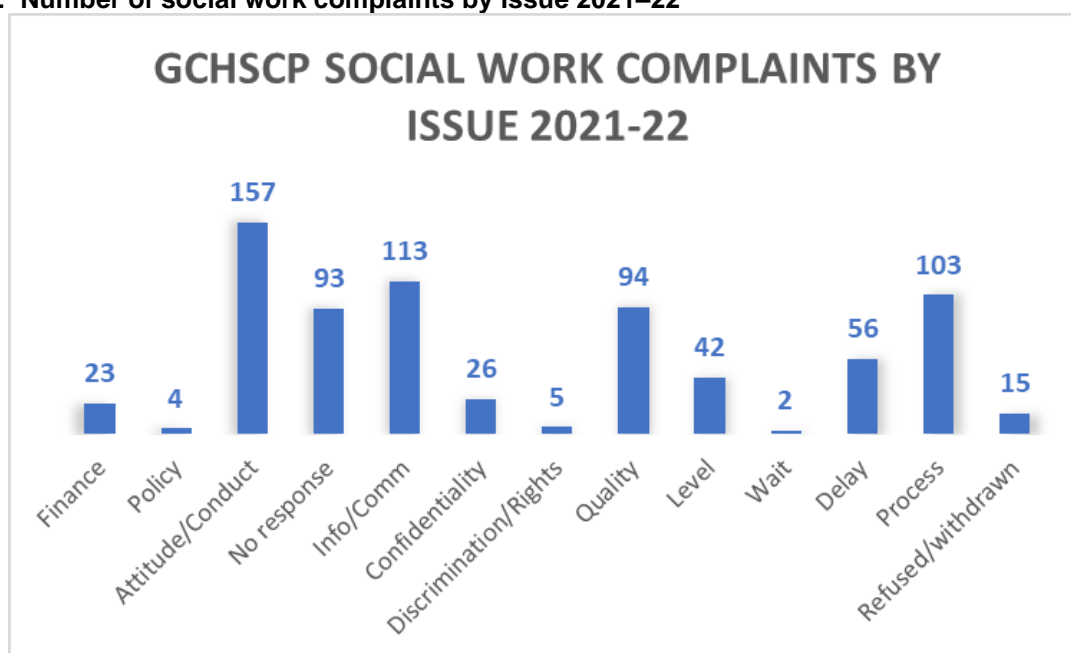
Valid Care Services complaints 2021-22			
Issue	n	%	% 2020-21
Arrived Late	1	0.4	0.4
Failed to arrive	32	13.9	8.6
Fail complete tasks	1	0.4	1.5
Failure to stay allocate time	1	0.4	0
Quality of service	85	37	36.1
Level of service	1	0.4	2.6
Consistency of care	9	3.9	6.0
Staff attitude	24	10.4	13.2
Staff competency	60	26.1	27.4
Admin error	0	0	1.5
Vehicle issues	7	3	1.5
Organisational policy	0	0	0.4
Poor comms/info	1	0.4	0.8
Lack of information	1	0.4	0
Not classified	7	3	0
<b>Total closed</b>	<b>230</b>	<b>100.0</b>	<b>100.0</b>

This table omits invalid and withdrawn complaints. When compared with 2020-21, complaints about quality of care have decreased numerically but remain the greatest issue complained of proportionately, at much the same proportion.

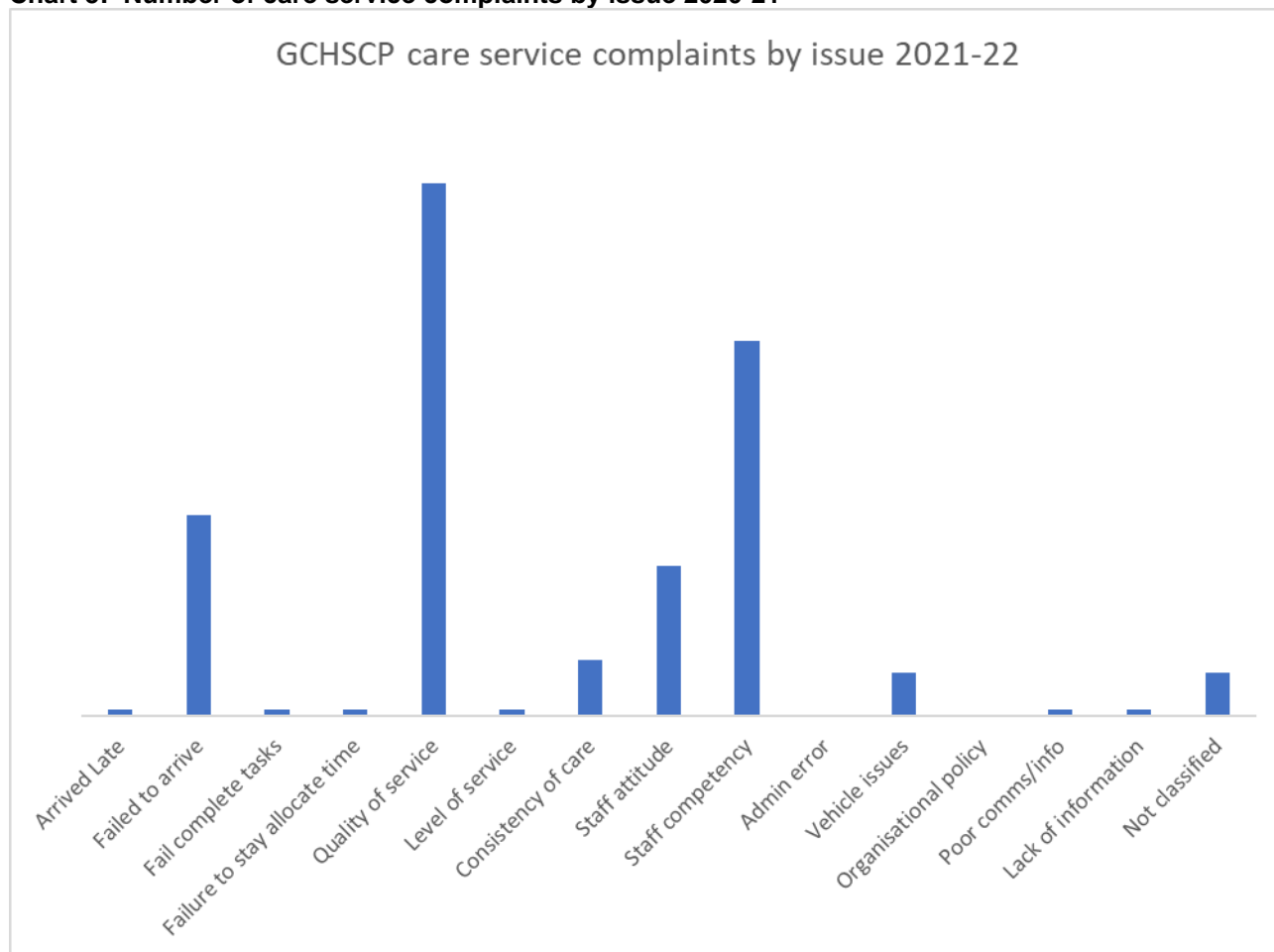
Complaints about failure to arrive, late arrival or failure to complete tasks have risen slightly (numerically) from a combined 28 in 2020-21 to 34, but remain well below pre-pandemic levels of 112 (32.7%) in 2019-20.

Complaints about both staff competency and attitude have decreased slightly both numerically and proportionately, and these represent a very small proportion of all home care clients and visits.

**Chart 4: Number of social work complaints by issue 2021–22**



**Chart 5: Number of care service complaints by issue 2020-21**



### 3.6 Complaint outcomes

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

**Table 10: Social Work Complaints Outcomes 2021–22**

Outcome	n	%
Transfer To Other Process	12	2.4
Not Accepted	46	9.3
Informally Resolved	8	1.6
Not Upheld	238	48
<b>Partially Upheld</b>	<b>111</b>	<b>22.4</b>
<b>Upheld</b>	<b>64</b>	<b>12.9</b>
Withdrawn	11	2.2
None (failed to respond)	6	1.2
Grand Total	496	100.0

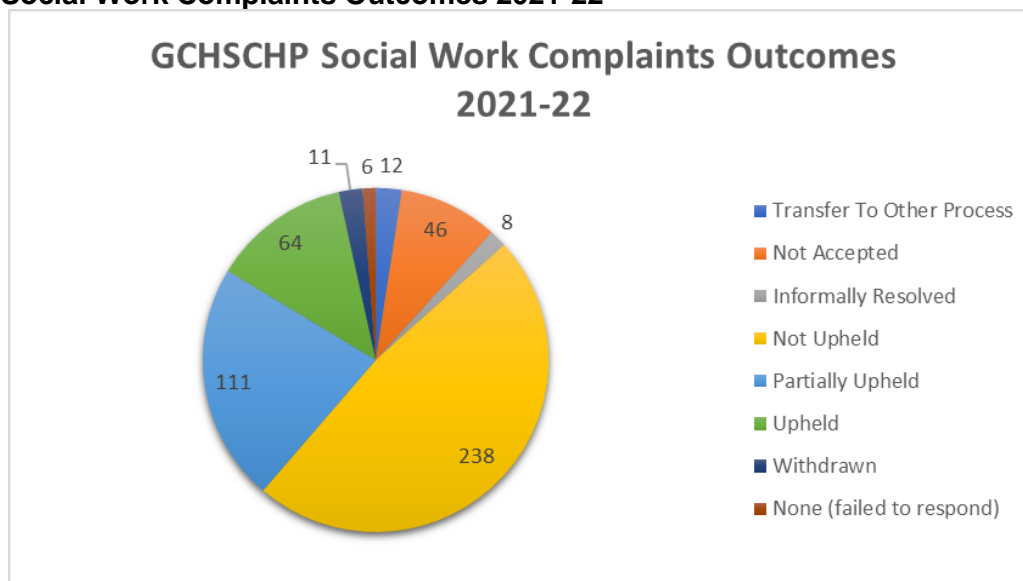
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Appendix 1: GCHSCP Social Care Complaints Report April 2021 – March 2022

Where locality teams fail to respond within a reasonable timescale and without reasonable explanation, complaints may be closed as having no outcome – these complaints are then escalated to stage 2 for response by CFIT due to the locality failure to respond.

In 2020-21, 23.5% of complaints were upheld or partially upheld, and 56.8% not upheld. In the present year, the total upheld or partially upheld has increased to 35.3%, which is a return to a similar level as 2019-20 (35.5%). It should be noted, however, that 2020-21 represented the a very low number of complaints received, and the lowest number of upheld complaints for at least 10 years – due primarily to a combination of factors relating to the pandemic, resulting in service failures for which SWS could not reasonably be considered responsible in complaints terms.

**Chart 6: Social Work Complaints Outcomes 2021-22**



**Table 11: Care Services Complaints Outcomes 2021-22**

Valid Care Services complaints 2021-22							
Service Area	Total	Not Upheld		Partially Upheld		Upheld	
		n	%	n	%	n	%
Home Care North East	77	24	31.2	25	32.5	28	36.4
Home Care North West	60	38	63.3	8	13.3	14	23.3
Home Care South	92	30	32.6	12	13	50	54.3
Transport and Support North East	1	1	100	0	0	0	0
<b>Total</b>	<b>230</b>	<b>93</b>	<b>40.4</b>	<b>45</b>	<b>19.6</b>	<b>92</b>	<b>40</b>

Table 11 above shows care service stage 1 complaints by outcome overall and by service area for those that were valid, not withdrawn and closed in 2021-22. The total percentage upheld or partially upheld is 59.6%. The equivalent figure in 2020-21 was 58.1%, and in 2019-20 was 87.7% upheld or partially upheld. The marked reduction in upheld or partially upheld complaints seen last year has therefore been maintained into this year, despite the increasing service delivery post-pandemic.

In October 2019 new guidance was applied on the management of complaints, including the way in which complaints are managed at the point of contact or within five working days. The development of systems such as Caresafe Scheduling and Monitoring, and increase in access by former Cordia staff to Carefirst 6, has provided managers with tools that can be used to determine

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the validity of complaints and to reach a more evidenced-based outcome. This has meant that complaints that might have otherwise been upheld on face value in previous years, based solely on the account given by customers and staff, have not been upheld when wider facts were established. The involvement of the central complaints team in stage 2 investigations has also meant a greater degree of scrutiny and assessment of evidence when determining outcomes.

### 3.7 Stage 3 Referrals to Scottish Public Services Ombudsman

Across Social Work, Care Services and Homelessness Services, 23 complaints were recorded as the subject of decisions advised by the SPSO during 2021-22. Regardless of whether these proceed to full investigation they generate a great deal of work for the complaints team in terms of communication with SPSO and responding to their information requests. These can often be over a span of months or years and involve more than one information request, or even cases being closed and the reopened months later.

The disposition of these cases is as below followed by a brief summary of each case. One of the SPSO cases was upheld following investigation, and one case was partially upheld. In each case, complaints handling was found to be at fault, however these cases were both long-standing, repeat complaints and are considered to have been isolated incidents.

One case, having previously been upheld by the SPSO at investigation, was overturned on review by the SPSO.

In the remaining cases, SPSO either did not uphold the complaint following formal investigation or decided not to take the matter further following a preliminary screening assessment. This would usually be on grounds of proportionality, i.e. that the stage 2 response issued by GCHSCP has been satisfactory and nothing further could be achieved by SPSO investigation.

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

#### Case A: SPSO reference 202105805

##### Main focus: GCHSCP handled homelessness case incorrectly

**Summary of the case:** This complaint was made by a repeat complainer, who did not provide sufficient detail in terms of identifying specific failures of service. Their complaint was fully investigated, and no fault was found in terms of the handling of his case, with it becoming apparent during the investigation that Homelessness had, in fact, provided a higher level of service than might ordinarily be expected.

It was determined that the complainant's own actions, and unreasonable expectations, were the causes of their dissatisfaction, and not any failure on the part of Homelessness Services.

**SPSO findings / outcome: Not taken forward following assessment.** SPSO declined to further investigate this matter further, citing the stage 2 response provided by SWS as a reasonable one which clearly addressed the points raised.

---

**Case B: SPSO reference 201909331**

**Main Focus: SWS had failed to support individual and failed to communicate appropriately with them**

**Summary of Case:** The complainant was managed under the Council's Unacceptable Actions Policy (UAP) at the time of complaint, following a history of unacceptable behaviour and contact with services. This had initially been applied in February 2019.

The complainant had submitted a wide-ranging complaint regarding SWS via an advocacy service, and a full and detailed response was provided, which did not uphold any substantive point.

**SPSO Findings / Outcome: Not taken forward following assessment.** SPSO declined to further investigate this matter after review of the complaints file provided by GCHSCP. It was noted that the complainant had consistently disagreed with the views of staff who had engaged with them, but that this was not itself sufficient grounds to uphold any complaint.

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**Case C: SPSO reference 202008534**

**Main Focus: Failure of GCHSCP to act appropriately following raising of CP concerns**

**Summary of Case:** Grandparent complained as actions had not been taken in line with his requests and expectations in relation to the care of their grandchild. They further complained that information relating to them was shared inappropriately. GCHSCP investigated and did not uphold any of the issues raised, with two responses ultimately being issued to the complainant following a secondary complaint submission.

**SPSO Findings / Outcome: Not taken forward following assessment.** SPSO declined to further investigate this matter further, citing the stage 2 response provided by SWS as a reasonable one which clearly addressed the points raised.

---

**Case D: SPSO reference 201905921**

**Main Focus: Failure to discharge duty under Social Care (SDS) (Scotland) Act 2013**

**Summary of Case:** This complaint was originally made by MECOPP on behalf of the complainant, regarding GCHSCP's alleged failure in 2018 to facilitate a transfer from their current care provider to a new provider of their choice. This was not upheld at stage 2 in January 2019.

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

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**Case E: SPSO reference 201909093**

**Main Focus: Delay in processing request to change from SDS option 2 to option 1**

**Summary of Case:** Complainant was complaining that GCC had not agreed to change their sibling's support from a commissioned provider to direct payments. This complaint was not upheld at stage 2.

There had been irregularities in the information provided by the complainant that they had not subsequently clarified. A fresh assessment was proposed in August 2019 but the family cancelled services and withdrew from engagement with HSCP before that could happen.

**SPSO Findings / Outcome: Not taken forward following assessment.** SPSO declined to further investigate this matter after review of the complaint file provided by GCHSCP. This was on the grounds of proportionality and as the stage 2 response provided by SWS had been a reasonable one.

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**Case F: SPSO reference 201908491**

**Main Focus: GCHSCP put false information in a Child Protection Order application**

**Summary of Case:** Parent complaining that the case put to Court had unfairly represented their actions/behaviour/character, and seeking disciplinary action to be taken against staff. A stage 2 response was issued that did not uphold any part of the complaint.

**SPSO Findings / Outcome: Not taken forward following assessment.** SPSO declined to further investigate this matter, noting the stage 2 response, and highlighting that the complaint included issues that had already been determined by a Court and therefore were outwith the jurisdiction of the SPSO's powers of review.

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**Case G: SPSO reference 202006792**

**Main Focus: Complaint about quality of services/level of support provided to parent and child**

**Summary of Case:** This complainant sought to complain about a lack of support at a time over three years prior to the submission of their complaint. This was refused outright as time-barred under the terms of the CHP.

The complainant cited correspondence submitted via their Elected Member as evidence of attempts to raise a complaint at an earlier date. This was not accepted as accurate, as these had not been presented as complaints at that time, with no mention of complaint coming from either the member or their constituent at the time of initial contact.

**SPSO Findings / Outcome: Not taken forward following assessment.** SPSO declined to further investigate this matter, agreeing that no complaint had been made via an Elected Member, and concurring with the decision to time-bar the complaints. The SPSO noted that they may, in cases where they consider there to have been 'special circumstances', consider a complaint that had breached the time limit, but did not consider that to be appropriate in this case.

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**Case H: SPSO reference 201907760**

**Main Focus: GCHSCP failed to provide emergency accommodation and complainant sought reimbursement for cost of hotel stay**

**Summary of Case:** The complainant had two elements to their complaint – firstly, a complaint regarding a failure to accept a homeless application, and secondly, a complaint regarding the subsequent (perceived) failure to compensate the complainant.

The first part of this complaint was accepted and upheld at stage 2, following investigation that determined that the individual in question was firstly kept waiting for an excessive period of time before being turned away from the Homelessness office, and was then later refused service as they had erroneously been identified as failing the DWP's habitual residency test.

The second part of this complaint, however, was not upheld nor accepted as valid under the CHP. Requests for compensation are not valid complaints under the CHP, and the complainant was directed to submit a claim to GCC's Claims Team for any compensation they believed they were due. Their request for compensation was subsequently refused.

**SPSO Findings / Outcome: Not upheld following initial investigation.** SPSO reviewed information provided by both complainant and GCHSCP regarding this matter, and subsequently accepted the position of the Partnership, and that the response had been reasonable. No further action was taken by the SPSO, other than to advise the complainant to seek legal advice should they wish to further pursue the matter of compensation.

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**Case J: SPSO reference 201910161**

**Main Focus: Homecare worker did not prevent service user's fall & later falsely stated they were not present at time of fall**

**Summary of Case:** Complainant claimed that a home care worker failed to prevent their parent's fall and subsequent injury. The service user later died in hospital. This complaint was not upheld, and the stage 2 response identified that the worker had not been present at the time of the fall, had acted quickly and appropriately on discovering the service user had fallen, and that the complainant had not been present and had not witnessed the fall or whether or not the worker had been present at the time of the fall. This matter had already previously been rejected by the SPSO, however they chose to reopen this case following further correspondence between the complainant and the Partnership.

