



**Item No. 19**

**Meeting Date Wednesday 4<sup>th</sup> September 2019**

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

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**HEALTH AND SOCIAL CARE COMPLAINTS ACTIVITY 2018-19 (ANNUAL REPORTS)**

<b>Purpose of Report:</b>	To present data on complaints for both health and social care during the period 1 <sup>st</sup> April 2018 – 31 <sup>st</sup> March 2019
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<b>Background/Engagement:</b>	Based on an analysis of ongoing activity captured in separate recording systems of the Health Board and Council.
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<b>Recommendations:</b>	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the content of this report and two attached appendices; and b) approve relevant actions that are being taken or proposed to enhance the effectiveness of complaints management.
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**Relevance to Integration Joint Board Strategic Plan:**

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

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

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**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

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### 1. Purpose of report and Background

- 1.1 This report summarises the complaints activity for the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 in both health and social care services managed by Glasgow City Health and Social Care Partnership ('the HSCP'). It covers data for care services transferred from Cordia LLP to the HSCP in October 2018 but presents data for the whole of 2018-19.
- 1.2 The complaints data informing this report is held in 3 separate systems – Datix (NHS), C4 (Social Work) and LAGAN (Care Services). The complaints are also managed under three distinct processes relating to the complaints handling policies and procedures of NHSGGC (Health) GCHSCP (Social Work) and GCC (Care Services). For this reason the detailed analysis of NHS complaints for services delivered by the HSCP are reported in a separate appendix (appendix 2) and those for social work and care services in a combined appendix (appendix 1) but with the figures reported in separate tables.
- 1.3 All three processes consist of three stages: an initial attempt to resolve the issue at the point of service delivery ('Front line resolution'), a second stage of formal investigation and response and a third stage of referral for independent review by Scottish Public Services Ombudsman (SPSO). The timescale for first stage is 5 working days but may be extended to 10 working days with agreement of the complainer for NHS and care service complaints and to 15 working days at the discretion of the service manager for social work complaints. The time limit for formal investigation and response at the second stage is common to both (20 working days).
- 1.4 Management of the two processes relating to local authority services (social work and care services) are to be combined into a single information system ('Firmstep') under a single social work complaints process as part of developments being pursued by GCC to move all customer-facing services onto that single system. However, the development for complaints process is not planned until phase 4 of that project, commencing October 2020 for implementation February 2021.
- 1.5 In the interim the HSCP complaint, FOI and Investigations Team (CFIT) has had productive discussions with care service managers about transitional arrangements whereby care service managers deal with stage 1 complaints and CFIT conduct stage 2 investigations and liaise with SPSO for stage 3 complaints. The latter function has been transferred and the former is expected to transfer in October 2019. Future reports should therefore be more integrated.

### 2. Summary of Main Findings

- 2.1 Volume of social work complaints has fallen to 525 from 583. More are being considered under later stages (30% this year vs 19% two years ago). The proportion of complaints for each service area and client group was little changed from the preceding year. Performance targets against timescales have been met at the first stage for GCHSCP as a whole (an improvement over last year), but not for the second stage which fell well short (44%), though that performance was slightly improved from the preceding year. The volume of care service complaints was 338, comprising 239 valid complaints and 99 withdrawn or invalid complaints. Performance targets were met in terms of responding to these within timescales

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- 2.2 A total of 1595 NHS complaints were received in 2018-19, together with 874 comments, concerns and other feedback. This was a 7% decrease in complaints from the previous year. The vast majority of complaints (80%) were about prison-based health services at Barlinnie, Greenock and Low Moss, as had been the case in previous years. 88% of all NHS complaints were responded to within the relevant timescales with almost all stage 1 complaints being cleared within 5 days, but the completion of stage 2 complaints fell just short of the 70% target (68%).
- 2.3 A minority of social work complaints were upheld or partially upheld (28%) whilst a majority of care services complaints are upheld or partially upheld (96%). For the NHS overall, 70% of complaints were not upheld and 27% were partially or fully upheld, similar to social work. Of the 1282 complaints relating to prison services, 78% were not upheld and only 21% were partially or fully upheld. For both social work and NHS complaints, there is good evidence of actions to offer redress to complainers and improve services in respect of upheld complaints. These are listed in full in the appendices.
- 2.4 For care services the top five issues complained of were general quality of service; staff competency; staff failing to arrive or arriving late; the attitude of staff and issues with vehicles. For social work services the main issues were staff attitude; general service quality; financial issues; communication or information issues and lack of response from, or contact with, our services. For NHS services, 94% of complaints were about three issues: standard of clinical treatment (84%), waiting times for appointments (5%) and attitude and behaviour of staff (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.
- 2.5 19 social work complaints were reviewed by SPSO but only one was upheld. This led to recommendations that have been fully implemented. No care services complaints were referred to SPSO. 14 decision letters relating to health services were issued by SPSO in 2018-19. 7 cases (50%) were upheld or partially upheld and again recommendations were implemented. Full details of all of these cases are given in the appendices.

### 3. Planned Improvements

- 3.1 As indicated at 1.5 above it is proposed that CFIT should assume a greater role in the management of the second and third stage of care service complaints during 2019-20.
- 3.2 A recruiting exercise is ongoing to increase the capacity of the team to absorb this additional work as well as other rising demand, enabling timescales at stage 2 to be met without any detriment to the quality and thoroughness of investigation.
- 3.3 CFIT will also provide an input as required to the GCC Firmstep development phase 4 in 2020, ensuring that the HSCPs requirements are fully captured within this system development.
- 3.4 It is proposed that complaints reporting to IJB FASC should in future be on a quarterly as well as annual basis. The proposed report would be less detailed than the annual report but with more information than the present quarterly performance report data which only gives volume and timescale. It is proposed that the quarterly report should focus on volume, timescale, outcome, cases referred to SPSO

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together with any notable trends or service improvement in the reporting quarter, but without detailed breakdown by service area, client group and issue.

### **4. Recommendations**

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

- a) note the content of this report and its two appendices; and
- b) approve relevant actions that are being taken or are proposed to enhance the effectiveness of complaints management.

Appendix 1: Social Work Complaints Report April 2018 – March 2019

**Social Work Complaints Annual Report**  
**1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019**

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## Section 1 Executive Summary

### 1. Executive Summary

- 1.1 This is the annual report for 2018-19 covering social care services delivered by GCHSCP, subsuming both social work complaints considered under the GCHSCP Social Work Complaints Policy and Procedure introduced in 1<sup>st</sup> April 2017 and Care Services complaints considered under the GCC local authority complaints handling procedure.
- 1.2 This is a transitional year in which care services previously delivered Cordia LLP transferred to GCHSCP only in October 2018 and continue to be managed within a different system. Figures are therefore given separately for these complaints. Both processes however consists of three stages of front-line resolution, formal investigation and external review by Scottish Public Services Ombudsman (SPSO).
- 1.3 Work is underway to integrate these processes with the central Complaints, FOI and Investigations Team (CFIT) taking ownership of the second and third stages of the process during 2019-20 and plans to transfer both complaints handling processes onto a common information system ('Firmstep') in 2020-21.
- 1.4 Volume of social work complaints has fallen to 525 from 583 with more being considered under the second or third stages (30% this year, 28% last year and 19% the year before). The proportion of complaints for each service area and client group was little changed from the preceding year. Performance targets against timescales for these complaints have been met at the first stage for GCHSCP as a whole (an improvement over last year), but not for the second stage (though that performance was also slightly improved). This is due to ongoing issues with workload and staffing in the CFIT, now being addressed by a recruitment exercise further to one already completed in early 2019.
- 1.5 The volume of care service complaints was 338, comprising 239 valid complaints and 99 withdrawn or invalid complaints. Performance targets were met in terms of responding to these within timescales.
- 1.6 A minority of social work complaints are upheld or partially upheld (28%) whilst a majority of care services complaints are upheld or partially upheld (96%). For upheld social work complaints, and some that are informally resolved, there is good evidence to actions to offer redress to complainers and improve the services to them. Relevant actions are listed at section 3.7 for 117 complaints.
- 1.7 Section 3.4 summarises the main issues raised by service users. For care services the top five issues are general quality of service, staff competency, staff failing to arrive or arriving late, the attitude of staff and issues with vehicles. For social work services the main issues are staff attitude, general service quality, financial issues, communication or information issues and lack of response from, or contact with, our services.
- 1.8 Issues of finance, shortfalls in the level and quality of support and disagreement with professional recommendations of assessment predominate in adult and older persons services. For families and children services, issues around child protection (both conduct of investigations and failure to act on expressed concerns) and the management of services for parents and grandparents of looked after and accommodated children dominated. These subsumed many secondary complaints about the attitude and conduct of staff. The main issues for homeless clients were a failure to progress applications for permanent housing and a failure to provide, or quality of, temporary accommodation.
- 1.9 19 cases were reviewed by SPSO but only one was upheld. This led to recommendations that have been fully implemented. Four were still outstanding at time of report and the remaining 14 were not progressed by SPSO, generally because they were satisfied that an appropriate response had been given at the second stage.

## Section 2 Complaints Processes and report format

This report primarily covers Complaints under the GCHSCP Social Work Complaints Policy and Procedure, modelled on a national Complaints Handling Procedure set down by the Complaints Standards Authority (SPSO CSA) and introduced in April 2017. Independent Complaints Review Committees (CRC) were phased out as a result of these changes. Hearings continued in 2017-18 in respect of complaints arising prior to April 2017 but there were no CRC hearings in 2018-19.

The report also covers complaints made regarding GCHSCP Care Services, previously delivered by Cordia LLP until October 2018, when Home Care and other services transferred to GCHSCP. Figures are given for the whole of 2018-19 but reported separately from social work complaints. Care Services complaints continued to be managed in 2018-19 under the Cordia complaints procedure, which follows the GCC Local Authority complaints procedure established in 2016 under a different SPSO model. That complaints data is held on the GCC LAGAN complaints system.

Social work complaints are held on a different system developed in-house by GCC, known as C4. This has no reporting function and limited data fields. Further development has been ruled out by GCC. This report is produced by a process of manual coding of raw data records downloaded into a spreadsheet. Considerable effort has gone into validating the data against the original records. Social Work complaints are often complex but for the purposes of this report complaints are assigned to a primary service area and primary and secondary complaint issues only.

Arrangements to integrate complaints handling of Care Services and the wider GCHSCP social work services are progressing in 2019-20, commencing with the Complaints, FOI and Investigation Team (CFIT) taking responsibility for liaison with SPSO in respect of stage 3 complaints. CFIT will next assume handling of stage 2 complaints for these services in October 2019. Both types of complaints are scheduled to move from their present I.T systems into a new system ("Firmstep") for all customer-facing GCC services. Complaints are scheduled for development as phase 4 of the transfer of a number of systems, for anticipated 'go-live' in February 2021.

There is a three stage complaints process common to both processes:

Stage 1 – Frontline Resolution: Front-line service staff and managers attempt to resolve the complaint, often with minimal formal investigation. This may be concluded on the basis of verbal interaction with service users, or a brief written response confirming outcome. It should be concluded within 5 working days but for Care Services complaints may be extended to 10 working days with the agreement of the customer and for social work complaints to 15 working days at the discretion of the service manager in certain circumstances. This does not require the agreement of the customer, but they must be notified of the extension.

Stage 2 – Formal investigation. For care services complaints, this is carried out by senior managers within that service. For social work complaints these are investigated by senior officers within the CFIT team. For both, investigations must be completed within 20 working days and concluded on the basis of a formal written response unless the complaint is withdrawn or the complainer waives formal response. A formal investigation may follow from an earlier stage 1 complaint that did not resolve the situation. Alternatively, a complaint may be immediately escalated to stage 2 based on complexity or seriousness of complaint or at the request of a complainer who does not wish to engage in the stage 1 process.

Stage 3 – External review by Scottish Public Services Ombudsman (SPSO), who may consider matters of maladministration, general quality of service and may review professional decisions.

Due to the separation of responsibility for management of the two stages, statistics for stage 1 and stage 2 complaints are reported separately as regards timescales but aggregated in terms of overall volumes. Figures are thereafter given on overall activity, timescales, client group, issue and outcome. There are separate sections on third stage complaints and also on service improvement for the social work complaints. Figures are given first for The HSCP as a whole and then by four sectors - North West, North East, South and Centre.



## Section 3 Statistical information and commentary

### 3.1 Overall volume and volume by stage

A total of 525 formal social work complaints were submitted to GCHSCP from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019, comprising 366 (69.7%) Stage 1 (local resolution), 140 (26.7%) Stage 2 (formal investigation) and 19 (3.6%) Stage 3 (cases referred via SPSO). Two stage 2 cases and four SPSO cases were still open at time of report. The others are all finalised.

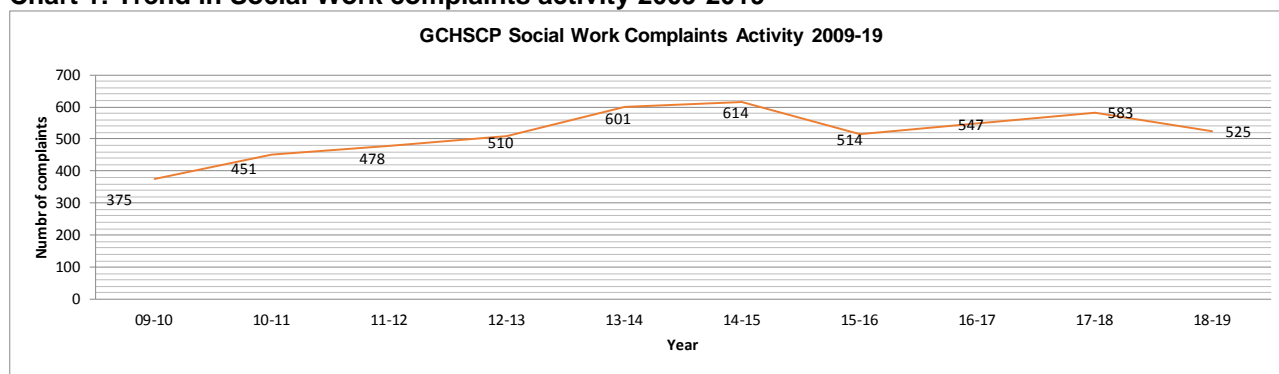
A total of 239 complaints were recorded as 'received' by Care Services in 2018-19. Slightly more (243) were closed in that same period. This subsumes some carried forward from the previous year and closed in 2018-19. In addition, a further 99 complaints were submitted to care services during 2018-19 but recorded as 'withdrawn or invalid'. 'Invalid' complaints are those that do not properly apply to these services or fall outwith the procedure. Most in this group were withdrawn. These types of complaint are recorded separate from 'received' complaints on LAGAN. Of the 99 invalid/withdrawn complaints submitted, 89 were closed and 10 remained open. A further 16 were carried forward from the previous year and closed during 2018-19. The table below summarises the position on volumes of care services complaints submitted and closed in 2018-19:

**Table 1: Care Services Complaints submitted and closed 2018-19**

Care Services complaints 2018-19		
Stage	n	%
Received and valid	239	70.7
Withdrawn/Invalid	99	29.3
<b>Total submitted</b>	<b>338</b>	<b>100.0</b>
Closed Stage 1	3	0.9
Closed Stage 2	240	69.0
Closed withdrawn/Invalid	105	30.2
<b>Total closed</b>	<b>348</b>	<b>100.0</b>

The number of social work complaints (excluding care services) have fallen compared with both of the two previous years (583 in 2017-18 and 547 in 2016-17) but with increasing percentages progressing to second and third stages (30% in the current year as against 28% in 2017-18 and 19% in 2016-17). The trend for overall volume over a 10 year span is illustrated in chart 1 below.

**Chart 1: Trend in Social Work complaints activity 2009-2019**



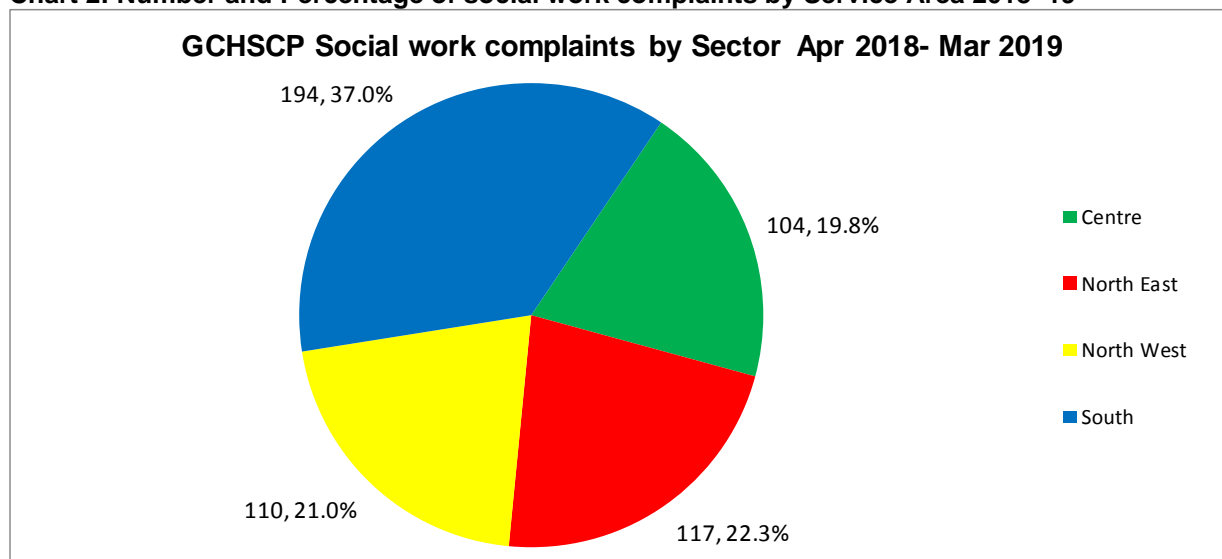
As can be seen from table 2 below, giving activity by service area in comparison with the whole previous year 2017-18, there is little difference in the overall volume of complaints relating to social work services delivered from North West, North East and Centre despite some proportional shift in volumes in North East (decreased) and Centre (increased). The noticeably higher proportion of complaints in South Glasgow contrasted with other areas is consistent with the past two years. This may be explained both by demographic factors and, to a lesser degree, by the fact that two particular law centres are within that locality and those organisations are a frequent source of complaints on behalf of service users in the South of the city. These overall figures are also presented in graphical form in chart 2.

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**Table 2: Social Work Complaints by Service area 2018-19, compared with 2017-18**

Sector	Complaints					
	Stage 1	Stage 2	Stage 3	Total	%	% 2017-18
Centre	71	27	6	104	19.8	12.2
North East	84	28	5	117	22.3	28.8
North West	67	38	5	110	21.0	22.5
South	144	47	3	194	37.0	36.5
Grand Total	366	140	19	525	100.0	100.0

**Chart 2: Number and Percentage of social work complaints by Service Area 2018-19**



Centre service area complaints encompass the following teams with the number of complaints and percentage of all centre complaints that this represents indicated after each:

- Children and Families – including fostering and adoption and residential units: 36 = 34.6%
- Homelessness – not including fieldwork (done by the area teams) but including prison throughcare, TADS, HAC and emergency accommodation, Asylum and refugee support: 21 = 20.2%
- Finance- including issues of invoicing, deprivation of assets and agreement of DRE waivers: 13 = 12.5%
- Business Development – including the CFIT team and welfare rights: 10 = 9.6%
- Centre Residential and Day Care for older people: 8 = 7.7%
- Social Care Direct: 4 = 3.8% and Out of Hours service: 2 = 1.9%
- Centre Criminal Justice – including Prison-based SW, MAPPA and specialist resources: 3 = 2.9%
- Centre Adult Commissioning: 2 = 1.9%

The distribution of care services complaints, excluding those that were withdrawn or invalid, is shown in table 3 below. Again there is a significantly higher proportion of complaints in South Glasgow and this is most likely explained by the same factors referred to above.

**Table 3: Care Services Complaints by Service Area 2018-19**

Care Services complaints 2018-19				
Service Area	Received		Closed	
	n	%	n	%
Home Care North East	48	20.1	47	19.3
Home Care North West	76	31.8	76	31.3
Home Care South	113	47.3	118	48.6
Help at Home North West	1	0.4	1	0.4
Community Alarms/telecare North East	1	0.4	1	0.4
<b>Total</b>	<b>239</b>	<b>100.0</b>	<b>243</b>	<b>100.0</b>

### 3.2 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 customer-agreed extension for Care Services and 15 working days with local management approved extension for social work complaints). Stage 2 is up to 20 working days. There is no set timescale for resolution at stage 3 as that is a matter for SPSO. There are set timescales for GCHSCP to respond to enquiries from SPSO and to implement recommendations set by them, but the current information system does not capture that data.

Only 44% of social work stage 2 complaints were investigated and responded to by the central complaints team within the 20 working day time limit. Though this is a slight improvement on the previous year (38%), it clearly falls far short of the performance target set (70%). The cause of this was rising demand, limited resource and staff shortage and absence.

In terms of demand, whilst volumes of complaints have fallen, the numbers requiring formal investigation have risen (140 in 2018-19 as opposed to 128 in 2017-18). The CFIT team have also dealt with rising numbers of FOI requests and in subject access requests, following the implementation of GDPR in May 2018 and the ongoing Scottish child abuse enquiry. Recruitment exercises towards the end of 2018 and early 2019 have partially addressed these issues and have allowed some stabilisation of performance. Further recruitment is ongoing as at August 2019.

Table 4 shows the performance against the timescale for stage 1 complaints by service area. The overall performance for GCHSCP met the 70% target, as did centre-based teams. North East team exceeded this target by some margin. North West and South conversely fell short of the target. This however is an improvement over 2017-18 where the overall performance for GCHSCP was not met (66%) and only North-East team met the target.

Of the cases that were responded to in time at stage 1, 202 (77%) were responded to within the standard 5 working days, with no requirement for extension. The remaining 61 (23%) were within time due to an extension being applied. A further 39 (11% of all stage 1 complaints) would have been resolved within the relevant time had the local team applied the extension allowed under the procedure (that is to say they were dealt with within 6 – 15 working days but with no extension advised to the complainer). The ongoing failure (in some cases) of local teams to anticipate the need to apply an extension and notify the complainer accordingly has a negative impact on performance against timescale. This is however an improvement over 2017-18, when some 75 complaints would have been within time had extensions been applied.

**Table 4: Performance against timescales social work complaints at stage 1 by service area 2018–19**

Sector	Within time		Total Stage 1
	n	%	n
Centre	50	70.4	71
North East	73	86.9	84
North West	42	62.7	67
South	98	68.1	144
GCHSCP	263	71.9	366

For care services complaints, the overall performance is shown at table 5. The target performance was met for stage 2 complaint handling in all service areas and overall. The average time taken to investigate and respond to these complaints was on 17 working days. In terms of stage 1 complaints the target was not met but this is a statistical anomaly arising from the fact that only 3 complaints were not dealt with under the second stage of procedure and one of those three was not within timescale. The average time taken to resolve complaints at this stage was 8 working days due to that one complaint having taken 28 working days to resolve.

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**Table 5: Performance against timescales for care services complaints by service area 2018–19**

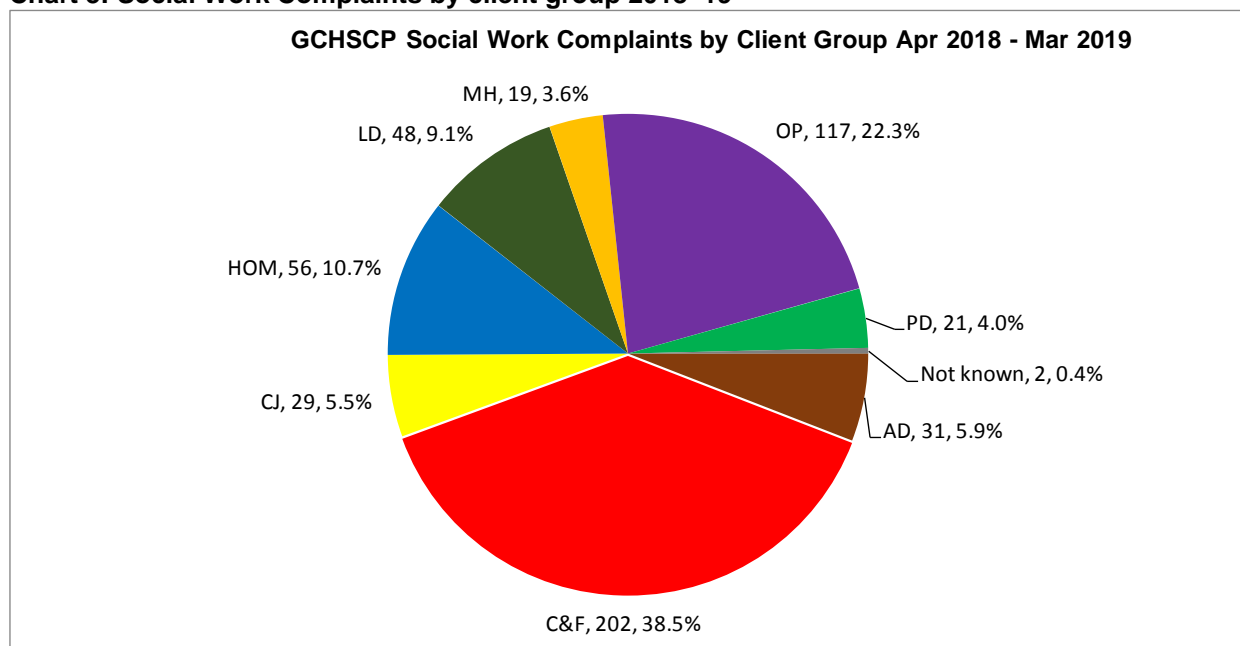
Care Services complaints 2018-19						
Service Area	Stage 1			Stage 2		
	N total	n in time	%	N total	n in time	%
Home Care North East	2	2	100.0	45	35	77.8
Home Care North West	0	N/A	N/A	76	65	85.5
Home Care South	1	0	0.0	117	95	81.2
Help at Home North West	0	N/A	N/A	1	1	100.0
Community Alarms/telecare North East	0	N/A	N/A	1	1	100.0
<b>Total Complaints</b>	<b>3</b>	<b>2</b>	<b>66.7</b>	<b>240</b>	<b>197</b>	<b>82.1</b>

### 3.3 Complaints by client group overall and by service area

Chart 3 below and table 6 on the next page breakdown social work complaints by client group and by client group and service area respectively (for all stages). The client groups are abbreviated as Addictions (AD), Children and Families (CF), Criminal justice (CJ), Homelessness (HOM) Learning Disability (LD), Mental Health (MH), Older People (OP) and Physical Disability (PD).

