



**Item No. 9**

**Meeting Date**

**Wednesday 22<sup>nd</sup> October 2025**

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

**Report By:** Chief Officer, Glasgow City Health and Social Care Partnership

**Contact:** Gordon McKay ([gordon.mckay@glasgow.gov.uk](mailto:gordon.mckay@glasgow.gov.uk))

**Phone:** 0141 287 8849

**Health and Social Care Partnership Complaints Annual Report 2024-25**

**Purpose of Report:**

To report on complaints activity for social care complaints and health complaints in Glasgow City Health and Social Care Partnership for the period 1st April 2024 – 31st March 2025.

**Background/Engagement:**

Based on an analysis of ongoing activity captured in separate recording systems of the Health Board and Council, this is an annual report considered by the Finance and Audit Scrutiny Committee. Previous three years' reports are available at:

[2023-24](#)

[2022-23](#)

[2021-22](#)

**Governance Route:**

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

HSCP Senior Management Team ☐

Council Corporate Management Team ☐

Health Board Corporate Management Team ☐

Council Committee ☒

Update requested by IJB ☐

Other ☐

Not Applicable ☐

**Recommendations:**

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

- a) Note the content of the annual Health and Social Care Partnership Complaints Report and two attached appendices.

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### Relevance to Integration Joint Board Strategic Plan:

Good complaints management helps support the strategic vision for our services in terms of empowering people to highlight to the organisation when they do not have the right support in the right place at the right time. Learning from complaints can help with:-

- Improving access to services and supports throughout the community for people who need them and are available when they need them most
- Talking to people about what they need to flourish, and about how we can support them to achieve it
- Listening to the views of people with experience of health and social care services and acting on what they tell us when designing, planning and delivering services with our partners
- Evaluating new and existing systems and services to ensure they are delivering the vision and priorities and meeting the needs of communities
- Using clearly defined and transparent performance monitoring to ensure continuous improvement and accountability.

### 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**

- 1.1. To report on complaints activity for social care complaints and health complaints in Glasgow City Health and Social Care Partnership for the period 1st April 2024 – 31st March 2025.

### **2. Background**

- 2.1. Appendix 1, accompanying this report, gives a full analysis of complaints about social care services in the period April 2024 – March 2025 considered under the appropriate complaint procedure for Social Work Services.
- 2.2. Appendix 2 gives analysis of complaints about health services in the period April 2024 – March 2025 considered under the appropriate complaint procedure for NHS complaints.
- 2.3. Both procedures consist of three stages: Stage 1: 'Front-line resolution' (timescale 5 working days that may be extended to a maximum of 10 working days in certain circumstances); Stage 2: formal Investigation and written response (timescale 20 working days); Stage 3: Scottish Public Services Ombudsman (independent review that may lead to formal investigation, decision and recommendations or to a decision not to take matters further).
- 2.4. The purpose of this report is to present and summarise the main features of that fuller analysis across all three stages of complaint, across both areas.
- 2.5. Volumes of Social Work complaint activities increased in 2024/25, rising by 14% from 676 in the previous year to 769. As it remains impossible to link Stage 1 and Stage 2 complaints from data available, for clarity in this year's report Stage 1 and Stage 2 are identified as complaint activities, as opposed to complaint cases – once the new recording system is in place, reporting will be focussed on complaint cases. Care Services Stage 1 complaints decreased by 35% from 445 to 290. Health services complaints fell by 5% from the previous year to 1016 complaints, together with 91 comments, concerns and other feedback.
- 2.6. There has been little change in the distribution of Social Work complaints proportionately between the localities, with the most notable increases in complaints activity relating to Subject Access Request delays and Homelessness issues. Almost all Care Services complaints focus on Home Care, with more in South locality than the other localities, in line with the greater population and scope of services in South area. In terms of Health complaints, the majority of complaints (58%) were about prison-based health services at HMP Barlinnie, Greenock and Low Moss, as in previous years.
- 2.7. Performance against timescale for stage 2 investigations of Social Work complaints has improved very slightly in 2024/25, from 61% in the previous year to 62%. While not a significant increase in compliance, and below the target of 70% compliance, current rate of compliance is attributed to the high volume of Stage 2 complaints, and also to the ongoing challenge of the volume of work unrelated to complaints handled by the team in relation to the Subject Access process. Significant additional resource has now been secured and introduced, however the focus of staff will remain on Subject Access Request processing until sufficient progress has been made in that

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regard, and so this additional resource is not projected to significantly impact on Stage 2 compliance in Qs 3 and 4 of 2025/26.