**SPSO Findings / Outcome: Not taken forward following assessment.** SPSO declined to further investigate this matter any further on grounds of proportionality and that GCC properly investigated and gave satisfactory response in October 2020.

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**Case K: SPSO reference 202100656**

**Main Focus: Accusation of fraud at Kinship for the Future North**

**Summary of Case:** This complaint was not upheld, as GCHSCP has no role in the management of the accounts of the organisation in question.

**SPSO Findings / Outcome: Not taken forward.** SPSO declined to further investigate this matter without requiring further input from GCHSCP. This was on the grounds that GCHSCP's response to the complaint appears reasonable, provided a clear and detailed response.

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**Case L: SPSO reference 202003799**

**Main Focus: GCHSCP failed to comply with ASP guidance, failed to provide advocacy support**

**Summary of Case:** Complainant sought to raise multiple issues around actions taken by GCHSCP in relation to ASP concerns raised, and around the manner in which staff had communicated with them.

**SPSO Findings / Outcome: Not taken forward following assessment.** SPSO declined to further investigate this matter after reviewing information provided by the complainant and GCHSCP. The Partnership response to the points of complaint raised was considered to be accurate, reasonable and evidence based.

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**Case M: SPSO reference 202004000**

**Main Focus: Requested documentation not provided by GCHSCP on request, and information shared without consent**

**Summary of Case:** This complaint was submitted by the same complainant as 'L', above, and included nine further points of complaint in addition to those listed above. The further points of complaint related to various actions in relation to the care management of the complainant's parent, who was the service user in this case, and in relation to the complainant's own carers' assessment.

**SPSO Findings / Outcome: Not taken forward following assessment.** SPSO declined to further investigate this matter due to the Partnership response being reasonable, and also because the data-related matters raised would be for the ICO to address, and not the SPSO. In relation to the nine other points of complaint, they identified these as incompetent for their consideration as they had not yet been raised at any earlier stage of the complaints procedure and had therefore not received a final response from the Partnership.

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**Case N: SPSO reference 202102368**

**Main Focus: HR issue**

**Summary of Case:** The complainant sought to raise issues regarding workplace bullying and a failure to provide an 'acceptable duty of care' before and during workplace absence due to stress. This had not previously been raised as a complaint, nor would it have been accepted as such, as this would not be a competent matter under the terms of the CHP, and the complainant would have been directed to the appropriate channels for raising such issues.

**SPSO Findings / Outcome: Not taken forward as outwith SPSO jurisdiction.** SPSO declined to further investigate this matter, as the SPSO cannot consider personnel matters.

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**Case P: SPSO reference 201907915**

**Main Focus: Inadequate care budget**

**Summary of Case:** Solicitors acting for service user had originally complained about level of care package in 2018. The complaint was not upheld. In June 2020 SPSO enquired about the case and representations were made that this should be time barred. In May 2021 SPSO made further enquiries and set out a focus of complaint including a new element - that information had not been shared with and decisions not communicated to the service users representatives. These representatives were now The Advocacy Project and not the solicitors who had originally complained. Further representations were made that the complaint should be time barred, contained new elements and had no bearing on current care arrangements, which had been reviewed and the care package substantially increased in January 2021.

**SPSO Findings / Outcome: Resolved.** In July 2021 SPSO advised that the complainer no longer wished to pursue her complaint and they considered the matter resolved.

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**Case Q: SPSO reference 201705735**

**Main Focus: GCHSCP unreasonably failed to offer all SDS options to the service user**

**Summary of Case:** The service user's Guardian, who chose to care for them at home despite a recommendation that only a residential nursing care placement could adequately meet their needs, disputed the adequacy of the care package put in place and questioned whether GCC was compliant with the requirements of SDS legislation. This was a particularly complex and long-standing complaint, which had originally been raised in 2017-18 and had received a very comprehensive response in January 2018, taking into account a series of prior complaints stretching back 5 years. SPSO considered the case and initially advised in April 2018 that they were declining to take the matter further.

SPSO then re-opened case February 2019 on the basis of unspecified 'new information'. Further information was sent to SPSO in March 2019 and a provisional decision upholding the complaint was issued in June 2019.

Due to serious concerns with the content of the SPSO's provisional decision, comments were submitted by GCC Legal in July 2019 challenging both supposed facts underpinning the decision and the SPSO's process. SPSO did not respond to Legal as requested but issued their final

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decision letter in January 2020, upholding the complaint in full and making 3 recommendations for implementation by 17<sup>th</sup> February 2020.

SWS requested review in March 2020 and GCC legal separately complained about the SPSO's handling of the case. Rosemary Agnew responded in person on 23<sup>rd</sup> October 2020 advising she had set aside the original decision and now intended to reinvestigate the whole complaint.

**SPSO Findings / Outcome: Not Upheld.** A second provisional decision was issued in February 2021 and the decision ultimately finalised on 30<sup>th</sup> March 2021, with no part of the complaint upheld. SPSO cases rarely seem to result in a 'Not Upheld' decision once they reach investigation stage, as their 'preliminary assessment' stage of investigation will often dismiss a 'not upheld' complaint without 'full' investigation.

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### Case R: SPSO reference 202100552

**Main Focus: Complaints regarding the outcome of Financial Assessment and the refusal of a request for family property to be disregarded from assessment process**

**Summary of Case:** Complainant was resident in their parent's home when the parent was admitted into long-term care. They wished for their parent's property to be disregarded from the financial assessment process, as they were living in the property.

**SPSO Findings / Outcome: Not taken forward following assessment.** SPSO declined to further investigate this matter after reviewing information provided by the complainant and GCHSCP. This was on the grounds that GCHSCP's response was a reasonable a clear one addressing all concerns raised in the complaint.

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### Case S: SPSO reference 202000424

**Main Focus: Failed to carry out reasonable assessment & meets needs. Failed to respond to complaint**

**Summary of Case:** The complainant had complained that the HSCP had failed to carry out a reasonable assessment and make appropriate recommendations to meet their needs, and had submitted this complaint via their solicitors. There was subsequently a failure to respond to this complaint within a reasonable timescale, and a response was ultimately not issued until over two years after the original complaint was received, although additional elements of complaint had been added in the intervening period.

The then Business Development Manager identified themselves as having been personally responsible for the delay, and provided a detailed and thorough response which addressed the complaint in full. In addition, that response highlighted that the issues raised had, in fact, been addressed on several occasions under a previous CHP, up to and including consideration by a Complaints Review Committee, as was the process under the CHP at that time. The re-raised complaints, and new elements, were not upheld, although apology was given for the excessive delay in responding.

**SPSO Findings / Outcome: Partially upheld.** The SPSO did **not uphold** the first part of the complaint, identifying that their special adviser's view was that the assessments of the complainant's needs were reasonable and evidenced that the complainant's views and those of their carers were taken into account. The SPSO accepted that the HSCP are entitled to review care arrangements and consider how they use their resources. The SPSO decided that the second

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part of the complaint, regarding delays to the response, should be **upheld**, and cited the excessive delay and some inconsistencies in the position given in relation to that delay – they identified the current complaint as likely to represent a new complaint, and not a repetition of a previous complaint. While they acknowledged that an apology had been made, they requested a further, unqualified apology be issued in line with the SPSO's guidance on apology. A further apology was then issued to the complainant.

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### **Case T: SPSO reference 202000236**

**Main Focus: GCHSCP failed to carry out a reasonable assessment and make appropriate recommendations to address the service user's needs, and the complaint was not reasonable responded to**

**Summary of Case:** The complainant, via their solicitor, complained that the HSCP failed to carry out a reasonable assessment of their needs and make appropriate recommendations to meet their needs. There was then a further complaint raised regarding the failure to respond.

A full response was issued, at the ultimate request of the SPSO due to the failure to respond within appropriate timescales, and this response addressed the complaint regarding the assessment of needs, although it was highlighted that in the intervening period between the complaint and the response a new care package had been put in place and that the matter complained about would therefor appear not to require the attention of the SPSO, with care management having overtaken the complaints process.

The response covered the extensive case and complaint history from the complainant and ultimately partially upheld the complaint regarding assessment, on the basis that there were some flaws in the assessment paperwork, but that these did not amount to a fundamentally flawed assessment or support plan. The complaint regarding the budget was upheld, and the increase to the budget identified as having already taken place. The failure to respond within an appropriate timescale was accepted and the complaint in this regard upheld, with the then Business Development Manager accepting direct responsibility for this.

**SPSO Findings / Outcome: Upheld.** The SPSO upheld this complaint in full. They found that GCHSCP failed to carry out a reasonable assessment of the service user's needs and make appropriate recommendations to meet their needs. They identified a failure to properly record and consider the views of the service user, and stated that although the assessment was reasonable, not all SDS options were offered. Finally they, upheld the complaint that the HSCP had failed to reasonably respond to the complaint, stating that they had found significant delays with complaints handling and several issues with the response itself. The SPSO made three recommendations: (1) That the HSCP should apologise to the complainant and service user for not considering all options under SDS legislation, that we should apologise to the services user directly for the delay in responding to the complaint, and that we should confirm that any future assessment of the service user's needs will include consideration of all SDS options. (2) That the HSCP remind relevant staff of the importance of considering all options under SDS legislation. (3) That the HSCP provide evidence of how the learning from this complaint have been used to improve the GCHSCP complaint management process. Final confirmation of the implementation of these recommendations was subsequently provided to the SPSO.

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**Case U: SPSO reference 202102475**

**Main Focus: Breach of Contract**

**Summary of Case:** Third case taken to SPSO by same complainant as 'L' and 'M', above. On this occasion, the complainant claimed that the Council had failed to comply with regulations and had breached a contract with their parent, who was a service user. They had also sought access to records in relation to this matter

**SPSO Findings / Outcome: Not taken forward as matter not appropriate for third stage consideration.** SPSO declined to further investigate this matter after determining that the complainant had attempted to escalate the matter to the SPSO prior to receiving the response to their stage 2 complaint. The SPSO closed the case, and advised the complainant to contact them again if they were dissatisfied with the final response from the HSCP.

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**Case V: SPSO reference 202102354**

**Main Focus: Service user unhappy with result of appeal against decision to discharge duty, and that property was let to another service user prior to the result of the appeal**

**Summary of Case:** The complainant had sought appeal against the decision by Homelessness to consider duty to them discharged, following their refusal of an offer of accommodation. Following the result of this appeal – itself a form of stage 2 response - they approached the SPSO, as they were unhappy the offered property had not been kept available to them until the decision had been made.

The complainant was specifically dissatisfied that the offer of accommodation made to them had not remained open to them throughout the appeals process. The findings of the review were that the Council had been correct to consider duty discharged, advising that the reasons given by the complainant to support their refusal of the property were not sufficiently accurate or relevant to consider that the decision by the Council had been in error.

**SPSO Findings / Outcome: Resolved.** SPSO asked GCHSCP to consider making a further offer of accommodation, regardless of the decision that duty had been discharged, in order to resolve the complaint without finding fault on the part of GCHSCP. Homelessness services agreed to make a further offer of accommodation.

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**Case W: SPSO reference 202008003**

**Main Focus: Poor level of homeless support, racist remarks by worker, evicted without notice**

**Summary of Case:** The complainant raised a series of complaints about Homelessness services, which related to them being evicted from their Temporary Furnished Flat (TFF), their perception that they had received a poor general level of support, and their belief that they had been discriminated against and that staff had been racist towards them.

These complaints had previously been raised across two separate stage 2 cases, and had been responded to in full. The Partnership had accepted that there had been some failures around the management of a specific temporary accommodation, but no other element of the complaint was upheld..

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**SPSO Findings / Outcome: Not taken forward following assessment.** SPSO found that the responses of the HSCP had been reasonable and declined to take further action on grounds of proportionality.

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**Case X: SPSO reference 202105850.**

**Main Focus: Poor level of support. Inappropriate remarks made by staff**

**Summary of Case:** This complainant has made a number of complaints over the years on their own behalf and on behalf of their friend, with at least 7 complaints in the three years preceding this case. This referral to the SPSO concerned complaints made in 2021 about a general lack of support and remarks allegedly made to them by staff, many of which had been raised in previous complaints. The complaints made were not upheld. The complainant and their friend have a history of seeking support to access new accommodation, and refusing any other supports offered or assessment, before complaining about lack of support.

**SPSO Findings / Outcome: Not taken forward following assessment.** SPSO decided not to progress the complaints further on the basis that GCHSCP had carried out a reasonable investigation and provided a reasonable response. They did however ask GCHSCP to note that no acknowledgement of the stage 2 response had been issued and the response was delayed. Findings were disseminated to senior managers and the points made by SPSO acknowledged to them.

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**Case Y: SPSO reference 202100582**

**Main Focus: Complainant unhappy with the processing of their ASP self-referral**

**Summary of Case:** Individual had self-referred requesting and Adult Support and Protection referral due to concerns they had about their own well-being and safety. They were found to meet the adult at risk criteria, and their referral was downgraded and passed to the local team for review, before the complainant was directed back to another local authority from whom they were already receiving supports.

Their complaint – that the decisions made were not correct, and that there was a related data breach when SWS enquired about the complainant's circumstances with their university – was not upheld.

**SPSO Findings / Outcome: March 2021. Not taken forward following assessment.** SPSO declined to further investigate this matter after reviewing information provided by the GCHSCP. This was on the grounds that the HSCP's position was reasonable, and that some terms of the complaint were hypothetical and did not relate to events as they actually occurred.

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### **3.8 Service Improvements / Customer Outcomes**

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

Across all three stages of complaints logged by CFIT, 65 complaints were fully upheld and 112 partially upheld. All of the fully upheld complaints resulted in a formal apology and 54 also resulted in the recording of a service improvement action (83%). Of the 112 partially upheld, apologies were given for the relevant elements upheld and service improvements were recorded in 55 instances (49%). Service improvement was also recorded against 1 informally resolved, 5 not upheld complaints, and 1 withdrawn complaint. This is a total of 116 service Improvements / positive customer outcomes, summarised in the table below which concludes this report.

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

- Guidance to be issued to staff regarding the handling of requests for family members to act as paid carers. NW HOS will "highlight issue through SDS with the citywide SM's, consider our current policy and link with OP and Adult Core leadership meetings and thereafter governance." New guidance for staff on recording of cases managed outwith Self-Directed Support. This is cited as a service improvement in two unrelated cases.
- Staff training to advise on how to progress requests for review of homelessness applications. Correspondence amended to update more accurate and relevant information.
- Review of various aspects of the decisions and processes around the Rowandale closure, to include operational aspects such as the moving of residents, identifying of placements etc. to improve our processes for the future if this situation were to occur again.
- Process of restricting and unrestricting records of staff and family members on the CareFirst System has been reviewed and more robust process put in place to prevent removal or restriction without proper authorisation.
- Review of how work is re-allocated to ensure continuation of planned care, when longer term absence is anticipated.
- Communication channels improved to keep service users and families updated on the status of referrals to the Supported Living Service.
- Service to review practices in relation to point of contact for Service Users attempting to contact staff who are out of the office or on term sick leave, and to review temporary furnished flat transfer requests procedures.
- In-house customer service training within South area reviewed.
- Welfare Rights to arrange to support complainant with appeal of their PIP award.
- Homelessness requested that Business Support Services explore additional lines being added to ensure service users can get through, cited in two service improvements.
- Protocol for joint working between SWS MH teams and the Environmental House Cleaning Service to be brought before the Service Managers city wide meeting for update.

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- Written protocol to be agreed citywide for how best to support Day Care users who refuse to attend on any given day.
- Homelessness Service Managers to make changes to current procedures around requesting retention of belongings when someone has passed away.
- Additional resource being sought to reduce Subject Access Request (SAR) backlog caused by Scottish Government's Redress Scheme.
- NW AS Duty to review procedures for sending out OBSP/care plan documents to ensure that there is an standard understanding of which documents should be sent across the duty team.
- SPSO made some comment (not a formal recommendation) as to the manner in which the case had been documented (Case 'Q' in 3.7, above). It was recorded as though managed under SDS, legislation when SDS did not apply. Heads of Service to take this forward in the form of a staff briefing linked to the published case and will also raise at Governance Groups. This will ensure that those rare cases not managed under SDS will contain clear statements within the main record and any OBSP clearly indicating that fact.
- Escalation procedure introduced for overdue complaints.

Reference	Outcome	Service Improvement Type	Service Improvement Description
GCC55333	Partially Upheld	Service Provision	Specific family member not to be considered for kinship care role in future
GCC55011	Partially Upheld	Service Provision	Complainant provided with apology and minutes requested, team to provide minutes in future following any LAC reviews
GCC58915	Partially Upheld	Service Provision	Staff have been made aware that communication should be responded to within relevant timescales even if communication is considered to be vexatious and response is minimal
GCC55721	Partially Upheld	Service Provision	Allocated suitable accommodation i.e. a TFF.
GCC56906	Partially Upheld	Process & Procedures	Pre-birth Assessment to be provided and Post-birth CPCC docs to be provided ASAP by locality
GCC52728	Upheld	Process & Procedures	Guidance to be issued to staff regarding the handling of requests for family members to act as paid carers. NW HOS to highlight issue through SDS with the citywide SM's, consider our current policy and link with OP and Adult Core leadership meetings and thereafter governance.
GCC55801	Partially Upheld	Staff Issues	Staff training to advise on how to progress requests for review of homelessness applications. Correspondence amended to update more accurate and relevant information.
GCC52817	Upheld	Process & Procedures	Address details removed from AWI Case Conference minutes.
GCC54304	Not Upheld	Process & Procedures	SWS to voluntarily provide parent with copy of actions from Core Group Meetings
GCC59316	Upheld	Service Provision	Review carried out to ensure that an incident like this [loss of possessions held in temporary storage due to homelessness] does not happen again.

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GCC57250	Partially Upheld	Service Provision	Minutes to be provided in relation to CP investigation
GCC54072	Partially Upheld	Process & Procedures	Guidance issued to staff on use of mandates
GCC52982	Upheld	Service Provision	Staff-specific issues raised in the complaint have been raised with the staff in question and extra training regarding catheter care has been recommended.
GCC57256	Partially Upheld	Service Provision	Service user offered a meeting to discuss their application.
GCC53631	Upheld	Service Provision	Complainant given the SM's direct contact details to prevent any further communication issues. Complainant now recognised as appropriate person to arrange family visits to their parent in the care home.
GCC57085	Partially Upheld	Service Provision	Multi-Disciplinary Meeting to be convened to ensure a coordinated response to service user's care across care groups inclusive of housing. All further care provision will be assessed and progressed as necessary by services already involved in service user's care.
GCC53105	Upheld	Process & Procedures	Admin processes reviewed and updated
GCC57153	Upheld	Service Provision	Budget increase processed.
GCC54523	Partially Upheld	Service Provision	New worker allocated.
GCC53628	Partially Upheld	Service Provision	Service Manager to take lead in finding a housing solution for complainant.
GCC52885	Upheld	Service Provision	Case allocated to Care Manager to start assessment process.
GCC53317	Partially Upheld	Process & Procedures	SWS will reassess service user. Second instance relating to matter raised at Service Manager Citywide meeting regarding relatives being employed as paid carers - highlighting COVID as an exceptional circumstance.
GCC52793	Upheld	Service Provision	Service seeking provider for interim support and case to relevant Older Persons Team for a full assessment through Self Directed Support (SDS).
GCC54094	Upheld	Service Provision	Duty team supporting service user through their housing and welfare issues. Worker to be allocated to screen for a personalisation assessment.
GCC55102	Not Upheld	Process & Procedures	Instruction on accessing medical records and social work records provided within the response.