There is no client group breakdown for care services complaints, as this is not a data field reported within the LAGAN system. Breakdown by service area for these complaints has already been given in section 3.1 above (table 3).

**Chart 3: Social Work Complaints by client group 2018–19**



The proportions for social work complaints are broadly similar to 2017-18 for most client groups. Complaints from the largest group - Children and Families - were identical, proportionately, to the previous year and the second largest group – older people – only 2% higher. Variations in the incidence of complaints for other client groups were small. No group saw complaints rising or falling by more than 3% of the total of complaints when compared with the previous year.

Learning disability client complaints had doubled from 3% in 2016-17 to 6% 2017-18 and are now 9% in 2018-19 (in terms of numbers -15 to 36 to 48). This might seem to be a trend, perhaps driven by rising dissatisfaction with the level of support or funding within Self-Directed Support provision. However, the number and proportion of other client groups supported through SDS (mental health and physical disability) both fell by 3%, having risen last year. Taken collectively the combined number and proportion of complaints from these groups remains fairly constant over the 3 years and has in fact fallen since last year (from 20% to 17%).

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In terms of variation between service areas, as with previous years it is again likely that these are reflective of demographic differences in the populations and differing social needs in these areas. Little meaning can be drawn from this in terms of trends or comparison with previous years but the table below nevertheless gives this profile, which may be of interest to local teams.

**Table 6: Comparison of social work complaints by client group and service area 2018–19**

Sector	Centre		North East		North West		South		Grand Total
	N	%	N	%	N	%	N	%	
AD	1	1.0	6	5.1	10	9.1	14	7.2	31
CF	47	45.2	51	43.6	33	30.0	71	36.6	202
CJ	5	4.8	8	6.8	8	7.3	8	4.1	29
HOM	21	20.2	18	15.4	8	7.3	9	4.6	56
LD	3	2.9	9	7.7	11	10.0	25	12.9	48
MH	3	2.9	3	2.6	7	6.4	6	3.1	19
OP	18	17.3	21	17.9	26	23.6	52	26.8	117
PD	5	4.8	1	0.9	7	6.4	8	4.1	21
Not Known	1	1.0	0	0.0	0	0.0	1	0.5	2
Grand Total	104	100.0	117	100.0	110	100.0	194	100.0	525

### 3.4 Complaints by issue

For social work complaints, the main and secondary presenting issues have been categorised under thirteen separate headings in four groups as set out below. This allows an analysis of the relative balance of complaints about (1) policy or (2) financial issues, (3) complaints linked to direct engagement with staff or their management of cases and (4) issues of general service quality or those that may be linked to resource availability such as waiting lists, delay and refusal of service

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

The relevant headings are as follows:

P = A policy issue      F = A financial Issue

C = Issues linked to staff performance subdivided as:

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

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

C5 – Discrimination or breach of human rights

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

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

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

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

Table 7 below shows the relative percentage of each issue as a percentage of all issues and compares them with annual figures 2017-18. The number of issues exceeds the number of complaints as a complaint may raise more than one issue and the two primary issues (as identified by the CFIT team) are listed against each complaint.

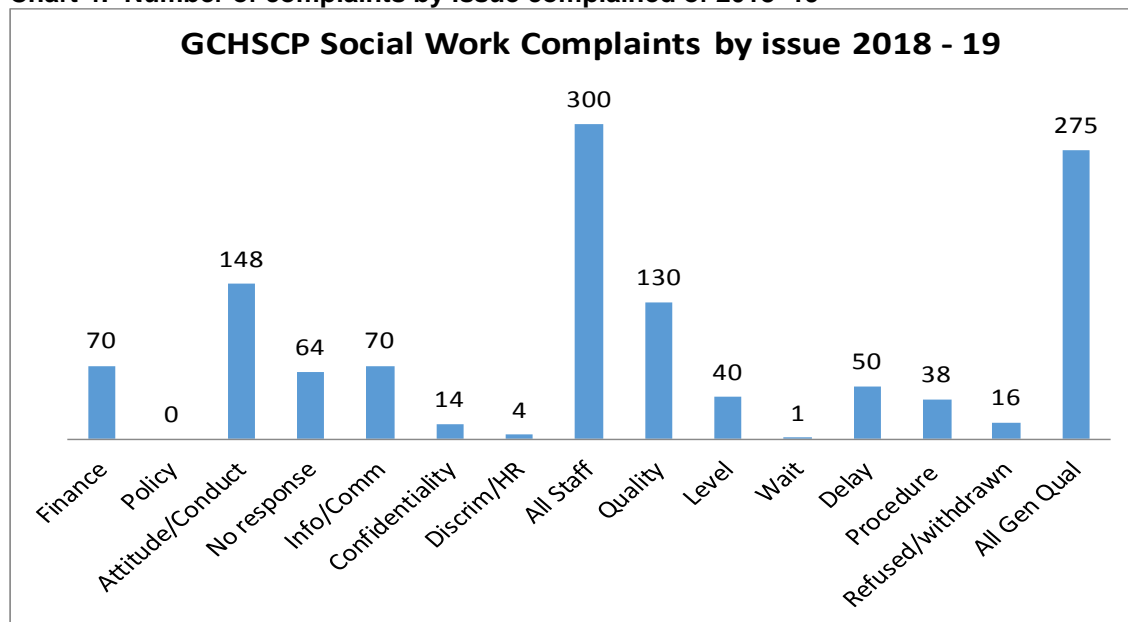
Charts 4 and 5 then shows these same numbers and proportions visually. No issues identified as relating to specific policy were raised in 2018-19. There has been a slight proportionate increase in complaints focussing on financial matters. There has also been a shift in the balance of complaints concerning the general quality, as opposed to level or quantity, of services but this may be an artefact of the subjective nature of coding of the issues by the CFIT team. Taken as a combined indicator about general service provision not otherwise specifically captured, the proportion of complaints focussing on such issues has not shifted since last year. Other than that, as observed in last year's report and preceding ones, the types of issues complained of by services users, when categorised in these broad terms, are remarkably stable over each annual reporting period.

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**Table 7: Main social work issues complained of 2018–19 compared with 2017-18**

Issue	N 2018-19	% 2018-19	% 2017-18
<b>Finance</b>	<b>70</b>	<b>10.9</b>	<b>9.9</b>
<b>Policy</b>	<b>0</b>	<b>0.0</b>	<b>2.7</b>
Attitude/Conduct	148	22.9	22.1
No response	64	9.9	11.7
Info/Comm	70	10.9	10.7
Confidentiality	14	2.2	1.7
Discrim/HR	4	0.6	0.9
<b>All Staff</b>	<b>300</b>	<b>46.5</b>	<b>47.1</b>
Quality	130	20.2	10.8
Level	40	6.2	15.6
Wait	1	0.2	0.7
Delay	50	7.8	4.7
Procedure	38	5.9	4.1
Refused/withdrawn	16	2.5	4.5
<b>All Gen Qual</b>	<b>275</b>	<b>42.6</b>	<b>40.3</b>
<b>Total of main issues</b>	<b>645</b>	<b>100.0</b>	<b>100.0</b>

**Chart 4: Number of complaints by issue complained of 2018–19**



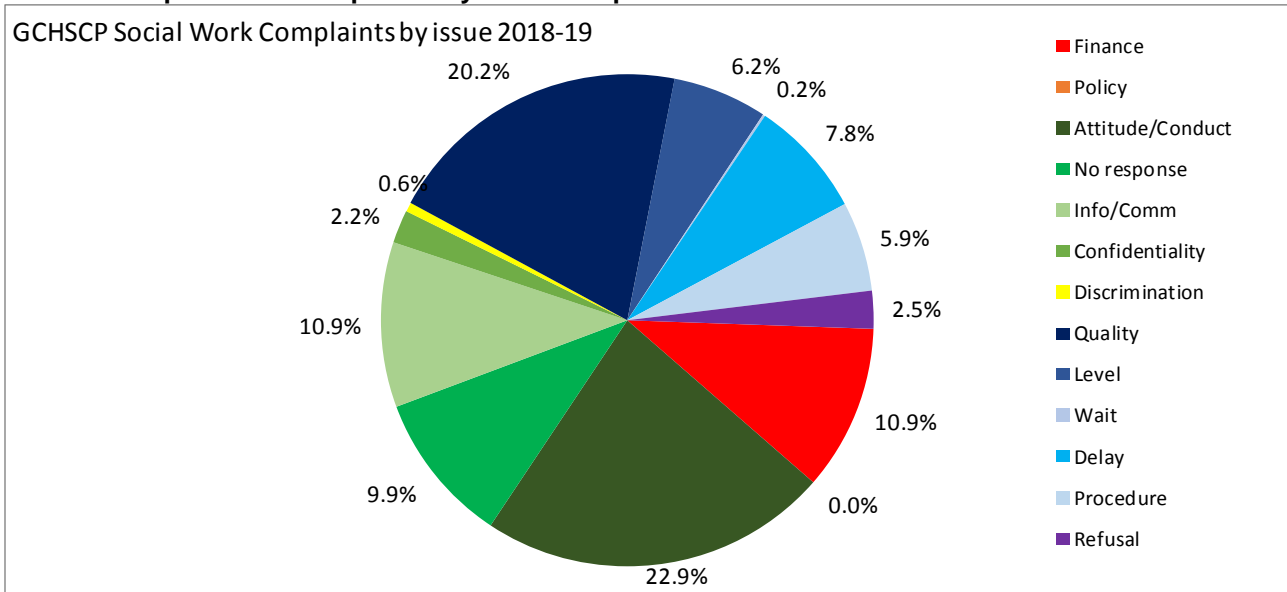
The fact that such a high proportion of complaints focus on issues related to staff is an ongoing feature of complaints about social work services and should not be taken as an indicator of generally unacceptable poor performance or personal conduct on the part of staff, without first considering both the driving factors and outcomes. There is undoubtedly a tendency on the part of some service users to focus their complaints on the person with whom they are engaging, even if the circumstances to which they are objecting stem from policy and procedure or decisions and actions taken collectively. This is particularly true in cases where the relationship is an enforced one such as in criminal justice, child and adult protection cases. The majority of these are not upheld, as highlighted in this section below when specific client group issues are detailed, and in section 3.5 which looks at the outcomes overall. As also pointed out in the annual complaints report last year, issue of lack of response or communication, although attributed by complainers to individual staff, may be a product of resource constraints, in terms of the availability and capacity of staff within teams to meet expectations around responses to communications.

The four (0.6%) complaints about discrimination or human rights breaches, though small in number were checked individually because of the potential seriousness of such complaints. Two of these were made by a single client alleging human rights breaches in relation to the funding of his aunt's private choice of care home. He escalated this matter to SPSO, who did not uphold the complaint. Another was from a man seeking to be a foster carer claiming that refusal to accept his application

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was racially motivated. The last was a criminal justice client who objected to being asked certain questions on the grounds they breached his human rights and also escalated the matter to SPSO, who declined to investigate further. None of these 4 complaints were upheld.

**Chart 5: Proportion of complaints by issue complained of 2018–19**



For complaints about care services, the issues raised are set out in table 8 below as applied to those complaints that were valid, not withdrawn and closed during 2018-19. The system allows coding of only a single or main presenting issue so there is a degree of subjectivity on the part of complaints handlers in recording complaints that raise multiple issues. Poor general quality of service is the main presenting issue as recorded, with the competencies of staff, staff attitude, failure to arrive at the customer’s home, vehicle issues and poor consistency of care cited as the other five most complained of issues.

**Table 8: Closed Care Service complaints by issues 2018–19**

Care Services complaints 2018-19		
Issue	n	%
Quality of Service	116	47.3
Staff Competency	38	15.5
Failure to arrive	26	10.6
Arrived late	7	2.9
Staff attitude	12	4.9
Vehicle issues	11	4.5
Consistency of care	10	4.1
Failure to complete tasks	8	3.3
Poor communication	7	2.9
Service failure	3	1.2
Service times	2	0.8
Misuse of Vehicle	2	0.8
Customer Care	1	0.4
Procedure	1	0.4
Quality of Product	1	0.4
<b>Total closed</b>	<b>245</b>	<b>100.0</b>



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### Client Sub-Groups and their specific social work issues

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

For clients of **addiction services** the main issues arising in 31 complaints related to their inter-personal contact with staff and the attitude and conduct of those staff towards them (12 of 31 complaints = 38.7%). The same number arose in relation to general issues with the level of service, barriers or delays in accessing particular services such as residential rehabilitation (again 12 or 38.7%). Difficulty in contacting workers or insufficient contact was raised in 6 (19.4%) complaints. 2 complainers highlighted an issue in signage causing them to feel stigmatised in terms of their attendance at particular services being evident to the general public.

For **children and families** clients the most common issues of the 202 complaints submitted were those from parents or other relatives (usually grandparents) of looked after children complaining about the circumstances of their child being in care or being taken into care, primarily subsuming issues of family contact and communication/information but in some cases also extending to allegations of their child being inappropriately cared for in some respect. This accounted for 54 (26.7%) of all complaints for this client group.

The second most prevalent set of issues were those raised by adults involved in child protection investigations complaining about the manner in which these were conducted. This subsumes both people complaining that they were unfairly treated within the process and those complaining that their own allegation of mistreatment of a child were not taken seriously enough (this frequently involved estranged parents making allegations and counter allegations against one another). This totalled 47 (23.3%) complaints, meaning that these two types of complaint combined made up exactly half of all complaints in this client group.

Within both of these groups, complainers frequently personalised their complaints to focus on the alleged poor attitude or conduct of staff (60 = 29.7% of all complaints), including in some cases allegations of criminal actions (7 = 3.5%) or of social workers deliberately lying or falsifying reports concerning the complainer, particularly reports to children's panel or courts (15 = 7.4%). Whilst such complaints are clearly serious, none of the complaints relating to unlawful actions or falsifying of reports were upheld.

There were a number of complaints about general lack of support or failure to progress supports, particularly from carers for children with disabilities or with behavioural issues. This issue arose in 18 (8.9%) of complaints in this client group. There were additionally 13 (6.4%) complaints about lack of support for kinship carers, usually in terms of financial support.

7 people (3.5%) in this client group complained about breach of confidentiality or inappropriate handling of personal data. Two of these were withdrawn and the other five not upheld.

10 complaints (5%) in this client group were raised by adults who had previously been in care seeking access to their records in relation to delay or the manner in which the request was handled. These complaints were generally upheld by the CFIT team who have recognised shortfalls in the process and taken steps to rectify this.

15 children in residential care (7.4% of all complaints in this group) complained about behaviour from other young people in the unit, being bullied or feeling unsafe. This is double the number of complaints on this issue in 2017-18. Whilst these are small in number and each situation appeared to have been sensitively handled on an individual level, with personal contact with the children who were raising complaint, it was sometimes unclear to the CFIT team what systematic action had been taken to resolve the issue and there was some further concern regarding delay in response. This matter was also addressed in the 2018 Annual Report of the Children's Rights Service and a specific report on the issue submitted to the then Head of Children's Residential Services Pat Togher by the Children's Rights Service in August 2018. Delayed response to children's complaints was also highlighted within the CRS annual report.



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There were finally 8 complaints (4% of the client group) from foster carers complaining about either financial matters, their deregistration or lack of support.

For the 29 complaints from **criminal justice** clients the most frequently complained of matters (in 15 cases, 51.7%) was the attitude and conduct of workers towards the client, including assertions of bullying, intimidating, demeaning or belittling the client. There were also 6 (20.7%) complaints about fabricated or inaccurate information in reports. 1 complaint regarding information errors and 2 concerning staff conduct or attitude were partially upheld. None were fully upheld and none of those that were partially upheld related to deliberate or seriously improper actions.

There were a further 5 (17%) complaints of a general lack of support or difficulty in contacting the worker.

For **homeless clients** the main issue raised within the 56 complaints in this client group was a general failure to progress section 5 applications and secure offers of permanent housing. This was cited in 23 (41.1%) of complaints for this client group. Staff conduct and attitude were complained of as a primary or secondary issue in 9 complaints (16.1%), general lack of support in 8 cases (14.3%) and poor communication or lack of response in 5 (8.9%) cases.

7 clients (12.5%) specifically complained of a refusal of service or failure to offer even temporary accommodation in breach of statutory duties. 6 service users (10.7%) complained about the condition, location or some other feature of their Temporary Accommodation.

For **adult community care groups** - physical disability (21), learning disability (48) and mental health (19) complaints there were common themes within the total of 88 complaints for these groups.

The main issues raised were those relating to financial issues or dissatisfaction with the care budget. This was raised in 31 (35.2%) of complaints and can be sub-divided into complaints about the client contribution or disability related expenditure (DRE) waivers (12), the general level of budget allocated for support (12) and other financial disputes or issues with billing and liability for care costs (7) including matters of ordinary residence.

A further 11 complaints (12.5%) were raised by service users fundamentally disagreeing with the recommendations of SW assessments and arguing that the proposed supports were contrary to the legal rights of the individual and the duty to support options under the self-directed support process. Some of these involved recommending care home placements or shared living arrangements to meet assessed needs within a relevant amount sufficient to meet those needs in respect of people (or their families) who believed they had a right to be cared for at home in line with their preferences, regardless of costs.

This second group may be regarded as a form of financial dispute to be grouped with those above, but are characterised by particular legal arguments being raised that go beyond mere dispute about the level of finance. In any case it would be fair to summarise that almost half of all complaints in this client group related in some way to dissatisfaction with the level or cost of provision to support adults with community care needs and the balance between private and public funding of those support costs.

Several types of delay in process were complained of, related to availability or workloads of staff. Specifically there were 2 complaints about a failure to appoint Mental Health Officers to progress Guardianship applications, 5 complaints about a failure to appoint a care manager to carry out assessment and 5 other complaints about delay in conducting re-assessments. This makes a total of 12 (13.6%) complaints on these similar issues.

There were 13 (14.8%) complaints about the attitude of staff and a further 6 (6.8%) about generally poor communications or difficulty in contacting workers or getting a response. There were only 4 complaints (4.5%) relating to Adult Support and Protection or safeguarding processes.

A further 5 complaints (5.7%) related to the poor quality of commissioned services. But there is a separate process whereby commissioned services deal with their own complaints and service

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concerns are monitored through commissioning processes, so this would not be a complete record of dissatisfaction with such services.

Finally, for **older persons** the main issues raised were also around financial issues. Of a total of 117 complaints for this client group, 33 (28.2%) concerned disputes relating to financial provision. These can be sub-divided into complaints about Free Personal and Nursing Care – delays in providing this funding or refusal of it (9 complaints), disputes over deprivation of assets / disregard or property for purposes of calculating liability for care costs (7 complaints), disputes over client contributions for non-residential charges (3 complaints), complaints with the level of support budget for care at home (3 complaints) and other financial issues, including billing for care home costs or issues with disputed invoices (11 complaints).

There were 8 (6.8%) complaints relating to the quality of services for people supported in their own homes and 8 (6.8%) complaints relating to quality of service in care homes run by Glasgow City Council. Also, 4 complaints (3.4%) of lack of availability of respite provision and 5 (4.3%) concerning various aspects of O.T Services. These are all quality rather than cost issues.

13 (11.1%) complaints were about Adult Support and Protection processes. A minority involved criticism of a failure to act. Most were complaints by people who were the focus of investigation complaining about how they were treated within the process.

There were also 13 complaints (11.1%) focussed primarily or secondarily on the attitude and conduct of staff. Some of these overlap with the complaints referred to above regarding ASP process. 15 further complaints (12.8%) related to communication issues or lack of response. Many of these were from family members complaining of not being kept informed as to the welfare and circumstances of an elderly family member.

7 complaints (6%) related to a failure to allocate staff or delays in assessment due to staff workload or availability. 1 of these related to an MHO allocation to progress a Guardianship application.

13 complaints (11.1%) were received from persons aggrieved at an elderly family member not being able to move from their own home into a care home of their choice, or transfer there from another care home, or being delayed in discharge from hospital because the care home of their choice had no place available.

5 complaints (4.3%) were from people who disagreed with the findings of the social work assessment. These were both from people who disagreed with a finding that their needs would best be met in a care home and wished to remain at home and for family members who felt their relative should now go into a care home and disagreed with a social work finding that their needs could be met at home.

Many of the issues highlighted for client groups above are little changed in their frequency from the preceding year, but there does seem to be a general upward trend across older persons and other adult community care groups away from complaints about process and characterised instead by both financial dispute and strong objection to decisions made within assessment processes. This may arise both from restraints on public sector budgets and raised expectations in the context of Self-Directed Support as to the degree to which service users and their families may direct local authority staff as to what those budgets should be spent on and at what level.

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### 3.5 Complaint outcomes overall, by service area and client group

Table 9 and Chart 6 below show the outcomes of social work complaints in terms of whether they were upheld for stages 1 and 2. Third stage SPSO complaint outcomes are given in section 3.6. Two stage 2 complaints from 2018-19 were still open at time of report and had no outcome. One is suspended due to referral to judicial review. The other is being reviewed at present.

In 2017-18, 27.9 % of complaint were fully or partially upheld and 57.4% not upheld. As can be seen below, for 2018-19 the equivalent figures are broadly similar at 28.2% and 54.2%. Other outcomes are also similar to 2017-18. Over the past 3 years approximately 80 - 85% of what begin as formal complaints have remained within the process and concluded with a formal finding. Of these, approximately twice as many complaints were not upheld as are upheld. About 5% were informally resolved without a finding and the remaining 10 - 15% had some other disposition.

**Table 9: Social Work Complaints Outcomes 2018–19**

Outcome	N	%
Transfer To Other Process	24	4.8
Not Accepted	27	5.4
Informally Resolved	26	5.2
Not Upheld	273	54.2
<b>Partially Upheld</b>	<b>73</b>	<b>14.5</b>
<b>Upheld</b>	<b>69</b>	<b>13.7</b>
Withdrawn	12	2.4
Grand Total	504	100.0

The 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.

**Chart 6: Social Work Complaints Outcomes 2018-19**

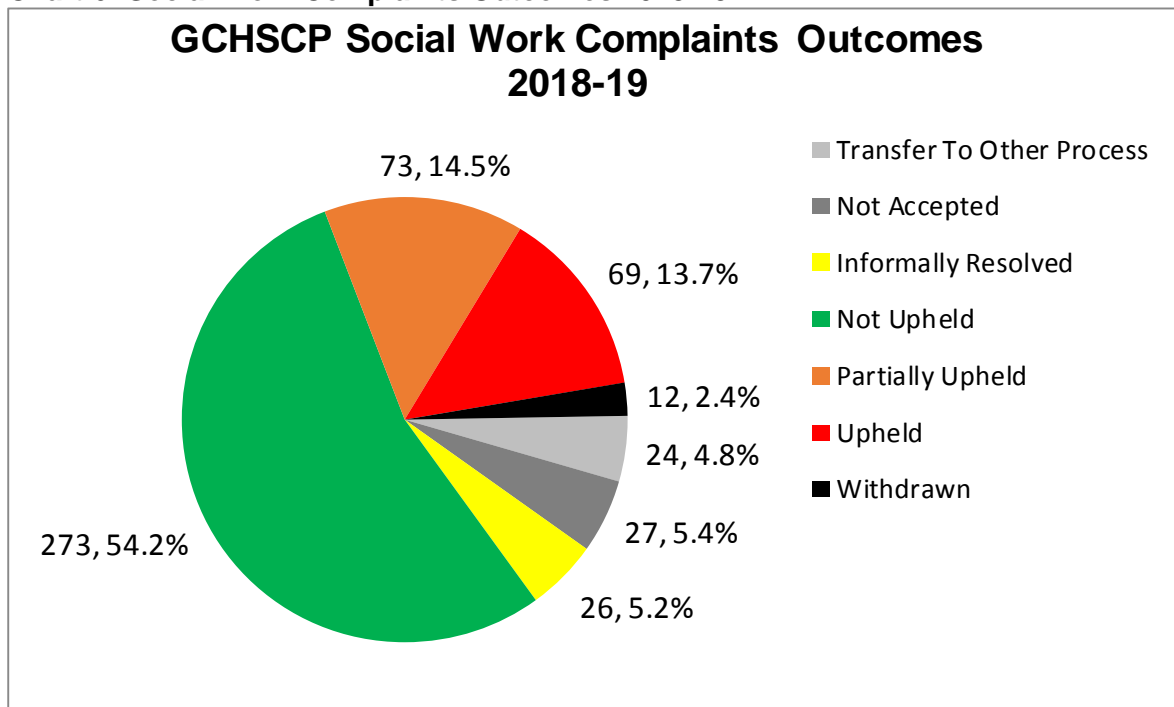


Table 10 below shows care service complaints by outcome overall and by service area for those that were valid, not withdrawn and closed in 2018-19. Stage 1 and 2 are combined as only 3

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complaints were dealt with at stage 1. As can be readily seen, the great majority of complaints that are accepted as valid within the process and not withdrawn are investigated under the second stage of the process and upheld or partially upheld (over 95%). This high rate of complaints upheld may also help explain why so few are then escalated to SPSO under the third stage.