- 2.8. Timescales for Stage 1 complaints were not met for Social Work complaints in any area of the city, except North East. 57% of these were in time across GCHSCP, down slightly from 58% the year before. The target was, therefore, not met for complaints across both stages, with only 59% of all responses being within deadline, broadly consistent with the previous reporting year.
- 2.9. For NHS complaints, 508 of 861 completed complaints (59%) were responded to within the relevant timescales. This is a continued decline from 63% completed on time the previous year. Most complaints at Stage 1 (frontline resolution) were dealt with on time, within 5 working days. For those subject to Stage 2 investigation, 41% of completed complaints were responded to within the 20 working days timeline. This should be seen as an area requiring improvement within 2025/26.
- 2.10. Section 3.3 of Appendix 1 summarises the particular client groups submitting complaints regarding Social Work matters, with the majority of complaints relating to Children and Families involvement – this is typical and directly related to the general dissatisfaction that many complainants feel towards social work involvement in their family lives. Complaints from those in the Homelessness Client Group remain high. There is not an equivalent to ‘client group’ for Health complaints.
- 2.11. The significant number of complainants in the ‘Not Known’ client group primarily relate to complaints regarding delays to Subject Access Request processing – these complainants may not be current service users, or even where they are, any current SWS involvement is not ordinarily relevant to the matter complained about, and therefore these complainants will not generally be logged as belonging to one of the recognised client groups.
- 2.12. Section 3.4 of Appendix 1 summarises the main issues raised by service users across social work complaints and across care services complaints. Section 5 of Appendix 2 provides equivalent information in relation to health services, where the three most prevalent themes of completed complaints being complaints relating to Clinical Treatment, Date of Appointment and Attitude and Behaviour.
- 2.13. For Care Services the top three issues were quality of service, failure to arrive and competency of staff, which is consistent with previous years. Complaints about failure to arrive have dropped noticeably from 112 in 2023/24 to 51. Complaints about staff competency have also decreased noticeably, from 64 to 33. With Care Services carrying out over 4.2 million visits during 2024/25, complaints activity remains very low, with less than 0.01% of care visits generated any sort of complaint.
- 2.14. 30% of Social Work complaints have been upheld or partially upheld in 2024/25, consistent with figures from the preceding year. Care Services complaints upheld or partially upheld have increased slightly, from 62% to 65%. This is detailed at Section 3.5 of Appendix 1.

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- 2.15. For Health complaints, 66% of complaints were not upheld and 21% were partially or fully upheld. A further 13% were withdrawn or otherwise not progressed. A detailed breakdown around complaint outcomes is presented at section 3.6 of Appendix 2.
- 2.16. 25 Social Work cases were considered by the Scottish Public Services Ombudsman (SPSO) at stage 3 of the complaints process during 2024/25. Case summaries and outcomes are presented at section 3.6 of Appendix 1. None of the cases considered by the SPSO were upheld, although three await the final decision of the SPSO.
- 2.17. One further case, first raised with the SPSO in 2021, was finally concluded during 2024/25 and details – appropriately anonymised – are included at the end of Section 3.7 of Appendix 1.
- 2.18. There were also 60 Ombudsman decision letters received involving the HSCP or local Family Health Services relating to Health complaints. Details of all decisions are given on page 5 of Appendix 2.
- 2.19. For social work complaints that were upheld at any stage, there is good evidence that actions were then taken to offer redress to complainers and/or to improve services or processes. These were largely confined to improvements at an individual case level, but were nevertheless important from the customer's perspective, often involving increased financial and other support, improved engagement or the expediting of services. Relevant actions are listed in full at section 3.8 of Appendix 1.
- 2.20. Similarly, in relation to Health complaints, 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 2024-25 as set out in Section 5 of Appendix 2.
- 2.21. In addition to the report on complaints performance, some additional context and information in relation to the development activity of the Complaints, FOI and Investigations team is summarised at Section 3.9 of Appendix 1. Staff responsible for processing Health complaints also identified a decline in complaints being logged on to Datix within the South Sector, and this has been rectified with their backlog now completed: this has been identified as an area of continued improvement throughout 2025/26.