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GCC55527	Partially Upheld	Process & Procedures	Ongoing communication to continue with complainant to ensure they are kept informed
GCC53130	Not Upheld	Service Provision	Social Worker to contact family to arrange for appropriate assessments.
GCC54035	Partially Upheld	Service Provision	Duty worker to undertake an Interim Review of current Package of Care. Agreed to full SNA.
GCC55631	Upheld	Process & Procedures	Social Care Worker allocated
GCC52974	Partially Upheld	Process & Procedures	Incorrect information addressed during subsequent meeting and documented in relevant minute.
GCC54511	Partially Upheld	Service Provision	Social Worker allocated to complainant, is supporting them to engage with the finance team.
GCC54945	Upheld	Service Provision	Review of various aspects of the decisions and processes around the Rowandale closure, to include operational aspects such as the moving of residents, identifying of placements etc. to improve our processes for the future if this situation were to occur again.
GCC57659	Upheld	Service Provision	Worker to contact complainant within two weeks to carry out a SNA.
GCC55069	Partially Upheld	Service Provision	SWS to discuss care plan with service user to ensure clear understanding and queries addressed
GCC55206	Partially Upheld	Service Provision	CFIT provide full explanation regarding delays to SAR processing
GCC57063	Partially Upheld	Process & Procedures	Meeting offered to improve communication and ensure positive working relationship going forward. Complainant to be provided with a separate written record following LAAC Reviews.
GCC57142	Upheld	Service Provision	Screening Assessment to take place and lead to SNA if appropriate
GCC54810	Upheld	Service Provision	Disabled Parking Bay application processed.
GCC55207	Upheld	Service Provision	Duty worker allocated to carry out screening assessment
GCC54402	Upheld	Service Provision	Case allocated to a worker in the Homelessness Service to progress homelessness application and work with OP/PD services to ensure support is in place for service user

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GCC54433	Upheld	Staff Issues	New staff member allocated.
GCC57790	Upheld	Service Provision	A copy of current SNA provided to complainer.
GCC51396	Partially Upheld	Process & Procedures	Process of restricting and unrestricting records of staff and family members on the CareFirst System has been reviewed and more robust process put in place to prevent removal or restriction without proper authorisation.
GCC51447	Partially Upheld	Process & Procedures	Staff-specific communication issue addressed with member of staff. Apology offered.
GCC54557	Partially Upheld	Process & Procedures	Communication channels improved to keep service users and families updated on the status of referrals to the Supported Living Service.
GCC54191	Upheld	Service Provision	Urgent screening to determine which team would be the most appropriate to undertake the Support Needs Assessment.
GCC55267	Informally Resolved	Service Provision	Dates arranged for contact between siblings over a 6 month period (the absence of which had been the substantive complaint made).
GCC57845	Upheld	Process & Procedures	Respite provision rearranged
GCC54711	Partially Upheld	Service Provision	New worker assigned to carry out assessment.
GCC54381	Upheld	Service Provision	Worker allocated to carry out a SNA
GCC55530	Partially Upheld	Service Provision	New shirt purchased for service user.
GCC55609	Upheld	Service Provision	Locality team reminded about the SDS and Direct Payment process so they are clear what information they must give to service users/families. New worker to be allocated.
GCC54963	Partially Upheld	Process & Procedures	Relevant member of staff to be re-trained in procedures for processing Parking Bay applications.
GCC55640	Partially Upheld	Process & Procedures	SWS to contact complainant to advise referral received, action taken and to ascertain if they can offer the help/support they are seeking. In future, SWS to contact complainant where they determine a significant update has occurred and it is appropriate to do so.
GCC56902	Partially Upheld	Process & Procedures	Review of how work is re-allocated to ensure continuation of planned care, when longer term absence is anticipated.
GCC55859	Partially Upheld	Service Provision	Case to be review/reassessed. Information written about service user's mental health will be given additional context and SU's dissent regarding their reported mental health issues will also be noted in future records.

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GCC57003	Upheld	Process & Procedures	Correct process for transferring calls to the Duty Team electronic clipboard reiterated to staff.
GCC57082	Partially Upheld	Service Provision	Service has been reinstated for the 25/12/21, 26/12/21, 1/1/22 & 2/1/22.
GCC57848	Upheld	Service Provision	New worker allocated, prospects appointment arranged
GCC51545	Upheld	Service Provision	Duty worker to contact service user to discuss service
GCC54521	Upheld	Service Provision	Worker allocated to carry out a full assessment.
GCC53038	Upheld	Service Provision	Worker allocated to carry out assessment.
GCC53465	Upheld	Service Provision	Concerns about service users being unable to get through on phone lines raised with Business Support Services, request that service explore additional lines being added.
GCC53792	Upheld	Service Provision	New worker allocated to progress assessment.
GCC55456	Partially Upheld	Service Provision	Referral made to appropriate team for reassessment.
GCC54556	Partially Upheld	Service Provision	Worker allocated to carry out an assessment.
GCC55650	Upheld	Process & Procedures	Staff to review processes and complete training to identify areas for development/improvement. Assessment prioritised, worker identified to make contact with service user and undertake assessment.
GCC57083	Partially Upheld	Service Provision	SM highlighted expected standards to admin management.
GCC52789	Partially Upheld	Service Provision	Staff-specific issue discussed with worker.
GCC55750	Partially Upheld	Service Provision	Staff member provided feedback on discussing supports applicable to service user when carrying out support needs assessment.
GCC53204	Upheld	Service Provision	Service to review practices in relation to point of contact for Service Users attempting to contact staff who are out of the office or on term sick leave, and to review temporary furnished flat transfer requests procedures.
GCC53410	Partially	Service	Service will liaise with Chara Centre to ensure communication issues do not occur when service users move on.

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	Upheld	Provision	
GCC55817	Upheld	Service Provision	Inhouse customer service training will be reviewed.
GCC53636	Upheld	Service Provision	Visit arranged to review case and ensure appropriate aids are supplied. Welfare Rights to arrange to support complainant with appeal of their PIP award.
GCC55168	Upheld	Service Provision	Copy of SNA provided. Day Care options identified. Previous referral will be chased up by allocated worker.
GCC55329	Partially Upheld	Service Provision	All staff within the team reminded of the importance of keeping the service user updated in terms of how long it will take to deal with their enquiry.
GCC55361	Upheld	Service Provision	Bathroom hoist fitted.
GCC55574	Upheld	Service Provision	Occupational therapist to arrange a suitable time to visit to assess situation.
GCC56922	Partially Upheld	Process & Procedures	Measures put in place to ensure complainant contacted in writing prior to any further review to explain the purpose of the contact
GCC52775	Upheld	Service Provision	Overcharging issue resolved.
GCC53237	Upheld	Service Provision	Homelessness have requested that Business Support Services explore additional lines being added to ensure service users can get through
GCC55186	Upheld	Service Provision	Support arranged for complainant, including additional supports from Educational Psychologist.
GCC56950	Upheld	Service Provision	Duty Team Leader to contact complainant to discuss concerns and to inform them of the findings of the assessment undertaken.
GCC54814	Partially Upheld	Service Provision	Service user offered permanent accommodation.
GCC57648	Upheld	Service Provision	Social Worker allocated to carry out a SNA.
GCC57086	Upheld	Service	Protocol for joint working between SWS MH teams and the Environmental House Cleaning Service to be brought before the

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		Provision	Service Managers city wide meeting for update.
GCC55748	Upheld	Service Provision	MHO to complete assessment.
GCC57361	Partially Upheld	Service Provision	Email address provided as alternative contact route to busy phone line, assessment carried out and new equipment now in use.
GCC53645	Upheld	Service Provision	SW staff to provide extra support during period of staff/driver shortage in HCS, to include SW staff providing transport if necessary.
GCC54491	Partially Upheld	Service Provision	A new worker has been allocated as requested. Complainant also provided with direct access to the Team Leader responsible for managing the case.
GCC57394	Partially Upheld	Service Provision	Staff will be reminded about ensuring that spaces are cleaned after care/support has been provided.
GCC54858	Partially Upheld	Service Provision	New worker allocated and home visit made.
GCC57533	Partially Upheld	Process & Procedures	Staff training to ensure medical knowledge is up to date, reminder to maintain accurate and full record of engagements
GCC57559	Partially Upheld	Process & Procedures	Requests for cleans from C&FM will be required to be made in writing and local managers will be informed of any requests submitted which may have a longer timeline than expected.
GCC53641	Upheld	Service Provision	RASG will be arranged asap and complainant allocated a new social worker.
GCC57603	Partially Upheld	Process & Procedures	Service to communicate with complainant by email where possible
GCC53113	Upheld	Service Provision	TL apologised directly regarding delays in communicating
GCC54463	Partially Upheld	Service Provision	All service users should have a care and treatment plan with which they agree and contribute to. MAT standards are being implemented nationally and locally. Local processes will be cascaded to all staff once reviewed and agreed.
GCC55070	Upheld	Service Provision	Complainant's allocated worker is a part time member of staff; alternative contact details provided for their non-working days.



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GCC57769	Upheld	Process & Procedures	Written protocol to be agreed citywide for how best to support Day Care users who refuse to attend on any given day.
GCC57062	Upheld	Service Provision	Team Leader met with service user directly and outlined the O.T plan moving forward.
GCC58908	Not Upheld	Process & Procedures	Staff reminded of customer case standards
GCC58911	Partially Upheld	Process & Procedures	Service Managers to make changes to current procedures around requesting retention of belongings when someone has passed away.
GCC58961	Partially Upheld	Service Provision	Service Manager apologised for that lack of contact and assured complainant that SWS will look at how we keep service users updated if their allocated worker is not at work.
GCC59077	Partially Upheld	Process & Procedures	Managers reminded to provide update where complaint deadline cannot be met, and where third party confidentiality needs to be maintained, to consider what information can be shared in effort to provide satisfactory response.
GCC59350	Withdrawn	Process & Procedures	Team agreed to review content of report and implement changes in any future reports. Meeting offered to discuss concerns with complainant. Staff reminded of the need to include only what is necessary, relevant and proportionate particularly re. third party data
GCC59158	Partially Upheld	Service Provision	Additional resource being sought to reduce SAR backlog. Complainant's SAR to be re-processed.
GCC54844	Upheld	Service Provision	Response to emails now provided.
GCC57053	Partially Upheld	Service Provision	It was arranged with the Heritage Hotel for complainant to have contact with their child for a few hours each day. Re-settlement plan now complete.
GCC59335	Upheld	Service Provision	Additional resource being sought to reduce SAR backlog.
GCC59382	Partially Upheld	Service Provision	NW AS Duty to review procedures for sending out OBSP/care plan documents to ensure that there is an standard understanding of which documents should be sent across the duty team.
GCC59384	Partially Upheld	Service Provision	Information sent out by SCD has been updated.

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GCC57674	Upheld	Service Provision	Referral to YPeople made. Allocated worker's handling of the request will be reviewed through staff supervision.
GCC53899	Not Upheld	Process & Procedures	SPSO made some comment (not a formal recommendation) as to the manner in which the case had been documented. It was recorded as though managed under SDS, legislation when SDS did not apply. Heads of Service to take this forward in the form of a staff briefing linked to the published case and will also raise at Governance Groups. This will ensure that those rare cases not managed under SDS will contain clear statements within the main record and any OBSP clearly indicating that fact.
GCC54328	Partially Upheld	Process & Procedures	Escalation process introduced for overdue complaints. Learning points fed back to complaints team.
GCC54330	Upheld	Process & Procedures	Escalation procedure introduced for overdue complaints. Lessons re complaints handling fed back to complaints team. Lessons re offer of SDS options fed back to local staff and raised at Governance Groups (Adults and OP).

# **Glasgow City Health and Social Care Partnership**

## **Health Complaints Report April 2021 – March 2022**

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## **Section 1: Executive Summary**

- 1.1 This report covers complaints, feedback, comments and concerns for the period 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022 related to Health Services now managed by Glasgow City Health and Social Care Partnership.
- 1.2 1439 complaints were received about these services in 2021/22, together with 121 comments, concerns and other feedback. This was a decrease of complaints by (15%) from the previous year. The vast majority of complaints (70%) were about prison-based health services at HMP Barlinnie, Greenock and Low Moss.
- 1.3 Overall, 1168 of 1459 completed complaints (80%) 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, 61% of completed complaints were responded to within the 20 working days timeline.
- 1.4 92% of complaints were about three issues: standard of clinical treatment (73%), waiting times for appointments (12%) and attitude and behaviour of staff (7%).
- 1.5 Most complaints related to services offered by G.Ps and Dentists, reflecting their role in prison-based healthcare and the very large number of complaints in that sector.
- 1.6 Overall 73% of complaints were not upheld and 17% were partially or fully upheld. A further 10% were withdrawn or otherwise not progressed.
- 1.7 4 decision letters relating to health services were issued by Scottish Public Services Ombudsman for the period 2021-22. 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 2021-22 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 1<sup>st</sup> April 2017. This changed a two-stage process to three-stage process: (1) Frontline resolution within 5 working days (extended by exception to 10 working days) (2) Formal investigation and response within 20 working days and (3) Referral to the Scottish Public Services Ombudsman.
- 2.4 The report covers: (1) statistical information on volumes, timescales, issues complained of and outcomes (2) volume of cases referred to the Scottish Public Services Ombudsman and (3) details of service improvements.
- 2.5 The data presented within this report is split geographically between Glasgow City Community Health Partnership and three geographic sectors (North East, North West and South) and sub-divided into the following headings: Health & Community Care 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 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 a total of 1439 complaints were received as compared with 1691 in the previous year (a 15% decrease). A breakdown of complaints received during 2021/22 is set out in Table 1.

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

	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	<b>Total</b>
<b>Glasgow City HSCP – Corporate (excl Prisons)</b>	0	0	0	0	<b>0</b>
<b>HMP Barlinnie</b>	116	139	70	71	<b>396</b>
<b>HMP Greenock</b>	17	12	15	12	<b>56</b>
<b>HMP Low Moss</b>	172	141	120	128	<b>561</b>
<b>Glasgow City HSCP - North East</b>	18	30	23	22	<b>93</b>
<b>Glasgow City HSCP - North West</b>	38	72	42	70	<b>222</b>
<b>Glasgow City HSCP - South</b>	29	27	25	30	<b>111</b>
<b>Total</b>	<b>390</b>	<b>421</b>	<b>295</b>	<b>333</b>	<b>1439</b>

The highest volume of complaints overall received were within prison services which account for 1013 out of the 1439 received complaints (70%).

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 2021/22, there were 121 forms of feedback (including comments and concerns), the majority of which again came from Prison Health Care Services.

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

	<b>Comment</b>	<b>Concern</b>	<b>Feedback</b>	<b>Total</b>
<b>Glasgow City CHP – Corporate ( excl Prisons)</b>	-	-	0	0
<b>HMP Barlinnie</b>	-	-	14	14
<b>HMP Greenock</b>	-	-	55	55
<b>HMP Low Moss</b>	-	-	27	27
<b>Glasgow City CHP - North East Sector</b>	-	-	1	1
<b>Glasgow City CHP - North West Sector</b>	-	-	24	24
<b>Glasgow City CHP - South Sector</b>	-	-	0	0
<b>Totals:</b>	<b>-</b>	<b>-</b>	<b>121</b>	<b>121</b>

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Appendix 2: GCHSCP NHS Complaints report 2021-22

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

**Table 3 – Volume of Complaints Received by sector/services.**

	21/22	21/22	21/22	21/22	<b>Total by Sector and Service</b>
	Q1	Q2	Q3	Q4	
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	
<b>Glasgow City HSCP – Corporate</b>					
Health & Community Care	0	0	0	0	<b>0</b>
HMP Barlinnie**	116	139	70	71	<b>396</b>
HMP Greenock**	17	12	15	12	<b>56</b>
HMP Low Moss**	172	141	120	128	<b>561</b>
<b>Glasgow City HSCP – North East</b>					
Children & Family Services	0	1	2	1	<b>4</b>
Health & Community Care	1	3	2	1	<b>7</b>
Mental Health Services*	17	25	18	15	<b>75</b>
Specialist Children's Services	0	1	1	5	<b>7</b>
<b>Glasgow City HSCP - North West</b>					
Children & Family Services	0	0	0	1	<b>1</b>
Health & Community Care	3	7	2	4	<b>16</b>
Mental Health Services*	9	20	16	16	<b>61</b>
Sexual Health/Sandyford	20	37	20	40	<b>117</b>
Specialist Children's Services	6	8	4	9	<b>27</b>
<b>Glasgow City HSCP - South</b>					
Children & Family Services	0	0	1	0	<b>1</b>
Health & Community Care	10	7	10	10	<b>37</b>
Mental Health Services*	17	18	14	16	<b>65</b>
Specialist Children's Services	2	2	0	4	<b>8</b>
<b>Totals by Quarter:</b>	<b>390</b>	<b>421</b>	<b>295</b>	<b>333</b>	<b>1439</b>

\*Covers Forensic Services and Tier 4 Learning Disabilities

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



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**3.2 Timescales for response**

The tables below describe the timescales in responding to complaints. As of 1<sup>st</sup> April 2017 (see section 2.3 above) complaints recorded on the Datix system are Stage 1 (early resolution) – timescale 5 working days or Stage 1 (early resolution) extended – timescale 10 working days. Some complaints are subject to a Stage 2 (formal investigation) – timescale 20 working days, Stage 2 may follow a stage 1 or be initiated immediately. The tables provide figures for the 1459 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).

	<b>On or within 20 working days</b>	<b>Over 20 working days</b>	<b>Total</b>	<i>% within 20 working days</i>
<b>Glasgow City HSCP – Corporate</b> (excl Prisons)	0	0	<b>0</b>	<i>n/a</i>
<b>HMP Barlinnie</b>	111	44	<b>155</b>	<i>72%</i>
<b>HMP Greenock</b>	3	6	<b>9</b>	<i>33%</i>
<b>HMP Low Moss</b>	149	122	<b>271</b>	<i>55%</i>
<b>Glasgow City HSCP - North East</b>	12	2	<b>14</b>	<i>86%</i>
<b>Glasgow City HSCP - North West</b>	52	45	<b>97</b>	<i>54%</i>
<b>Glasgow City HSCP - South</b>	37	18	<b>55</b>	<i>67%</i>
<b>Overall Total</b>	<b>364</b>	<b>237</b>	<b>601</b>	<i>61%</i>
<i>Overall %</i>	<i>61%</i>	<i>39%</i>	-	-

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

	<b>On or within 10 working days</b>	<b>Over 10 Working days</b>	<b>Total</b>	<i>% within 10 working days</i>
<b>Glasgow City HSCP – Corporate</b> (excl Prisons)	0	0	<b>0</b>	<i>n/a</i>
<b>HMP Barlinnie</b>	3	0	<b>3</b>	<i>100%</i>
<b>HMP Greenock</b>	0	0	<b>0</b>	<i>n/a</i>
<b>HMP Low Moss</b>	13	0	<b>13</b>	<i>100%</i>
<b>Glasgow City HSCP - North East</b>	18	7	<b>25</b>	<i>72%</i>
<b>Glasgow City HSCP - North West</b>	4	8	<b>12</b>	<i>33%</i>
<b>Glasgow City HSCP - South</b>	5	0	<b>5</b>	<i>100%</i>
<b>Overall Total</b>	<b>43</b>	<b>15</b>	<b>58</b>	<i>74%</i>
<i>Overall %</i>	<i>74%</i>	<i>26%</i>	-	-

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

	<b>On or within 5 working days</b>	<b>Over 5 Working days</b>	<b>Total</b>	<i>% within 5 working days</i>
<b>Glasgow City HSCP – Corporate</b> (excl Prisons)	0	0	<b>0</b>	<i>n/a</i>
<b>HMP Barlinnie</b>	249	5	<b>254</b>	<i>98%</i>
<b>HMP Greenock</b>	42	0	<b>42</b>	<i>100%</i>
<b>HMP Low Moss</b>	289	5	<b>294</b>	<i>98%</i>
<b>Glasgow City HSCP - North East</b>	51	6	<b>57</b>	<i>89%</i>
<b>Glasgow City HSCP - North West</b>	91	18	<b>109</b>	<i>83%</i>
<b>Glasgow City HSCP - South</b>	39	5	<b>44</b>	<i>89%</i>
<b>Total</b>	<b>761</b>	<b>39</b>	<b>800</b>	<i>95%</i>
<i>%</i>	<i>95%</i>	<i>5%</i>	-	-

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Considering all complaints overall, regardless of stage, 1168 of 1459 completed complaints (80%) 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.