**Table 10: Care Services Complaints Outcomes 2018–19**

Care Services complaints 2018-19							
Service Area	Total	Not Upheld		Partially Upheld		Upheld	
		n	%	n	%	n	%
Home Care North East	47	4	8.5	0	0.0	43	91.5
Home Care North West	76	3	3.9	0	0.0	73	96.1
Home Care South	118	3	2.5	2	1.7	113	95.8
Help at Home North West	1	0	0.0	0	0.0	1	100.0
Community Alarms/telecare North East	1	0	0.0	1	100.0	0	0.0
<b>Total</b>	<b>243</b>	<b>10</b>	<b>4.1</b>	<b>3</b>	<b>1.2</b>	<b>230</b>	<b>94.7</b>

Table 11 shows outcomes for social work complaints by service area. Table 12 shows outcome by client group. The one for client group excludes 2 cases where the client group was not known.

**Table 11: Social Work Complaints Outcomes by service area 2018–19**

Area	Centre		North East		North West		South		Total
	N	%	N	%	N	%	N	%	
Transfer To Other Process	4	4.1	6	5.4	4	3.8	10	5.3	24
Not Accepted	7	7.2	4	3.6	5	4.8	11	5.8	27
Informally resolved	6	6.2	7	6.3	5	4.8	8	4.2	26
Not Upheld	37	38.1	63	56.3	64	61.0	109	57.4	273
<b>Partially Upheld</b>	<b>14</b>	<b>14.4</b>	<b>18</b>	<b>16.1</b>	<b>11</b>	<b>10.5</b>	<b>30</b>	<b>15.8</b>	<b>73</b>
<b>Upheld</b>	<b>25</b>	<b>25.8</b>	<b>13</b>	<b>11.6</b>	<b>13</b>	<b>12.4</b>	<b>18</b>	<b>9.5</b>	<b>69</b>
Withdrawn	4	4.1	1	0.9	3	2.9	4	2.1	12
Grand Total	97	100.0	112	100.0	105	100.0	190	100.0	504

The proportions of complaints that are not upheld are consistent across the three localities in the range 56-61%. The proportions partially or fully upheld similarly vary within a narrow range 23-28%. A higher proportion of centre complaints are upheld but also a higher proportion have some other disposition than a formal finding. This in part reflects the handling of complaints by the centre CFIT team that have no clear locus in our services.

**Table 12: Social Work Complaints Outcomes by Client Group 2018–19**

Client group	Addictions		C&F		CJ		Homeless		LD		MH		OP		PD		Grand Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Transfer To Other Process	6	19.4	7	3.5	1	3.7	0	0.0	2	4.3	0	0.0	7	6.3	1	5.6	24	4.8
Not Accepted	2	6.5	12	6.1	1	3.7	1	1.8	2	4.3	0	0.0	7	6.3	1	5.6	26	5.2
Informally resolved	1	3.2	13	6.6	3	11.1	0	0.0	0	0.0	1	6.3	7	6.3	1	5.6	26	5.2
Not Upheld	15	48.4	98	49.5	19	70.4	29	52.7	29	63.0	11	68.8	63	56.8	8	44.4	272	54.2
<b>Partially Upheld</b>	<b>0</b>	<b>0.0</b>	<b>33</b>	<b>16.7</b>	<b>3</b>	<b>11.1</b>	<b>12</b>	<b>21.8</b>	<b>6</b>	<b>13.0</b>	<b>2</b>	<b>12.5</b>	<b>13</b>	<b>11.7</b>	<b>4</b>	<b>22.2</b>	<b>73</b>	<b>14.5</b>
<b>Upheld</b>	<b>7</b>	<b>22.6</b>	<b>30</b>	<b>15.2</b>	<b>0</b>	<b>0.0</b>	<b>11</b>	<b>20.0</b>	<b>6</b>	<b>13.0</b>	<b>2</b>	<b>12.5</b>	<b>10</b>	<b>9.0</b>	<b>3</b>	<b>16.7</b>	<b>69</b>	<b>13.7</b>
Withdrawn	0	0.0	5	2.5	0	0.0	2	3.6	1	2.2	0	0.0	4	3.6	0	0.0	12	2.4
Grand Total	31	100.0	198	100.0	27	100.0	55	100.0	46	100.0	16	100.0	111	100.0	18	100.0	502	100.0

Relatively higher proportions of complaints are upheld or partially upheld in children and family (over 30%) and homelessness (over 40%) client groups. This is also true of the physical disability client group but numbers are too small to draw any firm conclusions from that.

Homelessness complaints relating to delays in finding permanent housing or difficulties in sourcing temporary accommodation tended to be upheld because these reflected resource difficulties in the housing stock. As per the preceding section these complaints comprised over 505 of the issues complained of in that client group.

Almost all of the complaints made by young people in units (particularly those concerning disruption or personal issues with other young people in the unit) and those made by adults

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experiencing difficulties in accessing their childhood care records were upheld or partially upheld. As per the preceding section both stemmed from known problems that are being addressed and these two issues accounted for 12.5% of all complaints for that client group. This probably explains the higher rate of complaints upheld for that client group.

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

A total of Nineteen (19) complaints on social work matters were the subject of referrals to the Scottish Public Services Ombudsman (SPSO) leading to contact by SPSO with GCHSCP during 2018-19. The disposition of these cases is as below followed by a summary of each case.

There were no reported complaints about care services for the period October 2018 – March 2019 escalated to GCHSCP via SPSO. However some complaints arising in that period have been referred in 2019-20 and will be covered in the next reporting cycle. This reflects a common time delay in complaints working through the SPSO process before being notified to GCHSCP.

In 14 of these cases SPSO declined to take the matter further. This was usually on grounds of proportionality or on the basis that SPSO were satisfied that the response made by GCHSCP at the second stage was a reasonable and complete response to the complaint and that SPSO could achieve nothing further for the complainer by investigating further.

- In 4 cases GCHSCP are still awaiting the decision of SPSO at time of report (August 2019).
- One case was upheld by SPSO, having been only partially upheld by GCHSCP at stage 2.

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

#### **Case 1: Complaint 201707673. Main focus: GCHSCP had unreasonably determined that the complainer operated a DP account in deficit.**

**Summary of the case:** Complaint originally submitted to GCHSCP in 2017-18. A service user acting as legal proxy for an adult with learning disability had arranged additional provision for the adult from a second service provider, paid for from a Direct Payment account, outwith the terms of the care plan and without the knowledge of the care manager. When he received invoices there were insufficient funds in the DP account and he complained of lack of sufficient provision for the adult, that the account had been suspended and issues around the communication he had had with GCHSCP attempting to resolve the situation. At the second stage of complaint GCHSCP has accepted and apologised for failures in communication but had not accepted fault in the matter of insufficient funding, arguing that the complainer had gone outwith the terms of the DP agreement, mismanaged the fund and was himself liable for this.

**SPSO findings / decision: Upheld.** SPSO noted that the complainer had sent a letter to the GCHSCP finance team stating that he had purchased the additional provision. Whilst this does not in the view of GCHSCP meet the requirement to discuss and agree additional provision with the care manager in advance of purchase, SPSO took the view that GCHSCP were at fault for not identifying the significance of this letter and forwarding it to the care manager. They recommended an apology to the complainer, clearing the outstanding balance of debt to the second provider and reviewing admin processes. These were all actioned and evidenced to SPSO in July 2019. A comprehensive audit of the whole process of handling DP accounts had been undertaken in April 2019 with recommendations for improvement and a copy of the report was provided to SPSO.

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### **Case 2: Complaint 201805927. Main focus: GCHSCP unwilling to fund 24/7 supported living in community.**

**Summary of the case:** A relative of an elderly service user with LD had complained in 2018-19 of a decision by GCHSCP, following a change in circumstances for the service user ( a co-tenant had moved out of the shared residence), to recommend care home provision rather than fund 24/7 care in in the service user's own tenancy. They stated the decision had been taken solely on cost grounds and 'behind family's back'. The original complaint was not upheld at stage 2.

**SPSO findings / decision: Not to take the matter further.** SPSO found that GCHSCP had carried out an assessment as required, looked at other options, involved Guardians and family, conducted a proper investigation of the complaint and gave a thorough and reasonable explanation of their position. On those grounds SPSO determined it would not be proportionate to devote resources to further investigation.

### **Case 3: Complaint 201709075. Main focus: Deprivation of assets - dispute over charging order on property in respect of home care fees.**

**Summary of the case:** The complaint had originally been submitted to GCHSCP in 2017-18 and not upheld at stage 2. The complainer, a relative of an elderly client had complained that GCHSCP had not properly interpreted legislation in deciding to decline his request to disregard the value of the client's home when determining capital in respect of liability to pay care home fees.

**SPSO findings / decision: Not to take the matter further.** SPSO declined to take the matter further on the basis that the only relevant issue was a difference of view between two parties as to the interpretation of law and that this was a matter for the courts, not SPSO.

### **Case 4: Complaint 201800890. Main focus: Deprivation of assets - service user incorrectly assessed as self-funding with regards care home fees.**

**Summary of the case:** Family members disputed in 2017-18 that a service user was self-funding for care home based on assessment that there has been deliberate deprivation of capital assets. This was not upheld at stage 2.

**SPSO findings / decision: Not to take the matter further.** SPSO advised that they considered response of GCHSCP and representations from lawyers acting for the family and are satisfied that the complaint was investigated to the level they would expect, the position taken by GCHSCP reasonable and clearly explained and based on consideration of all relevant facts. They will not take the matter further on the grounds that SPSO could add nothing further to the investigation already carried out by GCHSCP and the response provided.

### **Case 5: Complaint 201805125. Main focus: Deprivation of assets – cash gifts to relatives incorrectly regarded as notional capital.**

**Summary of the case:** Relative of an elderly person in a care home had complained in 2018-19 of GCHSCP's decision to include substantial monetary gifts to two family members including himself as part of the service user's notional capital for purposes of calculating care home fees. The complaint was not upheld at stage 2.

**SPSO findings / decision: Not to take the matter further.** SPSO determined that GCHSCP had considered all points in a reasonable manner and properly explained their position. SPSO did not consider it their role to give direction on a matter of law (i.e whether there had been deprivation of assets) and declined to take matter further on the basis that nothing further could be accomplished.

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**Case 6: Complaint 201707232. Main focus: Lack of support for service user. Care plan is inaccurate and does not reflect needs, offers no night time support and unreasonably caps hourly rates for providers.**

**Summary of the case:** A relative of an elderly service user made 3 separate complaints during 2017-18 concerning lack of support for the client, inadequacy of a re-assessment and the attitude of staff. The first of these was upheld by GCHSCP, leading to increased support but the subsequent two were not upheld.

**SPSO findings / decision: Not to take the matter further:** SPSO advised that, following review of seven issues raised by the complainer with them they had determined that the assessment, support and responses offered by GCHSCP had been reasonable, that there was no evidence the assessment had not been thorough, that minor errors in the care plan highlighted by the complainer had been amended and that GCHSCP had shown flexibility in increasing supports. They concluded it would not be a proportionate use of resources to investigate the matter any further.

**Case 7: Complaint 201801386. Main focus: The adult commissioning team did not properly investigate the service user's complaint about her care provider**

**Summary of the case:** The service user had made a number of complaints about her provider in 2017-18 and then complained in 2018-19 that the relevant manager in the commissioning team had not properly investigated these matter or communicated with her. The complaint about the role of the commissioning manager was not upheld at stage 2 but the complaint about the provider had itself been partially upheld by that manager.

**SPSO findings / decision: Not to take the matter further.** SPSO advised that GCHSCP response was reasonable and was correct in expressing the position that staff conduct issues complained of had been matters for the complaints procedure of the provider. SPSO indicated that GCHSCP had valid reasons, correctly stated, not to investigate the complaint at all but had nevertheless taken extra steps to do so. SPSO declined to take the complaint any further on the grounds that GCHSCP had produced a thorough and detailed response and it would be a disproportionate use of public resources to investigate further.

**Case 8: Complaint 201807760. Main focus: GCHSCP had not conducted a thorough search of their records to assist the complainer in certain issues they were having with HMRC.**

**Summary of the case:** A member of the public who claimed to have been a foster carer with Glasgow Corporation over 30 years ago had sought records to establish that fact. No records could be found and the person complained either that insufficient efforts had been made to trace records or that GCC had failed in a duty to retain these records. The complaint was not upheld at stage 2.

**SPSO findings / decision: Not to take the matter further.** SPSO noted the position of GCC on the matter but declined to take it further on the grounds that this was not a matter that it was within their legal powers to investigate. They directed the complainer to the Information Commissioner.

**Case 9: Complaint 201802767. Main focus: GCHSCP Staff had intimidated and badgered the complainer into giving details of his family / not properly assessed his risk.**

**Summary of the case:** This complaint about prison-based Criminal Justice staff had originally been submitted in 2017-18 and not upheld at stage 2. The complainer maintained that staff had breached his rights by asking him to provide contact details for his family, had 'extorted' the information and had then not scored his risk assessment properly.

**SPSO findings / decision: Not to take the matter further.** SPSO declined to investigate further on basis that investigation and response to his complaint by GCHSCP was comprehensive and reasonable, that that an appropriate investigation has already been carried out and it would be a disproportionate use of public resources to investigate further.

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### **Case 10: Complaint 201806010. Main focus: Issues with incorrect invoicing by GCHSCP for client contribution to non-residential care costs.**

**Summary of the case:** A relative of a service user complained in 2018-19 of ongoing errors in invoices for services. That complaint had been upheld at the second stage and it had been explained that the error was caused by lack of correct and timely information to GCC from the provider of those services. They had been contacted to encourage better performance in future. The complainer had been dissatisfied with this response and wrote to SPSO who contacted GCHSCP. A further explanation of process was sent to both complainer and SPSO within 1 week.

**SPSO findings / decision: Not to take the matter further** SPSO stated that GCHSCP response had been reasonable. Failings had been accepted and steps taken to remedy this. SPSO would not take the matter further on the basis that it was not a proportionate use of resources.

### **Case 11: Complaint 201810533. Main focus: Failure to make records available**

**Summary of the case:** An adult complained in 2018-19 that they had not been provided with adoption records as requested. The complaint was upheld by GCHSCP but the promised follow-up action was not taken due to a further oversight. The person contacted SPSO about the matter several weeks later rather than referring back to GCHSCP. Within 5 working days of being contacted by SPSO an apology letter was sent to the service user, together with a copy of her records.

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

### **Case 12: Complaint 201804063. Main focus: social workers unreasonably removed children from the care of the complainer and ended contact with them.**

**Summary of the case:** The complainer had had 3 children removed from her care several years ago. She stated that contact had been unreasonably terminated with both her and an older sibling and that it had never been explained to her why her children were removed. The complaint in 2018-19 was not upheld at stage 2.

**SPSO findings / decision: Not to take the matter further.** SPSO advised that these are matters for the children's panel and they have no power to investigate matters where there is a legal right of appeal to another body. They stated that they had nothing to add to the correct advice given in the responses issued by GCHSCP on these matters.

### **Case 13: Complaint 201806277. Main focus: error in child's name on records**

**Summary of the case:** A parent complained in 2018-19 that they were being caused distress by the fact that a child was being incorrectly referred to in GCHSCP correspondence by a hyphenated surname incorporating the name of the other parent (the child was in the kinship care of that parent's family). GCHSCP initially defended use of the name at stage 1 and did not uphold the complaint but at stage 2 reviewed the position and proposed a compromise. This was to amend the main record to show only the first parent's surname and to use this exclusively in correspondence with that parent, but to continue to use the hyphenated name when corresponding with other family members according to their preference. The complainer rejected this proposal and referred the matter to SPSO.

**SPSO findings / decision: Not to take the matter further.** SPSO decided that the proposed compromise was reasonable, that GCHSCP had properly explained the reasons and were exercising discretion in child's best interests. SPSO stated they would not interfere in that use of discretion and declined to investigate further on the basis this would not be reasonable or proportionate.

### **Case 14: Complaint 201802836. Main focus: Accuracy of information MHO report on intervention order.**

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**Summary of the case:** A service user complained in 2017-18 about accuracy of information recorded by a Mental Health Officer in relation to an intervention under MH legislation that had occurred in 2016. 2 complaints objecting to the intervention had already been considered earlier in 2017. None of these had been upheld.

**SPSO findings / decision: Not to take the matter further:** SPSO found that GCHSCP had provided a clear and detailed explanation and that the service users was raising a dispute about differing opinions, not facts and SPSO has no basis to question the decision taken by GCHSCP or the opinions expressed.

**Case 15: Complaint 201804528. Main focus: Failure to provide proper care to elderly resident in care home. Breach of human rights.**

**Summary of the case:** A relative of a deceased service user had complained twice before in 2017-18 (leading to both Complaints Review Committee and referral to SPSO) and made a further complaint in 2018-19, now referred to SPSO. No part of any of these complaints had previously been upheld at any stage other than a minor administrative matter about correspondence. Earlier complaints had been about financial matters relating to care home provision and the more recent one about quality of care. The complainer explicitly linked these issues in his submission to SPSO as well as linking the issues to the recent death of the service user, alleging that GCC had breached his relative's human rights and lied in earlier responses.

**SPSO findings / decision: Not to take the matter further:** SPSO decided that the stage 2 response and other responses of GCHSCP had been reasonable ones, that many of the matters had been considered by CRC and their office previously, that the advice of GCC as to how he could raise his concerns with other bodies had been both correct and good advice, despite him finding it 'shocking' and that it was not clear what administrative or procedural failing he believed had been committed by GCC. Consequently SPSO did not consider it reasonable to subject these matters to further investigation.

**Case 16: Complaint 201705735. Main focus: GCHSCP taking an unreasonable position in relation to provision of support for his family member, did not investigate his complaint impartially, issued a response that had an unacceptable tone and was unreasonably delayed.**

**Summary of the case:** The client's Guardian has chosen to care for him at home despite a professional finding that his needs can only safely be met in residential care. He is disputing the adequacy of the care package put in place and whether GCC is acting in compliance with SDS legislation. The complaint was originally raised in 2017-18 and a response issued in early 2018 taking into account a series of prior complaints stretching back 5 years. No part of the complaint was upheld.

**SPSO findings: Seeking review of SPSO Decision.** SPSO considered the case and initially advised early in 2018-19 that they were declining to take the matter further on the basis that GCHSCP was making a relevant discretionary provision following ASP intervention and had properly explained its position to the complainer. The case was therefore closed. However SPSO reopened the case in early 2019 and have very recently issued a provisional decision upholding the complaint and making certain recommendations. GCHSCP is seeking review of these. As this second decision has been issued in 2019-20, then this case will be picked up again in the next annual report.

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**Case 17: Complaint 201708763. Main focus: Prison-based Social worker's management of his case was unreasonable and GCHSCP failed to properly investigate his complaint.**

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

**SPSO findings: Awaiting SPSO Decision.** Information was requested by SPSO in December 2018 and supplied the same week. No decision yet advised on the matter as at August 2019.

**Case 18: Complaint 201807598. Main focus: GCHSCP staff did not tell the (adult) child of the service user that the latter had been admitted to hospital.**

**Summary of the case:** A number of complaints had been made in 2018-19 and responded to under stage 2. These concerned various issues relating to communication between GCHSCP staff and the adult son of an adult service user who has no incapacity to make decisions for themselves. The complaint was partially upheld and an apology made on the basis that there had been a lack of clarity on the part of GCHSCP staff as to what entitlement the complainer had to personal information regarding his parent and the circumstances in which this would be disclosed. However that clarification was then given, indicating that staff had discretion to interpret their duty of confidentiality in any given situation and determine what information to pass on, if any. Other parts of the complaint were therefore not upheld.

**SPSO findings: Awaiting SPSO Decision.** SPSO requested information in January 2019 and it was supplied the same day. No decision yet advised as at August 2019.

**Case 19: No reference given Main focus: Not known.**

**Summary of the case:** GCHSCP was contacted in March 2019 about a service user well known to the complaints team who has made a large number of complaints in general alleging lack of support by various of our services (mental health, criminal justice, homelessness). SPSO were seeking confirmation of contacts with this individual and whether he is subject to any restrictions regarding complaints. They indicated that he had contacted SPSO expressing dissatisfaction with a response to his complaints, but did not further specify which one or the focus of his current concern.

**SPSO findings: Awaiting SPSO Decision.** Full information was supplied to SPSO within one day of their request in March 2019 but no further communication has been received. If nothing further is received then the case will be closed on the assumption the enquiry did not progress to investigation.

### 3.7 Service Improvements / customer outcomes

The CFIT team is responsible for checking and updating records on C4 as regards outcomes for the service user as a result of having complained, as well as any systematic service improvement arising. There is therefore a satisfactory level of data capture on these outcomes. Whilst the LAGAN system does contain a field to note service improvement, no such improvements were identified on the LAGAN system report for Care Services at year end. This is an issue the CFIT team will address when assuming responsibility for stage 2 complaints during 2019-20. For the current report however the service improvements and customer outcomes listed below apply only in respect of the social work complaints, excluding care services.

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

Of the 69 complaints that were fully upheld in 2018-19, all of the persons concerned received an apology. In 61 (88.4%) of cases this was followed up with some form of action or intervention of benefit to the client in their individual circumstances or (less frequently) triggered wider improvements in process.

Of 73 complaints that were partially upheld most, but not all, received an apology and some improvement in service for the client was achieved in 49 (67.1% of cases).

Service improvements were additionally implemented in respect of the one formal finding by SPSO where the complaint was upheld and in 16 of the 26 complaints that were informally resolved (61.5%).

In all there were improvements resulting from 24% of all 525 complaints submitted to GCHSCP in 2018-19 and in 77% of all complaints where GCHSCP agreed with the complainer that there has been some error or quality shortfall.

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

- **Allocation:** 29 complaints resulted in staff being allocated to progress work that was previously unallocated.
- **Engagement:** 20 complaints led to improved formal engagement with the service user.
- **Increased Support:** 18 complaints led to an increased support such as an uplift in the agreed care budget, provision of increased respite or additional services.
- **Expediting:** 12 complaints led to processes such as assessments being brought forward.
- **Information:** 12 complaints led to improved information being provided to that particular service user or more generally.
- **Staff:** 12 complaints led to some formal action taken in respect of staff to improve their performance either in supervision or provision of training or more formal action.
- **Financial:** 11 complaints led to some form of financial benefit for the complainer such as client contributions being waived, Free Personal Care payments being agreed or debt written off.
- **Process improvement:** 10 complaints led to changes to or development of existing or new processes
- **Review / re-assess:** 3 complaints resulted in cases being reviewed or reassessed.