## **3. Recommendations**

- 3.1. The IJB Finance, Audit and Scrutiny Committee is asked to:
  - a) Note the content of the annual Health and Social Care Partnership Complaints Report and two attached appendices.

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# SOCIAL CARE COMPLAINTS REPORT

April 2024 – March 2025

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



# Glasgow City Health and Social Care Partnership

## Social Care Complaints Report

**April 2024 – March 2025**

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## Section 1 Executive Summary

- 1.1 This report covers complaints about social care services in the period April 2024 – March 2025 considered under the appropriate complaint procedure for Social Work Services. This consists of three stages of: Stage 1: 'Front-line resolution' (timescale 5 working days that may be extended to a maximum of 10 working days in certain circumstances); Stage 2: formal Investigation and written response (timescale 20 working days); Stage 3: Scottish Public Services Ombudsman (independent review that may lead to formal investigation, decision and recommendations or to a decision not to take matters further).
- 1.2 Figures are given separately for Social Work (including Homelessness) and Care Services complaints (primarily home care) as these are processed within two different recording systems.
- 1.3 Development continues on an integrated complaints recording solution, and we are currently working to a 'go-live' date of 26<sup>th</sup> November 2025 and the introduction of the new complaints system in 2025 will have a significant impact in terms of improving management information around all complaints.
- 1.4 Volumes of Social Work complaint activities increased in 2024/25, rising by 14% from 676 in the previous year to 769. As it remains impossible to link Stage 1 and Stage 2 complaints from data available, for clarity in this year's report Stage 1 and Stage 2 are identified as complaint activities, as opposed to complaint cases – once the new recording system is in place, reporting will be focussed on complaint cases.
- 1.5 Care Services Stage 1 complaints decreased by 35% from 445 to 290.
- 1.6 There has been little change in the distribution of Social Work complaints proportionately between the localities, with the most notable increases in complaints activity relating to Subject Access Request delays and Homelessness issues. Almost all Care Services complaints focus on Home Care, with more in South locality than the other localities, in line with the greater population and scope of services in South area.
- 1.7 Performance against timescale for stage 2 investigations of complaints has improved very slightly in 2024/25, from 61% in the previous year to 62%. While not a significant increase in compliance, and below the target of 70% compliance, current rate of compliance is attributed to the high volume of Stage 2 complaints, and also to the ongoing challenge of the volume of work unrelated to complaints handled by the team in relation to the Subject Access process. Significant additional resource has now been secured and introduced, however the focus of staff will remain on Subject Access Request processing until sufficient progress has been made in that regard, and so this additional resource is not projected to significantly impact on Stage 2 compliance in Qs 3 and 4 of 2025/26.
- 1.8 Timescales for Stage 1 complaints were not met for Social Work complaints in any area of the city, except North East. 57% of these were in time across GCHSCP, down slightly from 58% the year before. The target was, therefore, not met for complaints across both stages, with only 59% of all responses being within deadline, broadly consistent with the previous reporting year.