**Table 5 – Complaint issues by staff group complained of:**

Category	Code	Issue	Sector					Total
			Corporate (excl Prisons)	Prisons	North East	North West	South	
<b>J – Staff Group</b>	1	Consultants / Doctors	0	6	36	67	36	145
	2	Nurses	0	588	72	43	51	754
	3	Allied Health Professionals	0	0	3	15	6	24
	5	Ambulance	0	0	0	1	0	1
	6	Ancillary Staff	0	0	0	0	1	1
	7	NHS board/hospital admin staff	0	6	0	103	10	119
	8	GP	0	382	0	0	0	382
	9	Pharmacists	0	3	0	1	0	4
	10	Dental	0	56	0	0	0	56
	11	Opticians	0	1	0	0	0	1
	<b>Total</b>			<b>0</b>	<b>1042</b>	<b>111</b>	<b>230</b>	<b>104</b>

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

**Table 6 – Complaints by issue complained of**

Category	Code	Issue	Sector					Total
			Corporate (exc Prisons)	Prisons	North East	North West	South	
<b>A – Staff</b>	1	Attitude/Behaviour	0	5	32	48	21	106
	2	Complaint Handling	0	1	2	1	0	4
	3	Shortage/Availability	0	0	0	3	0	3
	4	Communication (written)	0	2	0	10	3	15
	5	Communication (oral)	0	0	2	17	1	20
	7	Competence	0	1	1	17	0	19
	<b>B – Waiting times for</b>	11	Date of Admission	0	0	1	4	0
12		Date for appointment	0	90	4	71	7	172
13		Test Results	0	2	0	0	0	2
<b>C – Delays in/at</b>	21	Admissions/transfers/discharge	0	0	0	5	0	5
	22	Out-patient and other clinics	0	1	0	1	0	2
<b>D – Environmental /domestic</b>	29	Premises	0	0	0	0	1	1
	30	Aids/appliances/equipment	0	0	1	0	0	1
	33	Cleanliness/laundry	0	0	0	0	1	1
	34	Patient privacy/dignity	0	1	4	0	0	5
	35	Patient property	0	0	3	1	0	4
	37	Personal records	0	0	1	0	0	1
<b>E – Procedural issues</b>	41	Failure to follow agreed procedure	0	10	0	5	6	21
	42	Policy and commercial decisions of NHS Board	0	0	1	7	0	8
<b>F – Treatment</b>	51	Clinical Treatment	0	928	57	39	63	1087
	52	Consent to Treatment	0	0	2	1	0	3
<b>G - Transport</b>	61	Transport not turning up	0	1	0	0	1	2
<b>Total</b>			<b>0</b>	<b>1042</b>	<b>111</b>	<b>230</b>	<b>104</b>	<b>1487</b>

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

**Table 7 – Complaint issues by service**

<b>Service Area</b>	<b>Corporate (excl Prisons)</b>	<b>Prisons</b>	<b>North East</b>	<b>North West</b>	<b>South</b>	<b>Total</b>
Administration Services	0	0	0	2	3	5
Care of the Elderly Services	0	0	1	1	0	2
Community Health Services - not elsewhere specified	0	0	18	166	27	211
Community Hospital Services	0	0	0	7	4	11
Continuing Care	0	0	0	1	0	1
Prison Services	0	1042	0	0	0	1042
Psychiatric / Learning Disabilities Service	0	0	90	51	70	211
Rehabilitation	0	0	2	2	0	4
<b>Total</b>	<b>0</b>	<b>1042</b>	<b>111</b>	<b>230</b>	<b>104</b>	<b>1487</b>

### 3.4 Complaints outcomes.

A breakdown of outcomes for those complaints completing the process is given at table 8 below. The number of complaints which were completed within 2021/22 was 1459, this includes complaints received in Quarter 4 of 2020/21, but not responded to until Quarter 1 of 2021/22. Overall 73% of complaints were not upheld and 17% were partially or fully upheld. A further 10% were withdrawn or otherwise not progressed.

**Table 8 – Outcome of completed complaints by sector**

	<b>Consent Not Received</b>	<b>Fully Upheld</b>	<b>Partially Upheld</b>	<b>Not Upheld</b>	<b>Withdrawn</b>	<b>Transferred to another unit</b>	<b>Total</b>
<b>Glasgow City Corporate (excl Prisons)</b>	0	0	0	0	0	0	<b>0</b>
<b>HMP Barlinnie</b>	0	0	5	350	57	0	<b>412</b>
<b>HMP Greenock</b>	0	2	1	47	1	0	<b>51</b>
<b>HMP Low Moss</b>	0	14	36	481	47	0	<b>578</b>
<b>North East Sector</b>	1	15	23	53	3	1	<b>96</b>

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<b>North West Sector</b>	4	50	66	90	7	1	<b>218</b>
<b>South Sector</b>	8	17	21	48	3	7	<b>104</b>
<b>Total</b>	<b>13</b>	<b>98</b>	<b>152</b>	<b>1069</b>	<b>118</b>	<b>9</b>	<b>1459</b>
<i>% of total</i>							

Table 9 below shows more detailed outcomes by sector 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

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

	<b>Consent Not Received</b>	<b>Fully Upheld</b>	<b>Partially Upheld</b>	<b>Not Upheld</b>	<b>Withdrawn</b>	<b>Transferred to another unit</b>	<b>Total</b>
<b>Glasgow City CHP - Corporate</b>							
Police Custody Healthcare	0	0	0	0	0	0	0
HMP Barlinnie	0	0	5	350	57	0	412
HMP Greenock	0	2	1	47	1	0	51
HMP Low Moss	0	14	36	481	47	0	578
<b>Glasgow City CHP - North East</b>							
Children and Family Services	0	0	2	2	0	0	4
Health & Community Care	0	1	3	4	1	0	9
Mental Health Services	1	14	17	39	2	1	74
Specialist Children's Services	0	0	1	8	0	0	9
<b>Glasgow City CHP - North West</b>							
Children and Family Services	0	0	0	1	0	0	1
Health & Community Care	2	2	7	4	2	0	17
Mental Health Services	2	6	17	27	3	0	55
Sexual Health/Sandyford	0	36	29	52	1	0	118
Specialist Children's Services	0	6	13	6	1	1	27
<b>Glasgow City CHP - South Sector</b>							
Children & Family Services	0	0	1	0	0	0	1
Health & Community Care	2	11	1	13	2	4	33
Mental Health Services	6	6	16	33	0	2	63

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Specialist Children's Services	0	0	3	2	1	1	7
<b>Totals:</b>	<b>13</b>	<b>98</b>	<b>152</b>	<b>1069</b>	<b>118</b>	<b>9</b>	<b>1459</b>

## Section 4 Cases referred to Scottish Public Services Ombudsman

- 4.1 The Ombudsman issues either formal reports, which are laid before Parliament, or decision letters which are issued to the relevant public sector body. Such decision letters may advise that the authority should comply with recommendations made by the Ombudsman. Formal reports cover those matters of public interest which the Ombudsman considers should receive wide awareness beyond the affected authority. There were **no** Formal Ombudsman Reports issued during this reporting period.
- 4.2 During the 2021/22, there were 4 Ombudsman decision letters received involving the HSCP or local Family Health Services. Table 10 below shows the outcomes of those decisions.

**Table 10 – Outcome of decisions by SPSO**

Service	Fully / Partially Upheld	Not Upheld	Not Progressed/ Taken Forward
District Nursing Services	0	0	1
Family Health Services	0	1	13
Health Visitor Services	1	0	0
Mental Health Services	0	1	4
Phlebotomist Services	0	0	0
Prison Healthcare	0	0	2
Sexual Health Services	0	1	0
<b>Total</b>	<b>1</b>	<b>3</b>	<b>20</b>

- 4.3 Certain reports or decision letters have an impact on the services provided within Glasgow City. Where decisions are made against a General Practitioner it is for the Practice to respond, but through the Sector CDs support may be provided in helping GPs to respond or change systems. The Ombudsman also looks to Boards to ensure recommendations made in relation to Family Health Services are implemented.
- 4.4 Decisions issued for the 4 cases received in the period 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022 are outlined below indicating the outcome and any recommendations made.

**a) Complaint against – GCHSCP NE – Mental Health Service – SPSO Ref: 201905576 – Decision Date 27/04/2021 – Complaint (Not Upheld)**

**Issue:** The psychiatric care and treatment given to the patient by the Board was unreasonable (not upheld).

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**Issue Decision:** The Ombudsman sought advice from an independent consultant psychiatrist, who had considered the extensive clinical records and complaint correspondence relating to this matter. The advice received and accepted is that information contained in the clinical letters and contemporaneous case records supported the Board's position that diagnosis and management of the patient with respect to the psychological and medication based treatments were appropriate and reasonable. However, it had been noted that the change in the patients' diagnosis from EUPD to Mixed Personality Disorder with narcissistic traits and Factitious Disorder had not been discussed with the patient and the wider clinical team; this could be described as a relatively minor shortcoming in communication and did not have any detrimental effect on the patients' treatment. The advisor also highlighted that some of the documented expressions and choice of words used by clinicians were, at times, inappropriate, but did not consider that this detracted from the overall treatment the patient received and the Ombudsman had taken into account the fact that the Board provided an apology in relation to this issue. Having carefully considered the matter, on balance, for the reasons set out above, the Ombudsman did not uphold the complaint that the psychiatric care and treatment provided by the Board to the patient was unreasonable.

### **b) Complaint against – GCHSCP NW – Sexual Health Service – SPSO Ref: 201905949 – Decision Date 28/04/2021 – Complaint (Not Upheld)**

**Issue:** The care and treatment given to the patient at the clinic was unreasonable (not upheld).

**Issue Decision:** The Ombudsman sought independent advice from appropriately qualified advisors. Advisor A advised that there is no reliable evidence linking antibiotic use to the development of asthma, also that, the practice of treating patients whilst waiting for results is not unusual in the context of sexual health or suspected urine infections. Advisor B advised that the treatments provided were reasonable blind treatments for the symptoms presented and that it is standard for a patient presenting with the symptoms to be treated without/before specific tests are completed, the choice of antibiotics was reasonable, also that the Partnership's position (that liver damage was a rare side effect) was reasonable. Overall, the Ombudsman has accepted the advice received that the care and treatment provided by the Partnership was reasonable. As such, the Ombudsman did not uphold this complaint.

### **c) Complaint against – GCHSCP South – Health Visiting Service – SPSO Ref: 201911000 – Decision Date 28/04/2021 – Complaint (Upheld) with 2 recommendations**

**Issue:** In June to July 2019, the care and treatment the patient received from the health visitor was unreasonable (upheld).

**Issue Decision:** The Ombudsman had taken into account the independent midwifery advice received. The Ombudsman was advised that when there is concern about how a baby is breastfeeding, a health visitor should watch a full breastfeed, as part of the relevant assessment. However, the advisor also advised that if a mother declines a breastfeeding examination, or any offer of care, this should be respected. The information in the clinical records about exactly what happened was limited. So, the Ombudsman carefully considered the accounts provided by the patient and the health visitor. In the Ombudsman's view, the health visitor misunderstood the patient's wishes and this led to the situation that arose. The health visitor had (wrongly) assumed the patient declined to have her latch checked because she had not wanted to disturb her baby. The Ombudsman considered the health visitor had not understood the patient did not want her latch checked at all.

### **d) Complaint against - GCHSCP (NW) – Family Health Service – Ref: 202005987 - Decision dated 18<sup>th</sup> Oct 2021 – Complaint (Not Upheld).**

**Issue:** The Practice unreasonably removed Ms C from their practice list (not upheld)

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**Issue Decision:** In investigating Ms C's complaint, the Ombudsman has carefully reviewed the documentation provided by Ms C in support of her complaints and by the Practice in response to enquiries the Ombudsman gave them. The Ombudsman also sought independent advice from a GP adviser (the Adviser). The Adviser and the Ombudsman agree that based on the eyewitness accounts, it was reasonable for the Practice to have requested the immediate removal of the patient from the Practice list. The Adviser considered that the Practice acted reasonably and within established rules for removing a patient from the list. The Ombudsman has Not Upheld this complaint.

## Section 5 Service Improvements

- 5.1 Since Quarter 1 of 2015/16 actions arising from complaints are now recorded using a national coding system set out by ISD as referred to in section 2.7 above. Table 11 below lists these codes in details. This excludes prison healthcare however. Actions relating to Prison healthcare are reported to the Prison Healthcare Operational and Clinical Governance meetings for review and to help inform the Action Plan.
- 5.2 Table 12 shows the actions taken in each individual case that has been fully or partially upheld for the period 1<sup>st</sup> Apr 2020 – 31<sup>st</sup> March 2021. 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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**Tables 11 - Listing of ISD codes Action Type and Action Taken**

Check Box	Code	High Level	Check Box	Code	Detail Descriptor
<input type="checkbox"/>	K01	ACCESS			<b>Improvements made to service access e.g.</b>
			<input type="checkbox"/>	01	booking arrangement
			<input type="checkbox"/>	02	signage
			<input type="checkbox"/>	03	appointment times
			<input type="checkbox"/>	04	patient pathway/journey
<input type="checkbox"/>	K02	ACTION PLAN			<b>Action plan(s) created and instigated e.g.</b>
			<input type="checkbox"/>	01	Lead Manager co-ordinating improvements
			<input type="checkbox"/>	02	Service review instigated
<input type="checkbox"/>			<input type="checkbox"/>	03	Service improvement identified
<input type="checkbox"/>	K03	COMMUNICATION			<b>Improvements in communication staff-staff or staff-patient e.g.</b>
			<input type="checkbox"/>	01	Early engagement/resolution with complainant
			<input type="checkbox"/>	02	Meeting complainant – Provide explanation
			<input type="checkbox"/>	03	Staff suggestions for improvement
			<input type="checkbox"/>	04	Agenda for Board or team meeting
			<input type="checkbox"/>	05	Patient involvement
<input type="checkbox"/>	K04	CONDUCT			<b>Conduct issues addressed e.g.</b>
			<input type="checkbox"/>	01	Conduct issues – discussed with staff
			<input type="checkbox"/>	02	Values/behaviour – agreed with staff
<input type="checkbox"/>	K05	EDUCATION			<b>Education/training of staff e.g.</b>
			<input type="checkbox"/>	01	Learning/training opportunities identified
			<input type="checkbox"/>	02	Training/development implemented
<input type="checkbox"/>	K06	NO ACTION REQUIRED			<b>No action required e.g.</b>
			<input type="checkbox"/>	01	Case still open
			<input type="checkbox"/>	02	Consent not given

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Check Box	Code	High Level	Check Box	Code	Detail Descriptor
			<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"/>	<b>K07</b>	<b>POLICY</b>	<input type="checkbox"/>	01	Policy/procedure review
<input type="checkbox"/>	<b>K08</b>	<b>RISK</b>	<input type="checkbox"/>	01	Risks added to risk register
<input type="checkbox"/>	<b>K09</b>	<b>SYSTEM</b>		<b>Change to systems e.g.</b>	
			<input type="checkbox"/>	01	Change – Booking system
			<input type="checkbox"/>	02	Change – Complaints reporting system
<input type="checkbox"/>	<b>K10</b>	<b>SHARE</b>		<b>Share lessons with staff/patient/public e.g.</b>	
			<input type="checkbox"/>	01	Learning points shared with teams
			<input type="checkbox"/>	02	Demonstrate lessons learned
			<input type="checkbox"/>	03	Share improvements/action plans with complainant
<input type="checkbox"/>	<b>K11</b>	<b>WAITING</b>		<b>Review waiting times</b>	
			<input type="checkbox"/>	01	Review of waiting times

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**Table 12 - Service Improvements Identified for Completed Complaints Partially or Fully Upheld (1<sup>st</sup> Apr 2021 – 31<sup>st</sup> March 2022)**

Ref	Description	Outcome code	Actions taken	Actions Taken Description	Service improvement/long-term plan	Unit	Specialty
B2021/131	Patient says that he has been waiting 5 months to have his medication for his mental health. Says that he has not seen anyone since January 2020	Partially Upheld	Action Plan	Development of care plan template with clear feedback timescales included.NTL Addictions and Mental Health to agree process and implement with staff in teams.	Development of care plan template with clear feedback timescales included.	HMP Barlinnie	Prison Services
B2021/267	Patient is unhappy that the doctor has changed his bottom flat marker after he states this was previously agreed.	Partially Upheld	Share	GP will discuss at team meeting for early review of the PR2 system (by nursing staff) to assess who/when had changed medical markers and appropriately feeding this back to patients.	Learning points shared with teams - GP will discuss at team meeting for early review of the PR2 system (by nursing staff) to assess who/when had changed medical markers and appropriately feeding this back to patients.	HMP Barlinnie	Prison Services
B2021/294	Patient is not happy with the doctor changing his records and removing the single cell marker which was previously put on his file.	Partially Upheld	Share	GP will discuss at team meeting for early review of the PR2 system (by nursing staff) to assess who/when had changed medical markers and appropriately feeding this back to patients.	Learning points shared with teams - GP will discuss at team meeting for early review of the PR2 system (by nursing staff) to assess who/when had changed medical markers and appropriately feeding this back to patients.	HMP Barlinnie	Prison Services

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B2021/315	Patient is refusing the medication he is prescribed and states that he was on different medication in Addiewell. He advises that he will go on hunger strike until this is resolved.	Partially Upheld	Action Plan	Operational manager is discussion with pharmacy advisor and contracted provider	Pharmacy provider should communicate with registered staff when they do not fulfil a prescription when this is not related to supply	HMP Barlinnie	Prison Services
B2021/389	Patient is unhappy as he advises he has been left without his medication for the 5th time in the past 6 weeks.	Partially Upheld	Action Plan	Information around the service improvement identified will be handed over to the rest of the team in order for medication to be dispensed at earliest opportunity. Discussion taken place with Health Care Support Workers and e-mail sent to the team regarding this.	There must be an annotation in the comments section of Recording Kardex if Healthcare staff are unable to dispense medication for any reason. This information must then be handed over to the rest of the team in order for medication to be dispensed at earliest opportunity.	HMP Barlinnie	Prison Services
ECY21-09	Patient described feeling “annoyed” at having to repeat her history to lots of different people when attending Out of Hours Services. Complainant feels she is not being listened to by the Consultant Psychiatrist involved in her care.	Partially Upheld	Action Plan	Services involved to draw up an Anticipatory Care Plan and that the patient would have some input to this, too.	None	Skye House Adolescent Unit	CAMHS