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

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<b>S.I Type</b>	<b>Detail of improvement</b>
Allocation	Case allocated for assessment.
Allocation	Case reallocated and referral made for assessment in respect of child's disability.
Allocation	Appointed new worker, who will make immediate contact to discuss best means of supporting kinship care arrangements. Welfare check to be carried out to ensure complainer receives the correct means of financial assistance available to her as a kinship carer.
Allocation	A new social worker has been allocated and has made home visit to introduce herself.
Allocation	Offered an alternative worker to supervise contact in future.
Allocation	Work is on-going with staff around supporting young people to be respectful and not engage in bullying of others. Recently recruited staff and Residential unit will soon have a full team of care staff.
Allocation	Young Person re-allocated to another worker in continuing care team. Service Manager for that team will ensure that new SW will be in touch soon.
Allocation	Service Manager to ensure cases are re-allocated timeously as SW is on sick leave.
Allocation	New staff being recruited to deal with Subject Access Requests and Complaints. Local admin process changed in the interim.
Allocation	Team Leader to arrange a new Social Worker for her daughter within the area complainer now resides.
Allocation	Capacity of CFIT team being increased – recruitment exercise commenced.
Allocation	Arranged for a Social Worker from the local team to visit client at home.
Allocation	CFIT team to recruit additional staff to improve response times.
Allocation	Service user's allocated worker on sick leave. New worker now allocated
Allocation	New worker allocated to case with immediate effect. Issues with worker to be discussed with her on return from absence.
Allocation	The worker was spoken to in relation to how his actions can be perceived and there will be a change of worker once the situation has stabilised.
Allocation	Allocated a new Care Manager who holds her clinics on Tuesday afternoons.
Allocation	Additional staff have been recruited to support the workload of the team
Allocation	Case to be reallocated and TL to investigate eligibility for kinship status
Allocation	Problem resolved. Housing officer phoned social fund direct but family advised worker off long-term sick and new worker will be allocated shortly. Invited to contact SM direct if any issues in meantime
Allocation	Case allocated to SCW who contacted teacher, YP and family. QSW also allocated to carry out VYP assessment. Contact details given to teacher.
Allocation	New member of staff identified to carry this forward.
Allocation	New worker allocated.
Allocation	Request allocated to officer and contact to be made in near future.
Allocation	Reallocation of caseload of worker on sick leave to ensure consistency of service.
Allocation	Advised complainer that allocation of cases takes place after Easter (following month) and that her son was now on the list for allocation.
Allocation	Both cases assigned to new workers
Allocation	Allocated a new worker to link in and identify a care plan that will support the family.
Allocation	A new worker will also be allocated to carry out the assessment.
Engagement	Given information about CP process and direct line to contact SW involved.
Engagement	Worker spoke with SW Finance Team and DWP to resolve the issue of cancelled attendance allowance and updated client.
Engagement	Given direct lines of workers to contact.
Engagement	FFC to write to complainer within next 2 weeks regarding letterbox contact with adopted daughter.
Engagement	Meeting with complainer. Agreed that another worker would be allocated if there were further CP concerns raised by him in future
Engagement	Given direct mobile number of his allocated worker and encouraged to phone or text in future.
Engagement	Had 90 minute talk with manager about ways of rebuilding and maintaining relationships in the unit.
Engagement	Complainer given update and invited to meeting (declined to attend). Advised concerns are being addressed and an advocate appointed to engage on service user's behalf.
Engagement	Provided with the e-mail details for both SW and TL.
Engagement	Duty SW has contacted by telephone today to establish more information about the

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	change in circumstances of the child with a view to reassessment
Engagement	Meeting will be held with all YP in unit to discuss the need to be respectful of others in a group living situation.
Engagement	Meeting will be held with all YP in unit to discuss the need to be respectful of others in a group living situation.
Engagement	Allocated Social Worker is to meet client, further explain decisions and give opportunity to answer any questions the client has.
Engagement	Unit manager will address and respond to the specific concerns with the individual. The issue of the young people [redacted] and how staff should deal with this will be discussed at the next team meeting.
Engagement	Updated relative on position (awaiting doctor's advice) and offer of meeting made.
Engagement	Another appointment was arranged to replace the one that was missed.
Engagement	Meeting arranged and plan agreed to improve communications with all members of the family going forward.
Engagement	All staff dealing with service user given formal written advice on the circumstances in which data should be shared with her son.
Engagement	Meeting with complainer - advised YP who instigated incident has been moved out of unit and measures implemented to settle down the behaviours of other YP.
Engagement	Service Manager phoned client, apologised and took details of her concerns.
Expediting	Arranged for an assessment to be carried out immediately.
Expediting	Appointment fast-tracked.
Expediting	Meeting has been arranged at daughter's request in relation to progressing her father's future placement quickly.
Expediting	Service Manager has now written to other local authority on behalf of service user making transfer request.
Expediting	SAR now logged and progressing at present.
Expediting	Referrals made within one week of complaint for settled accommodation. Delay was in relation to bail conditions put in place by the Courts which required clarification but apology given for not properly explaining this.
Expediting	Apology and minute of meeting now sent.
Expediting	Case not priority but review/reassessment will be brought forward from scheduled date next year and completed prior to next Guardianship review in 3 months' time.
Expediting	The case has been made a priority for allocation in current month. Service user to be advised of the allocated MHO's details as a matter of urgency.
Expediting	Section 5 Referral progressed and backdated to September 2017
Expediting	Client advised SAR currently being processed and will be with him shortly.
Expediting	Request expedited and records provided immediately after further contact from SPSO (x/ref SPSO 201810533) with apology for further delay.
Financial	Within 1 week of complaint confirmed that customer's invoices had been passed to the finance department to be paid.
Financial	Staff have been spoken to regarding the wheelchair and sensors. A refund is being organised for the cost of the respite.
Financial	Complete waiver of outstanding bills agreed with head of finance
Financial	Finance will recalculate service user's contribution on the basis that he contributes to household insurance. There will be a reduced contribution back-dated to the 9th April 2018.
Financial	Family of client reimbursed for privately funded care £1373.50.
Financial	Instructed finance section to authorise a payment for £349 cost of trip, should be in bank week of response.
Financial	Worker assisted in obtaining bed and fridge freezer, since delivered. Also supporting him to submit a claim for the loss of his belongings.
Financial	Remaining £54 of debt waived by finance team.
Financial	Arrangements made to apply a credit to her mother's account from date she left care home
Financial	FPC to be backdated
Financial	Outstanding bills to second provider paid by GCC. Audit conducted of handling of DP accounts and improvements to general process recommended.
Increased support	Offered Respite (declined) and Day Care (accepted)
Increased support	SW has discussed an ongoing contact plan for complainer with grandson on the basis of a voluntary arrangement between himself and child's father without SW supervision.

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Increased support	Arranging move of Service user to different temporary accommodation more suited to their needs.
Increased support	Allocated worker and Housing Association have agreed to maintain close contact. Any further potential offers will be prioritised. Section 5 application reinstated. One further reasonable offer to be made.
Increased support	Meeting arranged with Education colleagues 1 week after complaint, decided Family Support Project is the most appropriate resource given child's experience and emotional needs. Service is now in place. Professionals will monitor progress / maintain contact.
Increased support	Contact plan to be drawn up. Worker to offer an appointment at the earliest opportunity to discuss the contact arrangements over the next six to eight weeks.
Increased Support	Reduce use of agency staff. Make changes to overnight support and location of staff to improve accessibility. The old manager has left so new management in place. Case also to be reviewed.
Increased support	Agreement reached that another local authority will undertake care management on behalf of Glasgow City Council to improve support available locally.
Increased support	TFF transfer requested for a 4apt property in order to alleviate the overcrowding within temporary accommodation. Section 5 Referral will be sent to 2 Housing Associations to attempt to secure an offer of settled accommodation.
Increased support	A homelessness application was accepted and progressed prior to complaint response being issued
Increased support	Case reviewed. A meeting arranged with Service user and her partner day after complaint to discuss resettlement and a plan agreed. GHA have agreed to reinstate the Section 5 referral to the original date. Seeking TFF transfer to ground floor. Occupational Therapist has been in touch with Service user to arrange a reassessment.
Increased support	Manager to personally monitor case to ensure agreed services are delivered in future
Increased Support	Improve communication with Cordia regarding transport cancellations and improved contingency plan for staff sickness.
Increased support	Service User was provided with the temporary accommodation that he was seeking (TFF) within 3 days of his complaint being received and case is to be reviewed in meeting with case officer.
Increased support	Client offered additional services
Increased support	Service user's full name added to label rather than initials to prevent clothing mix-ups. Checklist established for all staff caring for Service user as regards personal care tasks in morning. O.T referral made re Zimmer.
Increased support	Client's details put into letterbox system and formal agreement sent out to him for signature to ensure the issue does not recur.
Increased support	Written agreement issued and process agreed to ensure problems with annual letterbox contact will not recur.
Information	Service User given direct line for WRO so he does not have to go through switchboard
Information	Given information about the structure of kinship care payments and way it works alongside state benefits.
Information	Written or verbal reports to be made available to future Core Groups.
Information	One information error highlighted in files has been corrected and a note has been added regarding a disputed opinion on another matter.
Information	Information errors corrected and feedback to staff.
Information	Team Leader and Service Manager have committed to sending a further letter to complainer setting out future arrangements for her to receive information / updates about the welfare of her child
Information	Urgently working to identify a new placement for Service User. Commissioning Team to send an updated list of vacancies in suitable units to daughter by email
Information	Escalated to Commissioning who have communicated to provider the importance of providing correct information for invoicing purposes.
Information	G.P has been provided with a direct telephone number for the C&F Team and asked is any further problems to contact Service Manager directly.
Information	Finance team to again raise with the provider the need for them to provide accurate and timely information on any changes to service delivery.
Information	Information that lawyers had requested is now supplied as part of response, following full and thorough review of files. Apology given for delay.
Process Improvement	Initial enquiry was not logged in accordance with standard procedure. Procedures have been reviewed to prevent a reoccurrence of this.

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Process Improvement	Contact to be recorded and plans put in place so that when a social worker is off, there is an overview of contact arrangements required and new arrangements will be communicated with parents.
Process Improvement	Checks are now in place to ensure that resettlement plans are completed timeously and referrals for OT assessments are made as soon as service users present at the service. A Senior Worker will check all resettlement plans to ensure that the details contained in the referral for permanent housing are correct.
Process Improvement	Recruitment exercise undertaken and process changed to reduce delays
Process Improvement	CFIT team have now received legal guidance, put in place an amended procedure and will ensure that adoptees who have made SARs since the change to legislation will now have their requests addressed through the correct channel via FFC
Process Improvement	Staff at Care Home to be reminded regarding time-scales for clearing rooms and if packing deceased resident's belongings to use suitcases or holdalls. Not plastic bags.
Process Improvement	Signs displayed advising staff not to smoke in car park. Concierge will monitor.
Process Improvement	Work is on-going with the Scottish Housing Regulator and key partners to improve our performance to achieve a systemic transition to rapid rehousing for those affected by homelessness. (i.e housing first approach) To this end, joint work is being progressed by Homelessness Services and our partners to address the recommendations produced by the HARSAG Group and adopted by the Scottish Government.
Process Improvement	Head of Service is undertaking a review of the placement team's matching processes to ensure that local teams and LAAC team are aware of the next steps when a placement is required.
Process Improvement	Council is in the process of reviewing its policies and practice, as per the Glasgow Rapid Rehousing Transition Plan 2019/20-2023/24
Review/Reassess	Team Leader has offered to phone Service User tomorrow, arrange a visit with allocated worker to progress the review of package.
Review/Reassess	Signage will be reviewed in the next 8 weeks.
Review/Reassess	Meeting with principal officer – agreed to check the redactions and re-run the SAR process.
Staff	issues raised to be formally addressed in supervision with worker
Staff	SW spoken to by her manager with regards to improving communication with service users.
Staff	Allocated workers instructed to ensure that the process of how to secure permanent accommodation is fully discussed with all homeless service users and that once an offer of permanent accommodation has been made the service users other referrals for accommodation must be suspended timeously.
Staff	Issues raised with individual worker at supervision in an attempt to improve practice.
Staff	Worker was advised that her conduct was not acceptable in this instance and will be progressed through Supervision
Staff	The foster carer has been formally spoken to regarding the issues raised and this should not happen again.
Staff	Service Manager has identified the need for the work of junior staff to be monitored more closely by seniors on a day to day basis. This has been passed to Team Leaders to action along with Senior Addiction Workers / Nurses.
Staff	Admin staff reminded of the importance of franking mail correctly.
Staff	All clerical staff reminded that customer reception must be staffed at all times. Member of staff to attend a refresher course for Entitlement Cards and complete customer care course.
Staff	Actions of worker to be formally raise with her in supervision
Staff	Complaint passed to HR for investigation meanwhile the 3 staff will not support service users in the community until outcome of investigation.
Staff	All care home staff spoken to and reminded of the procedures to be followed in regards to handing over a resident's personal belongings to family after their death.

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Appendix 2: GCHSCP NHS Complaints report 2018-19

**Health Service Complaints Annual Report  
1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019**

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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 2018 – 31<sup>st</sup> March 2019 related to Health Services managed by Glasgow City Health and Social Care Partnership.
- 1.2 1595 complaints were received about these services in 2018-19, together with 874 comments, concerns and other feedback. This was a slight decrease in complaints by (7%) from the previous year. The vast majority of complaints (80%) were about prison-based health services at Barlinnie, Greenock and Low Moss.
- 1.3 Overall, 1390 of 1582 completed complaints (88%) 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, 68% of completed complaints were responded to within the 20 working days timeline.
- 1.4 94% of complaints were about three issues: standard of clinical treatment (84%), waiting times for appointments (5%) and attitude and behaviour of staff (5%).
- 1.5 Most complaints related to services offered by G.Ps and Dentists, reflecting their role in prison-based healthcare and the very large number of complaints in that sector.
- 1.6 Overall (70%) of complaints were not upheld and (27%) were partially or fully upheld. A further (3%) were withdrawn or otherwise not progressed. There were 1282 complaints relating to prison services of which (78%) of complaints were not upheld and (21%) were partially or fully upheld
- 1.7 Complaints relating to health services at Barlinnie prison were far more likely to be 'not upheld' (96%) than was the case at Greenock (86%) and Low Moss (51%). Complaints in South sector were also upheld significantly less frequently than those in North East and North West.
- 1.8 14 decision letters relating to these health services were issued by Scottish Public Services Ombudsman for the period 2018-19. 7 cases (50%) were upheld or partially upheld. Details of all decisions are given in section 4 of this report.
- 1.9 Service improvements and action plans have been identified in the majority of upheld or partially upheld complaints. These are detailed for complaints arising for the period 2018-19 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 managed by Glasgow City Health and Social Care Partnership. The information collated within this report is intended to be shared with local management teams and clinical governance structures to aid in achieving service improvement. Statistical information as presented will also be incorporated into the quarterly report on Complaints made to the Health Board. This report addresses the requirement of both the Health Board and Integrated Joint Board for more detailed information on complaints processing and outcome, particularly in relation to the lessons learned from complaints and Ombudsman Reports.
- 2.2 The Patient Rights (Scotland) Act 2011 introduced an extension of the legal right of patients to complain, give feedback or comments, or raise concerns about the care they have received from the NHS. It placed a responsibility on the NHS to encourage, monitor, take action and share learning from the views received and the concerns expressed about the care they have received from the NHS. Further rights and duties were set out in Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012 and the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012. The process operates within the context of current Scottish Government Guidance "Can I Help You?" This report covers not only complaints but also feedback, comments and concerns.
- 2.3 A new model complaints handling procedure (CHP) was introduced by the Scottish Public Services Ombudsman and implemented by all Health Boards in Scotland with effect from 1<sup>st</sup> April 2017. This changed a two-stage process to three-stage process: (1) Frontline resolution within 5 working days (extended by exception to 10 working days) (2) Formal investigation and response within 20 working days and (3) Referral to the Scottish Public Services Ombudsman.
- 2.4 The report covers: (1) statistical information on volumes, timescales, issues complained of and outcomes (2) volume of cases referred to the Scottish Public Services Ombudsman and details of decisions in the final quarter (3) details of service improvements.
- 2.5 The data presented within this report is split geographically between Glasgow City Community Health Partnership and three geographic sectors (North East, North West and South) and sub-divided into the following headings: Health & Community Care, Mental Health Services, Specialist Children's Services, Children & Family Services, Sexual Health/Sandyford, Addiction Services. Data is provided separately for Acute Sites and Prison services.
- 2.6 All data on complaints is collated nationally by ISD and published annually. From 2015/16 ISD and Scottish Government have indicated that they will seek further information on action taken in response to complaints. The information will initially be limited to collecting information on action taken using 11 pre-set codes as follows: (1) Access (2) Action Plan (3) Communication (4) Conduct (5) Education (6) No Action Required (7) Policy (8) Risk (9) System (10) Share (11) Waiting. Information on actions / service improvement is presented in section 5 of this report.

## Section 3: Statistical Information and commentary

### 3.1 Volume of Complaints Received

During the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 a total of **1595** complaints were received as compared with 1721 in the previous year (a 7% decrease). A breakdown of complaints received during 2018/19 is set out in Table 1.

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

	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total
<b>Glasgow City CHP – Corporate (exc Prisons)</b>	1	0	0	0	<b>1</b>
<b>HMP Barlinnie</b>	178	205	212	168	<b>763</b>
<b>HMP Greenock</b>	2	3	10	5	<b>20</b>
<b>HMP Low Moss</b>	149	175	117	58	<b>499</b>
<b>Glasgow City CHP - North East Sector</b>	36	20	34	47	<b>137</b>
<b>Glasgow City CHP - North West Sector</b>	27	37	42	50	<b>156</b>
<b>Glasgow City CHP - South Sector</b>	3	0	5	11	<b>19</b>
<b>Total</b>	<b>396</b>	<b>440</b>	<b>420</b>	<b>339</b>	<b>1595</b>

Clearly the highest volume of complaints overall are received within prison services which account for 1282 of 1595 complaints (80%). This is consistent with previous years.

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 2018/19, there were **874** forms of feedback (including comments and concerns), the majority of which again came from Prison Health Care Services and from Sandyford clinic (North West Sector).

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

	Comment	Concern	Feedback	Appreciation	Total
<b>Glasgow City CHP – Corporate ( excl Prisons)</b>	-	-	-	-	-
<b>HMP Barlinnie</b>	-	-	510	-	510
<b>HMP Greenock</b>	-	-	10	-	10
<b>HMP Low Moss</b>	-	-	284	-	284
<b>Glasgow City CHP - North East Sector</b>	-	-	2	-	2
<b>Glasgow City CHP - North West Sector</b>	-	-	64	-	64
<b>Glasgow City CHP - South Sector</b>	-	-	4	-	4
<b>Totals:</b>	-	-	<b>874</b>	-	<b>874</b>

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.

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

	18/19 Q1 Apr - Jun	18/19 Q2 Jul - Sep	18/19 Q3 Oct - Dec	18/19 Q4 Jan - Mar	Overall Total by Service
<b>Glasgow City CHP – Corporate</b>					
HMP Barlinnie**	178	205	212	168	763
HMP Greenock**	2	3	10	5	20
HMP Low Moss**	149	175	117	58	499
Homelessness Services*	1	-	-	-	1
<b>Glasgow City CHP - North East Sector</b>					
Children & Family Services	2	1	2	2	7
Health & Community Care	1	-	3	3	7
Mental Health Services***	19	9	16	17	61
Specialist Children's Services****	14	10	13	25	62
<b>Glasgow City CHP - North West Sector</b>					
Children & Family Services	-	1	1	-	2
Health & Community Care	4	4	12	17	37
Mental Health Services***	4	13	5	9	31
Sexual Health/Sandyford	19	19	24	24	86
<b>Glasgow City CHP - South Sector</b>					
Children & Family Services	-	-	-	1	1
Health & Community Care	1	-	1	2	4
Mental Health Services***	2	-	4	8	14
<b>Totals:</b>	<b>396</b>	<b>440</b>	<b>420</b>	<b>339</b>	<b>1595</b>

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

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

### 3.2 Timescales for response

The tables below describe the timescales in responding to complaints. As of 1<sup>st</sup> April 2018 (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 **1582** 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).**

	Within 20 working days	Over 20 working days	Total	% within 20 working days
<b>Glasgow City HSCP – Corporate (excl Prisons)</b>	-	1	1	0%
<b>HMP Barlinnie</b>	114	46	160	71%
<b>HMP Greenock</b>	6	3	9	67%
<b>HMP Low Moss</b>	130	66	196	66%
<b>Glasgow City HSCP - North East</b>	17	9	26	65%
<b>Glasgow City HSCP - North West</b>	38	21	59	64%
<b>Glasgow City HSCP - South</b>	12	1	13	92%
<b>Overall Total</b>	<b>317</b>	<b>147</b>	<b>464</b>	<b>68%</b>

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Overall %	68%	32%	-	-
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**Table 4b – Response Times of Stage 1- early resolution extension (within 10 working days).**

	Within 10 working days	Over 10 working days	Total	% within 10 working days
Glasgow City HSCP – Corporate (excl Prisons)	-	-	-	-
HMP Barlinnie	1	7	8	12%
HMP Greenock	-	2	2	0%
HMP Low Moss	-	-	-	-
Glasgow City HSCP - North East	23	3	26	88%
Glasgow City HSCP - North West	15	4	19	79%
Glasgow City HSCP - South	1	-	1	100%
<b>Overall Total</b>	<b>40</b>	<b>16</b>	<b>56</b>	<b>71%</b>
Overall %	71%	29%	-	-

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

	Within 5 working days	Over 5 working days	Total	% within 5 working days
Glasgow City HSCP – Corporate (excl Prisons)	-	-	-	-
HMP Barlinnie	585	1	586	100%
HMP Greenock	8	3	11	73%
HMP Low Moss	304	8	312	97%
Glasgow City HSCP - North East	66	8	74	89%
Glasgow City HSCP - North West	67	8	75	89%
Glasgow City HSCP - South	3	1	4	75%
<b>Total</b>	<b>1033</b>	<b>29</b>	<b>1062</b>	<b>97%</b>
%	97%	3%	-	-

Considering all complaints overall, regardless of stage, 1390 of 1582 completed complaints (88%) were responded to within relevant timescales.

### 3.3 Complaints by issue

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

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

Category	Code	Issue	Sector					Total
			Corporate (excl Prisons)	Prisons	North East	North West	South	
J – Staff Group	1	Consultants / Doctors	-	6	40	54	12	112
	2	Nurses	1	508	79	38	5	631
	3	Allied Health Professionals	-	-	12	10	1	23
	6	Ancillary Staff / Estates	-	1	-	-	-	1
	7	NHS board/ hospital admin	-	1	11	59	1	72
	8	GP	-	415	-	-	-	415
	9	Pharmacists	-	287	-	-	-	287
	10	Dental	-	64	-	-	-	64

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	11	Opticians	-	2	-	-	-	2
<b>Total</b>			<b>1</b>	<b>1284</b>	<b>142</b>	<b>161</b>	<b>19</b>	<b>1607</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	-	4	38	32	4	78
	2	Complaint Handling	-	-	-	1	-	1
	3	Shortage/Availability	-	-	1	1	-	2
	4	Communication (written)	-	-	2	10	1	13
	5	Communication (oral)	-	-	4	22	-	26
	7	Competence	-	-	1	14	-	15
	<b>B – Waiting times for</b>	11	Date of admission/attendance	-	-	-	6	-
12		Date for appointment	-	26	18	27	2	73
13		Test Results	-	-	-	6	-	6
<b>C – Delays in/at</b>	21	Admissions/transfers/discharge	-	1	-	2	-	3
	22	Out-patient and other clinics	-	-	-	2	-	2
<b>D – Environmental /domestic</b>	29	Premises	-	-	1	-	-	1
	30	Aids/appliances/equipment	-	-	-	2	-	2
	33	Cleanliness/laundry	-	-	1	-	-	1
	34	Patient privacy/dignity	-	-	3	-	-	3
	37	Personal records	-	-	1	-	-	1
<b>E – Procedural issues</b>	41	Failure to follow agreed procedure	1	2	14	6	-	23
	42	Policy and commercial decisions of NHS Board	-	-	-	2	-	2
<b>F – Treatment</b>	51	Clinical Treatment	-	1251	58	28	12	1349
<b>Total</b>			<b>1</b>	<b>1284</b>	<b>142</b>	<b>161</b>	<b>19</b>	<b>1607</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**

Service Area	Corporate (excl Prisons)	Prisons	North East	North West	South	Total
Administration	-	-	5	1	1	7
Adult Social Care Services	-	-	-	-	2	2
Community Health Services - not elsewhere specified	1	-	84	129	5	219
Community Hospital Services	-	-	8	7	3	18
Continuing Care	-	-	-	1	-	1
Prison Services	-	1284	-	-	-	1284
Psychiatric / Learning Disabilities Service	-	-	45	22	8	75
Rehabilitation	-	-	-	1	-	1
<b>Total</b>	<b>1</b>	<b>1284</b>	<b>142</b>	<b>161</b>	<b>19</b>	<b>1607</b>

### 3.4 Complaints outcomes.

A breakdown of outcomes for those complaints completing the process is given at table 8 below. The number of formal complaints which were completed within 2018/19 was **1582**, this includes complaints received in last quarter of the previous year, but not responded to until Quarter 1 of 2018/19. Overall 70% of complaints were not upheld and 27% were partially or fully upheld. A further 3% were withdrawn or otherwise not progressed.

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

	Consent Not Received	Fully Upheld	Partially Upheld	Not Upheld	Withdrawn	Irresolvable – Complainants Expectations Too High	Transferred to another unit	Unreasonable complaint	Total
Glasgow City Corporate (excl Prisons)	-	-	-	1	-	-	-	-	1
HMP Barlinnie	-	9	18	721	4	1	-	1	754
HMP Greenock	-	1	2	19	-	-	-	-	22
HMP Low Moss	-	173	72	259	4	-	-	-	508
North East Sector	9	19	30	64	3	-	1	-	126
North West Sector	11	50	45	44	3	-	-	-	153
South Sector	4	2	3	6	3	-	-	-	18
<b>Total</b>	<b>24</b>	<b>254</b>	<b>170</b>	<b>1114</b>	<b>17</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1582</b>
<i>% of total</i>	<i>2%</i>	<i>16%</i>	<i>11%</i>	<i>70%</i>	<i>1%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>-</i>

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

**Table 9 – Outcome of completed complaints by sector and location**

	Consent Not Received	Fully Upheld	Partially Upheld	Not Upheld	Withdrawn	Irresolvable – Complainants expectations too high	Transferred to another unit	Unreasonable complaint	Total
<b>Glasgow City CHP - Corporate</b>									
HMP Barlinnie	-	9	18	721	4	1	-	1	754
HMP Greenock	-	1	2	19	-	-	-	-	22
HMP Low Moss	-	173	72	259	4	-	-	-	508
Homelessness Services	-	-	-	1	-	-	-	-	1
<b>Glasgow City CHP - North East</b>									
Children and Family Services	-	3	-	4	-	-	-	-	7
Health & Community Care	-	-	2	6	-	-	-	-	8
Mental Health Services	5	3	12	35	2	-	-	-	57
Specialist Children's Services	4	13	16	19	1	-	1	-	54
<b>Glasgow City CHP - North West</b>									
Children and Family Services	-	-	2	-	-	-	-	-	2
Health & Community Care	5	6	10	12	2	-	-	-	35
Mental Health Services	6	1	8	15	1	-	-	-	31
Sexual Health/Sandyford	-	43	25	17	-	-	-	-	85
<b>Glasgow City CHP - South Sector</b>									
Children & Family Services	-	1	-	-	-	-	-	-	1
Health & Community Care	-	1	-	2	1	-	-	-	4
Mental Health Services	4	-	3	4	2	-	-	-	13
<b>Totals:</b>	<b>24</b>	<b>254</b>	<b>170</b>	<b>1114</b>	<b>17</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1582</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.