- 1.9 Section 3.3 summarises the particular client groups submitting complaints, with the majority of complaints relating to Children and Families involvement – this is typical, and directly related to the general dissatisfaction that many complainants feel towards social work involvement in their family lives. Complaints from those in the Homelessness Client Group remain high.
- 1.10 The significant number of complainants in the ‘Not Known’ client group primarily relate to complaints regarding delays to Subject Access Request processing – these complainants may not be current service users, or even where they are, any current SWS involvement is not ordinarily relevant to the matter complained about, and therefore these complainants will not generally be logged as belonging to one of the recognised client groups.
- 1.11 Section 3.4 summarises the main issues raised by service users across social work complaints and across care services complaints.
- 1.12 For Care Services the top three issues were quality of service, failure to arrive and competency of staff, which is consistent with previous years. Complaints about failure to arrive have dropped noticeably from 112 in 2023/24 to 51. Complaints about staff competency have also decreased noticeably, from 64 to 33.
- 1.13 Care Services carried out over 4.2 million visits during 2024/25, so less than 0.01% of care visits generated any sort of complaint.
- 1.14 30% of Social Work complaints have been upheld or partially upheld in 2024/25, consistent with figures from the preceding year. Care Services complaints upheld or partially upheld have increased slightly, from 62% to 65%.
- 1.15 25 cases were considered by the Scottish Public Services Ombudsman (SPSO) at stage 3 of the complaints process. Case summaries and outcomes are presented at section 3.6 of this report. None of the cases considered by the SPSO were upheld, although three await the final decision of the SPSO.
- 1.16 That each case that reached Stage 3 during 2024/25 and has been concluded was either not upheld, or not taken further by the SPSO following initial assessment, which equates to agreement with the stage 2 response issued to the complainant generally gives reassurance that the internal complaints process is functioning correctly, both in relation to the small percentage of complaints that reach the SPSO, and the small proportion of those that lead to any action by the SPSO.
- 1.17 One further case, first raised with the SPSO in 2021, was finally concluded during 2024/25 and details – appropriately anonymised – are included at the end of Section 3.7.
- 1.18 For social work complaints that were upheld at any stage, there is good evidence that actions were then taken to offer redress to complainers and/or to improve services or processes. These were largely confined to improvements at an individual case level, but were nevertheless important from the customer’s perspective, often involving increased financial and other support, improved engagement or the expediting of services. Relevant actions are listed in full at section 3.8.

- 1.19 In addition to the detailed report on complaints performance, some additional context and information in relation to the development activity of the Complaints, FOI and Investigations team is summarised at Section 3.9.

## Section 2 Complaints Processes and report format

This report covers social care (Social Work, Homelessness and Care Services) delivered by GCHSCP during the period April 2024 to March 2025. Operational Care Services subsume home care and related services, together with Day Care and Residential Services.

During 2024/25 these complaints were all subject to the model Complaints Handling Procedure, as directed by the Scottish Public Services Ombudsman Complaints Standards Authority. This involves three stages of complaint:

- Stage 1: 'Front-line resolution'. This has a timescale 5 working days that may be extended to 10 working days at the discretion of the service manager or with the agreement of senior staff in the Complaints, FOI and Investigations Team, if there is valid reason to do so. Complaint responses under this part of the process are composed and issued locally, either verbally or in writing.
- Stage 2: Formal Investigation. This has a timescale 20 working days and always involves written response. This part of the process is managed entirely by the central Complaints, FOI and Investigations Team (CFIT), who are responsible for fully investigating and responding to these complaints. Stage 2 may follow from an unresolved Stage 1 complaint, or one that is not responded to within appropriate timescales. A complaint may also be immediately escalated to Stage 2 based on complexity or seriousness of complaint.
- Stage 3: Scottish Public Services Ombudsman (SPSO) review. This is an independent review with no fixed timescale that may or may not lead to further formal investigation, decision and recommendations by that body.

Due to arrangements predating the transfer of Home Care and some related services from Cordia to GCHSCP, administration of complaints about those services has continued to be managed at Stage 1 of the process by Operational Care Services management, within their own systems. Because of this difference in management and recording, data is presented separately within this report for Home Care services and for Social Work and Homelessness complaints.

As previously reported, current recording arrangements replaced by the Granicus system which will be a common complaints recording system across GCC. In the previous year's report, it was noted that the estimated date for the introduction of this new complaints handling system would be during Q1 or Q2 in 2025/26, significantly later than the 1<sup>st</sup> April 2024 date predicted in the annual report for 2022/23. This has been subject to some further delay, however now has an agreed start date of 26<sup>th</sup> November 2025. CFIT staff have been directly involved in the development of the system to ensure the new system meets requirements.