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G2021/016	Patient complaining that doctors are not helping with medication as patient requesting a previous medication he used to take	Partially Upheld	Action Plan	A GP appointment arranged for a review.	None	HMP Greenock	Prison Services
G2021/036	Patient had been told he was a diabetic and had commenced treatment for this condition only to be told he is not a diabetic and medication has been stopped.	Fully Upheld	Communication	Patient informed no side effects of taking wrong medication	Ensuring that the correct medication is prescribed for the correct patient.	HMP Greenock	Prison Services
G2021/044	Patient believes he is not receiving the correct detox required for a drug habit and not receiving Espranor	Fully Upheld	Communication	Processes and procedures in place. Regular meetings with teams to identify areas of improvement and update operating procedures	Regular discussions with addiction team in order to identify areas of service improvement. All changes within procedures to be shared with the team	HMP Greenock	Prison Services
GD/cf/02	Complainant attended Barr Street Assessment Centre and was not happy about the attitude of the doctor at the Assessment Centre or how he spoke to her.	Partially Upheld	Communication	The incident was investigated and the doctor agreed that upon reflection he may not have dealt with the patient as well as he could have and apologised to the patient offering an explanation of why there may have been a misunderstanding as to why he asked the questions he did.	The doctor in questions reflected on the way he had asked the complainant questions and has agreed that it is something he will reflect upon during his annual appraisal.	Covid 19 Assessment Centre, Barr Street	Community Assessment Centre

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LM2020/449	Patient not receiving ensures	Partially Upheld	Action Plan	Operational Manager and, Nurse Team Leads and change nurses within HMP Low Moss should be made aware of the content of this complaint and ensure that the issues raised have been discussed with staff groups at Team meeting but also through individual supervision sessions. Consider the creation of Communication means for regular bank staff to ensure they are aware of issues raised and resolution.	Operational Manager and, Nurse Team Leads and change nurses within HMP Low Moss should be made aware of the content of this complaint and ensure that the issues raised have been discussed with staff groups at Team meeting but also through individual supervision sessions. Consider the creation of Communication means for regular bank staff to ensure they are aware of issues raised and resolution.	HMP Lowmoss	Prison Services
LM2020/508	Complaint regarding conduct of staff	Fully Upheld	Action Plan	Patient now has an allocated complaints officer.	Staff made aware of the NHS GGC Policy and sent a reminder of policy.	HMP Lowmoss	Prison Services
LM2020/548	Complaints being returned unlogged or unprocessed	Fully Upheld	Action Plan	K2 03 patient now has an allocated complaints officer	K2 03 the staff are aware of the NHS GGC Policy and will send a reminder to staff of policy	HMP Lowmoss	Prison Services

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LM2020/549	Patients Ensures were dispensed without the outer wrapper which explains content.	Fully Upheld	Communication	Explanation provided to patient - this label is found on Ensure Compact drinks and would normally be issued as a multipack with the nutritional information available. There is a recognition that she should have been provided with this information separately.	None	HMP Lowmoss	Prison Services
LM2020/587	Patient is complaining about having to pay for NHS letter to be delivered.	Fully Upheld	Communication	All administration staff reminded that attention to detail should be exercised when mail is being sorted for distribution or posting.	All administration staff reminded that attention to detail should be exercised when mail is being sorted for distribution or posting.	HMP Lowmoss	Prison Services
LM2020/588	Patient is complaining about not being able to raise a verbal complaint to members of staff	Fully Upheld	Action Plan	Patient now has an allocated complaints officer.	NHS GGC Policy will be sent as a reminder to staff of complaints policy.	HMP Lowmoss	Prison Services
LM2020/590	Patient is complaining about the consultation she had with the GP	Partially Upheld	Share	K10-01 Learning points shared with team. Glasgow City Health and Social Care Partnership Clinical Director emailed all staff with face mask reminder	Glasgow City Health and Social Care Partnership Clinical Director emailed all staff with face mask reminder.	HMP Lowmoss	Prison Services
LM2020/609	Patient is complaining about the GP consultation she had for the SRU Round	Partially Upheld	Share	K10-01 Learning points shared with teams	K10-01 Learning points shared with teams	HMP Lowmoss	Prison Services

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LM2021/111	Patient unhappy about his medication.	Partially Upheld	Action Plan	Further discussion with Pharmacy support staff to gain understanding why medication was not ordered on behalf of the patient in order to prevent this issue reoccurring.	Further discussion with Pharmacy support staff to gain understanding why medication was not ordered on behalf of the patient in order to prevent this issue reoccurring.	HMP Lowmoss	Prison Services
LM2021/179	Patient has been waiting 12 weeks for a mattress suitable in relation to his spinal condition.	Partially Upheld	Communication	K02-01 Lead Manager co-ordinating improvements	None	HMP Lowmoss	Prison Services
LM2021/290	Patient is complaining that his prescribed medication was taking off him	Partially Upheld	Action Plan	Improve communication to ensure that those on MORS have access to supervised/CIP medication when taken from management plan	To improve communication to ensure that those on MORS have access to supervised/CIP medication when taken from management plan.	HMP Lowmoss	Prison Services
LM2021/302	Patient unhappy that his course in packet was made supervised due to being on MORS.	Partially Upheld	Action Plan	Patient advised to submit self referral for missed GP appointment due to being on MORS.Improve communication to ensure that those on MORS have access to supervised/CIP medication when taken from management plan	Improve communication to ensure that those on MORS have access to supervised/CIP medication when taken from management plan.	HMP Lowmoss	Prison Services

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LM2021/317	Patient is complaining that his medication has been stopped and he wishes for them to be offered supervised	Partially Upheld	Action Plan	Improve communication to ensure that those on MORS have access to supervised/CIP medication when taken from management plan	Improve communication to ensure that those on MORS have access to supervised/CIP medication when taken from management plan	HMP Lowmoss	Prison Services
LM2021/318	Patient is complaining that he has not been getting any of his weekly medication	Fully Upheld	Communication	Issue highlighted to nurses in charge and identified that nursing staff and GP trigger a follow up for information when patient information not available on admission.	K05-01 - Issue highlighted to nurses in charge and identified that nursing staff and GP trigger a follow up for information when patient information not available on admission.	HMP Lowmoss	Prison Services
LM2021/329	Patient feels he has been unfairly treated by a member of the nursing team	Partially Upheld	Share	K10-01 Learning points shared with teams	K10-01 Learning points shared with teams - Staff to be advised on giving name to patients during any interaction	HMP Lowmoss	Prison Services
LM2021/348	Patient is complaining as he has still not received his medication	Fully Upheld	Communication	Early engagement/resolution with complainant.	None	HMP Lowmoss	Prison Services
LM2021/350	Patient is complaining about the time scales her requests were received and when they were processed.	Fully Upheld	Action Plan	Review process to ensure complaints forms received for other NHS service areas (FOI requests or complaints for non-prison services) are processed timeously	Review process to ensure complaints forms received for other NHS service areas (FOI requests or complaints for non-prison services) are processed timeously	HMP Lowmoss	Prison Services

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LM2021/403	Patient is complaining that he missed a dose of medication	Partially Upheld	Communication	Apologies to patient for missed dose, patient was provided with an explanation that it was never the intention of the health care staff to miss this dose. By the time the patient had notified the staff it was too late for the dose.	None	HMP Lowmoss	Prison Services
LM2021/411	Patient is complaining that his medication is too weak. He needs the proper medication	Partially Upheld	Communication	Staff to ensure Kardex's are returned to folders after GP clinics to reduce risk of medication delays	Staff to ensure Kardex's are returned to folders after GP clinics to reduce risk of medication delays	HMP Lowmoss	Prison Services
LM2021/423	Patient has gout and needs Indometara and has not received them	Partially Upheld	Share	K10-01 Learning points shared with team - Process to be shared to where to locate medications that cannot be issued and a reason why these can not be issued documented on records.	K10-01 Learning points shared with team - Process to be shared to where to locate medications that cannot be issued and a reason why these can not be issued documented on records.	HMP Lowmoss	Prison Services

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LM2021/424	Patient has put for cream for his skin and has not received it	Fully Upheld	Share	Discussed at staff meeting with all health care staff that all health care staff to ensure prescription kardexs are actioned prior to letter being sent to patient. When a GP does not prescribe or re-prescribe medication this should be documented in patients records and the patient should be informed	Staff to ensure prescription kardex has been passed to GP when medication requests are made.	HMP Lowmoss	Prison Services
LM2021/427	Patient wants an appointment with mental health	Partially Upheld	Share	Discussion at staff team meeting - Admin/Nursing team to be made aware to ensure where multiple services are requested that all are processed	Admin/Nursing team to be made aware to ensure where multiple services are requested that all are processed	HMP Lowmoss	Prison Services
LM2021/432	Patient is complaining about being struck of his Espranor	Fully Upheld	Communication	Addiction Nurse Team Lead will pass information to staff team to ensure that all staff know who to advise when patients removed from ORT.	Addiction Nurse Team Lead will pass information to staff team to ensure that all staff know who to advise when patients removed from ORT.	HMP Lowmoss	Prison Services
LM2021/435	Patient is complaining that he put mental health referral out 4 weeks ago and not seen anyone	Partially Upheld	Action Plan	NLTs or Charge Nurses will take this forward. Review/refresher for the process for remote prescriptions for 24 hours + and share with nursing team	Review/refresher for the process for remote prescriptions for 24 hours +	HMP Lowmoss	Prison Services

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LM2021/444	Patient has been declined Espranor and not receiving pain medication	Partially Upheld	Share	Nurses advised to document if a medication not ordered and why Medics to date when medications are cancelled	Nurses advised to document if a medication not ordered and why. GP's to date when medications are cancelled.	HMP Lowmoss	Prison Services
LM2021/447	Patient is complaining that he has not been giving his medication	Partially Upheld	Communication	To complete the correct paperwork on admission to ensure that the prescribed medication is given at the correct time to avoid delays.	To complete the correct paperwork on admission to ensure that the prescribed medication is given at the correct time to avoid delays.	HMP Lowmoss	Prison Services
LM2021/453	Patient is complaining that he has been taking off his serious epileptic medication	Partially Upheld	Action Plan	Discussed at staff meeting, when patients report increased seizure activity this should be listed or discussed with a GP.	When patients report increased seizure activity this should be listed or discussed with a GP.	HMP Lowmoss	Prison Services
LM2021/459	Patient is complaining that he has been waiting on medication from 20/09/2021	Partially Upheld	Share	Review of medication ordering process to identify gaps, risk of 1 error becoming ongoing error.	Review of medication ordering process to identify gaps, risk of 1 error becoming ongoing error.	HMP Lowmoss	Prison Services
LM2021/467	Snapped ankle bone ligaments then left in cell for many hours unassisted in severe pain. Returned from hospital and left for 18 hours without medication and in severe pain. Wants medication on time and leg checked for blood clots and explanation as to why he was left for so long	Partially Upheld	Action Plan	NLTs or Charge Nurses will take this forward. Review/refresher for the process for remote prescriptions for 24 hours + and share with nursing team	Review/refresher for the process for remote prescriptions for 24 hours + for nursing staff	HMP Lowmoss	Prison Services

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LM2021/468	Patient wants to speak to one of the Medical Officers. Patient is in pain and wants put back on Nefopam & pregabalin	Partially Upheld	Action Plan	Review of medication ordering process	The Nurse Team Leads will review of medication ordering process	HMP Lowmoss	Prison Services
LM2021/481	Patient is complaining about not receiving his medication	Partially Upheld	Action Plan	Review of medication ordering process	The Nurse Team Leads will review of medication ordering process	HMP Lowmoss	Prison Services
LM2021/482	Patient has submitted 3 complaints regarding not receiving his medication and that this is affecting his mental health - patient advised he is seeking advice from his solicitor	Partially Upheld	Action Plan	Discussed at staff meeting, when patients report increased seizure activity this should be listed or discussed with a GP.	When patients report increased seizure activity this should be listed or discussed with a GP.	HMP Lowmoss	Prison Services
LM2021/484	Patient Unhappy with his treatment from the NHS	Partially Upheld	Action Plan	NTLs or Charge Nurses will take this forward. Review/refresher for the process for remote prescriptions for 24 hours + and share with nursing team	Review/refresher for the process for remote prescriptions for 24 hours + for nursing staff	HMP Lowmoss	Prison Services
LM2021/489	Patient is complaining that he has still not received his medication	Partially Upheld	Action Plan	Review of medication ordering process	The Nurse Team Leads will review of medication ordering process	HMP Lowmoss	Prison Services
LM2021/490	Patient is complaining that he is not being called for his medication and he feels he is being left to suffer.	Partially Upheld	Action Plan	Discussed at staff meeting, when patients report increased seizure activity this should be listed or discussed with a GP.	When patients report increased seizure activity this should be listed or discussed with a GP.	HMP Lowmoss	Prison Services

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LM2021/492	Patient is complaining he has been waiting on painkillers for 12 weeks now.	Partially Upheld	Communication	Investigator will discuss with GP's to ensure Kardex is completed at time of admission	GP to ensure Kardex is completed at time of admission	HMP Lowmoss	Prison Services
LM2021/496	Patient is complaining he is being messed about when getting his medications.	Fully Upheld	Communication	K03-01 Early engagement/Resolution with Complaint	None	HMP Lowmoss	Prison Services
LM2021/497	Patient is complaining about being taking off his medication for his seizures	Partially Upheld	Action Plan	Discussed at staff meeting, when patients report increased seizure activity this should be listed or discussed with a GP.	When patients report increased seizure activity this should be listed or discussed with a GP.	HMP Lowmoss	Prison Services
LM2021/528	Patient states he has put out repeat slips for his medication and was advised the medication was not there when he went to collect. He advises this is not the first time. He also states that he was meant to have his ankle reviewed after coming back from hospital but has still not been seen.	Partially Upheld	Action Plan	NTLs or Charge Nurses will take this forward. Review/refresher for the process for remote prescriptions for 24 hours + and share with nursing team	Nurse Team Leads to review process and run refresher for the process for remote prescriptions for 24 hour + prescribing and share with nursing team	HMP Lowmoss	Prison Services
LM2021/538	Patient unhappy with medication requesting better pain relief	Partially Upheld	Education	Review of process to order CIP medication for patients who are prescribed AM supervised medication	Review of process to order CIP medication.	HMP Lowmoss	Prison Services
LM2021/541	Patient unhappy he is not getting access to the GP and he is not being monitored in relation to his thyroid condition.	Partially Upheld	Action Plan	Monitor when stool and blood samples require to go to the labs and ensure sent within the appropriate time frames	None	HMP Lowmoss	Prison Services

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LM2021/564	Patient was expecting his build up shakes and has not received these when they were due. He states a nurse advised him he would get them but nothing was delivered.	Fully Upheld	Share	K10-01 Vision entry with supporting information if there are supply issues with a medication	K10-01 Vision entry with supporting information if there are supply issues with a medication.	HMP Lowmoss	Prison Services
LM2021/577	Patient states he has an open wound in his leg and he wants antibiotics and pain relief.	Partially Upheld	Action Plan	Review of how to order medication when only 2 weeks prescribed	Review of process on how to order medication when only 2 weeks prescribed.	HMP Lowmoss	Prison Services
LM2022/005	Patient states he has been given the wrong medication since arriving. He states he has been given less dosage meaning he is in more pain and feels nothing is being done about this.	Partially Upheld	Action Plan	Improvement opportunity to explore how to record if Kardex are available on transfer and how prescribing information is shared if not eg where did prescribing GP get 8mg from when Docman confirmed patient had been prescribed 12mg	Improvement opportunity to explore how to record if Kardex are available on transfer and how prescribing information is shared if not.	HMP Lowmoss	Prison Services
LM2022/022	Patient has advised he has had both Covid jabs and was expecting his booster however he was advised records show he only had 1 jab. Patient was not happy at not being given his booster	Fully Upheld	Share	Accurate recording of COVID vaccinations in the health records Vision. Nurse Team Leader to discuss at staff meeting and with Vaccination team attending HMP Low Moss - To discuss with Shona as no service improvement selected on full investigation	Nurse Team Leader to discuss accurate recording of COVID vaccinations in the health records Vision at next staff meeting.	HMP Lowmoss	Prison Services

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LM2022/077	Patient states he is not receiving the medication he is expecting. He advises the dose in the evening is less than expected and he is still going through withdrawals.	Partially Upheld	Action Plan	GP process to confirm medication doses to be prescribed Locate Kardex rather than request for one to be written GPs to make Vision entries to support nurse requests or face to face consultations with patients	Process review: GP to confirm medication doses to be prescribed Locate Kardex rather than request for one to be written GPs to make Vision entries to support nurse requests or face to face consultations with patients.	HMP Lowmoss	Prison Services
LM2022/078	Patient is not happy that he was not able to be provided his medication as his kardex was not with the nurse. He states he has back pain and requires the medication to manage this.	Partially Upheld	Education	If Kardex are removed from folders they need to be replaced as soon as they are able	None	HMP Lowmoss	Prison Services
LM2022/083	Patient states that he has previously advised that both his mental health and addictions that he is not being properly medicated and states this is now making him miss out on education.	Partially Upheld	Action Plan	GP process to confirm medication doses to be prescribed Locate Kardex rather than request for one to be written GPs to make Vision entries to support nurse requests or face to face consultations with patients	GP process to confirm medication doses to be prescribed Locate Kardex rather than request for one to be written GPs to make Vision entries to support nurse requests or face to face consultations with patients	HMP Lowmoss	Prison Services
LM2022/089	Patient states he has submitted referrals to see the GP as his lower legs are itchy and he has a rash on his left ankle which is getting larger.	Fully Upheld	Share	Remind all staff that Nurse referrals should be actioned and corresponding note to Vision Record	None	HMP Lowmoss	Prison Services

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LM2022/092	Patient states he has been asking for a Lateral Flow Test and has not received this. Patient would like his Concerta XL dispensed in the halls rather than the H/C. Patient has not received his weekly medication today.	Partially Upheld	Action Plan	Investigator to meet with Pharmacy support staff to review In Possession Medication process to ensure patients are routinely checked and meds ordered as necessary.	Investigator to meet with Pharmacy support staff to review In Possession Medication process to ensure patients are routinely checked and meds ordered as necessary.	HMP Lowmoss	Prison Services
NE557	Complainant very unhappy with treatment by District Nursing Staff to his elderly Mum.	Partially Upheld	Communication	Team will reflect on the care provided in order to recognise the areas that were highlighted which we agree that we could have done better.	Team will reflect on the care provided in order to recognise the areas that were highlighted which we agree that we could have done better.	Springburn Health Centre	District Nursing
NE558	Complainant feels patient has been extremely let down and abandoned.	Partially Upheld	Access	The Stepps Programme waiting list has been affected by the Covid Crisis but team are actively working on plans to expedite treatment for those on waiting lists.	The Stepps Programme waiting list has been affected by the Covid Crisis but team are actively working on plans to expedite treatment for those on waiting lists.	Stobhill Hospital	Psychiatry

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NE560	Mother concerned that her Health Visitor has constantly changed and the delay in referring her son to other services.	Partially Upheld	Education, Share	The HV involved will undergo individual support for learning and development in record keeping across the records of brothers and sisters. At all Team meetings in HV teams across North East Glasgow, Service Manager has requested a learning point is shared to remind all staff that any communication regarding a child/ren should be recorded timeously within the child's EMIS record	At all Team meetings in HV teams across North East Glasgow, Service Manager has requested a learning point is shared to remind all staff that any communication regarding a child/ren should be recorded timeously within the child's EMIS record.	Springburn Health Centre	Health Visiting
NE567	Wife concerned that wrong address was added to a letter, that surname is misspelt and the treatment her husband is currently receiving.	Partially Upheld	Communication	Issues of complaint to be addressed at the next team meeting.	None	Auchinlea House Resource Centre	Addiction Services
NE568	Complainant not happy with the lack of communication, difficulty in visiting patient and not wearing his own clothes.	Partially Upheld	Action Plan	To ensure a robust line of communication family have been allocated a Staff Nurse to be a Visitor Liaison Nurse each day which will ensure appropriate information sharing.	To ensure a robust line of communication family have been allocated a Staff Nurse to be a Visitor Liaison Nurse each day which will ensure appropriate information sharing.	Stobhill Hospital	Psychiatry