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Formal reports cover those matters of public interest which the Ombudsman considers should receive wide awareness beyond the affected authority.

4.2 During the 2018/19, there were **14** Ombudsman decision letters received involving the HSCP or local GP/Dental Services. Table 10 below shows the outcomes of those decisions.

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

Service	Upheld/ Partially Upheld	Not Upheld	Not Progressed/Taken Forward
GP Services	5	6	8
Dental Services	-	-	-
Mental Health Services	1	1	3
Older People & Primary Care Services	-	-	1
Prison Healthcare	1	-	5
<b>Total</b>	<b>7</b>	<b>7</b>	<b>17</b>

4.3 Certain reports or decision letters have an impact on the services provided within Glasgow City. Where decisions are made against a General Practitioner it is for the Practice to respond, but through the Sector CDs support may be provided in helping GPs to respond or change systems. The Ombudsman also looks to Boards to ensure recommendations made in relation to GP Practices are implemented.

4.4 Decisions issued for 14 cases in the period 1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019 are outlined below indicating the outcome and any recommendations made.

**(a) Complaint against Family Health Services (GCHSCP (South)) xxxxx0042  
Decision dated 11<sup>th</sup> May 2018 – Complaint Fully Upheld (2 recommendations).**

This complaint is about 1 issue:

**Issue 1:** The surgery unreasonably failed to carry out appropriate checks for allergies before prescribing penicillin to the patient.

**Decision:** The Ombudsman had carefully considered the complaint correspondence and the independent clinical advice received. The advice given by the Advisor is that the surgery’s policy of checking the records and asking the patient about allergies is reasonable. However, the doctor ought to have picked up on the patient’s allergy when checking the records and did not. The Ombudsman has concluded that the surgery unreasonably failed to carry out appropriate checks before prescribing penicillin, and therefore upholds this complaint.

**Recommendations**

What we found	What the organisation should do:	Evidence SPSO needs to see and the deadline:
The GP failed to take sufficient steps to establish the patient’s allergy to penicillin, and prescribed an antibiotic which contained penicillin.	Apologise for failing to take sufficient steps to establish the allergy to penicillin, and prescribing the antibiotic that contained penicillin.	A copy or evidence of the apology. By: 25 <sup>th</sup> May 2018

What we found	Outcome Needed:	Evidence SPSO needs to see and the deadline:

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As Above	All GP's should be reminded of the importance of carefully checking records before house calls (or if that is not possible, checking for allergies by phoning the surgery), in addition to asking patients about allergies, before prescribing.	Evidence that this decision has been brought to the attention of the GP's. By: 11 <sup>th</sup> June 2018
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**(b) Complaint against Mental Health Services (GCHSCP (NW)) xxxxx0424  
Decision dated 29<sup>th</sup> Jun 2018 – Complaint Partially Upheld (5 recommendations).**

This complaint is about 2 issues:

**Issue 1:** The Board unreasonably failed to protect the patient from potentially harmful behaviours of another patient. **Issue 2:** The Board failed to adequately investigate the incident.

**Decision Issue 1:** The Adviser noted that the action taken to protect the patient was reasonable. The Ombudsman has accepted the advice based on the information available to staff at the time of the incident, the care approach was reasonable. Also, the evidence available demonstrated that the staff were complying with the policy as it related to the needs of the patient and that reasonable observations were being undertaken on the ward. This complaint was Not Upheld. However, the Adviser advised that if not already available, it would be helpful for written information to be made available to families and carers about the care provided in the ward.

**Decision Issue 2:** The advice received by the Adviser and accepted is that the Significant Clinical Incident (SCI) team had clear terms of reference and that there was a clear voice for the family in the SCI process, which was good practice. However, for completeness the group of staff interviewed should have been broader. Given the significance of the incident being investigated, the Ombudsman is critical this did not happen and, in particular, that the night shift staff were not interviewed. The Ombudsman also noted concerns that the Board had indicated that they had been unable to identify the bank nurse indicated to have witnessed the incident. The Adviser explained that he was unable to make an informed judgement on this matter, based on the available evidence. The Board, when responding, had explained that having spoken to the charge nurse they had been unable to conclude that a nurse had been told about the alleged incident and then did not report it. Again, given the significance of the incident and the complainants concerns, the Ombudsman considers that more could have been done by the Board to establish if a bank nurse was on shift at the time and if so to have contacted them. While the Ombudsman is satisfied that the SCI terms of reference were adequate and appropriate and the investigation was carried out in line with these, given the omission in relation to the SCI process, on balance, the Ombudsman Upholds this complaint.

**Recommendations:**

What we found	Outcome needed:	Evidence SPSO needs to see and the deadline:
The incident was not recorded in the patient's clinical records.	Incidents involving two patients should be recorded consistently in both patients clinical records.	Evidence that this has been fed back to the relevant staff in a supportive way that encourages learning. By: 24 <sup>th</sup> Aug 2018
It was unclear whether information about the care within the ward was available for families and carers.	Families and carers should be provided with information about the care within the ward when patients are admitted there.	Evidence of current information available for families and carers and, if this is not currently available, evidence that an information leaflet has been drafted.

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<b>What we found</b>	<b>Outcome needed:</b>	<b>Evidence SPSO needs to see and the deadline:</b>
		By: 24 <sup>th</sup> Aug 2018.
The SCI team failed to interview all staff who were on duty at the time of the incident	Staff directly involved in care delivery should be interviewed as part of a SCI review.	Evidence that the SCI review guidelines are reviewed to ensure that they are specific in guiding reviewers to interview staff who are directly involved in care delivery. by: 21 <sup>st</sup> Sept 2018
As part of the SCI review more could have been done to establish whether a bank nurse had been on duty and, if so, to have contacted them for information.	SCI reviews should ensure adequate steps are taken to identify the relevant staff on duty at the time of the incident being investigated.	Evidence that this has been fed back to the staff involved in the SCI review of this case in a supportive way that encourages learning. By: 24 <sup>th</sup> Aug 2018.
The SCI review report identified, as a learning point, the absence of information that should have been reported and recorded in the notes by a temporary/bank nurse.	The Board indicated that an action plan should be drafted to address this issue.	A copy of the action plan. By: 24 <sup>th</sup> Aug 2018.

**(c) Complaint against Family Health Services (GCHSCP (NW)) xxxxx4511**

**Decision dated 29<sup>th</sup> Jun 2018 – Complaint Not Upheld.**

This complaint is about 1 issue:

**Issue 1:** The Practice unreasonably delayed in referring the patient for appropriate specialist investigation of her reports of breathlessness.

**Decision Issue 1:** The Ombudsman has accepted the advice given by the Adviser and, overall, concludes that there was not an unreasonable delay in referring the patient for specialist investigation of her reports of breathlessness. Therefore, on balance, the Ombudsman does Not Uphold this complaint.

**(d) Complaint against Mental Health Services (GCHSCP (NW)) xxxxx7564**

**Decision dated 14<sup>th</sup> Sept 2018 – Complaint Not Upheld.**

This complaint is about 1 issue:

**Issue 1:** Glasgow HSCP had not reasonably applied the HBCCC Guidance while decisions were being made about the patients clinical care needs.

**Decision:** SPSO carefully considered the advice received by the adviser and is satisfied that Glasgow HSCP reached a reasonable view about the patients clinical care needs and followed the correct process in reaching that decision. For this reason, the complaint was not upheld.

**(e) Complaint against Family Health Services (GCHSCP (NW)) xxxxx9275**

**Decision dated 30<sup>th</sup> Aug 2018 – Complaint Partially Upheld with recommendations.**

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This complaint is about 2 issues:

**Issue 1:** The Practice failed to provide reasonable care and treatment to the late patient in relation to her back and hip pain.

**Issue 2:** The Practice failed to respond to the complainant in a reasonable manner

**Decision on Issue 1:** The Ombudsman had accepted advice received by the advisor, which is, that the Practice provided reasonable care and treatment to the late patient for her back and hip pain. For this reason, this element of the complaint was not upheld.

**Decision on Issue 2:** The Ombudsman noted the Practice had not acknowledged the complaint within 3 working days or responded to it within 20 working days and had not explained why this was or what they intended to do to prevent this occurring again in the future. The Ombudsman also noted that the Practice's complaint response was inaccurate in that it referred to an incorrect date, and that it failed to inform the complainant of the right to go to the SPSO if dissatisfied.

Additionally, having reviewed the practices complaints leaflet the Ombudsman feels this does not accurately reflect the model Complaints Handling Procedure, and having looked at the Practice's website was unable to identify any information about the complaints procedure. Given the above, the Ombudsman upheld this complaint.

### Recommendations:

What we found	What the organization should do	What we need to see
The Practice failed to respond to the complaint in a reasonable manner	<p>Apologise for failing to respond to the complaint in a reasonable manner.</p> <p>The apology should meet the standards set out in the SPSO guidelines on apology available at <a href="http://www.spsso.org.uk/leafletsand-guidance">www.spsso.org.uk/leafletsand-guidance</a>.</p>	<p>Copy or record of apology</p> <p>By: 27 September 2018</p>
<p>With regards to complaints handling, the Practice failed to:</p> <ul style="list-style-type: none"> <li>• acknowledge the complaint within 3 working days</li> <li>• give details of advice and support available</li> <li>• respond to the complaint accurately</li> <li>• respond to the complaint within 20 working days</li> <li>• keep the complainant updated with regards to delays</li> <li>• inform the complainant of their right to approach SPSO</li> </ul>	<p>Complaints should be handled in line with the model complaints handling procedure.</p> <p>The model complaints handling procedure and guidance can be found here: <a href="http://www.valuingcomplaints.org.uk/handling-complaints/complaintsprocedures/nhs">www.valuingcomplaints.org.uk/handling-complaints/complaintsprocedures/nhs</a></p>	<p>Evidence of a review of the Complaints Handling Leaflet and copy of an updated version which is in line with the model complaints handling procedure.</p> <p>Evidence that the Practice's website has been updated with information about the complaints handling procedure.</p> <p>Evidence that the outcome of this investigation has been fed back to staff in a supportive manner which encourages learning, and that all staff are aware of and understand the complaints handling procedure.</p> <p>By: 22 November 2018</p>

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**(f) Complaint against Family Health Services (GCHSCP (NE)) xxxxx0398**

**Decision dated 8<sup>th</sup> Aug 2018 – Complaint Not Upheld.**

This complaint is about 1 issue:

**Issue 1:** This complaint is that the GP's at the practice failed to provide the patient with appropriate clinical treatment for her repeated reported symptoms of severe pain.

**Decision:** The evidence showed that the GP's involved carried out a thorough examination of the patient, taking into account her medical history. The Ombudsman is satisfied that the GP's involved provided the patient with a reasonable standard of treatment. This complaint was not upheld.

**(g) Complaint against Family Health Services (GCHSCP (NW)) xxxxx1464**

**Decision dated 12<sup>th</sup> Sept 2018 – Complaint Fully Upheld with (1 recommendation).**

This complaint is about 1 issue:

**Issue 1:** The practice provided unreasonable treatment to the patient at the house call appointment.

**Decision on Issue 1:** The Ombudsman noted that the patient was prescribed Amoxicillin during the house visit, She was not advised to have her INR (a blood test which allows monitoring of Warfarin levels) checked within 7 days of commencing the drug. While the prescription itself was reasonable, NICE guidance states that the INR should be measured 4-7 days after an antibiotic has been started, and the GP did not advise the patient of this. For this reason this complaint has been upheld.

**Recommendations:**

<b>What we found</b>	<b>What the organization should do</b>	<b>What we need to see</b>
The patient should have been advised to have her INR levels checked after commencing an antibiotic	This complaint should be discussed at the GP's annual appraisal.	A copy of the GP appraisal showing this complaint has been discussed.  By: 12 September 2019

**(h) Complaint against Family Health Services (GCHSCP (S)) xxxxx9246**

**Decision dated 2<sup>nd</sup> Oct 2018 – Complaint Fully Upheld (2 recommendations).**

This complaint is about 1 Issue:

**Issue 1:** The Practice's referral to CMHT without the patient's consent was unreasonable.

**Decision:** The Ombudsman received detailed advice from a medical adviser about the issues of concern. The Medical Adviser said that the referral was not reasonable in the circumstances and the Ombudsman accepts this advice. The Ombudsman has upheld the complaint with 2 recommendations:

**Recommendations:**

<b>What we found</b>	<b>What the organisation should do</b>	<b>What we need to see</b>
The Practice failed to follow the relevant guidance when they referred the patient to CMHT.	Apologise to the patient for referring her to CMHT without her knowledge and consent. The apology should meet the standards set out in the SPSO guidelines on apology available at: <a href="http://www.spsso.org.uk/leafletsand-guidance">www.spsso.org.uk/leafletsand-guidance</a> .	A copy or record of the apology.  By: 2 November 2018
The Practice failed to follow the relevant	The Practice should follow the relevant guidance when they refer patients.	Evidence that the relevant GP has identified this as a

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guidance when they referred the patient to CMHT.		learning need and discussed the complaint at their next appraisal. By: 2 November 2018
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**(i) Complaint against Family Health Services (GCHSCP (S)) xxxxx3352**

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

This complaint is about 1 issue:

**Issue 1:** The GP Practice failed to provide the patient with appropriate treatment for his symptoms of stomach problems.

**Decision:** The advice the Ombudsman received and accepted, is that the practice carried out appropriate investigations into the patients reported stomach problems and made appropriate referrals for a specialist opinion from Gastroenterology when appropriate. The Ombudsman is satisfied that the patient received an appropriate level of treatment by the GP Practice. This complaint has not been upheld.

**(j) Complaint against Family Health Services (GCHSCP (S)) xxxxx0134**

**Decision dated 2nd Nov 2018 – Complaint Fully Upheld (3 recommendations).**

This complaint is about 1 issue:

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

**Decision:** The Ombudsman has carefully considered the advice received, and accepts it. The adviser had pointed out that if the patients' recurrence of cancer had been detected earlier, it was unlikely to have changed the outcome. However, if the patient had been referred earlier for other investigations, the impact on the patients' mental and physical wellbeing could have been improved. While the initial investigations and treatment were reasonable, at some point a GP should have considered the patients' history of breast cancer and a background of unresolving back pain to be suspicious. This complaint is upheld.

**Recommendations:**

<b>What we found</b>	<b>What the organisation should do</b>	<b>What we need to see</b>
The practice failed to provide a reasonable standard of care and treatment.	Apologise for the failure to provide a reasonable standard of care and treatment.	A copy or record of the apology By: 3 Dec 2018
<b>What we found</b>	<b>Outcome needed</b>	<b>What we need to see</b>
The practice failed to identify the back pain as a red flag (due to the history of cancer)	The practice should familiarize themselves with red flag signs. They should ensure trainees are aware of this also.	Copy of meeting minutes or confirmation of further training. By: 28 Jan 2019
The practice failed to provide a reasonable standard of care and treatment. The practice failed to identify the back pain as a red flag (due to the history of cancer)	Ensure that the findings of this investigation are shared with the doctors involved in the patients care and discussed at their next appraisal for shared learning and improvement in clinical practice.	Copy of meeting minutes or confirmation of action taken. By: 28 Jan 2019

**(k) Complaint against Family Health Services (GCHSCP (S)) xxxxx2880**

**Decision dated 19<sup>th</sup> Nov 2018 – Complaint Fully Upheld (5 recommendations).**

This complaint is about 2 issues:

**Issue 1:** Between April 2017 and May 2017, the GP Practice failed to provide the complainant with reasonable medical care and treatment

**Issue 2:** The GP Practice failed to handle the complaint reasonably.

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**Decision on Issue 1:** The advice received and which the Ombudsman accepts is that the GP unreasonably failed to examine the complainants' sore throat at the consultation, despite being recorded by the Practice Nurse as part of the reason why the consultation was arranged. This complaint has been upheld.

**Decision on Issue 2:** The Ombudsman noted that the GP Practice acknowledged that the complaints leaflet was not provided to the patient as quickly as it could have been and that the patient was asked for a stamped addressed envelope. The Ombudsman also noted that the Practice had indicated when the complainant would receive a response. It would have been good practice for the GP Practice to have updated the complainant when they realised they would not be able to respond by this date. While the Ombudsman considers the GP Practice responded appropriately to the complaint, on balance there was an unreasonable delay in providing the response. This complaint has been upheld.

### Recommendations:

What we found	What the organisation should do	What we need to see
-The practice failed to examine and document the complainants' sore throat. -There was an unreasonable delay in responding to the patients' complaint. -The CHP was not provided to the complainant.	Apologise to the patient for failing to examine his sore throat, the delay in responding to his complaint and failing to provide the complaint handling procedure promptly. The apology should meet the standards set out in the SPSO guidelines on apology available at: <a href="http://www.spsso.org.uk/leafletsand-guidance">www.spsso.org.uk/leafletsand-guidance</a> .	A copy or record of the apology.  By: 18 Dec 2018
What we found	Outcome needed	What we need to see
There was an unreasonable delay in responding to the patients' complaint.	Complaints should be handled in line with the model complaints handling procedure. The model complaints handling procedure and guidance can be found here: <a href="http://www.valuingcomplaintsorg.uk/handling-complaints/complaints-procedures/nhs">www.valuingcomplaintsorg.uk/handling-complaints/complaints-procedures/nhs</a>	Evidence that the findings on this complaint have been fed back to relevant staff in a supportive way that encourages learning ( e.g. a record of a meeting with staff; or feedback given at one-to-one sessions).  By: 15 Jan 2019
What we found	What the organization say they have done	What we need to see
The practice failed to examine and document the complainants' sore throat.	The GP Practice said that they will: -Review their standard of record keeping. -Remind all staff concerned to ensure accurate notes are made and all parts of consultations are recorded.	Evidence that the GP Practice have reviewed their standard of record keeping. Evidence that the findings on this complaint have been fed back to relevant staff in a supportive way.  By: 15 Jan 2019
The complaints handling procedure was not provided to the patient promptly.	The GP Practice said that they have spoken to all reception staff involved and updated the training protocol that reception staff receive to ensure that the complaints leaflet is provided as soon as possible after it is requested.	Evidence that the GP Practices training protocol has been updated. Evidence that the findings on this complaint have been fed back to relevant staff in a supportive way that encourages learning.  By: 15 Jan 2019



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**(l) Complaint against Family Health Services (GCHSCP (South) xxxxx0868**

**Decision dated 24<sup>th</sup> Jan 2019 – Complaint Not Upheld.**

This complaint is about 2 issues:

**Issue 1:** The practice failed to provide the patient with a reasonable standard of medical care and treatment.

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

**Decision on Issue 1:** The Ombudsman had taken all the information into account and is satisfied that the standard of medical care and treatment provided to the patient was, on the whole, reasonable. This complaint was not upheld.

**Decision on Issue 2:** The Medical Adviser advised that the Practice's response to the clinical issues raised was reasonable in light of the patient's clinical records. The Ombudsman has accepted this advice. This complaint was not upheld.

**(m) Complaint against Prison Services (GCHSCP (Corporate) xxxxx2950**

**Decision dated 11<sup>th</sup> March 2019 – Complaint Fully Upheld (3 recommendations).**

**This complaint is about 1 issue:**

**Issue 1:** The HSCP's handling of the patient's request for a single cell has been unreasonable

**Decision on Issue 1:** The Ombudsman considered whether the health centre's handling of this request for a single cell had been reasonable or not, the Ombudsman noted it was clear the overall responsibility of allocating cells to prisoners is a matter for the SPS. However, given the comments put forward by the SPS and the information they shared in support of their position – the memorandum of understanding and the information sharing protocol – that when a prisoner asks to be allocated a single cell on medical grounds, such a request should be appropriately considered by the prison healthcare team. Ultimately, the decision on whether to allocate a single cell to an individual prisoner is a matter for the SPS. However, it is for healthcare staff to assess whether a single cell is required on health grounds and to determine whether those grounds actually exist or not. Therefore, having considered all of the information available, the Ombudsman has concluded that the health centre's handling of the patient's request that he be considered for a single cell because of his medical conditions has been unreasonable. This complaint has been upheld with recommendations.

**Recommendations:**

<b>What we found</b>	<b>Outcome needed:</b>	<b>Evidence SPSO needs to see and the deadline:</b>
The HSCP's handling of the patient's request for a single cell has been unreasonable.	Apologise to the patient for failing to handle his request for a single cell reasonably. The apology should meet the standards set out in the SPSO guidelines on apology available at <a href="http://www.spsso.org.uk/leafletsand-guidance">www.spsso.org.uk/leafletsand-guidance</a> .	A copy or record of the apology. By: 4 weeks from date of final decision
The HSCP's handling of the patient's request for a single cell has been unreasonable.	Consider the patients request for a single cell taking account of his reported medical conditions.	Evidence that this matter has been considered and a decision taken on whether to support the request or not, including reasons for the decision.



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What we found	Outcome needed:	Evidence SPSO needs to see and the deadline:
The HSCP's handling of the patient's request for a single cell has been unreasonable.	Discuss the issue of prisoner requesting single cells on the basis of medical grounds with NHS and SPS staff at the monthly meeting to clarify the role of the NHS.	Evidence that this issue has been discussed and the HSCP role clarified for staff. By: 2 months from date of final decision

### **(n) Complaint against Family Health Services (GCHSCP (NW)) xxxxx3602**

#### **Decision dated 17<sup>th</sup> Jan 2019 – Complaint Not Upheld.**

This complaint is about 2 issues:

**Issue 1:** The Practice failed to provide the patient with reasonable care and treatment regarding a flu vaccination.

**Issue 2:** The Practice failed to provide the patient with reasonable care during a telephone call to make an appointment.

**Decision on Issue 1:** The Ombudsman accepted the Adviser's comments that the advice given to a patient about the possibility of side effects is not routinely documented for flu vaccinations. The Ombudsman considered all the evidence and advice carefully and decided not to uphold this complaint.

**Decision on Issue 2:** The Ombudsman noted that the Practice had identified that their administrative communication system was not followed when the patient called them. The Ombudsman has accepted the advice that the action that the Practice has taken is sufficient to address the failing they identified. Having considered all the evidence and advice carefully, the Ombudsman has decided not to uphold 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> January – 31<sup>st</sup> March 2019. Actions for preceding quarters have been reported in previous quarterly reports. Where applicable, a description of the planned or implemented service improvements are listed in the final column of this table. In some cases no service improvement has been identified.
- 5.3 Staff have been advised of the importance of ensuring that where a complaint is upheld lessons learned are recorded so that these can be shared with colleagues and other clinical teams. In cases where service improvement is indicated as "none", this confirms that the investigator has considered this point and identified that there was no specific learning or action point arising from the complaint. The extent to which investigators and managers actively review lessons learned from complaints is variable and remains an area for Improvement.
- 5.4 NHS NES have developed an e-learning package to assist staff in recognising complaints, feedback, comments and concerns and providing advice on conducting investigations. This is available on the Board's Learn Pro e-learning system modules. The core complaints modules are required to be undertaken by all staff involved in handling NHS complaints on a regular basis.

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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
			<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"/>			<input type="checkbox"/>	06	Withdrawn
<input type="checkbox"/>	K07	POLICY	<input type="checkbox"/>	01	Policy/procedure review
<input type="checkbox"/>	K08	RISK	<input type="checkbox"/>	01	Risks added to risk register
<input type="checkbox"/>	K09	SYSTEM			<b>Change to systems e.g.</b>
			<input type="checkbox"/>	01	Change – Booking system
			<input type="checkbox"/>	02	Change – Complaints reporting system
<input type="checkbox"/>	K10	SHARE			<b>Share lessons with staff/patient/public e.g.</b>
			<input type="checkbox"/>	01	Learning points shared with teams
			<input type="checkbox"/>	02	Demonstrate lessons learned
			<input type="checkbox"/>	03	Share improvements/action plans with complainant
<input type="checkbox"/>	K11	WAITING			<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 of Fully Upheld (1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019)**

Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
B2018/107	Patient unhappy that he has not received his medication.	Partially Upheld	Access	K01-04 Senior nurse discussed issues with patient.
B2018/108	Patient unhappy that he has not received his medication.	Fully Upheld	Access	K01-04 - The pharmacy and nursing staff have been reminded to check the both sides of prescription kardex's for topical applications following GP clinics.
B2018/203	Patient unhappy that he has not received his repeat prescription.	Partially Upheld	Access	K01-04 Access Patient Journey
B2018/229	Patient unhappy that his previous response has not been dealt with correctly and has still not received his medication correctly.	Fully Upheld	Access	K01-04 patient pathway/journey
B2018/233	Patient unhappy that he has not received his medication when due.	Fully Upheld	Access	Healthcare to discuss full timescale of completing complaints and meeting with patients to resolve issues raised.
B2018/258	Patient unhappy that he has not been seen by a member of the healthcare team.	Partially Upheld	Access	K01-04 Access patient pathway/journey
B2018/310	Patient unhappy with his treatment during GP consultation.	Partially Upheld	Conduct	K04-01 - Conduct issues discussed with staff.
B2018/352	Patient unhappy with not being prescribed his medication he received within the community	Partially Upheld	Access	K01-04: Patient Pathway / Journey.
B2018/353	Patient states his medication was late	Partially Upheld	Access	K01-04 - medication ordering process
B2018/355	Patient unhappy with not receiving his medication	Partially Upheld	Communication	K03-01: Communication - Early engagement/resolution with complainant.