The introduction of the new Contact us system will eliminate any inconsistencies in producing reports on complaints received and resolved. All complaints received will be recorded as a single case, in line with SPSO requirements, with each stage of any multi-stage complaint registered within that single case record, removing the necessity to log each stage of a multi-

stage complaint as a single 'complaint' in its own right. The ability to report on volumes of complaints activities at each stage will be retained.

In this report, Care Services Stage 1 complaint figures are produced by Operational Care Services staff. Social Work and Homelessness figures are produced via reporting arrangements based on C4 data records. Figures are presented on overall activity, timescales, client group, issue and outcome for the HSCP as a whole and by four localities - North West, North East, South and Centre. While Social Work and Care Services complaints are often complex, complaints are assigned to a primary service area and primary complaint issues only.

There are separate sections on third stage complaints considered by the Scottish Public Services Ombudsman (SPSO) and on service improvements for the Social Work complaints and those Care Services complaints dealt with by the central team at second and third stage.

## Section 3 Statistical information and commentary

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

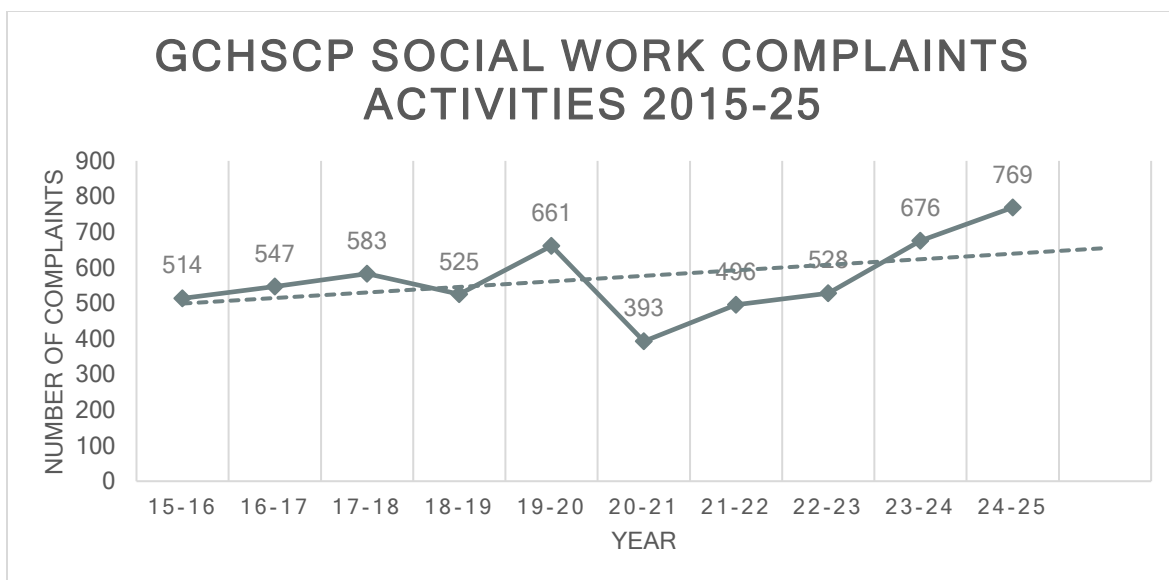
In all previous years, total volume of complaints were reported as the total of all Stage 1, Stage 2 and Stage 3 complaints with each recorded as a separate complaint for purposes of assessing volume. Currently, the recording system does not allow us to identify where a single complaint case has proceeded through all three stages of the complaints handling process, and so we are unable to provide a clear record of the total complaint cases, whereby a complaint case may consist of any of the following combinations:-

- Stage 1 only
- Stage 1 and Stage 2
- Stage 2 only
- Stage 1, Stage 2 and Stage 3
- Stage 2 and Stage 3

Absent the ability to provide a total number of complaint 'cases', and for the purposes of comparison to previous years, the total number of complaint 'activities' is recorded below. A complaint activity is defined as either a Stage 1 action, a Stage 2 action, or a Stage 3 action.