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NE577	Family disappointed with outcome of previous investigation with regards to a change of psychiatrist and wants an investigation into how patient fell and ended up in need of surgery.	Partially Upheld	Communication	Change of consultant to female consultant will be arranged prior to discharge.	None	Stobhill Hospital	Psychiatry
NE580	Patient unhappy with the attitude of staff and not receiving aids that he had asked for	Partially Upheld	Communication	Team Leader contacted patient and advised an OT and physiotherapist would meet him this week. He is happy with this outcome.	None	Parkview Resource Centre	Rehabilitation Service
NE582	Wife is under CTO and husband who is a named visitor wishes a Church of Scotland Minister to visit her but has been told this is not possible.	Fully Upheld	Communication	In-Patient OPs Manager has discussed visit with the ward and will also confirm with the Charge Nurses via e-mail and EMIS notes.	None	Stobhill Hospital	Psychiatry
NE583	Father concerned with the treatment and lack of support provided to his son.	Partially Upheld	Communication	Lack of communication to be addressed with staff and SM escalating issues with telephones	Lack of communication to be addressed with staff and SM escalating issues with telephones	Stobhill Hospital	Addiction Services
NE584	Daughter concerned that covid visiting procedures have changed on website but staff are not aware.	Fully Upheld	Communication	SCN called patient and arranged a visit as per organisations visiting arrangements.	None	Stobhill Hospital	Psychiatry

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NE586	Daughter concerned that a number of her mother's belongings have gone missing and not being able to visit her mother.	Partially Upheld	Action Plan	SCN has identified a lost property drawer within duty room and staff will be encouraged to advise relatives to leave anything of value at home to reduce risks of items being lost/misplaced.	SCN has identified a lost property drawer within duty room and staff will be encouraged to advise relatives to leave anything of value at home to reduce risks of items being lost/misplaced.	Stobhill Hospital	Psychiatry
NE587	Patient unhappy that her referral to CMHT has been declined.	Fully Upheld	Communication	Early engagement/resolution with complainant	NTL taking referral back to MDT for wider discussion and will feedback outcome.	Auchinlea House Resource Centre	Community Mental Health Team
NE588	Mother concerned that her son's referral to Mental Health Services has been refused.	Partially Upheld	Communication	Clinical Director telephoned mother and agreed that an appointment will be arranged for son where they will consider his diagnosis and whether there is an additional role for CMHT.	Clinical Director telephoned mother and agreed that an appointment will be arranged for son where they will consider his diagnosis and whether there is an additional role for CMHT.	Springpark Resource Centre	Community Mental Health Team
NE596	Patient unhappy with the attitude and behaviour of staff	Partially Upheld	Communication	All staff will be reminded that where a ligature cutter is required on an observation level then it must remain on the staff member person at all times. SCN will share feedback from patient with staff.	All staff will be reminded that where a ligature cutter is required on an observation level then it must remain on the staff member person at all times. SCN will share feedback from patient with staff.	Stobhill Hospital	Psychiatry

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NE597	Patient concerned with the lack of communication and contact from service	Fully Upheld	Communication	Senior Addiction Nurse will provide patient with an update to care plan within 7 days which will then be used as a basis to develop ongoing recovery plan	Senior Addiction Nurse will provide patient with an update to care plan within 7 days which will then be used as a basis to develop ongoing recovery plan	Stobhill Hospital	Addiction Services
NE600	Complainant concerned with the attitude and behaviour of staff, the lack of activities and internal/external environment.	Partially Upheld	Action Plan, Conduct	SM will continue to liaise with music in hospital charity and estates department. Service Manager will arrange 1:2:1 with member of staff	None	Stobhill Hospital	Psychiatry
NE602	Complainant unhappy that when she attended a consultation appointment with her mother they didn't receive a clear diagnosis	Fully Upheld	Communication	Appointment arranged for mum and daughter to speak to consultant with regards to diagnosis, available treatment and what supports are available.	Appointment arranged for mum and daughter to speak to consultant with regards to diagnosis, available treatment and what supports are available.	Parkview Resource Centre	Community Older Peoples Team
NE606	Patient unhappy with the standard of care being received and length of time waiting for referral.	Fully Upheld	Communication	Clinical Director is arranging a change of psychiatrist and will contact Psychotherapy for a referral.	Clinical Director is arranging a change of psychiatrist and will contact Psychotherapy for a referral	Arran Resource Centre	Community Mental Health Team

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NE612	Patient concerned with time taken to respond to a complaint which was due on 6th September and lack of communication when chasing this response.	Fully Upheld	Communication	Apology provided for the delay in providing a full and comprehensive response to original complaint.	None	Stobhill Hospital	Psychiatry
NE619	Patient concerned with the lack of support and communication from staff.	Partially Upheld	Communication	Reminder to staff to ensure patients are kept up to date with change of personnel.	Reminder to staff to ensure patients are kept up to date with change of personnel.	Stobhill Hospital	Addiction Services
NE620	Mother concerned that son suffers from a MH condition which has not been diagnosed and wishes someone to contact her.	Fully Upheld	Communication	Appointment arranged for 15th Oct.	None	Auchinlea House Resource Centre	Community Mental Health Team
NE627	Patient unhappy with his care and treatment.	Partially Upheld	Education	SM to discuss with staff team the minimum expectation of contact and caseload management should be routinely address in supervision by Line Managers.	SM to discuss with staff team the minimum expectation of contact and caseload management should be routinely address in supervision by Line Managers.	Stobhill Hospital	Addiction Services
NE628	Family upset that patient had gone missing from ward and was found deceased on the grounds.	Partially Upheld	Education	Staff member to engage in further training with regards to the management of difficult conversations.	None	MacKinnon House	Psychiatry

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NE631	Patient unhappy with the attitude and behaviour of staff.	Fully Upheld	Communication	SCN spoke with member of staff and reiterated that they needed to be sensitive and professional when speaking to patients.	None	Stobhill Hospital	Psychiatry
NE636	Patient unhappy with the lack of contact from staff when they say he will receive a call back.	Fully Upheld	Action Plan	Consistently of staff currently being reviewed by Senior Management.	Consistently of staff currently being reviewed by Senior Management.	Auchinlea House Resource Centre	Community Mental Health Team
NE647	Complainant unhappy with treatment towards her and overall conduct of staff nurse.	Fully Upheld	Conduct	Service Manager will provide further support to staff member regarding learning and ongoing professional development.	None	Stobhill Hospital	Psychiatry
NE648	Mother unhappy with treatment from HV Staff, Service.	Partially Upheld	Education	Staff will reflect on their actions.	None	Shettleston Health Centre	Health Visiting
NE649	Patient looking for lost property.	Fully Upheld	Action Plan	Ward Team to review process and ensure all patient's personal possession record is maintained during their admission.	To review process and ensure all patient's personal possession record is maintained during their admission.	Stobhill Hospital	Psychiatry

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NE651	Wife very unhappy that discharge for husband was brought forward, very rushed and unorganised with no contact to herself or SW, this caused significant upset to patient and family.	Partially Upheld	Communication	SCN will meet with her nursing team to share with them the feedback and look to implement improvements to ensure a positive care experience for all patients	SCN will meet with her nursing team to share with them the feedback and look to implement improvements to ensure a positive care experience for all patients	Stobhill Hospital	Psychiatry
NE658	Complainant unhappy with inappropriate comments and attitude from staff.	Partially Upheld	Communication	Staff reminded of their responsibility to ensure they have the correct information prior to speaking with relatives, and where there is a dispute regarding the information being shared, going forward they will ask to leave the conversation and request the nurse in charge to clarify the situation.	None	Stobhill Hospital	Psychiatry
NE660	Patient requesting a change to prescription collection day, felt care manager was not supportive of this as prescription has been changed recently.	Fully Upheld	Communication	Care manager and team lead discussed with prescriber and team agreed to be more flexible with regards to prescription collection.	Care manager and team lead discussed with prescriber and team agreed to be more flexible with regards to prescription collection.	Newlands Centre	Addiction Services
NE663	Patient unhappy that he has been discharged from service due to a missed appointment.	Partially Upheld	Communication	Service Manager to remind staff to include link for meeting when texting a reminder for patient to attend appt.	None	Arran Resource Centre	Community Mental Health Team

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NE671	Patient concerned with the lack of communication and support with regards to her treatment.	Fully Upheld	Communication	SM will review/discuss at Team meeting the need for clearer documentation and follow up arrangements.	SM will review/discuss at Team meeting the need for clearer documentation and follow up arrangements.	Arran Resource Centre	Community Mental Health Team
NE672	Parents unhappy with the attitude and behaviour of staff	Partially Upheld	Conduct	A reflective exercise has been undertaken with the Health visitor, who has reflected that she may have presented as judgemental during the visit. The staff member has been reminded that they must be polite, helpful and non judgemental at all times. This will also be discussed as a point of learning to the wider team to ensure professionalism is maintained at all home visits.	This issue will be discussed as a point of learning to the wider team to ensure professionalism is maintained at all home visits.	Glenmill Medical Centre	Health Visiting
NE675	Complainant very unhappy with treatment received and undue force being used against him. Patient states that a staff member made an inappropriate comment regarding his appearance.	Partially Upheld	Communication	Service Manager will re-iterate at next Team Meeting the need to be sensitive and professional when speaking to patients.	None	Stobhill Hospital	Primary Care Mental Health Team

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NE677	Complainant unhappy with treatment and that he has now waited 4 months to be transferred to a new location for treatment/appointment.	Fully Upheld	Communication	An initial appointment has now been arranged to discuss issues.	None	Auchinlea House Resource Centre	Community Mental Health Team
NE679	Family unhappy that they were not informed of the patient being transferred to a Lanarkshire Hospital.	Partially Upheld	Communication	Experience to be shared with Bed Manager and Nursing staff	Experience/outcome of complaint to be shared with Nursing staff and Bed Manager to hopefully prevent this from happening again in future.	Stobhill Hospital	Psychiatry
NW21020	Complaint about lack of service from CAMHS and length of time taken for consultation appointment.	Partially Upheld	Policy	Continue to review the waiting times for service users and work on getting these cleared.	Continue to review the waiting times for service users and work on getting these cleared. Staff should acknowledge the waiting times as being problematic and talk about the w/l initiatives across the city, proactively.	West Centre	CAMHS
NW21030	Complainant doesn't feel that her previous complaint and the length of time it took for it to be dealt with has been investigated fully.	Partially Upheld	Communication	Meeting has been agreed to discuss service user. Senior staff in NWADRS require to update knowledge around the complaints procedure.	Senior staff in NW ADRS to update knowledge around the complaints procedure.	Woodside Health Centre	Addiction Services

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NW21032	Complaint is about patient being on menthadone longer than he was told. Also not happy with worker that is allocated to him.	Partially Upheld	Communication	Discuss care plan with service user.	To ensure that care plans have service user views.	Woodside Health Centre	Addiction Services
NW21035	Complainant was advised by her Social Worker to lodge a complaint about her health visitor as she felt that you was being too personal in her telephone calls and calling outwith normal work hours. Complainant feels that HV wants to be her friend rather than HV. Friend's requests for SM outlets have been received however ignored. A request for a new HV has been put in and the complainant does not want the HV back in her home.	Partially Upheld	Action Plan, Education	An action plan for the HV is being agreed for her to work on. HV will undertake personal learning through the complaints process and follow up. Then will write up a reflective account.	Personal Learning through the complaints process and follow up. Short action plan to be agreed between the HV / TL Written reflective account.	Possilpark Health Centre	Health Visiting

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NW21042	Official complaint regarding mother being transferred to a different Community Mental Health Team CMHT. It has been well documented that complainant's mother has wanted to be placed under the care of a different locality. Patient struggles to get the support she requires within the team due to previous poor experience with a previous Psychiatrist which cannot be resolved. All previous requests for transfer have been rejected.	Fully Upheld	Communication	Patient was met with and arrangements were made to change her OPMH as requested.	None	Glenkirk Resource Centre	Older People's Mental Health
NW21047	Whilst in attendance at her appointment the patient suffered a panic attack due to the Dr making ill advised and personal judgements about the patient's relationship status. Following this the patient is severely anxious at the prospect of even phoning her CMHT.	Partially Upheld	Communication	Apology was given for patient's distress following appt if she felt this had caused upset and panic attack or felt judged. Reassurance given that patient can contact duty system should she require to in the near future. Explanation given as the referral for CPN being rejected due to ongoing MBT.	None	Riverside Resource Centre	Community Mental Health Team

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NW21048	Daughter has received diagnosis from CAMHS specialist however had been waiting since that diagnosis to get a prescription that is required.	Fully Upheld	Communication	Mother has been contacted and full explanation and apology given. Prescribers and other clinicians must put a basic reminder in their diaries to ensure prescribing is completed.	Prescribers and other clinicians must put a basic reminder in their diaries to ensure prescribing is completed.	Woodside Health Centre	CAMHS
NW21052	Complaint about length of time waiting to be seen by CAMHS.	Partially Upheld	Communication	Met with complainant by telephone to apologise for the waiting times. New appointment was offered and accepted. No response required.	Service improvement continues whilst under immense pressure due to complexity and shortage in workforce	West Centre	CAMHS
NW21053	Complaint is around the length of wait for neurodevelopmental assessment. No access to support. Education Team have not provided any additional resources for their child resulting in her being further socially isolated and anxious. Parents have sought a private assessment and now have their daughter in private therapy. They wish their daughter seen by CAMHS.	Partially Upheld	Access	Referral to appropriate services for sensory and autism services given. However family wished CAMHS. Specialist Children Services did not feel that CAMHS were the appropriate service for the patient and that the preferred supports should be utilised in the first instance.	Work to continue on the neurodevelopmental pathway.	West Centre	CAMHS

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NW21055	Complaint about staff within Arndale Resource Centre and the way they talk to patient. Speak to the patient incorrectly due to him suffering from a mental health condition. Very condescending.	Partially Upheld	Communication	SM has spoken with NTL to cascade to staff to remind them of conduct whilst speaking to people on the phone.	Customer care. SM to cascade to staff to remind them of conduct whilst speaking to people on the phone.	Arndale Resource Centre	Community Mental Health Team
NW21057	Complaint about health visitor. Complainant feels that the HV was forcing the services onto her.	Partially Upheld	Conduct	After any complaint the staff member involved will reflect and learn from parent's views.	After any complaint the staff member involved will reflect and learn from parent's views.	Centre for Community Health	Health Visiting
NW21058	Complaint is around perceived negligence due to health visitor not checking child on regular basis. Child now has hip dysplasia and mother feels this is down to negligence.	Partially Upheld	Communication	Staff will meet upon return from sick leave and case load will be gone through for action.	Going forward a list of contacts and assessments due will be provided for health visitor/team lead when they return from sick leave and these will be part of the return to work discussions.	Centre for Community Health	Health Visiting
NW21063	Complaint about two district nurses refusing to give medication to patient and having bad attitude with family.	Partially Upheld	Communication	SM will carry out a reflective discussion with both staff members involved. This would focus on identifying any learning and practice improvement in relation to communication with patients and carers, specifically around assessment, shared decision making.	SM will carry out a reflective discussion with both staff members involved. This would focus on identifying any learning and practice improvement in relation to communication with patients and carers, specifically around assessment, shared decision making.	Woodside Health Centre	District Nursing

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NW21066	1.No call following contact with OOHs 2. Abandoned by service following retirement of CPN 3.Lost to follow-up by CPN's. 4.No help with PIP application 5.No support for carer 6.CPN Visited with colleague whom she was allegedly providing a lift to. 7.Waiting time for OT service.	Partially Upheld	Conduct	Conduct issues discussed with staff member	None	Riverside Resource Centre	Community Mental Health Team
NW21068	Delay in assessment re suspected ASD	Partially Upheld	Communication	Early engagement with complainant to get face to face appointments scheduled.	None	West Centre	CAMHS
NW21088	Persistent Lack of psychiatric assessment for young person	Partially Upheld	Access	Management co ordinating ongoing work to improve procedures and patient journey.	All CAMHS staff to be reminded of correct procedure for informing Business support staff the outcome of clinical assessments; staff recruitment in process to better meet demand; ongoing work to improve procedures and patient journey.	2 Whittingehame Gardens	CAMHS

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NW21089	Complainant has alleged that the CPN accused family, patient and GP of being liars. The CPN had advised patient that she had been discharged from the medical staff. The CPN had said that the patient would be fine if she contracted Covid.	Fully Upheld	Access	Remind staff to be clear in passing on of information. Remind staff to communicate outcomes to patients of any MDT discussions they may be waiting on.	Remind staff to be clear in passing on of information. Remind staff to communicate outcomes to patients of any MDT discussions they may be waiting on.	Shawpark Resource Centre	Community Mental Health Team
NW21092	Lack of information to GP when leaving a message about referral required to Community respiratory team	Partially Upheld	Action Plan	A Review of the current process/pathway to be undertaken; improvements to be created in collaboration with GPs and colleagues in secondary care in order to agree a more effective pathway for patient within the wider respiratory service. This will reduce delays by reducing unnecessary handoffs and result in more effective and efficient process and subsequently care.	A Review of the current process/pathway to be undertaken; improvements to be created in collaboration with GPs and colleagues in secondary care in order to agree a more effective pathway for patient within the wider respiratory service. This will reduce delays by reducing unnecessary handoffs and result in more effective and efficient process and subsequently care.	Possilpark Health Centre	Community Respiratory Team
NW21097	Waiting time for medication review and lack of support from the team to address mental health concerns.	Partially Upheld	Action Plan	Care review carried out. New care manager allocated.	None	West Centre	CAMHS

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NW21104	Mother would like to raise complaint with regards to child's care and involvement with north CAMHS services. The waiting time for appointment and then the appointment being sent to the wrong address and also lack of communication from the service.	Partially Upheld	Communication	Team Coordinator will take learning points forward	Team Coordinator will take learning points forward - learning points to avoid situation; Record keeping – Process for opt in letters	Plean Street Clinic	CAMHS
NW21105	Mother would like to raise complaint in regards to wait time for son to be referred - son has severe and complex learning disabilities and 1 year wait is not acceptable	Partially Upheld	Access	Joint assessment with psychiatry when appointed and nurse and locality psychiatrist learning points.	Joint assessment with psychiatry when appointed and nurse and locality psychiatrist learning points	West Centre	CAMHS
NW21108	Mother of patient is complaining that daughters mental health has deteriorated and has been waiting for an appointment with psychiatrist since 10th July - medication is insufficient and not been reviewed since early June, appointment was booked 2 weeks ago and this was cancelled by admin 1 day before - complainant is unhappy there is no process in place to ensure if your appointment is cancelled by the service that another is scheduled.	Partially Upheld	Access	As it was unknown the return date or the consultant's availability the secretary was unable to reallocate the appointment.	None	Shawpark Resource Centre	Community Mental Health Team

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NW21109	Wife would like to raise complaint that husband has received poor care and has been massively let down with no reasons why - has been on medication 13 months and not been checked up on, has made multiple calls and not had any luck in resolving issue.	Partially Upheld	Communication	Operational Manager met with the complainant and discussed the points raised. Arranged for Care Manager to contact the service user and requested a medical review be undertaken. Discussion with Admin colleagues regarding the call handling and the confidentiality issues encountered at the main reception.	Admin colleagues are reviewing their communication process in relation to the response to calls.	Possilpark Health Centre	Addiction Services
NW21110	daughter would like to raise complaint in regards to mothers sudden bruises on face with no reason as to how this has happened has sent pictures also - concerned for mothers welfare	Partially Upheld	Action Plan	New staff members being recruited to help patients become familiar care staff	action plan - recruitment of more staff	Gartnavel Royal Hospital	Community Mental Health Team
NW21112	Patient is not happy with Psychiatric assessment that was carried out and has highlighted the inaccuracies and would like this looked into and to be given a proper diagnosis - Seeking medication review and diagnosis, daughter and patient keen for diagnosis and treatment Looking for ongoing involvement with CMHT	Fully Upheld	Communication	Early engagement/resolution with complainant.	None	Riverside Resource Centre	Psychiatry