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
B2018/393	Patient unhappy that he has not received medication	Partially Upheld	Access	K01-04 - Access: Addiction Nursing staff to ensure patients listed daily for urine testing when waiting to change from Buprenorphine to Methadone reminded that this must be adhered to.
B2018/400	Patient unhappy that he has not received his detox.	Fully Upheld	Communication	K03-02 Meeting complainant - Provide explanation
B2018/423	Patient states he never received his medication	Partially Upheld	Access	Advised of the ordering process and healthcare staff to ensure correct medication amounts are being supplied.
B2018/425	Patients states he has not received his medication	Partially Upheld	Access	Healthcare must ensure order slips are being collected at the correct times.
B2018/431	Patient states he did not receive his medication	Partially Upheld	Access	K01-04 - Access: Correct information provided to patients in relation to why medications cannot be dispensed at certain times.
B2018/453	Patient unhappy that he has not received medication.	Partially Upheld	Access	Medication must ordered once prescribed by GP. Ensure kardex are placed in to pharmacy for medication to be dispensed.
B2018/497	Patient unhappy with single cell status and is requesting appointment with mental health team to discuss. Also unhappy patient has not received medication when due.	Partially Upheld	Communication	K03-01 Early engagement/resolution with complainant - Discussion between Clinical Manager/Senior Nurses and representatives of Lloyds pharmacy to highlight issues and gain resolution
B2018/536	Patient unhappy medication has not been received when due.	Partially Upheld	Access	K01-04 - Issues raised with pharmacy to ensure correct amount of medication was being dispensed.
B2018/553	Patient unhappy he has not received an appointment with GP.	Fully Upheld	Communication	K03-02: - Information not passed on accurately. Healthcare to ensure they follow through with correct procedures and advise when issues are raised regarding patient care.

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
B2018/558	Patient unhappy with medication not being received.	Partially Upheld	Access	K01-04 - issues raised with pharmacy to be more vigilant when dispensing medication.
B2018/583	Patient did not receive his medication	Fully Upheld	Communication	K03-03 speak to healthcare at other establishments to ask that staff check that prescriptions are sent with patient on transfer and to ensure they are not beyond the review date.
B2018/638	Patient unhappy with dental treatment.	Partially Upheld	Access	None
B2018/677	Patient unhappy medication has not been received when due.	Fully Upheld	Policy	K07-01 policy/procedure review
B2018/704	Patient unhappy medication has not been received when due.	Fully Upheld	Communication	K03-01 early engagement/resolution with complainant
B2019/074	Patient unhappy about not receiving all of his requested medication on time.	Partially Upheld	Action Plan	K02-01: Action Plan - Lead Manager has met with Pharmacy in relation to them issuing a monthly supply of medication to the patient.
B2019/079	Patient unhappy with not receiving his medication	Fully Upheld	Education	Process is now in place for healthcare staff to document on kardexes any reasons that they are not able to dispense prescribed medication to a prisoner.
B2019/103	Patient unhappy with his medical care.	Partially Upheld	Action Plan	K02-03 partially upheld

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
ECY18-02	Unhappy with treatment, care and handling of son whilst being in Skye House	Partially Upheld	Action Plan	<p>K02-01: Patients room was not checked prior to next admission: Protocol will be updated to ensure rooms are checked prior to any admissions.</p> <p>2. Patient received no schooling or access to outside exercise: Schoolwork was given but more attention could have been given to support the patient with his activities of daily living whilst maintaining safety</p> <p>3. Communication re a significant incident which required police to attend was not as comprehensive as could reasonably be expected: Ensure communication is improved in such incidents.</p> <p>4. Parents were let in to the secure unit by other visitors: Review procedures to ensure the site is secure and adequately monitored</p>
ECY18-21	Unhappy with letter sent to school regarding son; letter has inaccurate details regarding information given about a diagnosis of PDA and sons presentation and behavior during an appointment. Also upset with attitude during appointment.	Partially Upheld	Communication, Share	<p>1. This issue has been raised by line manager with staff member in question staff member aware that this was an oversight on their behalf - will be followed up in line management supervision</p> <p>2. to be discussed with clinical co-ordinator in West CAMHS - to identify where error occurred within administration system - to prevent repeat of this incident</p> <p>3. issue raised with staff member who is aware that this should have been carried out - will also raise with clinical co-ordinator to review process in team re this action</p>

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
ECY18-22	The Service provided to mother and her son by the CAMHS was unreasonable. The CAMHS failed to manage the sharing of confidential information appropriately. The Board did not investigate and respond to mother's complaint appropriately.	Partially Upheld	Action Plan	Clinical director has updated the consent to share information form and is waiting for the CGEC to approve before circulating and updated process. Any concerns from Social Work will be recorded in the case record clearly. Telephone referrals will be followed up in writing to SW dept.
ECY18-23	Patient rejected from both CAMHS and SCPT for prescription for Melatonin because of changes to sleep service pathway	Partially Upheld	Action Plan	Clinical Nurse Specialist will speak with CAMHS to try and start a dialogue about how to prevent these children getting constantly batted between services and ultimately rejected by services
ECY18-24	referral to CAMHS and SCPT has been rejected leaving dad concerned about his son regarding sleep medication	Partially Upheld	Action Plan	Clinical Nurse Specialist will speak with CAMHS to try and start a dialogue about how to prevent these children getting constantly batted between services and ultimately rejected by services
ECY18-29	Unhappy with length of time waiting to have a physiotherapy appointment for daughter with Cerbral Palsy.	Partially Upheld	Communication	K03-01: Communication / Early engagement/resolution with complainant.
ECY18-30	Unhappy with assessment outcome for Autism. Nurse Therapist shared information with father regarding daughter's relationship with son and outcome of assessment before sharing with mother. Therapist did not observe son in school setting as promised	Partially Upheld	Action Plan	Discussion with nurse via supervision, team lead catch up in relation to report writing

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
ECY18-31	Unhappy with the reception received when arriving at Skye House to admit a patient. Verbal complaint not acknowledged as promised. Long time waiting outside unit on initial arrival by ambulance. Lack of basic courtesy.	Fully Upheld	Communication, Conduct, Education	K03-Communication - All staff including bank staff are required to have their ID badges on display when they are on duty and this will be checked regularly by senior staff. K04-Conduct-Review approach and discuss the incident within clinical and line management nursing supervision. This agreement has been shared with the senior nurse and will be monitored within the supervision structure. K05-Education-Staff member has been advised about respecting patient belongings and be more mindful of this in future.
ECY18-32	Clinical letters sent to the wrong address despite this happening previously and parent being assured that the address had been changed	Fully Upheld	Action Plan, Conduct, Share	<ol style="list-style-type: none"> <li>1. We have reminded all our staff that all mail should be opened daily and logged</li> <li>2. We have reviewed our processes for checking patient addresses prior to sending out confidential information and have taken steps to ensure all reports are created in our electronic system</li> <li>3. We have reported the breach of confidentiality to our Information Governance team and will undertake an SCI related to this incident.</li> </ol>
ECY18-33	Daughter absconded on more than one occasion. Lack of safeguarding after the first absconding incident Left unsupervised outside. Ongoing communication issues between Skye house, mother and other agencies	Partially Upheld	Action Plan	K02-01:Action Plan - action plan for our team and implement this to ensure the best care going forward for the patient and all of our other young people within Skye House.

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
ECY18-34	Confidential medical report shared with another family and professionals	Fully Upheld	Education, Policy, Share	<ul style="list-style-type: none"> <li>•We have reviewed our processes and documentation.</li> <li>•We have changed our process for the collation of update reports for minutes and no longer rely on emailing. We now ensure all member of the multidisciplinary team add updates directly in to the patients electronic record preventing the need to email them to business support staff to add to the minute.</li> <li>•We have reported the breach of confidentiality to our Information Governance team and instigated a Significant Clinical Incident process to assist with our entire service learning from this mistake to help prevent it happening again and will provide you with the final report.</li> <li>•We have arranged for our Information Governance team to deliver training to staff at Skye House to remind them of the principles of good information governance and their roles and responsibilities, this training will be delivered on the 8th of August 2018.</li> </ul>
ECY18-44	Daughter tried to harm herself after parent warned staff that daughter had items in her room to allow her to do this. Parents not informed of the incident when it happened. Found meds in room; why is daughter not monitored to take meds.	Partially Upheld	Action Plan	K02-01: Lead Manager will coordinate improvement plans for wards re risk assessments being completed and adhered to.
ECY18-49	Request for patient to stay as an inpatient in Edinburgh and not be transferred to Skye house when a bed becomes available.	Fully Upheld	Communication	None

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
ECY18-54	Breach of confidentiality when report sent to wrong address	Fully Upheld	Action Plan, Education	All SCS teams to cease using shared drives/personal folders for creation of patient letters/reports/updates – The EMIS web electronic case record should only be used for this purpose. All staff across the service to complete the Safe Information Handling Module on Learn Pro and refresher course on EMIS web. A clinical sign off should be implemented, as appropriate, for all reports sent.
ECY18-57	Not been able to get hold of Case Worker for months. Case worker not turned up to two school meetings or given any explanation	Fully Upheld	Action Plan	Team reminded about the prompt return of telephone calls.
ECY18-58	Inquiring about length of time waiting for autism assessment to get support at school.	Partially Upheld	Action Plan	Waiting times for an assessment are unacceptably long and we are currently developing a more streamlined model for autism diagnosis that will reduce the length of wait. Appointment sort for earliest date possible and sign posted to support services/resources in the meantime.
ECY18-59	Frustrated with the lack of communication with the North CAHMS team.	Partially Upheld	Action Plan	Team spoken to about returning calls promptly
ECY18-61	Waiting too long for report to be given	Partially Upheld	Communication	Teams asked to ensure reports completed within time frame stipulated in policy
ECY18-62	Too long waiting for Autism Assessment	Partially Upheld	Policy	ASD backlog and pathway review is in the process of implementation
ECY19- 20	Complainant is angry with the attitude of reception staff.	Fully Upheld	Education	Staff member to be spoken to about conduct / behavior whilst dealing with inquiry and advised of the correct procedure.

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
ECY19-04	Unhappy that daughter absconded from Skye House. Is there a procedure for knowing when keys go missing. Why is there not photos of patients to hand to police to help with searches. Why weren't police aware of suicidal risk of patients.	Partially Upheld	Action Plan	K02-03: Action Plan - Keys being locked away and booked in/out in order to track keys and identify if keys become missing. Glasgow Children's Hospital Charity to look at overall improvements for Skye House including storage solutions for the young people and currently a bid is being developed to support this.
ECY19-08	Unhappy with treatment at first appointment - too short. Stating that the clinician hardly even looked at son or spoke to him.	Partially Upheld	Conduct	I have agreed to discuss the situation with the clinician in question and to forward the referral to the south Ayrshire CAMHS team for them to take forward.
ECY19-09	New room had no curtains. assured the curtains would be replaced the next day. This was 9 days ago and as yet there is still no curtains on the window. My daughter as well as being sectioned for an eating disorder also has ASD and this makes my daughter extremely upset and stressed if her blinds and curtains are not closed.	Fully Upheld	Communication	Communication with facilities dept to ensure quicker action with requests for domestic issues affecting patient comfort and care
ECY19-10	Not receiving treatment and support for son other than medication. Nurse therapists have left and no news of when a new one is going to start treatment. School trying to set up multi agency meeting - no contact from CAMHS and no help when asking for it.	Fully Upheld	Communication	Clinical staff continue to review waiting lists.

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
ECY19-12	Looking for update on autism assessment	Fully Upheld	Policy	currently developing a new assessment pathway which will provide quicker access to assessment going forward. As part of this process we are taking a number of approaches to reduce the current waiting time for children already referred
ECY19-15	Complainant has experienced barriers while trying to get - Foetal Alcohol Syndrome diagnosis for her 3 adopted children.	Partially Upheld	Action Plan	K02-01: Action Plan - National Guidance has just been issued on how a diagnostic pathway should be implemented and NHS GG&C will be responding to this and developing services appropriately.
ECY19-19	looking for autism assessment to be progressed	Fully Upheld	Policy	The current waiting times for ASD diagnostic assessment are not acceptable and therefore we are developing and implementing a new model for assessment which we hope will reduce the length of wait, we are also trying to reduce the current waiting list significantly over the next few months. As part of the process to reduce the waiting list we are reviewing each case and offering the best approach to progress the assessment. patient offered appointment in April

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
ECY19-23	Data Breach - Letter sent to wrong address	Fully Upheld	Policy	K07-01: Policy - Operational guidance will be updated to include that Admin staff should not change the address of all the children at the same address without confirming with a clinician or family member holding parental rights, the names of the all the children to be updated. Patients clinical records will carry a warning note to ensure that any future changes to patients demographic details, for example his address, are only made after face to face confirmation by parents with Admin staff or patients clinical team.
ECY19-26	Unhappy that he was not included in sons appointments. On arrival at an appointment they were told it was cancelled and the rescheduled appointment was 9 weeks later.	Fully Upheld	Action Plan	Admin Manager has spoken with Admin staff, changes have been made re: cc of letters and all admin staff have reminded to read and adhere to warnings on EMIS.
G2018/005	Patient has made a complaint about the treatment he received at the hands of a particular nurse.	Fully Upheld	Conduct	K04-01: Staff reminded of conduct and behaviour expected and of infection control protection.
G2018/008	Complainant unhappy with medical treatment she received and wishes to be treated in an appropriate and professional manner.	Partially Upheld	Action Plan	K02-03 Service Improvement Identified - Pharmacy Staff to be vigilant regarding ordering of prescriptions.
G2018/015	Patient is unhappy because he did not receive his medication two days ago.	Partially Upheld	Action Plan	K02-03: Service improvement has been identified following this incident and this will be discussed at next team meeting.
LM2018/059	Patient's complaint relates to the delay in him receiving his medication.	Partially Upheld	Communication	K3-02: Communication/Meeting Complainant/Provide Explanation. Have informed the patient that the medication process is currently being reviewed in order to

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Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
				prevent recurrence of this in future.
LM2018/061	Patient complaint regarding not receiving medication when due.	Fully Upheld	Communication	K3-02: Communication/Meeting Complainant/Provide Explanation. Have informed the patient that the medication process is currently being reviewed in order to prevent recurrence of this in future.
LM2018/069	Patient claims that he did not receive his medication as expected.	Partially Upheld	Communication	K3-02: Communication/Meeting Complainant/Provide Explanation. Have informed the patient that the medication process is currently being reviewed in order to prevent recurrence of this in future.
LM2018/070	Patient did not received his medicaation	Fully Upheld	Action Plan	K02-01: Management will review ordering of prescribed medication processes from GP prescribing to patient ordering request forms.
LM2018/082	Patient not receiving his medication	Fully Upheld	Communication	K3-02: Communication/Meeting Complainant/Provide Explanation. Have informed the patient that the medication process is currently being reviewed in order to prevent recurrence of this in future.
LM2018/088	Patient is not receiving medication on time	Partially Upheld	Action Plan	K02-01: Management will review ordering of prescribed medication processes from GP prescribing to patient ordering request forms.
LM2018/091	Patient advises he is not receiving his medication	Fully Upheld	Communication	K3-02: Communication/Meeting Complainant/Provide Explanation. Have informed the patient that the medication process is currently being reviewed in order to prevent recurrence of this in future.

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LM2018/092	Patient complaint regarding missed medication doses and GP appointment	Partially Upheld	Action Plan	K02-01: Management will review ordering of prescribed medication processes from GP prescribing to patient ordering request forms.
Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
LM2018/094	Patient advises he is not receiving his medication	Partially Upheld	Communication	K3-02: Communication/Meeting Complainant/Provide Explanation. Have informed the patient that the medication process is currently being reviewed in order to prevent recurrence of this in future.
LM2018/095	Patient not receiving his medication	Partially Upheld	Communication	K03-02: Have apologised and explained to patient that Lloyds Pharmacy did not have the medication in stock.
LM2018/096	Patient complaint regarding not received medication on time	Fully Upheld	Communication	K3-02: Communication/Meeting Complainant/Provide Explanation. Have informed the patient that the medication process is currently being reviewed in order to prevent recurrence of this in future.
LM2018/100	Patient not receiving medication as prescribed	Fully Upheld	Communication	K3-02: Communication/Meeting Complainant/Provide Explanation. Pharmacy ordering and dispensing process is currently under review
LM2018/101	To speak to psychiatrist to be taken off supervised medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant/Provide Explanation Pharmacy ordering and dispensing process is under review to rectify medication issues
LM2018/105	Patient not receiving medication as prescribed	Fully Upheld	Communication	K03-01: Early Engagement/Resolution with complainant Patient advised that Low Moss currently undergoing a pharmacy review

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LM2018/107	Patient not receiving medication as prescribed	Partially Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy ordering and dispensing process is currently under review
Ref	Description	Outcome code	Actions taken	Service improvement/long-term plan
LM2018/114	Patient complaint about a nurse going walkabout in the halls and he did not receive his medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation. Nurse was treating an emergency and was taken away from her duties. This was explained to patient.
LM2018/115	Patient complaint regarding not receiving medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Process of ordering medication currently under review
LM2018/116	Patients not receiving his medication on time.	Fully Upheld	Communication	K03 02 Meeting Complainant - Provide Explanation Pharmacy ordering and dispensing process is currently under review
LM2018/119	Complaint regarding medication and to see GP	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation pharmacy processes currently under review in order to improve medication dispensing
LM2018/120	Patient refused ensure drinks due to BMI, However BMI rechecked and ensure drinks prescribed however there was a delay in receiving these	Partially Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy ordering and dispensing is currently under review

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LM2018/121	Patient not receiving his medication on time	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy ordering and dispensing process is currently under review
LM2018/122	Patient not receiving his medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation  Medication ordering currently being monitored to identify and avoid recurrence of errors
<b>Ref</b>	<b>Description</b>	<b>Outcome code</b>	<b>Actions taken</b>	<b>Service improvement/long-term plan</b>
LM2018/123	Patient not receiving his medication on time	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy ordering and dispensing process is currently under review
LM2018/124	Patient did not received his medication on time and requested supervised medication in the meantime which he did not receive	Partially Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy ordering and dispensing process is currently under review
LM2018/125	Patient not receiving medication on time. Also rude behaviour of staff	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy ordering and dispensing process is currently under review. Management to speak to staff regarding attitudes
LM2018/126	Patient not receiving his medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Medication ordering currently being monitored to identify and avoid recurrence of errors

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LM2018/127	Not receiving medication and wishes to see GP	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/129	Patient received incorrect dosage of medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/130	Patient did not receive repeat medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation - medication process is currently being reviewed in order to prevent recurrence of this in future.
<b>Ref</b>	<b>Description</b>	<b>Outcome code</b>	<b>Actions taken</b>	<b>Service improvement/long-term plan</b>
LM2018/131	Patient complaining regarding not receiving medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation. Medication process is currently being reviewed in order to prevent recurrence of this in future.
LM2018/132	Patient not receiving medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy ordering and dispensing process is currently under review
LM2018/134	Patient not receiving medication despite putting in requests	Partially Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation. Medication process is currently being reviewed in order to prevent recurrence of this in future.
LM2018/135	Patient states he has not received his medication for 1 week	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy processes currently under review

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LM2018/139	Patient not receiving the correct dosage of information	Partially Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/140	Patient complaint regarding not receiving medication and supervised medications	Partially Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Explanation has been given to the patient regarding supervised medication. Patient advised that prescribing was a clinical decision and an appointment has been made for patient to discuss with the GP.
LM2018/141	Patient complaint regarding medical care, joggy marker and medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy ordering and dispensing process is currently under review
<b>Ref</b>	<b>Description</b>	<b>Outcome code</b>	<b>Actions taken</b>	<b>Service improvement/long-term plan</b>
LM2018/144	Patient not receiving his medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Addiction team contacted outside prescriber. Process is in place for this to avoid reoccurrence
LM2018/146	Patient claims that he has not received his medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/147	Patient unhappy how long it has taken for him to see a nurse and receive medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Patient advised of referral process in order to see a nurse. Low Moss Pharmacy currently undergoing a review of processes

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LM2018/149	Patient not receiving weekly medication on time	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy processes are under review
LM2018/150	Patient not receiving his weekly medication on time	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy currently undergoing a review of processes
LM2018/151	Patient wants to receive same medication that was previously prescribed in HMP Addiewell.	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy process under review
LM2018/152	Patient not receiving repeat prescriptions	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/153	Patient not receiving medication as prescribed	Partially Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy processes currently under review
LM2018/154	Patient not receiving medication as prescribed	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation. Patient advised pharmacy process under review
LM2018/155	Patient not receiving medication as kardex missing	Partially Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Medication dispensing currently under review
LM2018/157	Patient not receiving medications on time	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation. Patient advised he could have medications delivered supervised to avoid this happening again.

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LM2018/159	Patient not receiving weekly medication. Patient also complaining about SPS staff informing nursing staff that he did not want his morning medication as well as the intercom system not working.	Partially Upheld	Communication	K3-02: Communication - Pharmacy and Nursing staff need to ensure that medications being delivered are matched with patients prescription kardex prior to them being made available for delivery to patients. Nursing staff to annotate on patients prescription recording kardex if patient unavailable to receive medication during the administration of medication regime. Advised patient to discuss with SPS staff around the matter of the broken intercom.
LM2018/160	Patient not receiving medication on time	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/161	Patient has not received his medication since transferring establishments	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy currently undergoing a review for processes
LM2018/163	Patient not receiving appropriate medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation. Patient had discussion with GP and issue rectified
LM2018/165	Patient not receiving his medication	Fully Upheld	Communication	K03 Communication 02 Meeting Complainant/Provide Explanation Pharmacy ordering and dispensing process currently under review
LM2018/168	Patient not receiving his medication on time	Partially Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy ordering and dispensing process currently under review

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LM2018/169	Patient not receiving his prescribed medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy processes currently under review to improve service
LM2018/170	Patient not receiving prescribed medication	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/174	Patient did not receive prescribed medication. Also problem with SPS staff opening gate	Partially Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy ordering and dispensing process currently under review
LM2018/175	Patient not receiving prescribed medication. Patient also wishes appointment with mental health team	Fully Upheld	Communication	K3-02: Communication / Meeting Complainant- Provide explanation Pharmacy processes currently under review to improve service. Patient now engaged with mental health team
LM2018/176	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Advised Pharmacy Process under review.
LM2018/177	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Advised Pharmacy Process under review.
LM2018/178	Patient did not receive prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Advised Pharmacy Process under review.
LM2018/179	Patient not receiving prescribed medication	Partially Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Advised Pharmacy Process under review. Patient advised to request supervised medication should there be any delay in future

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LM2018/180	Patient did not receive prescribed medication	Partially Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Advised Pharmacy Process under review. Patient advised to request supervised medication should there be any delay in future
LM2018/181	Patient not receiving prescribed medication	Partially Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/182	Patient states records have been falsified and not receiving prescribed medication	Partially Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Pharmacy processes currently under review
LM2018/192	Patient claims that he has not received his medication.	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/193	Patient claims that he has not been receiving his medication.	Fully Upheld	Communication	K03 Communication 01 Early Engagement/resolution with complainant Nursing staff made aware of procedure for offering patients medication supervised if kardex not available
LM2018/194	Patient claims that he is not receiving his medication when he should.	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Pharmacy ordering and dispensing process currently under review
LM2018/195	Patient would like to receive his medication on time.	Partially Upheld	Communication	K03-02: Communication-Explanation Provided- Patient advised of ordering process.
LM2018/197	Patient wants his medication.	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Low Moss currently reviewing the pharmacy

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				processes
LM2018/199	Patient claims that he didn't receive his medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/200	Patient claims that he didn't receive his medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/204	Patient not receiving his prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Pharmacy ordering and dispensing process currently under review
LM2018/206	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Advised patient to request supervised medication should this happen again. Advised pharmacy process under review
LM2018/207	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Advised pharmacy process under review.
LM2018/208	Patient not receiving prescribed medication	Partially Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Patient advised to request supervised medication should this issue arise again
LM2018/211	Patient not receiving prescribed medication he had received while out in the community.	Fully Upheld	Communication	K03-02: Communication - Explanation Provided - Patient happy he now has his medication.

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LM2018/212	Patient was not taken to his hospital appointment	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Low Moss currently reviewing the pharmacy processes
LM2018/213	Patient complaint regarding medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Patient advised that prescribing is a clinical decision and offered a GP appointment to discuss
LM2018/216	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Patient advised pharmacy process is under review
LM2018/217	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Patient advised pharmacy process is under review
LM2018/218	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Advised Pharmacy Process under review.
LM2018/219	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Pharmacy currently reviewing processes
LM2018/222	Patient not receiving repeat medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/225	Patient not receiving prescribed medication	Fully Upheld	Communication	K03 02 Explanation Provided
LM2018/226	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Low Moss currently reviewing the pharmacy

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				processes
LM2018/230	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Pharmacy currently reviewing processes
LM2018/231	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Pharmacy procedures currently under review
LM2018/232	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Pharmacy procedures currently under review
LM2018/233	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Low Moss currently reviewing the pharmacy processes
LM2018/234	Patient complaint regarding medication	Fully Upheld	Communication	K03 02 Explanation Provided
LM2018/235	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication - Explanation Provided - issue has now been rectified and patient is happy this has been resolved.
LM2018/236	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/239	Patient disputing medication received and disputing response time relating to previous complaint.	Partially Upheld	Communication	K03-02: Communication - Explanation Provided.