769 complaints were received in relation to Social Work and Homelessness services in 2024/25, a 14% increase on the previous year, and the highest total over the last decade. Chart 1 below shows the 10-year trend in complaint activities received and actioned by the Complaints, FOI and Investigations Team.

**Chart 1: Trend in total Social Work complaints activities across all stages 2015-2025**



The continued increase in received complaint activities now means that volumes of complaint activities have exceeded 'pre-pandemic' levels.

Of the 769 complaint activities, 333 (43%) were dealt with at Stage 1 (local resolution) and 411 (53%) at Stage 2 (formal investigation). 25 (3%) were Stage 3 complaints referred to CFIT by SPSO. There has been a substantial increase in Stage 2 complaint activities, both as a count and as a percentage share over the previous year. The proportion of Stage 2 complaint activities has almost returned to the same level as 2022/23, when it had reached 55%, however the total number of Stage 2 complaint activities has now reached the highest level recorded.

**Table 1: SWS Stage 1 and 2 Complaints by service area and locality 2024-2025**

Locality	Stage 1	Stage 2	Total
Centre	150	194	344
North East	53	51	104
North West	33	46	79
South	82	83	165
Care (non-HCS)	15	37	52
<b>Total</b>	<b>333</b>	<b>411</b>	<b>744</b>

'Centre' encompasses a range of teams. These are set out below in order of decreasing volume.

- **Homelessness** – not including fieldwork (done by the area teams) but including prison throughcare, TADS, HAC and emergency accommodation, Asylum and refugee support: **Complaints = 135** (increase from 109)
- **Business Development** – including the CFIT team and welfare rights: **Complaints = 79** (up from 50)
- **Finance** - including issues of invoicing, deprivation of assets and agreement of DRE waivers: **Complaints = 45** (up from 22)
- **Social Care Connect** – Service replacing the former Social Care Direct: **Complaints = 42** (down from 46)
- **Children and Families** – including fostering and adoption and some residential care: **Complaints = 32** (up from 22)
- **Centre Criminal Justice** – including Prison-based SW, MAPPA and specialist resources: **Complaints = 5** (down from 8)
- **Addictions** - **Complaints = 3** (down from 4)
- **Standby/Out of Hours** – **Complaints = 3** (no increase)
- **Centre Residential care** - Not including homecare etc: **Complaints = 0** (down from 3)

The Business Development group includes 28 complaints relating to delays in the handling of subject access requests (SAR), matching the previous year, each of which were upheld or partially upheld. The team continue to prioritise SAR activity, however there is a current

backlog of over 800 cases, and many of these are significantly overdue and are generating complaints activity – these cases are resource intensive to resolve, and so further dissatisfaction in relation to failures in this area is expected until the backlog can be cleared and demand returns to ordinary levels.

Homelessness complaints continue to increase, which is within the context of the housing emergency declared by the Council in late 2023, and with Glasgow acting as the main dispersal city in Scotland for successful asylum seekers, as well as historic problems with a shortage in social housing and unaffordable costs of private rent in the City. There is also a charity actively responsible for generating a high volume of Homelessness-related complaints activity. Homelessness Services continue to develop their strategy to address Homelessness in the City.

For Care Services 290 new Stage 1 complaints were received and managed locally where they were accepted as complaints within procedure and responded to, a substantial decrease from the previous year where 445 Stage 1 complaints were recorded. In addition, of the 411 Stage 2 complaints handled by CFIT, 37 were complaints relating to Care Services, for a total of 327 complaint activities across both Stage 1 and Stage 2 for the year.

The Care Services complaints are broken down by service area/locality in Table 2, below. Complaints are focussed on Home Care, as has been the case in previous years, with very few complaints about the Alarms service. The highest proportion of complaints were in South Glasgow, consistent with figures for the previous four years, however this area represents the largest Home Care Service in terms of geography, number of service users\* and staff so a higher number of complaints in South is proportional to scope of operations.