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NW21113	patient advises that he had a consultation then a follow up conversation on 29th September and has been discharged from the service without being properly informed. Feels the consultation was not sufficient and he is being fobbed off.	Partially Upheld	Action Plan	Will be taken to senior clinicians at GPTS by 30/11/21. Consider face to face assessment and feedback for people experiencing cognitive difficulties	Will be taken to senior clinicians at GPTS by 30/11/21. Consider face to face assessment and feedback for people experiencing cognitive difficulties	William Street Clinic	Older Adults Community Mental Health
NW21115	Dissatisfaction/disagreement with diagnosis; aggrieved at alleged rudeness of secretary; delay in issue of letter to GP, doctor inaccurately repeated back information to the patient.	Partially Upheld	Communication	Early engagement/resolution with complainant. Staff Conduct issues have been discussed with staff.	None	Shawpark Resource Centre	Psychiatry
NW21122	Complaint about how the service manages referrals:delay in addressing email complaint, dissatisfaction with telephone appointment as opposed to face to face, patient was discharged following assessment thereby depriving him of a service.	Partially Upheld	System	Awareness raising and raising staff confidence in relation to managing communication without breaching patient confidentiality has been undertaken by the team including administration staff.	Awareness and raising staff confidence in relation to managing this type of communication without breaching confidentiality has been undertaken by the team including administration staff. Currently increasing capacity for face to face appointments against a background of covid restriction.Continued awareness of need for balance in relation to patients being seen	William Street Clinic	Psychology

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					quickly and their mental health/communication needs. Acknowledgement letters to referrers /patients that this is initial assessment but may not indicate ongoing treatment by the service.		
NW21123	<p>1. Not informed that our referral to local Autism Team would mean an ADHD assessment would not happen concurrently</p> <p>2. found it impossible to speak to a clinician about son's situation despite numerous phone calls</p> <p>3. During contact at the choice appointment at West CAMHS it was not explained that a referral to the local ASD team would preclude an ADHD assessment.</p> <p>4. requested that son is placed on waiting list at the original referral date by the GP.</p>	Fully Upheld	Communication, Education	Clear process and communication to families	Clinical coordinator will take on learning points from immediate effect and learning points to avoid reoccurrence is to ensure there is a clear process and communication to families	Glenkirk Resource Centre	CAMHS

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NW21124	Husband is complaining on behalf of wife on the level of service/care from CPN at Arndale - also that care was to stop and complainant felt this was not justified as wife needs this care - not happy with the level of support and care from members of the team.	Fully Upheld	Communication	Learning points to avoid re-occurrence are in relation to communication and discharges are being addressed sensitively. Senior Manager, Team Leader will take learning points forward.	Learning points to avoid re-occurrence are in relation to communication and discharges are being addressed sensitively. Senior Manager, Team Leader will take learning points forward.	Arndale Resource Centre	Community Mental Health Team
NW21126	Complainant alleges being lied to by services over a two year period concerning being referred to a psychiatrist for assessment.	Partially Upheld	Access	appointment sorted for patient, letter posted to confirm	Reasons for not pursuing a MH referral for a service should be documented clearly in terms of rationale and onward plan acknowledging risk	Woodside Health Centre	MHH DART Team
NW21130	Mother is complaining about the length of waiting times for both choice and partnership and the failure of staff to return messages.	Fully Upheld	Access	1.Specialist Children’s Services continuously strive to look at leaner, more efficient yet high quality service development. The waiting times as they are not at a level that executive management would be comfortable continuing at. 2.All staff are to be made aware of need for replying to families within timescales agreed.	Customer service - learning curve to avoid reoccurrence Clinical coordinator - will take learning points from complaint immediately. All staff are to be made aware of need for replying to families within timescales agreed.	Glenkirk Resource Centre	CAMHS

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NW21131	Long wait for Mentalisation Behaviour Therapy - vague answers when asked for an update	Fully Upheld	Action Plan, Communication	Service not running, require additional staff numbers. Referred to CMHT whilst service suspended	None	Drumchapel Health Centre	Psychology
NW21135	Aggrieved at rude behaviour, inadequate manner of communication of staff on 23/11/2021	Fully Upheld	System	New processes are underway to assist business support in allocating appointments from direct phone calls.	Implementation of revised call handling processes.	West Centre	Community Paediatrics (SCPT)
NW21145	Patient's mother unhappy that child was not given adequate support when primary case worker left.	Partially Upheld	Communication	Letter sent to complainant with scheduled appointment time	None	Centre for Community Health	CAMHS
NW21147	patient's relative unhappy that belongings have went missing during transition from Stobhill to Gartnavel units	Fully Upheld	Communication	Complainant has been provided details in order to submit a claim for compensation for lost belongings.	None	Gartnavel Royal Hospital	Continuing Care
NW21150	Patient not happy with level of care received from junior doctors. Escalated when unsatisfied with outcome of face-to-face meeting.	Partially Upheld	Education	Junior doctors provided with feedback on dispensing the relevant meds	Learning/Training Opportunities Identified - further training provided for junior staff	Gartnavel Royal Hospital	Psychiatry
NW21155	Patient unhappy with new prescription and treatment from staff at pharmacy	Partially Upheld	Conduct	Staff have been advised on best manner of dispensing patient's meds.	Staff have been advised on best manner of dispensing patient's meds.	Woodside Health Centre	Addiction Services

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NW21163	Patient raising complaint re receptionist at Riverside	Fully Upheld	Conduct	Discussed behaviour with staff and highlighted impact this had on patient. Manager will reinforce policy with staff.	Manager reinforce policy with staff.	Riverside Resource Centre	Community Mental Health Team
NW21166	Patient's mother putting in formal complaint re health worker as unhappy with prescribed meds and side effects. No contact received to discuss further	Fully Upheld	Action Plan, Communication	Review of service delays. Care plan discussed with Doctor.	Carry out a review of service delays.	West Centre	CAMHS
NW21168	Patient unhappy with method of medication, opposed to injection. Also unhappy with information on file when transferring to different hospital.	Partially Upheld	Communication	Patient to be given sufficient time to consider meds in future, with discussions held to aid understanding and reasoning for choice	None	Gartnavel Royal Hospital	Drug Treatment & Testing Order
NW21169	Complainant not happy with manner in which they were spoken to on the phone by staff member	Partially Upheld	Conduct	Conduct issues regarding staff members attitude on phone discussed and agreed that manner was unacceptable, the staff member takes full responsibility, subsequent learning from this call will be supervised by the Service Manager.	None	Gartnavel Royal Hospital	Administration Services
NW21172	Patient's relative unhappy with the way she was spoken to on the phone by DN	Fully Upheld	Education	Staff member provided with additional support and discussion re attitude and mannerisms towards family member	None	CHCP HQ	District Nursing

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NW21174	Complainant raised previous concerns re CAMHS and are still awaiting diagnosis and support. Feels staff are not empathetic to circumstances	Partially Upheld	Waiting	Review of waiting times	Review of waiting times to be conducted.	West Centre	CAMHS
NW21180	patient partner unhappy with attitude of staff and concerns re food in hospital not meeting dietary requirements	Partially Upheld	Access	suggestions to be made to staff re dietary requirements and general communication	Improve protocols for recording inpatient dietary preferences. SCN charged with liaising with the multidisciplinary team to review contact with relatives of patients. To include establishing a prescribed process where the information relatives wish to know and the format of that information, is recorded. To include attendance at reviews where appropriate.	Gartnavel Royal Hospital	Community Mental Health Team
NW21187	patient felt staff member abused their professional position by implying his request to change Dr was racist	Partially Upheld	Communication	Staff member no longer working for GGC and confirmed notes reflect accurate conversation with patient	None	Centre for Community Health	Psychology

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NW21188	complaint raised against CAMHS due to lack of engagement for patient and family, despite numerous concerns raised previously by GP	Partially Upheld	Action Plan, Communication	System in place to review patients with unplanned gaps of care. Standard to be agreed re call backs. Referrals to be discussed with clinicians. Communication and supervision systems to be revised	System in place to review patients with unplanned gaps of care standard to be agreed re call backs. Referrals to be discussed with clinicians and communication and supervision systems to be revised.	West Centre	CAMHS
NW21190	patient has had no follow up from services since changing medication which is impacting mental well-being	Partially Upheld	Access, Communication	updates to be given to patient and family as and when provided. patient to be kept updated of staff and medication changes	None	West Centre	CAMHS
NW21200	Lack of communication regarding expectations of the service(CAMHS) and length of wait for assessment	Fully Upheld	Access	Letter to patient/guardian will describe what's to be expected.	All new referrals now receive a letter confirming receipt of referral outlining what patients and carers/guardians can expect as well as signposting to helpful resources. Recruitment of additional staff to support improvement plans.	Woodside Health Centre	Community Paediatrics (SCPT)
NW21201	Complaint re length of wait for neurodevelopmental assessment; Complainant wished the accepted referral to be backdated to the date of the	Partially Upheld	Action Plan	Recruitment of additional staff to increase clinical capacity	Recruitment of additional staff to increase clinical capacity.	Drumchapel Health Centre	CAMHS

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	original referral that had been appropriately redirected.						
NWS00122	Patient received a text in order to make a PrEP clinic booking but was unable to book online and could not get through on phone.	Partially Upheld	Action Plan	Plans already in place to upgrade phone arrangements and patient should have been booking online appointments which are available.	Telephone triage system being changed week commencing 10th January. There will now be two rapid triage nurses available to offer advice to patients phoning and will be able to offer advice regarding PrEP appointments. With the change in telephone triage if patients do phone in future they will be advised to book appointments online. This is the current advice sent in the PrEP rebook text.	Sandyford Initiative	Sexual Health
NWS00322	Patient had returned to abortion clinic for follow up and felt that she was unsupported and upset by not being given a scan which she was told she would receive.	Partially Upheld	Communication	Doctor will reflect on the complaint, on how the consultation went, and if anything could have been done differently. She will include a reflective account in her next appraisal.	None	Sandyford Initiative	TOPAR

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NWS00622	Patient complained staff don't understand how patients feel on waiting list, wanted to know when new appointments will be started again and wanted letters/emails sent out re waiting times.	Fully Upheld	Communication	Manager spoke to patient for 45 minutes. Explained staff are aware of effect of waiting list. explained new patients not being appointed currently and that a letter is being sent to all gender patients on waiting list to inform of waiting list times.	Talks are on-going for National Gender Service. There is currently a new letter being written to be sent to all patients on the waiting list to inform them re waiting list times.	Sandyford Initiative	Transgendered
NWS00721	Patients mother complained of delays in treatment and lack of communication	Fully Upheld	Communication	Explanation given to patient.	The service is looking at ways to reduce the waiting times for gender patients.	Sandyford Initiative	Transgendered
NWS00921	Patient complained on 3 year waiting list for gender service	Partially Upheld	Communication	Complaint upheld as waiting list are too long but only partially as COVID has exacerbated the situation	The service continues to try to appoint more staff and reduce waiting times	Sandyford Initiative	Transgendered
NWS00922	Patient complained she could not get an implant removal appointment	Fully Upheld	Communication	Explained to patient why so few appointments available, apologised, advised to check website frequently for new appointments being added	SH recovery plan is in place	Sandyford Initiative	Sexual Health
NWS01122	Patient was unable to book an implant removal appointment	Fully Upheld	Communication	PNL gave apology and explained why so few appointments available. Offered appointment but was declined by patient.	Recovery plan in place for SH services	Sandyford Initiative	Sexual Health

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NWS01421	Patient complained of way nurse spoke to him at PrEP clinic and that she was not going to give him appropriate medication.	Partially Upheld	Communication	Early engagement and resolution with patient - nurse reflecting on patient experience and will be more mindful of how she speaks to patients.	None.	Sandyford Initiative	Sexual Health
NWS01422	Patient was on phone making appointment when she was cut off. She called back and was told there are no longer any appointments and to phone the next day. She said she should have been called back. Person on phone didn't care.	Partially Upheld	Communication	Patient was offered appointment but declined. Was suggested to patient to contact SH in Helensburgh as she lives in A&B.	None	Sandyford Initiative	Sexual Health
NWS01522	Patient said GP had not been sent letter after consultation in Sept 21. Also wanted to know if referral had been made for top surgery. Patient has been trying to speak to someone for weeks.	Partially Upheld	Communication	Consultant called patient and discussed their situation. Letter was also sent to GP as requested.	National Service is being discussed by Scottish government.	Sandyford Initiative	Transgendered
NWS01722	Patient complained of delays in typing of referrals/notes from consultations	Fully Upheld	Communication	Patient was emailed apology for delays	National service is being discussed by Scottish Government to alleviate pressures on the gender service	Sandyford Initiative	Transgendered
NWS01922	Patient unhappy with Doctor she was being accessed by, felt her and the doctor did not get on. Unhappy with appointment cancellations	Partially Upheld	Communication	Apologies for the changes in appointment times this was due to absences. Another appointment had been made and patient has attended with the Dr and this has went well.	None	Sandyford Initiative	Sexual Health

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NWS02021	Patient complained of lack of communication and delays with the gender service.	Partially Upheld	Communication	Early engagement/explanation of delays and resolution with complainant.	The service is constantly looking for ways to reduce the very long waiting lists and to improve communication with patients.	Sandyford Initiative	Transgendered
NWS02122	Doctor had not sent letter to GP re appointment patient had in October to get their prescription changed.	Fully Upheld	Communication	Consultant called patient, apologised and sent GP letter	None	Sandyford Initiative	Transgendered
NWS02421	Patient arrived late for appointment and was refused treatment. Nurse also challenged patient on how she had made appointment. Patient very upset.	Fully Upheld	Communication	Early engagement / resolution with complainant. Nurse was given feedback by line manager.	None	Sandyford Initiative	Sexual Health
NWS02422	Patient unhappy with delay in letter being sent to the GP.	Fully Upheld	Communication	Communication with patient, resulted in letter being sent.	None	Sandyford Initiative	Sexual Health
NWS02521	Patient complained of the wait for an appointment from when she was referred. Also that a referral onwards to ACUTE was delayed. She said her appointment was rushed and that she was not listened to.	Partially Upheld	Communication	Delays in appointment being given is due to impact of covid, this has been explained to complainant.	None	Sandyford Initiative	Sexual Health
NWS02721	Original email suggests a complaint re the assigned Occupational Therapist. Patient is looking to be helped and listened to by the Gender Service.	Partially Upheld	System	SM co ordinating changes to administration systems.	There have been significant changes to administration system's to ensure an error like this does not occur in the future.	Sandyford Initiative	Transgendered

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NWS02821	Patient received phone call from consultant re termination of pregnancy but patient had not contacted Sandyford. Consultant used patients name. Patient feared her identity was being used by someone else.	Fully Upheld	Communication	The service has reinforced to all admin staff the importance of data protection, confidentiality and GDPR. The service has ensured that all staff have completed the Safe Information handling module on Learn Pro.	The service has reinforced to all admin staff the importance of data protection, confidentiality and GDPR. The service has ensured that all staff have completed the Safe Information handling module on Learn Pro.	Sandyford Initiative	Sexual Health
NWS02822	Delay in getting letter done and confusion over an appointment	Fully Upheld	Communication	Explanation for delay and apology given to patient	Recover plan in place for Sexual Health service.	Sandyford Initiative	Sexual Health
NWS03021	Patient complained that Sandyford GIC had asked Scottish Prison Service for information without her consent. She said this was a data breach.	Partially Upheld	Communication	Early engagement/resolution with complainant.	None	Sandyford Initiative	Transgendered
NWS03121	Member of public was sent condoms by the free condom service to his work address. He had not requested any condoms.	Fully Upheld	Communication	Early engagement and resolution with complainant.	The service has highlighted this person as someone not to be sent anymore condoms as may be vexatious request not made by person themselves.	Sandyford Initiative	Sexual Health
NWS03321	Patient complained that she was sent a letter by Sandyford not marked private and confidential so it was opened by SPS and when swabbed initially showed a result for drugs, 2nd test was clear.	Fully Upheld	Communication	Early engagement / resolution with complainant. All admin staff reminded to mark letters private and confidential.	All admin staff reminded to mark letters private and confidential	Sandyford Initiative	Transgendered

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NWS03421	Patient complained of confusion over their appointment. This was to be a virtual appointment using Attend Anywhere but the text messages of confirmation were confusing and the patient waited by the phone instead. They missed their appointment because of this.	Fully Upheld	Communication	An apology was given and a new appointment made which the patient declined. They were angry with the service. The service is continuing to try to recruit more staff and there are on going negotiations for a national service.	The service is continuing to try to recruit more staff and there are on going negotiations for a national service.	Sandyford Initiative	Transgendered
NWS03522	Patient complained they had IUD appointment cancelled several times	Fully Upheld	Communication	Senior nurse contacted patient and gave new appointment.	Recovery plan for SH is in place post Covid	Sandyford Initiative	Sexual Health
NWS03621	Mother complained letter to her son with links to website were wrong	Fully Upheld	Communication	Early engagement / explanation / resolution with complainant.	IT/Comms team have to check all link are updated and let admin know	Sandyford Initiative	Sexual Health
NWS03721	Patient complained Dr fitting her coil was incompetent, that she has been left without contraception. That there was equipment missing from the room which had to be fetched. Also then complained she couldn't get a new appointment when it suited her due to self isolating after a holiday.	Partially Upheld	Communication	Early engagement/resolution with complainant	None	Sandyford Initiative	Sexual Health

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NWS04121	Patient received text saying "if your appointment is a telephone call you will receive a call from an 0800 number". Patient waited by phone and DNAed the face to face appointment. When she called was told no appointments available until 22d July.	Fully Upheld	Communication	Early engagement / urgent care appt given / resolution with complainant.	Text message content to be reviewed.	Sandyford Initiative	Sexual Health
NWS04221	Patient said she did not know she had to have no pregnancy risk to have a coil fitted. She also said the nurse was judgemental and had no empathy.	Partially Upheld	Communication	Early engagement / resolution with complainant. An apology given to the patient.	None	Sandyford Initiative	Sexual Health
NWS04421	Patient complained that nurse on phone call laughed at her story of early menopause and told her to have children quickly. Also that she was rushed in the call as they finished work soon.	Partially Upheld	Communication	Early engagement/resolution with complainant	Nurse will receive feedback and asked to reflect on her words once back from annual leave.	Sandyford Initiative	Sexual Health
NWS04422	Patient complained of attitude and way she was spoken to by 2 nurses. The way she was questioned.	Partially Upheld	Communication	Nurses both apologised that patient felt this way.	None	Sandyford Initiative	Sexual Health

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NWS04521	Patient booked appointment on line, when she did not receive confirmation text called to check and was told she had no appointment and now none were available as all booked up. Patient felt glitch in system was not her fault and complained she had taken time off work for failed booking.	Fully Upheld	Communication	Early engagement/resolution with complainant.	IT to investigate failed On line booking and attempt to prevent the same thing occurring again.	Sandyford Initiative	Sexual Health
NWS04722	Patient called in and was told a consultant would call him back and they didn't.	Fully Upheld	Communication	Patient given apology for confusion and appointment made	Staff member was given appropriate feedback/information so they don't make this mistake again.	Sandyford Initiative	Sexual Health
NWS04921	Patient wish implant removed but because it was too deep she needed deep implant clinic and would have to wait 6 months. Already waited a year to get this far, very upset.	Fully Upheld	Communication	Early engagement/resolution with complainant	Hopefully as COVID restrictions lessen we will be able to open more clinics and reduce waiting list	Sandyford Initiative	Sexual Health
NWS05321	Recent TOPAR patient called to have IUD fitted but called general number and was told there were no appointments. Patient had been told she could have IUD fitted if she called and asked.	Fully Upheld	Communication	Early engagement/resolution with complainant	Staff member to be given feedback and additional training.	Sandyford Initiative	TOPAR