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LM2018/240	Patient has not received prescribed medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Pharmacy ordering and dispensing process currently under review
LM2018/241	Patient not receiving his weekly medication	Fully Upheld	Communication	K03-02: Communication/meeting complainant/provide explanation. Medication ordering currently being monitored to identify and avoid recurrence of errors
LM2018/242	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02: Communication - Explanation Provided. The medication ordering and delivery process is currently being reviewed.
LM2018/245	Patient not receiving anti sickness medication	Fully Upheld	Communication	K03-02: Communication - Explanation Provided. The medication ordering and delivery process is currently being reviewed.
LM2018/246	Patient not receiving weekly medication	Fully Upheld	Communication	K03-02: Communication - Explanation Provided. The medication ordering and delivery process is currently being reviewed.
LM2018/247	Patient claims that he has not received his medication.	Fully Upheld	Communication	K03 02 Explanation Provided
LM2018/250	Patient claims that he did not receive his medication when he should have.	Partially Upheld	Communication	K03-01: Communication/Resolution with complainant.
LM2018/251	Patient claims that he did not receive his medication when he should have.	Fully Upheld	Communication	K03-02: Communication - Explanation Provided. The medication ordering and delivery process is currently being reviewed.
LM2018/258	Patient complaint regarding medication and not receiving inhalers	Partially Upheld	Communication	K03-02: Explanation Provided and a GP appointment made to discuss a medication review. Patient was offered advice around the correct inhalers to use.

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LM2018/260	Patient did not received his medication 03/07/2018.	Fully Upheld	Communication	K03-01: Communication - Early engagement/resolution with complainant.
LM2018/262	Patient complaint regarding not receiving medication	Fully Upheld	Communication	K03 02 Explanation Provided
LM2018/263	Complaint regarding not receiving medication	Fully Upheld	Communication	K03 02 Explanation Provided
LM2018/264	Complaint regarding not receiving prescribed medication	Fully Upheld	Communication	K3-02: Explanation Provided regarding the patient having two kardex's which caused the confusion.
LM2018/265	Patient complaint regarding medication not being received the same way every day.	Partially Upheld	Communication	K03-02: Communication/Explanation Provided - The GP and Health Care Manager have discussed and agreed a dossette box would be the best way forward for the patient to receive his medication.
LM2018/271	Patient not receiving prescribed medication	Fully Upheld	Communication	K03-02 Pharmacy process currently under review.
LM2018/272	Patient not receiving prescribed medication	Fully Upheld	Action Plan	K02-01 Lead manager co-ordinating improvements , kardex process currently under review.
LM2018/273	Patient was taken to hospital and had not been advised to fast and on going throat issues which have not been resolved	Partially Upheld	Communication	K03-04 Agenda for board or team meeting. Issue will be raised at next team meeting to discuss better system.
LM2018/274	Patient not received medications as prescribed	Fully Upheld	Action Plan	K02-03 Service improvement identified, pharmacy process currently under review
LM2018/275	Patient complaint regarding GP and lack of care	Partially Upheld	Action Plan	K02-01 Lead manager co-ordinating improvements. Access to be discussed between SPS and NHS.
LM2018/277	Patient complaint regarding not receiving detox	Fully Upheld	Communication	K03 02 Explanation Provided
LM2018/278	Patient complaint states 3 weeks in a row he has not received medication	Fully Upheld	Communication	K03-02: Explanation Provided - Clinical Manager is currently addressing these issues.

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LM2018/280	Patient has not received medication since admission	Fully Upheld	Communication	K03 02 Explanation Provided
LM2018/281	Patient not receiving prescribed medication	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/283	Patient not received medication since transferred from another establishment	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/284	Patient complaint regarding medical care. Also not receiving medication	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process is currently under view.
LM2018/286	Patient not receiving medication on time.	Fully Upheld	Action Plan	K02-01 Lead manager co-ordinating improvements. Kardex process is under review.
LM2018/288	Patient not receiving prescribed medication	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process currently under review.
LM2018/290	Patient complaint regarding medical care	Partially Upheld	Communication	K03-03 Staff suggestions for improvement.
LM2018/292	Patient not receiving prescribed medication	Fully Upheld	Action Plan	K02-01 Lead manager co-ordinating improvements. Pharmacy process currently under review
LM2018/294	Patient not receiving prescribed medication	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/296	Patient not receiving prescribed medication.	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/299	Patient has not received medication since transferring from another establishment	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/301	Patient not receiving prescribed medication	Fully Upheld	Communication	K03 02 Explanation Provided
LM2018/302	Patient not received his medication since transferring establishment	Fully Upheld	Communication	K03 02 Explanation Provided
LM2018/303	Patient complaint regarding not seeing GP and not receiving joggy	Fully Upheld	Communication	K03 02 Explanation Provided

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LM2018/304	Patient complaint regarding not treatment for verruca. Not being seen by Mental Health and not receiving blood results	Partially Upheld	Action Plan	K02-01 Lead Manager co-ordinating improvements
LM2018/305	Patient not receiving medication on time	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process currently under review.
LM2018/307	Patient not receiving weekly medication	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/308	Patient complaint regarding medication and also not seeing the GP	Fully Upheld	Action Plan	K02-01 Lead Manager co-ordinating improvements.
LM2018/309	Patient not receiving medication as Kardex unavailable	Fully Upheld	Communication	K03 02 Explanation Provided
LM2018/310	Patient not receiving medication	Partially Upheld	Action Plan	K2-01 Lead manager co-ordinating improvements.
LM2018/311	Patient not receiving prescribed medication	Fully Upheld	Communication	K03 02 Explanation Provided
LM2018/312	Patient complaint regarding waiting time to see dentist	Partially Upheld	Communication	K03-02 Meeting complainant
LM2018/313	Patient complaint regarding not receiving prescribed medication	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/315	Patient complaint regarding not receiving medication prescribed by hospital	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/320	Patient is not happy he is not receiving detox.	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process currently under review.
LM2018/334	Patient is not happy he has not been seen regarding his last complaint and wishes to see dentist.	Partially Upheld	Communication	K03-02 Meeting complainant – Patient happy he has now received his dental appointment.

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LM2018/335	Patient not happy he is not receiving his medication on time.	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process currently under review.
LM2018/343	Patient not happy he is not receiving his medication.	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/363	Patient not happy he has not received his medication	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/364	Patient is not happy he not received his medication.	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review
LM2018/366	Patient is not happy he has not received medication.	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/367	Patient is not happy he is not receiving his medication.	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review
LM2018/372	Patient is not happy he has not received medication	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review
LM2018/373	Patient is not happy he has not seen a dentist.	Partially Upheld	Waiting	K11-01 Review of waiting times
LM2018/377	Patient has not received his medication.	Partially Upheld	Action Plan	K02-03 Service Improvement Identified. Pharmacy process under review
LM2018/388	Patient complaint regarding not receiving pain relief , not seeing GP or Psychiatrist	Partially Upheld	Waiting	K11-01 review of waiting times. Extra clinics to be commenced due to large waiting times.
LM2018/395	Patient is not happy he has not received his medication.	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/396	Patient not happy he is getting his medication late every week.	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/401	Patient not happy he is not receiving his medication.	Fully Upheld	Action Plan	K02-03 Service Improvement Identified. Pharmacy process under review.
LM2018/409	Patient not happy he has not received supervised dose of medication when he was told he would.	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.

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LM2018/411	Patient not happy he is not receiving medication.	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/416	Patient not happy he has not received medication.	Fully Upheld	Communication	K03 - 02 Pharmacy undergoing a review of processes
LM2018/419	Patient is not happy he has not received his medication.	Fully Upheld	Communication	K03 - 02 Pharmacy undergoing a review of processes
LM2018/420	Patient is not happy with medical treatment	Fully Upheld	Communication	K03 - 02 Meeting complainant - Provide explanation
LM2018/421	Patient not receiving medication	Fully Upheld	Communication	K03 - 02 Meeting complainant - Provide explanation
LM2018/422	Patient not receiving prescribed medication	Fully Upheld	Communication	K03 - 02 Meeting complainant - Provide explanation.
LM2018/423	Patient not receiving prescribed medication	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review
LM2018/424	Testosterone Injections are overdue.	Fully Upheld	Communication	K03 - 02 Meeting complainant - Provide explanation.
LM2018/425	Patient was short on medication.	Fully Upheld	Communication	K3 - 02 Meeting complainant - Provide explanation.
LM2018/426	Wants dental appointment.	Fully Upheld	Communication	K3 - 02 Meeting complainant - Provide explanation.
LM2018/427	Patient wants his medication.	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review.
LM2018/428	Patient did not receive his medication.	Fully Upheld	Action Plan	K02-03 service improvement identified. Pharmacy process under review.
LM2018/431	Patient wants to received his medication.	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review
LM2018/432	Patient wants his medication when he is due them.	Fully Upheld	Action Plan	K02-03 Service Improvement Identified. Pharmacy process under review
LM2018/433	Patient did not receive medication on time	Fully Upheld	Action Plan	K02-03 Service Improvement Identified. Pharmacy process under review
LM2018/434	Patient wants his medication on time and date to be changed	Partially Upheld	Action Plan	K02-03 Service Improvement Identified. Pharmacy process under review

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LM2018/435	Patient not getting his medication.	Fully Upheld	Action Plan	K02-03 Service Improvement Identified. Pharmacy process under review
LM2018/438	Patient not happy he's not getting medication.	Partially Upheld	Action Plan	K02-03 service improvement identified. Pharmacy process under review.
LM2018/439	Patient has not received medication	Fully Upheld	Action Plan	K02-03 service improvement identified. Pharmacy process under review
LM2018/440	Patients not happy he has not received his medication.	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process currently under review
LM2018/441	Patient did not receive medication.	Fully Upheld	Action Plan	K02-03 service improvement identified.
LM2018/443	Patient has not received medication.	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review
LM2018/452	Patient has not received his medication	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy implemented new changes.
LM2018/454	Patient not received medication	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy implemented new changes.
LM2018/456	Patient not received medication	Partially Upheld	Action Plan	K02-03 Service Improvement Identified. Pharmacy process needs reviewed.
LM2018/459	Patient not received medication.	Fully Upheld	Action Plan	K02-03 Service Improvement Identified. Pharmacy process under review.
LM2018/460	Not received medication	Fully Upheld	Action Plan	K02-03 Service Improvement Identified. Pharmacy process under review.
LM2018/463	Patient has not received medication	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process under review
LM2018/464	Patient not received medication.	Fully Upheld	Action Plan	K02-03 service improvement identified.
LM2018/467	Patient not received medication	Partially Upheld	Action Plan	K02-03 Service Improvement Identified.
LM2018/472	Patient is not receiving correct treatment.	Partially Upheld	Communication	K03-02: Explanation offered - Pharmacy process currently under review
LM2018/473	Patient did not receive medication	Fully Upheld	Action Plan	K02-03 Service Improvement Identified. Pharmacy process needs reviewed.

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LM2018/475	Not happy with medical treatment as not receiving medication.	Fully Upheld	Action Plan	K02-03 service improvement identified. Pharmacy process under review
LM2018/476	Patient is not receiving medication.	Fully Upheld	Action Plan	K02-03 service improvement identified. Pharmacy process under review
LM2018/477	Patient did not receive medication.	Partially Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process currently under review.
LM2018/479	Patient did not receive medication	Partially Upheld	Action Plan	K02-03 service improvement identified.
LM2018/480	Patient did not receive medication	Fully Upheld	Communication	K03 02 Explanation Provided Pharmacy process is currently under review
LM2018/482	Patient did not receive medication	Fully Upheld	Action Plan	K02-03 Service improvement identified. Pharmacy process currently under review.
LM2018/483	Patient did not receive medication	Fully Upheld	Action Plan	K02-03 service improvement identified.
LM2018/484	Patient has not been prescribed his medication.	Fully Upheld	Action Plan	K02-03 service improvement identified - Pharmacy process needs reviewed.
LM2018/487	Patient has not received medication, also looking for GP and Psych appointment.	Partially Upheld	Action Plan	K02-03 Service Improvement Identified. Pharmacy process needs reviewed.
LM2018/489	Patient not receiving medication.	Fully Upheld	Action Plan, Communication	K02-03 Service improvement identified K03-04 Agenda for board or team meeting.
LM2018/490	Patient has not received medication.	Fully Upheld	Education	K05-01 Learning/training opportunities identified.
LM2018/492	Patient has not received medication.	Fully Upheld	Action Plan	K02-03 service improvement identified. Pharmacy process under review.
LM2018/494	Not received medication	Fully Upheld	Action Plan	K02-03 service improvement identified. Pharmacy process under review.
LM2018/495	Patient was supposed to seen mental health team on 6/11/2018.	Fully Upheld	Access	K01-03 appointment times.
LM2018/496	Patient did not receive medication	Fully Upheld	Action Plan	k02-03 Service improvement identified.
LM2018/497	Patient did not receive medication	Fully Upheld	Action Plan	k02-03 Service improvement identified.
LM2018/498	Patient did not receive medication	Partially Upheld	Action Plan	K02-03 service improvement identified.
LM2018/499	Patient did not receive medication	Fully Upheld	Education	K05-01 Learning/training opportunities

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				identified.
LM2018/500	Patient did not receive medication	Fully Upheld	Action Plan	k02-03 Service improvement identified.
LM2018/502	Patient did not receive medication	Fully Upheld	Action Plan	K3 02 Explanation provided. Pharmacy process currently under review
LM2018/503	Patient did not receive medication and not offered supervised	Fully Upheld	Action Plan	K03 02 Explanation provided Pharmacy process currently under review
LM2018/504	Patient did not receive medication	Fully Upheld	Action Plan	K02-03 Service improvement identified.
LM2018/505	Patient is not happy he is not receiving the correct medication.	Partially Upheld	Action Plan	K02-03 service improvement identified.
LM2018/506	Patient not receiving prescribed medication	Fully Upheld	Communication	K03 02 Explanation provided Pharmacy process under review
LM2018/507	Patient not receiving prescribed medication	Fully Upheld	Communication	K03 02 Explanation provided Pharmacy process under review
LM2018/508	patient not receiving prescribed medication	Fully Upheld	Action Plan	K03 02 Explanation provided Pharmacy process currently under review
LM2018/512	Patient claims that he did not receive his medication.	Fully Upheld	Communication	K03 02 Explanation offered Pharmacy process currently under review
LM2018/513	Patient claims that he has not received his correct dosage of medication and was not on time.	Partially Upheld	Action Plan	k02-03 service improvement identified. Pharmacy process needs reviewed.
LM2018/514	Patient is not receiving medication.	Partially Upheld	Action Plan	K02-03 service improvement identified.
LM2018/515	Patient is not happy with the healthcare he is receiving.	Fully Upheld	Action Plan	K02-03 Service improvement identified.
LM2018/516	Patient is not receiving his medication and concerned about personal information not being dealt with in the correct way	Fully Upheld	Communication	K03 02 Explanation offered Pharmacy process being reviewed
LM2018/517	Patient is not receiving his medication.	Fully Upheld	Communication	K03 02 Explanation provided Pharmacy process under review
LM2018/518	Patient did not receive the correct amount of medication	Fully Upheld	Communication	K03 02 Explanation Provided Pharmacy process under review

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LM2018/519	Patient not receiving prescribed medication	Fully Upheld	Communication	K03 02 Explanation Provided Pharmacy process under review
LM2018/520	Patient not receiving prescribed medication	Fully Upheld	Communication	K03 02 Explanation Provided Pharmacy undergoing a process review
LM2018/521	Patient not receiving prescribed medication	Fully Upheld	Education	K05-01 Learning/training opportunities identified
LM2018/524	Patient not receiving prescribed medication	Fully Upheld	Action Plan	K02-03 Service Improvement Identified. Pharmacy process needs reviewed.
LM2018/525	Patient is not happy with the level of care he is receiving.	Partially Upheld	Action Plan	K03-02 Service improvement identified.
LM2018/526	Patient is not happy as he is not receiving his full dosage.	Partially Upheld	Action Plan	K02-03 service improvement identified.
LM2018/527	Patient is not happy he has not received his medication in weeks.	Fully Upheld	Action Plan	K02-03 Service improvement identified.
LM2018/528	Patient did not receive his medication.	Fully Upheld	Action Plan	K02-03 Service improvement identified.
LM2018/531	Patient is not happy he has not received medication. Also wants to say thanks to mental health staff for professionalism and support.	Partially Upheld	Action Plan	K02-03 service improvement identified.
LM2018/533	Patient is not happy about his poor medical treatment	Partially Upheld	Action Plan	K02-03 Service improvement identified.
LM2018/536	Patient did not receive medication.	Fully Upheld	Action Plan	K02-03 Service improvement identified
LM2018/537	Patient did not received medication.	Fully Upheld	Action Plan	K02-03 Service improvement identified
LM2018/538	Patient did not received medication	Fully Upheld	Action Plan	k02-03 Service improvement identified.
LM2019/001	Patient did not receive medication	Fully Upheld	Action Plan	K02-03 Service improvement identified.
LM2019/005	Patient wants to see a GP, Psychiatrist and to be prescribed medication as he is in pain. Patient feels that he is being ignored and is going to die	Partially Upheld	Action Plan	K02-03 Service improvement identified.

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LM2019/007	Patient didn't receive medication.	Fully Upheld	Share	K10-01-Learning points discussed with team.
LM2019/009	Patient did not receive medication.	Fully Upheld	Share	K10-01 learning points shared with team
LM2019/011	Patient feels nothing is being done to help him.	Partially Upheld	Action Plan	K03 02 provide explanation
LM2019/012	Patient is not happy with his treatment of his wound.	Fully Upheld	Education	K05-01 Learning/training opportunities identified
LM2019/020	Patient has not received creams for skin.	Partially Upheld	Action Plan	k02-03 service improvement identified
LM2019/026	Patient is not happy with his dose of medication and feels he should be getting a lower dosage.	Fully Upheld	Action Plan	K02-01 Lead manager co-ordinating improvements.
LM2019/032	Patient is not happy he has not received his medication and nobody has spoken to him.	Fully Upheld	Education	K05-01 Learning/Training opportunities identified.
LM2019/033	Patient did not receive medication.	Fully Upheld	Action Plan	K02-03 Service improvement identified.
LM2019/037	Patient feels his confidentiality was broken as the nurse did not address his concerns in a private and confidential manner.	Fully Upheld	Communication	K03-02: Communication - Met with complainant to provide apology and explanation.
LM2019/048	Patient is not happy he has not seen dentist.	Fully Upheld	Communication	K03 02 - Explanation provided
LM2019/055	Patient complaint regarding medication and healthcare	Partially Upheld	Communication	K03-03 Staff suggestions for improvement
NE324	Patient unhappy with previous response with regards to staff and their conduct and wishes a new physiotherapist.	Partially Upheld	Communication	K03-03 - Communication - Staff suggestions for improvement.  Note to be placed on EMIS health records that all future visits should be made by 2 members of staff.
NE335	Mother feels that daughter's long term treatment was inadequate.	Partially Upheld	Communication	K03-04 - Communication - agenda for team meeting. Issues that have been upheld will be dealt with locally to ensure standards are met in the future

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NE343	Mother is unhappy with previous responses, she believes that her main points have not been answered.	Partially Upheld	Access, Education	<p>K01-03 Access - Appointment Times Steps are already being taken to arrange meetings with families outwith MDT meeting times as far as possible to avoid delays in future.</p> <p>K05-01 Education - Learning identified Consultant to reflect and discuss at annual review</p>
NE344	Patient is unhappy with the delay in communicating changes to his prescription to his GP.	Partially Upheld	Communication	<p>K03-01 - Communication - Staff suggestions for improvement.</p> <p>Staff to be asked to be clearer on timescales in future.</p>
NE346	Patient is complaining about members of staff and their conduct.	Partially Upheld	Communication	<p>K03-01 - Communication - improvements in communication staff-staff or staff-patient e.g. - Early engagement/resolution with complainant.</p> <p>Charge Nurse will speak to staff with regards to their manner.</p>
NE353	Patient is unhappy with the length of time he has waited to be seen by a Psychologist.	Fully Upheld	Communication	<p>K03-01 - Communication - Early engagement/resolution with complainant.</p>
NE354	Mother unhappy that son has not been vaccinated and that calls to HV were not returned.	Fully Upheld	Communication	<p>K03-01 - Communication - Early engagement/resolution with complainant.</p>
NE356	Patient complaining about members of staff and their conduct.	Partially Upheld	Communication	<p>K03- 03 - Communication - Staff suggestions for improvement Staff have been advised to check information sources before meeting with patients to undertake assessments.</p>

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NE358	Complainant unhappy with the remarks made about her whilst accompanying sister to LD Dietetics Clinic.	Fully Upheld	Conduct	K04 - 01 Conduct - Conduct issues - discussed with staff.
NE370	Patient is complaining about the attitude and behaviour staff	Partially Upheld	Communication	K03-04- Communication - Team Meeting - Staff to be reminded to wear name badges at all times.
NE371	Complainant is complaining about the inadequate treatment her sister is receiving.	Partially Upheld	Action Plan	K02 - 03 - Action Plan - Service Improvement Identified.
NE372	Patient unhappy with her treatment and care whilst an in-patient.	Partially Upheld	Action Plan, Communication, Conduct	K02 - 01 Action Plan - Team Leader to communicate learning points from complaint. K03-03 - Communication - Staff suggestions for improvement - Inform Team Leader that patients should be informed prior to out-patient appointments when involving other professionals in their care. K04 - 01 - Conduct - Conduct issues - discussed with staff - Discussed with Nurse importance of treating patients with dignity and respect and ensuring she take time and use patient's name correctly. Inform Team Leader of outcome.
NE373	Husband unhappy with the treatment his wife is receiving from the Arran Centre.	Partially Upheld	Communication	K03-04 - Communication - Improvements in communication staff  Service Manager will discuss with team the importance of keeping family involved in the care plan and a letter will be issued to GP with regards to inaccuracy in letter.