**Table 2: Care Services Complaints by service area and locality 2024-2025**

Valid Care Services complaints 2024-25		
Service Area	Count	%
Alarms	14	5
Assessment Team	4	1
Home Care - North East	80	28
Home Care - North West	87	30
Home Care - South	104	36
Operations	1	<1
<b>Total</b>	<b>290</b>	

\*additional demographic information is available separately for the period ending March 2024, in reports that can be found at: <https://glasgowcity.hscp.scot/performance-and-demographics>. At time of writing, this is the most recent Demographics and Needs Profile report.



### 3.2 Timescales overall and by service area

The performance targets for complaint handling is that 70% of complaint activities should be dealt with within the specified time period for each stage. That is a standard of 5 working days for Stage 1 (or up to 10 working days with local management approved extension) and 20 working days for Stage 2. There is no set timescale for resolution at Stage 3, as that is a matter for SPSO, so Stage 3 complaints are excluded from the figures given in this section.

195 of 320 Stage 2 complaints (61%) were responded to on time during 2023/24. In 2024/25, 253 of 411 Stage 2 complaints (62%) were responded to on time

In percentage terms, this appears only to be a slight increase in performance, however while the number of complaints responded to within time had remained roughly constant over the preceding three years, in 2023/24 we saw an increase of 9.6% in terms of complaints responded to within timescale and in 2024/25 we have achieved a further 30% increase. The overall number of Stage 2 complaints, however, has also increased by 28%. This increase in complaints performance is despite the competing demands on the resources available to the team, and reflects an exceptional effort on the part of the Senior Officers and Principal Officer within the team. The serious and ongoing impact of the exponential increase in the number and rate of Subject Access Requests (SARs) being received by the team has persisted throughout 2024/25 and so within this context, the increase in the volume of Stage 2 investigations completed within time is a marker of the success of the combined efforts of the team, within increasingly challenging contexts, despite still falling short of the target of 70% for the third year running.

Table 3 shows the performance against timescale for Stage 1 complaints by locality. The target of 70% of complaints responded to within the relevant time was not met for GCHSCP, with only 57% of Stage 1 complaints responded to within timescale.

**Table 3: Timescales for social work complaints at stage 1 by locality 2024/25**

Locality	Within time		Total Stage 1
	n	%	n
Centre	100	61	165
N. East	39	74	53
N. West	14	42	33
South	36	44	82
Total	189	57	333

For two consecutive years, no areas met the 70% target, however as noted above, North East did exceed target in 2024/25. There remains a failure to apply the extension available to stage 1 complaints in all cases, and this has been consistent since the introduction of this facility, and CFIT continue to look to encourage locality use of this facility to increase the number of complaints that are responded to within appropriate timescales.

As only 442 of the 744 total complaints activities across Stage 1 and Stage 2 (59%) were responded to in time, the target was not met overall. Stage 3 (SPSO) complaints are excluded from these figures as they have no indicative timescale.

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

As noted at section 3.8, below, CFIT have now developed a new guide to Stage 1 complaints handling to further assist frontline staff and their managers. This has been published directly to the new Staff Updates intranet resource to ensure all staff can access the most current guidance on this process, alongside additional resources to support effective complaints handling.

The overall performance for Stage 1 Care Service complaints was that 86% of complaints were dealt with in time, with every area of Care Services meeting the target of 70%. Table 4 below shows the stage 1 timescale compliance for individual Care Service teams.

**Table 4: Timescale compliance for care services complaints by service area 2024/25**

Stage 1 Valid Care Services complaints 2024/25	
<b>Service Area</b>	<b>% in time</b>
Alarms	71
Assessment Team	100
Home Care - North East	81
Home Care - North West	95
Home Care - South	83
Operations	100

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

Table 5 below first gives a summary of complaints by client group and then by client group for each locality. Not known (NK) is used where the complainant is not a service, user, or where the complaint does not relate to services used by the complainant, and in other circumstances where no suitable client group can be correctly applied. There is no client group breakdown for Care Services Stage 1 complaint activities processed by Care Services, as the client group is broadly consistent across Care Services complaints, where almost all complainants will be older people and adults with disabilities, or their representatives, however some classification takes place in relation to centrally-processed Care-related complaint activities.