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NWS05621	Patient complained they were getting no help from the service. they had been a patient but left the service and then when they came back complained they had to go back on the waiting list.	Partially Upheld	Communication	Early engagement/resolution with complainant.	Discussions on going for a National Service with better waiting times.	Sandyford Initiative	Transgendered
NWS05821	Patient wanted assurance that referrals had been made as promised as they had been missed previously. Also wanted information about GRC & DWP consultant had promised.	Partially Upheld	Communication	Early engagement/resolution with complainant	None	Sandyford Initiative	Transgendered
NWS05921	After coil fitting doctor explained to patient that she had a wide cervix and drew a picture to help explain this. Patient was made to feel horrible, it wasn't relevant and unacceptable.	Partially Upheld	Communication	Early engagement/resolution with complainant	Doctor to reflect on communication style	Sandyford Initiative	Sexual Health
NWS06221	Patient could not get an appointment for a coil removal and told to check website every day. Also told three may be no appointments forever.	Fully Upheld	Communication	Early engagement/resolution with complainant	None	Sandyford Initiative	Sexual Health
NWS06321	Patient complaint that nurse dispensed medication for Chlamydia in the waiting room with other patients and reception staff.	Fully Upheld	Communication	Early engagement/resolution with complainant	None	Sandyford Initiative	Sexual Health

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NWS06721	Patient complained they had not been informed of a change of supplier for gender surgery. Also complained of lack of communication in general.	Partially Upheld	Communication	Early engagement and resolution with complainant.	A national service is being considered.	Sandyford Initiative	Sexual Health
NWS06821	Complained of IUD booking system, appointments released a week in advance, complained everywhere else is fully operation so why are we not.	Fully Upheld	Communication	Early engagement/resolution with complainant	None, will return to normal after pandemic finishes	Sandyford Initiative	Sexual Health
NWS06921	Patient booked on-line for coil appointment, did not receive confirmation text, called to check and was told she didn't have an appointment.	Fully Upheld	Communication	Early engagement/resolution with complainant	IT checking systems	Sandyford Initiative	Sexual Health
NWS07321	Patient complained of poor booking system for IUDs and difficulty getting an appointment	Partially Upheld	Communication	Early engagement/resolution with complainant	Once staffing numbers are stable again we can add more clinics	Sandyford Initiative	Sexual Health
NWS07521	Parent complained her child had been sent unsolicited condoms by NHS which was a waste of money and also that there were no instructions and that we were encouraging under age sex.	Partially Upheld	Communication	Early engagement and resolution with complainant.	None	Sandyford Initiative	Sexual Health
NWS07821	Patient complained she could not get an appointment for a coil removal.	Fully Upheld	Communication	Early engagement/resolution with complainant	Recovery plan for SH is beginning	Sandyford Initiative	Sexual Health

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NWS08221	Patient had been referred for an appointment and had left messages and no one had called her back.	Fully Upheld	Communication	Early engagement/resolution with complainant.	None	Sandyford Initiative	Sexual Health
NWS08321	Patient complained they did not receive a phone call for a phone appointment that was scheduled. When he called switchboard he was told their had been a telephony fault.	Fully Upheld	Communication	Early engagement/resolution with complainant.	None	Sandyford Initiative	Sexual Health
NWS08521	Patient complained doctors didn't give the explanation or care the patient wanted and asked for a 2nd opinion. Wanted someone with more experience of her condition.	Partially Upheld	Communication	Consultant called patient and discussed her care pathway and offered a review appointment. Patient happy.	None	Sandyford Initiative	Sexual Health
NWS08621	Patient complained that we should be giving vaccination appointments now despite Covid as Boots are doing them.	Partially Upheld	Communication	Early engagement and resolution with complainant.	None	Sandyford Initiative	Sexual Health
NWS08721	Patient complained they could not get a coil appointment	Fully Upheld	Communication	Early engagement/resolution with complainant.	recovery plan for SH is starting	Sandyford Initiative	Sexual Health
NWS08921	Patient kept calling for an implant appointment but none were available. She called and was told she'd just missed some. She works and could not spend all day looking for cancellations.	Fully Upheld	Communication	Early engagement and resolution with complainant. Recovery plan in place.	None	Sandyford Initiative	Sexual Health

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NWS09621	Patient complained that she had asked for her GP information to be changed but this had not happened and letters were sent to the wrong GP	Fully Upheld	Communication	Early engagement and resolution with complainant.	None	Sandyford Initiative	Transgendered
NWS09821	Patient complained that she could not get a coil appointment and that services should be back to normal now despite Covid.	Partially Upheld	Communication	It was explained that we still have restrictions on the numbers of people allowed in the building, we have staffing shortages due to Covid and that a recovery plan is in place for sexual health services.	Recovery plan is in place for sexual health services	Sandyford Initiative	Sexual Health
NWS10321	Patients grand mother complained of delays and that her grand child's treatment was being delayed by us saying they needed another assessment which she did not agree with.	Partially Upheld	Communication	Explained why patient needs another assessment and apology given for delays	National service is being discussed by Scottish Government.	Sandyford Initiative	Transgendered
NWS10621	Patient was unhappy with the way she was spoke to by nurse and how her previous termination was raised.	Partially Upheld	Communication	Early engagement and resolution with complainant	None	Sandyford Initiative	Sexual Health
NWS10721	Inconsistent Information given around vaccinations	Fully Upheld	Communication	Early engagement and resolution with complainant. All staff to be given relevant info around vaccines.	Give all staff relevant info around vaccines.	Sandyford Initiative	Sexual Health

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NWS10821	Consultations with previous doctor included intrusive sexual questioning, which the patient felt was unnecessary and pointless as part of the assessment for gender transition.	Partially Upheld	Communication	Early engagement and resolution with complainant.	None	Sandyford Initiative	Transgendered
NWS11221	Patient booked on-line appointment but when she checked it wasn't there. Also patient complained of difficulty in getting appointment.	Fully Upheld	Communication	Early engagement and resolution with complainant. Recovery plan in place.	None	Sandyford Initiative	Sexual Health
NWS11321	Patient complained of delays in treatment, lack of communication & lack of care	Partially Upheld	Communication	Early engagement and resolution with complainant. Patient happy with resolution to their complaint.	Notify patients as soon as possible regarding the outcome for funding requests	Sandyford Initiative	Transgendered
NWS11421	Patient could not get an appointment for an implant removal	Fully Upheld	Communication	Early engagement and resolution with complainant. Recovery plan is in place.	None	Sandyford Initiative	Sexual Health
NWS11521	Patient complained how she could not get an appointment to have an implant changed.	Fully Upheld	Communication	Early engagement and resolution with complainant. Recovery plan in place.	None	Sandyford Initiative	Sexual Health



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NWS11721	1. The delay in six week post-partum coil check. 2. How they were spoken to by the security guard at the front entrance and denied access to the building as attending with a baby. 3. Not being advised of or shown Sandyford's position statement on adults attending with children and being refused treatment on the day. 4. Feeling discriminated against as a single parent 5. Permission being sought to access to medical records.	Partially Upheld	Action Plan	Lead Manager will co-ordinate improvements identified in relation to the website being updated to make it clearer not to bring children to appointments.	Website to be updated to make it clearer not to bring children to appointments.	Sandyford Initiative	Sexual Health
NWS11821	Patient complained that 2 referral letters had not been typed from September.	Fully Upheld	Communication	Explained to patient why there was a backlog and that referrals are now done.	None	Sandyford Initiative	Sexual Health
NWS12021	Patient complained of long wait to get appointment at menopause clinic	Fully Upheld	Communication	Early engagement and resolution with patient. Recovery plan in place.	None	Sandyford Initiative	Sexual Health
S10/22	Mother is unhappy with the service provided to her daughter by CAMHS	Partially Upheld	Communication	Resolution with complainant	None	Gorbals Health Centre	CAMHS
S100/21	Service user's wife is complaining that her husband has not received physio treatment despite requests from GP	Fully Upheld	Communication	Early engagement - service user has been assessed by rehab physio	Issues addressed with administration staff	Elderpark Clinic	Physiotherapy

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S106/21	Complaining that she was moved from Ward 4A to ward 3A in Leverndale.	Partially Upheld	Communication	Provided explanation to patient.	N/A	Leverndale Hospital	Psychiatry
S108/21	Complaining that her father who is 90 years old with dementia received his booster vaccination appointment which required him to travel. Father should receive a home visit	Fully Upheld	Communication	Early engagement/resolution with complainant	None	Castlemilk Health Centre	Community Treatment and Care Service
S109/21	Patient feeling insufficiently supported by Rossdale CMHT, have felt that episodes of acute concern have not been responded to appropriately and key worker has frequently changed, there has been a lack of continuity.	Partially Upheld	Communication	Early engagement/resolution with complainant	None	Rossdale Resource Centre	Psychiatry
S111/21	Complaining that no one would provide her with water when attending Govanhill Health centre also the attitude of the staff she spoke with	Fully Upheld	Communication	Early resolution with complainant	Reception staff to undertake customer service training and to assist if a service user requires a drink of water	Govanhill Health Centre	Administration Services
S113/21	Complainant attended for a phlebotomy appointment, when arrived was informed his appointment had been cancelled on the system and would not take him. Complainant was not happy his time was wasted	Partially Upheld	Communication	Early engagement / resolution with complainant	Nil	Govanhill Health Centre	Phlebotomy Service

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S114/21	Son is unhappy that his 88 year old mother was provided with 2 different appointments for her covid booster for a home visit and no one turned up to vaccinate.	Fully Upheld	Communication	Early engagement with complainant	Patient has now received appointment	Pollok Health Centre	Vaccines
S115/21	Complaining of the treatment he received from out of hours liaison psychiatry and the attitude of a CPN	Partially Upheld	Communication	Team Leaders within MHAU will continue to monitor staff behaviours through supervision, observation, feedback and complaints, audit, and provide reflective practice. Awareness and education sessions in relation to this. This will be an ongoing process.	Team Leaders to monitor through supervision, observation, feedback and complaints, audit, and provide reflective practice.	Leverndale Hospital	Out of Hours Team
S116/21	Complaining about the treatment received from Brand Street	Partially Upheld	Communication	Early engagement / resolution with complainant	Appointment arranged	Brand Street Resource Centre	Community Mental Health Team
S123/21	Unhappy that her son who is an inpatient at Leverndale had absconded	Partially Upheld	Communication	Early engagement/ resolution with complainant	IPCU we have initiated improvement work exploring the Named Nurse role, this includes carer/relative contact. Aim to highlight the importance of this collaboration in order to facilitate regular update and involvement at Multi-Disciplinary Team	Leverndale Hospital	Psychiatry

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					meetings where care and treatment is discussed.		
S124/21	Mother not happy with outcome of child's assessment and would like a second opinion	Partially Upheld	Communication	early engagement / resolution with complainant	Another clinician to review assessment and further observations to be carried out	Gorbals Health Centre	Speech & Language Therapy
S16/22	Difficulties encountered in getting through to phlebotomy line to make an appointment	Fully Upheld	Communication	Investigator spoke to the complainant on the phone and advised that the GP had submitted a SCI Gateway referral for the domiciliary visit, an appointment has been arranged for the 2nd of March 2022.	None	Govanhill Health Centre	Phlebotomy Service
S17/22	Service user was not happy that the phlebotomist had on false nails and false eyelashes, felt this was unprofessional.	Fully Upheld	Communication	Early engagement / resolution with complainant	None	Castlemilk Health Centre	Phlebotomy Service
S22/21	Unhappy that the report from wife's assessment has not been passed to GP for GP to prescribe and that member of staff from Leverndale told wife they referred to them as "worried well"	Fully Upheld	Communication	Staff are to be reminded of procedures for providing paperwork to GP and to discuss with the service the use of inappropriate phrases	Staff are to be reminded of procedures for providing paperwork to GP and to discuss with the service the use of inappropriate phrases	Leverndale Hospital	Liaison Psychiatry
S22/22	Complainant is requesting more support from a CPN rather than Occupational Therapy	Fully Upheld	Communication	Early engagement / resolution with complainant. CPN was allocated to the service user.	None	Florence Street	Psychiatry

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S28/22	Complaining about the length of time it has taken for her daughter to be assessed and supported by service	Partially Upheld	Communication	Early engagement / resolution with complainant. Service Manager contacted the complainant who was happy with the outcome and does not wish to progress the complaint further	None	Gorbals Health Centre	CAMHS
S37/21	GP is complaining of the failure in the process to refer an urgent patient to MHAU.	Fully Upheld	Communication	The introduction of the Consultant Connect Service to ensure a more straightforward pathway for GPs to refer in all same day requests for assessment. It is hoped that this service will stop the unnecessary multiple communications that you experienced.	The introduction of the Consultant Connect Service to ensure a more straightforward pathway for GPs to refer in all same day requests for assessment. It is hoped that this service will stop the unnecessary multiple communications experienced.	Leverndale Hospital	Liaison Psychiatry
S40/21	Mother not happy with the lack of service which has been provided to her son from CAMHS and the length of time to have her soon seen	Partially Upheld	Communication	currently developing and implementing a number of improvement plans and exploring a range of measures that will allow us to improve the waiting time of children being referred due to the increased referrals.	currently developing and implementing a number of improvement plans and exploring a range of measures that will allow us to improve the waiting time of children being referred due to the increased referrals.	Gorbals Health Centre	CAMHS

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S45/21	Attitude of staff from liaison psychiatry and Nevis Centre. Feels there was a lack of support/treatment	Partially Upheld	Communication	Highlighted issue to staff with regards to phoning complainant	None	Leverndale Hospital	Liaison Psychiatry
S53/21	Mum was unhappy with the management of her baby with regards to poor weight gain. Baby had fallen through 3 centiles. HV had told Mum that she would follow this up but failed to do so, despite Mum attempting to make contact .	Fully Upheld	Communication	Team Leader advised complainant that this would be discussed with the HV in question. New HV allocated	None	Gorbals Health Centre	Health Visiting
S54/21	Complainant is not happy about being asked to wear a facemask and the attitude of the nurse in the treatment room.	Fully Upheld	Action Plan	All staff informed that under Government guidelines patients are not required to show an exemption card.	All staff informed that under Government guidelines patients are not required to show an exemption card.	Govanhill Health Centre	Phlebotomy Service
S55/21	Mother complaining about the treatment her son received whilst an inpatient in PICU at Leverndale	Partially Upheld	Communication	Meeting with complainant	Communication with staff from management team to improve their processes	Leverndale Hospital	Psychiatry
S57/21	Feels there is has been a lack of engagement and support from the learning disabilities team	Partially Upheld	Communication	Meeting complainant - Provide explanation.	None	Leverndale Hospital	Learning Disabilities
S58/21	Complaining that his delivery of continence pads was left open and in such a way that his neighbours saw what it was	Fully Upheld	Action Plan	Specialist Nurse has provided reassurance that she will manage the order going forward with the main supply company.	None	Govanhill Health Centre	Continence Service

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S6/22	Complainant is not happy that his previous 3 appointments with CPN have been cancelled/rearranged	Partially Upheld	Communication	Early engagement/resolution with complainant	None	Brand Street Resource Centre	Community Mental Health Team
S61/21	Complainant had received a citation to appear in court for making false allegations and wasting police time. The citation notes comments from a Mental Health officer from Rosedale about the patient's mental health status. The complainant has submitted a complaint as she states that she has never met this Mental health officer.	Fully Upheld	Communication	Early engagement/resolution with complainant.	None	Rossdale Resource Centre	Community Mental Health Team
S63/21	Complainant feels there have been deficiencies in the treatment and service provided by Florence Street clinic	Partially Upheld	Action Plan	Lead Manager will co ordinate improvements.	Documentation practice standards relating to treatment plans will be raised within supervision with occupational therapist as an aspect of professional development. Practice development within this area will be transferred to TURAS. Practice will be monitored via regular occupational therapy documentation audits. Improving organisational skills with appointment management will be	Florence Street	Community Mental Health Team

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					raised within supervision with occupational therapist as an aspect of professional development.		
S65/21	Complainant had premature twins. Health visitor advised would be back on 26th April to discuss weaning. Health visitor did not come back or contact complainant.	Fully Upheld	Action Plan	Lead Manager will co-ordinate actions.	Health Visitor to undertake a piece of work with an experienced colleague over the next 2 months to review her caseload management skills and to ensure she has robust processes in place to ensure this does not occur again	Govanhill Health Centre	Health Visiting
S66/21	Complaining about the treatment her ex-partner has received whilst an inpatient within Leverndale Hospital	Partially Upheld	Communication	Learning from this will be shared with ward teams	Learning from this will be shared with ward teams	Leverndale Hospital	Psychiatry

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S7/22	Concerns regarding partner who is an inpatient at Leverndale and his treatment, medication and lack of communication.	Partially Upheld	Communication	Early engagement / resolution with complainant	None	Leverndale Hospital	Psychiatry
S75/21	Complaining of a breach of data in that patient's discharge notes were sent to wrong place	Fully Upheld	Communication	Changes that have been made to the service in order to prevent this in future.	Complainant has been provided with the information surrounding the circumstances of the data breach and also accepted information surrounding the changes that have been made to the service in order to prevent this in future.	Leverndale Hospital	Psychiatry
S76/21	Complaining of the lack of mental health support to his friend from Rosedale resource centre.	Partially Upheld	Communication	Clinical Psychologist from Rosedale Community Mental Health Team will provide consultation and guidance to CPN in order that a structured low intensity psychological intervention can be delivered.	Clinical Psychologist from Rosedale Community Mental Health Team will provide consultation and guidance to CPN in order that a structured low intensity psychological intervention can be delivered.	Rosdale Resource Centre	Community Mental Health Team
S77/21	Complainant is unhappy at how she was spoken to when she called the out of hours crisis team. Felt person was not listening to her and talking over her. Not listening or acting on her concerns	Fully Upheld	Communication	Staff suggestions for improvements	None	Brand Street Resource Centre	Community Mental Health Team

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S81/21	After an assessment at Rossdale patient was advised he had no severe or moderate mental health issues which he disputes.	Partially Upheld	Communication	Early engagement/resolution with complainant.	None	Rossdale Resource Centre	Community Mental Health Team
S9/22	Complainant not happy with the support provided by Out of hours liaison CPN	Partially Upheld	Communication	Early engagement / resolution with complainant. Team Leader spoke with complainant who is happy with the actions taken to address her complaint and happy at how this has been dealt.	None	Leverndale Hospital	Psychiatry
S93/21	Complainant states psychiatrist did not get second opinion from another Doctor for her detention. The patient's also has concerns around her Compulsory Treatment Order now not being valid.	Partially Upheld	Action Plan	A robust system of audits has been introduced.	Several investigatory processes have been commenced with the aim of preventing a reoccurrence. Additionally a robust system of audits has been introduced.	Rossdale Resource Centre	Psychiatry
S95/21	Complainants' brother had appointment at Pollokshaws at 9am, her brother who has mental health issues failed to attend due to early time, next appointment given was received by letter too late and this appointment was missed. Sister concerned that the next appointment given was 1st October and this date was too	Fully Upheld	Communication	Service user was contacted with an appointment for next day	None	Pollokshaws Clinic	Podiatry

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	far away which could result in deterioration of the wound.						
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