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NE384	Mother concerned that daughter's vaccination was administered wrongly.	Fully Upheld	Education	<p>K05-01 - Education - Learning/Training opportunities identified.</p> <ol style="list-style-type: none"> <li>1. Staff Nurses to use the stools provided to sit and give vaccinations simultaneously to achieve good; balanced view of injection site (near deltoid)</li> <li>2. Staff nurses should have good access to tray/sharps box to dispose of the needles quickly to avoid worrying about clicking needle shaft to close rather than the actual vaccination.</li> <li>3. Check with staff nurses regarding the recording of vaccines in the Red book and making parents aware if the staff no longer record in same. Team Leader will check with PDN re Linkage with SOP.</li> <li>4. Making staff nurses aware that they should ask permission for student nurses to be present in the room if relevant.</li> <li>5. Discuss with PDN/sharing with staff nurses /refresh on injection sites.</li> <li>6. Sharing update from Dr Gillian Penrice with staff nurses regarding absorption /uptake of vaccine.</li> </ol>
NE385	Patient feels that not all her issues where addressed in stage 1 response.	Partially Upheld	Share	<p>K10-01 - Share - Learning points shared with teams.</p> <p>Update all staff on complaints process.</p> <p>Update all staff on request for patient information.</p> <p>Request for assessment/opinion of complex cases should involve pre and post discussion where possible to ensure consistent feedback to patients.</p>

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NE389	Father is concerned with the attitude and behaviour of staff.	Partially Upheld	Conduct	K04-02 - Conduct - conduct issues addressed with staff.  Clinical Manager to investigate and discuss conduct/behaviour with relevant staff.
NE390	Mother concerned with regards to the way her son was spoken to at a medical review	Fully Upheld	Conduct	K04-01 - Conduct - conduct issues addressed - conduct issues -discussed with staff.  Issues to be taken forward with member of staff to ensure there is no recurrence of this behaviour.
NE391	Daughter is concerned that at home visit her mother was ignored and unhappy that mother's diagnosis was blurted out in front of her.	Partially Upheld	Education	K05 - 01 Education/Training Staff e.g. learning identified.  Manager to discuss with staff the need to be more sensitive to patient and family when confirming diagnosis.
NE394	Patient has raised concerned with regards to response to previous complaint.	Partially Upheld	Communication	K03-01 Communication - Improvements in communication staff-staff or staff-patient e.g. Early engagement/resolution with complainant.  Consultant agrees he should have arranged a face to face meeting sooner.
NE395	Complainant unhappy that HV changed surname of granddaughter on say so of the mother without consent from her father and her behaviour and attitude at a meeting she attended.	Fully Upheld	Action Plan	K02 - 01 - Action Plan - Lead Manager Co-ordinating improvements  Team Leader will discuss with Team learning from which will be shared with other team members to avoid any future confusion

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NW1789	<p>1.Consultant lacks understanding of case                  2.Lack of family involvement in care                  3.Failure to secure treatments offered                  4.Concern over language and attitude of staff</p>	Partially Upheld	Communication	K03-03: Communication - Lack of family involvement-Discussion with clinical team to discuss with carers about how this could be improved upon.
NW1790	Patient felt that the HV was rude when she called to speak to her about information she had seen in her child's GP record.	Partially Upheld	Communication, Education	Reflect on learning in relation to wording used in this case. The parent objected strongly to the word inappropriate used by the HV in relation to the referral to CAMHS. The telephone conversation between the HV and the Parent were difficult and access to further training in this regard could be considered individually or as a result of wider discussion with the service in NW.
NW1791	Patient has alleged he was touched by a treatment room nurse with bare hands, no gloves were worn during treatment, alleges nurse made him uncomfortable.	Partially Upheld	Action Plan, Policy	<p>Update staff - infection control policy/glove use                      Attitudes and Behaviours-Review NMC Code of Conduct                      Ensure that the policy for the safe storage of medical records is being followed and also - ensure processes being followed in relation to record keeping.                      In the event of any lost records implement appropriate actions as per policy</p>

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NW1796	Patient is complaining about the management of her drainage tube by the District Nurse Service.	Partially Upheld	Education	K05-01: Nurse Team leader will meet with all staff on 31st July 2018 and update staff on NHS GGC Professional Standards for Record Keeping and NMC Code of Conduct. The specific nurse will attend further training associated with pig tail drain management and will be supervised with any future practice pertaining to same.
NW1799	Complainant felt the nurse involved in her mother's care did not include her mother at times during communication with other members of the family. Complainant felt there was lack of continuity of care as the family were expecting the same nurse who attended their mother previously.	Partially Upheld	Communication	None
NW1801	<p>1.Immunisation not administered due to child's condition</p> <p>2.Poor communication with parent that immunisation would not be administered on day of clinic</p> <p>3.Staff responsibility of checking immunisation sheet prior to scheduled clinic</p> <p>4.Staff requesting parent to contact the Consultant to confirm that immunisations could be administered</p>	Partially Upheld	Action Plan, Education	<p>1.HV Team Leaders in each Team to ensure all staff nurses in their team have clinical portal access - end of August 2018</p> <p>2.HV Team Leaders to request update from all staff nurses they are up to date with training especially with regard to vaccinations – end of August 2018</p> <p>3.Senior management to look at ways of improving IT communication with all sectors within the health service - asap</p>

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<p>NW1805</p>	<p>1.Lack of a definitive diagnosis and a care package, near the complainants mother’s home in Cambeltown, commensurate with her needs. This was not upheld therefore no resolution required.                  2.Injuries sustained by the complainants’ mother over a period of time within Cuthbertson ward and the subsequent treatment of those injuries by the multidisciplinary team.                  3. Communication regarding point 2 in particular and general communication regarding the complainant’s mother’s presentation and progress. This was partially upheld. SCN of unit will review communication with relatives and evidencing this within the case record.</p>	<p>Partially Upheld</p>	<p>Action Plan, Education</p>	<p>The nursing treatment was appropriate however medical examination should have taken place. This will be raised with the Junior Doctor group via the Clinical Director/Tutors. SCN of unit will review communication with relatives and evidencing this within the case record.</p>
<p>NW1808</p>	<p>Attended for appt and told on day that it was cancelled and that next appt 3 months’ time .                  Historical issue with info in a child protection context being passed to SW for investigation</p>	<p>Partially Upheld</p>	<p>Access</p>	<p>K01-01: Access/Booking Arrangements - Appointment will be sent by admin staff at Riverside for 22/08/2018.</p>

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<p>NW1810</p>	<p>1) Service had failed to take complainant's views, in relation to identifying a placement for complainant's mother upon her discharge from Link Up.                  2) Complainant stated that he and his mother believed that an assessment from ARBD Team would be able to confirm whether she had a diagnosis of ARBD or not.                  3)The third aspect of complaint received on the 13th August was a lack of clarity around transfer to the ARBD unit, uncertainty around transfer date and this causing anxiety.                  4)Complainant complained that his mother's care plan had changed.</p>	<p>Partially Upheld</p>	<p>Action Plan, Education</p>	<p>Learning- all staff to ensure that with patient consent, carer's views are taken into consideration and they are included in care plan. Learning from complaint will be sent to staff group and Carer's Act Scotland.                  2. ARBD diagnosis. Staff concede that family may have misinterpreted the information therefore team must be clearer in explanations. Learning- learning from complaint will be sent to staff group. ARBD training dates circulated. Reminders to staff to ensure careful explanations are given to families and to ensure explanations have been understood.</p>
<p>NW1817</p>	<p>Patient felt that no action was taken by Dr following a duty contact and wants explanation as to why not.                  2] Patient wants referred for DBT for his symptoms                  3] Patient unhappy that medical student present at consultation without his permission</p>	<p>Partially Upheld</p>	<p>Communication</p>	<p>K03-03: Communication - Dr states it is routine for her to ask patients permission for student to be present but cannot recall if this occurred on this occasion and apologises if not. NOTICE TO BE PLACED IN RECEPTION AREA AS ACTION.</p>

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NW1822	Complainant unhappy with lack of communication and treatment received at Closeburn St.	Partially Upheld	Action Plan, Communication	K03-01: Breakdown in relationships between worker and patient should be addressed at an earlier stage by managers within the service. Agreed changes to treatment plan must be communicated directly between staff within the service. Development of a recovery plan should be in consultation with the patient and all areas of care & treatment discussed. K02-01: All issues and any learning points will be discussed at next team meeting.
NW1825	The complainant phoned as he is unhappy with Service received, he says he received a phone call from his key worker telling him his referral had not been sent and he would have to wait 12 weeks before being seen. He wants a Detox rehab at the Kershaw unit.	Fully Upheld	Communication	None
NW1827	Patient unhappy with treatment from doctor and appointment system.	Partially Upheld	Communication	None
NW1829	1. That the referral was not treated as urgent by the team 2. That the time it took to send an appointment was too long and that you received the letter after the death of husband	Fully Upheld	Education, System	K05-02: Staff members will take this forward as a learning opportunity in relation to the triage system requiring a more in depth approach. K01-03: The Community Respiratory Team now have a new electronic system in place which ensures the allocation of appointments is completed within 24 hours of the referral being received with a letter being sent in a more timely manner.
NW1830	Complainant unhappy with change of Health visitor and feels the new health visitor is not supportive.	Partially Upheld	No Action Required	None

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NW1831	concerns re: lack of support for family needs. The patient did not feel well supported by the breastfeeding advice.	Partially Upheld	Share	K10-01: Team Leaders will share learnings with health visiting teams anonymously. Particularly in relation to the delivery of advice to patients.
NW1840	1. The school nurse demanded that the patient be taken to the GP for a blood test. 2. The school nurse's behaviour was unprofessional, harmful and unethical. 3. The school nurse excluded the mother from her son's food tasting plans.	Partially Upheld	Education	K05-02: Education - In reflection it may have been more helpful if the staff member contacted the patient's mother more frequently in relation to the patient plan in expanding his diet.
NW1841	appointment not been put on the appt system	Partially Upheld	Action Plan	Discussion with Doctor re: appt management process to ensure appts are forward planned I e-diary. Discussion and plan to review admin systems at CMHT to aim for quicker turnover of letters and uploading of information to e record.
NW1843	Patient discharged from service following a telephone call to cancel scheduled appt.	Fully Upheld	Communication	K03-04: Communication - Due to administration error it was recorded that the appointment was not attended. This issue will be discussed at next team meeting.
NW1902	Complaint against nurse in charge of McNair. Nurse behaved in a prejudiced way interfering in relationship between patient and other members of staff. Patient was not informed that her named nurse had been changed.	Partially Upheld	Communication	K03-04: Communication - changes to the process to be discussed at next team meeting which should prevent this from occurring again.
NW1903	Lack of communication with Doctor.	Fully Upheld	Communication	Dr will meet with patient again to discuss outcome of previous meeting.

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NW1906	Complaint re: previous Health Visitor	Partially Upheld	Action Plan	Team Leader will circulate and discuss document "Meaningful Conversations" which supports how to take an infant feeding history in a supportive and responsible way.
NW1912	Unhappy with manner of Psychiatrist.	Fully Upheld	Communication	Case will be discussed at the multi-disciplinary review meeting and patient will be updated on the outcome of this.
NW1915	Complainant requested support from Advocacy via his clinical team to complain formally about the failure to secure an appropriate placement in a rehabilitation clinic and the uncertainties surrounding his future care plan.	Fully Upheld	Action Plan	None
NW1916	Main points: concerns not listened to or taken into account concerns son was taken off medication and discharged without discussion - no care plan arranged	Partially Upheld	Communication	K03-03: Communication - to discuss this finding at next team meeting with the view to preventing this from re occurring.
NW1927	Family not being told of incidents regarding patient's behaviour.	Partially Upheld	Communication	None Identified.
NW1933	Service user felt the immunisation apt she had at CCFH had been rushed, poor communication delivering immunisations information.	Fully Upheld	Action Plan, Communication, Education	Learning Points identified above will be follow-up by the Team Leader overseeing the Immunisation Team within the next two weeks. 1 Update staff regarding evidence based information relating to breastfeeding and immunisation administration. 2 Update staff regarding the feedback given by the patient in relation to having a child-centred, professional and caring approach to delivery of immunisation services. 3 Check that there is adequate signposting of the breastfeeding room in the Community Centre for Health.

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NWS00119	Patient complained referral was not made in the expected timescale	Partially Upheld	Communication	We will be looking into processes to ensure delays are minimised during periods of high patient volume and reduced staff resource.
NWS00319	Patient complained of having to be retested because tests were labelled incorrectly	Fully Upheld	Communication	This matter has now been highlighted with all staff to ensure that all samples are labelled and correct prior to be placed in the specimen room. This incident has also highlighted the importance for staff to use a double check system within the specimen room where by a second member of staff checks that all samples are labelled correctly prior to their collection and transportation to the laboratory.
NWS00419	Patient was refused a test and made to feel humiliated. Very upset by nurse's attitude	Fully Upheld	Communication, Education	Nurses line manager will discuss the incident with the nurse to help identify any issues and avoid this happening again.
NWS00519	Patient unhappy referral not sent for surgery	Fully Upheld	Communication	None, referral missed due to doctor on long term sick leave
NWS00619	Patient felt doctor criticised delay in coming for test when the service had delayed her appointment and the location was changed by the service too.	Fully Upheld	Communication, Education	Doctor to reflect on consultation style
NWS00719	Increase in waiting time for appointment of 6 months. Patient wished to complain of the increase and of not being informed.	Partially Upheld	Communication, Action Plan	To improve better communication with gender patients about waiting times.
NWS00819	Patient complained of failings of gender team, not making referrals or sending letters as they should.	Partially Upheld	Communication	K03-01: Ensure patient and clinician are in agreement and confirm referrals at the end of the session

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NWS01019	Complaint about the closure of the Sandyford Castlemilk Young Persons Clinic. The complainant took her daughter to the clinic which is usually on a Thursday to find it closed for 12 weeks. She wants her complaint noted as she feels as though this will have a detrimental effect on the youth of the area.	Fully Upheld	Communication	K03-01: Communication-Early Engagement/Resolution with complainant.....Service review is currently underway.
NWS01419	Patient felt pain when nurse put in implant as anaesthetic had not taken effect.	Fully Upheld	Communication, Education	Senior Nurse and service manager have plan for nurse to ensure learning from this.
NWS01619	Patient came in for appointment which had been cancelled. Had not received letter. Also complained of delay for referral.	Partially Upheld	Communication	The multidisciplinary team met to discuss implementing a more effective system for communicating with patients.
NWS02019	Patient said doctor upset her and was pushing her to stop breast feeding. Doctor also told her night feeding was bad for her child's teeth.	Partially Upheld	Education	K05-02: Doctor has reviewed current guidance on infant feeding and dental health.
NWS02219	Patient complained of poor communication. Calls and emails not be answered.	Fully Upheld	Communication	New systems are in place and new staff members should join the staff team soon.
NWS02519	Patient complained she had an appointment last year but was told she needed to see a doctor and not a nurse but was examined anyway. Was told would be referred to Sandyford Central. Did not get appointment, told no record of request. Wanted appointment to be confirmed with doctor and that	Partially Upheld	Communication	To improve communication with patients in relation to the process.

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	it was correct appointment.			
NWS02619	Patient complained that is was frustrating and confusing when she called for an appointment. Was passed to several different people.	Fully Upheld	Communication, Education	The nurse has reflected on this and also agrees the phone system needs full communication regarding previous conversations from switchboard to nurse.
NWS02719	Patient complained MRI referral rejected as not signed. Patient complained referral for possible surgery not sent.	Fully Upheld	Communication	Referrals to be checked before submission
NWS10118	Client raised concerns over being cut off at 4.30 on the phone line. Tried to contact patient - was out of the country. Spoke to him on 13/12/18 on his return.	Fully Upheld	Access	Changed the phone line closure to 4.15 to allow staff to clear the queue.
NWS10318	Patient complained short notice for cancelled appointment and having to wait too long for reappointment	Fully Upheld	Communication	Service review is underway to address these issues
NWS10418	Patient had problems getting test results and getting through on phone lines	Fully Upheld	Communication	Service review underway
NWS2818	Patient unhappy about way reception staff announced her arrival Patient unhappy about way nurse spoke to her, treated her like a child, very upset.	Fully Upheld	Communication	Reception staff to avoid referring to patients as the clinic they are booked for, when speaking to other staff. Nurse to consider the recommendations in the qualitative research study on women's experience of abortion

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NWS2918	Patient could not access results via automated service due to error uploading them.	Fully Upheld	Communication	The Dr who made the error uploading results to be informed and reminded of process.
NWS3118	Patient had been given a slip by Dr for an appointment on a specific date. However Dr was on leave that date so was booked in on another day, with a different consultant. I.e. was booked into Gum Complex clinic on 16/04/2018 instead of 18/04/2018. Patient was angry as he said he only sees Dr.	Partially Upheld	Communication	K03-02: Communication/Early Engagement/resolution with complainant.
NWS3418	Patient unhappy her doctor had not been given information requested to allow them to give prescription to patient.	Fully Upheld	Communication	K03-02: Communication/Early Engagement/resolution with complainant.
NWS3618	Patient was not referred to hospital for hysterectomy as agreed.	Fully Upheld	Communication	K03-02: Communication/Early Engagement/resolution with complainant.
NWS3718	She said she called Sandyford for a termination at 6 weeks and waited two weeks. She was not offered screening. During her scan the picture was left on the screen with her boyfriend in the room. Someone was supposed to call her back with results, they didn't. At 9.30 the next morning at home she started bleeding without using the pessaries. 9 days later she was still ill, she had to stay in bed. She called Sandyford and was told this was normal. Her sister called an ambulance. She was in hospital	Partially Upheld	Education, Communication	<ul style="list-style-type: none"> <li>• Investigator to discuss the consultation with Dr who saw the patient</li> <li>• Investigator to ensure that patients are aware that they may experience bleeding between treatment days</li> <li>• Investigator to ensure that the advice about when to advise medical review is prominently displayed at the nurses desk</li> </ul>

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NWS3818	Unhappy at the delay in getting blood test results and a referral for voice therapy. Arrived for doctor's appointment and the doctor was unaware of reason why the appointment had been given, this appointment had been discussed and arranged in relation to response to initial complaint.	Partially Upheld	Education	K05-01: To be discussed at next team meeting to ensure any learning points are shared to prevent this issue occurring in the future.
NWS4118	Complained consultant was late, seemed to ask questions not understanding transgender and there was a delay of months for an appointment	Partially Upheld	Communication, Education	Dr has said her learning from this has been that she will endeavour to convey as clearly as possible her understanding of someone's gender identity in future appointments, and to offer a full explanation as to why certain questions need to be asked.
NWS4618	Patient had traumatic experience of having IUD fitted. Wasn't offered support she needed and was in severe pain.	Fully Upheld	Communication, Education	CD will raise anonymised case (including language about the impact on trust) with the IUD fitters forum at a future date and look to widen the learning for our IUD fitters
NWS4718	Patient unhappy that she was given STI test without being told. Also that results system was not explained to her and didn't work properly anyway.	Fully Upheld	Education	<ul style="list-style-type: none"> <li>• Information about test was given; reflection by clinician on why that information might not have been retained (action complete)</li> <li>• Results line card does not seem to have been given; this was an oversight by clinician (no further action required)</li> <li>• Operations group should consider alternatives to green results card (e.g. text after tests taken)</li> <li>• Number for getting support after receiving result does not seem to be working business administration manager to investigate this.</li> </ul>

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NWS4918	Patient unhappy in delays to treatment.	Fully Upheld	Communication	K03-01: Communication - Problems largely caused by lack of qualified practitioners for appointment. We are always looking at ways to improve our patient pathway and I agree that we need to review our communication around timescales and processes for patients accessing our service.
NWS5118	Mother complained on behalf of her son as they had been told they would have to wait for puberty to begin treatment.	Fully Upheld	Communication	K03-02: Communication/Early engagement/Resolution with complainant
NWS5218	Felt doctor did not listen to her and was unhappy about consultation. Felt doctor had not read her notes.	Partially Upheld	Communication	As part of service review, trauma informed approach to consultations will be included in training for all staff
NWS5318	Gender patient had called service previous year to be put on waiting list but had not been added when they checked to see when they may get an appointment.	Fully Upheld	Communication	K03-01: Communication - Early engagement - Patient has now received appointment.
NWS5518	Patient complained gender admin team were unhelpful and he was unhappy with their attitude. Also that he was told the wrong appointment time.	Partially Upheld	Communication	Admin advised to be aware of their telephone manner.
NWS5618	Patient had been on waiting list for a year for treatment and complained about the length of time she had to wait	Fully Upheld	Communication	Ensure that gynaecology secretarial staff are aware that there is no longer a waiting list for Botox treatment – patients are directly allocated onto Dr's SRH list
NWS5718	Delays in treatment and lack of communication.	Fully Upheld	Action Plan	K02-01: Action Plan - Service review currently being undertaken
NWS5818	Patient had not been added to gender waiting list when they first called adding months to their wait for an appointment	Fully Upheld	Communication	None Was human error

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NWS5918	Patient complained husband was excluded from consultation when he had always previously been allowed to join her. Patient was assured this would not happen again in future. Following most recent appointment this issue re occurred again.	Partially Upheld	Action Plan	K02-01: Service Manager will chair a multi-disciplinary meeting to discuss and understand why the approach to this aspect of the patients care has varied over time and to prevent this from occurring again.
NWS6018	Patient alleged unauthorised biopsy had been done. Also that staff were unsympathetic and she was traumatised.	Partially Upheld	Communication	None
NWS6118	Patient complained consulting room was a mess, swabs etc. Concerned her blood tests would be contaminated.	Fully Upheld	Education	Senior nurse will feedback to clinician and nurses.
NWS6218	Patient travelled by ferry 2 hour journey, on arrival clinic was closed. No cancellation sent.	Fully Upheld	Communication	Administration asked to ensure all cancellations patients are notified
NWS6318	Patient complained she was not on waiting list despite having self-referred in July 17.	Partially Upheld	Communication	Business administration Manager will speak to administration team to tighten processes
NWS6618	Patient complained of not being able to get through on phone lines	Fully Upheld	Communication	K03-01: Communication/Early Engagement/Resolution with complainant - Testing new triage process.
NWS6818	Patient was on hold on phone for 40 minutes then when answered operator hung up.	Partially Upheld	Communication	K03-01: Communication/Early Engagement/Resolution with complainant - In relation the delay in answering phone - a new triage system is being piloted.
NWS7018	Patient complained of poor automated results system and delays in getting test results. 2nd time he'd had to complain of this.	Fully Upheld	Communication	Current sexual health review is looking at improving testing services for patients

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NWS7318	Patient upset letter to GP for prescription not send. Admin showed lack of care.	Fully Upheld	Communication	K03-04: Communication - To be discussed at next team meeting - Admin staff advised of patient concerns.
NWS7418	Patient called for vasectomy appointment. Complained of wait for this appointment. Patient said he was told at previous appointment he could be "fast tracked". Said reception staff wouldn't listen.	Partially Upheld	Communication	K03-01: In relation to the patient feeling that the receptionist was not listening to him, this will I discussed at the next admin meeting.
NWS7518	Patient was unable to get an appointment in a reasonable timescale	Fully Upheld	Communication	Service review aims to decrease waiting times
NWS7618	Patient complained that their referral for surgery was not sent.	Fully Upheld	Communication	None
NWS7718	Patient felt consultation and information given was not thorough enough and that assumptions were made.	Partially Upheld	Communication, Education	Line manager to give feedback to doctor to aid development of improvement plan. Use this example in wider learning for staff.
NWS7918	Nurse lectured patient about weight and recommended slimming world. Said she would have to have another appointment due to weight.	Partially Upheld	Communication	Nurse advised of patients distress and asked not to give inappropriate recommendations
NWS8018	Patient complained of delays in getting referred for surgery	Fully Upheld	Communication	None
NWS8218	Patient complained her phone was receiving calls forwarded from Sandyford Paisley.	Fully Upheld	Communication, Education	K05-01: Education - Reception staff shown how to remove a divert command on phones
NWS8318	Patient complained reception staff had a bad attitude. That they advised her to use condoms which was not appropriate.	Partially Upheld	Communication	Reception staff reminded to be aware of the way they deal with patients.

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NWS8518	Patient complained of waiting for her appointment and then being told she wasn't checked in and had to come again another day. Also that staff asked her in front of other patients why she was there.	Fully Upheld	Communication	Reception staff asked to ensure all patients are checked in
NWS8618	Patient complained of several occasions where communication failed. Letters not send to her GP with results, incorrect paperwork being sent with referrals for treatment.	Partially Upheld	Communication, Education	staff involved in funding requests have been further trained to ensure all paperwork is requested
NWS8718	Unacceptable delay for referral for vaginoplasty surgery	Fully Upheld	Communication	Service review underway Additional hours given to other staff to try to cover absence
NWS8818	Relative complained her niece was spoken to very abruptly and upset her niece.	Fully Upheld	Communication, Education	Nurse is being supported by her line manager to reflect on the issues raised.
NWS8918	Patient was overlooked for referral	Fully Upheld	Communication	K03-01: Communication / Early engagement/resolution with complainant.
NWS9018	Patient complained of delays in information being sent to their GP for a prescription	Fully Upheld	Communication	Service review is underway

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NWS9118	Patient did not like the nurse's attitude, she was aggressive and made inappropriate comments.	Partially Upheld	Communication, Education	Line manager have discussed each point raised by the client carefully and a full exploration was undertaken. This was done on a general basis as the clinician could not remember the client. Reinforcing the client approach is tailored to each individual. Ensure that verbal and physical queues are acted upon immediately during the consultation if the consultation is not going as well as planned. Evidence base should be used when clients are asking questions about their care at all times.
NWS9218	Gender patient unhappy at delays in getting referral letters and funding letters completed	Fully Upheld	Communication	None
NWS9318	Patient complained that she would have to wait weeks to get a letter typed to be sent to her GP for a prescription	Fully Upheld	Communication	None, admin shortages meant letters are being delayed
NWS9418	Patient was given appointment for wrong clinic and then told would have to wait 2 months for new appointment	Fully Upheld	Communication	None as was simple admin error
NWS9518	Patient complained of nurses questions - they were personal and judgemental	Partially Upheld	Communication	Nurse to reflect on conversations with patients and to attend training on direct communication and respectful challenge
NWS9618	Client was told that he would need to attend Ayrshire services instead of Glasgow.	Fully Upheld	Communication	None

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NWS9818	Client called to express concern over not receiving an appointment letter for 6 weeks and that her appointment wasn't until March. Client stated she no longer wishes to attend the service and was disappointment that Sandyford had moved from a drop in service to appointments.	Fully Upheld	Communication	None.
NWS9918	Dr's manner Mum was not allowed in the room during the procedure She asked Dr to stop the reinsertion as the local anaesthetic wasn't working and it was painful but he carried on The position of the implant was superficial and painful when she moves her arm (she now wants it removed)	Partially Upheld	Communication	Dr to ensure that an accompanying person is able to join the patient as per the patient's wishes Dr to check that patient is comfortable during any procedure Dr to ensure that patients are aware that bruising is a possibility, and to advise patients to call for advice if any concerns
SO03/19	Complainant unhappy that child had been vaccinated twice, once in error.	Fully Upheld	Action Plan	K02 03: Action Plan - Staff learning and guidelines to be adjusted.
SO07/19	Complainant unhappy at length of time waiting for an appointment	Partially Upheld	Communication	Learning for staff re communication

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SO09/18	A report provided by the GP has led the patient to believe he has been misdiagnosed. He is very distressed about this and has stated that he feels suicidal he called the Samaritans yesterday for 1hr which resulted in him feeling more suicidal and wanting to self-harm. The patient would like a second opinion as he has not had the opportunity to discuss treatment options or been told any information about his condition.	Partially Upheld	Communication	K03-01: Communication/Early Engagement-Resolution with complainant- Contact was made as Complainant had expressed suicidal/self-harm thoughts. Complainant has been appointed for a second opinion. Complainant happy with response.
SO10/19	Complainant unhappy at having to wait for an urgent appointment following referral by GP.	Partially Upheld	Communication	Staffing issues would be addressed in the near future to enable sooner appointing. Staff have been advised around giving patients estimated waiting times as this gives an expectation that the service cannot support
SO11/18	Complainant unhappy about nurse's treatment and attitude towards her brother who was the patient. Response will be delayed as treatment room nurse is on leave. Complainant informed 13/06/18.	Fully Upheld	Action Plan, Education	Complained about staff member to undertake additional training under supervision of line manager