**Table 5: Comparison of S1/S2 social work complaints by client group and locality 2024/25**

Client group	Locality					
	Centre (inc Centre Care)	North East	North West	South	Care	Total
Addictions	3	1	1	5		10
Children and Families	40	51	29	59		179
Criminal Justice	8	2	3	5		18
Homelessness	129	5	3	14		151
Learning Disability	4	12	7	14	1	38
Mental Health	10	7	8	14	2	41
Older People	46	12	10	31	42	141
Physical Disability	13	8	10	9	3	43
Not known	91	6	8	14	4	123
Total	344	104	79	165	52	744

### 3.4 Complaints by issue

The number of issues ordinarily exceeds the number of complaints, as complaints can be logged as related to more than one issue, although this can be complex to accurately capture with current recording limitations. As such, 'issues' do not map directly to numbers of complaints received. There is a degree of subjectivity involved by complaints handlers in categorising these issues.

Social work and homelessness complaints are categorised into thirteen separate headings in four groups. Care Services have 15 categories, reflecting the difference in the nature of services provided.

Tables 6 and 7, below, show the relative percentage of each issue as a percentage of all issues and compares them with annual figures 2023/24, first for Social Work and Homelessness and then for Care Services.

**Table 6: Main social work issues complained of 2024–25 compared with 2023-24**

Issue	2024/25	% 2024/25	2023/24	% 2023/24
<b>Finance</b>	<b>47</b>	<b>6</b>	<b>26</b>	<b>4</b>
<b>Policy</b>	<b>6</b>	<b>1</b>	<b>10</b>	<b>2</b>
Attitude/conduct of staff	220	26	238	36
Lack of response to customer	134	16	196	30
Poor information or communication	87	10	49	8
Breach of confidentiality/privacy	15	2	12	2
Discrimination or breach of Human Rights	19	2	11	2
Poor quality of service	122	14	82	13
Poor level of service	14	2	13	2
Short-term wait issues	2	<1	1	<1
Long-term delay issues	71	8	32	5
Procedures not followed by SWS	88	10	44	7
Service refused or withdrawn	28	3	14	2
<b>Total of main issues</b>	<b>853</b>		<b>656</b>	

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

It is not currently possible to make a definitive link between issues and outcomes with available reporting arrangements as systems do not allow for outcomes to be mapped directly to issues – for example, where a complaint covering three issues (e.g. attitude or conduct of staff; lack of response to the customer; and a financial issue) is partially upheld, current recording and reporting arrangements do not allow us to identify which element or elements of the complaint were the matters which were upheld and which were not. Given that many complaints are identified by either complainant or staff as relating to staff conduct when they might be more accurately considered relating to the policy or processes that staff are required to adhere to, it is likely that this figure is exaggerated.

Complaints regarding both quality of service, delays and failures to properly follow procedure have risen significantly and while the majority of these have not been upheld, the significant increases mean there are more upheld complaints regarding these matters than in previous years. Many of the complaints in relation to delays relate to delays in processing Subject Access Requests – an issue that is known, recognised and which is being addressed – and so these complaints are generally upheld.

**Table 7: Care Service complaints by issues 2024/25, compared with 2023-24**

<b>Issue</b>	<b>N 2024/25</b>	<b>% 2024/25</b>	<b>N 2023- 24</b>	<b>% 2023- 24</b>
Arrived Late	10		4	0.9
Failed to arrive	51		112	25.2
Fail complete tasks	0		5	1.1
Failure to stay allocate time	0		2	0.4
Quality of service	129		198	44.5
Level of service	35		8	1.8
Consistency of care	0		17	3.8
Staff attitude	27		33	7.4
Staff competency	33		64	14.4
Breach of confidentiality	1		3	0.7
Vehicle issues	4		8	1.8
Organisational policy	0		0	0
Poor comms/info	0		0	0
Lack of information	0		0	0
Not classified	0		0	0
<b>Total issues addressed</b>	<b>290</b>		<b>454</b>	

### 3.5 Complaint outcomes

Table 8 below shows the outcomes of Social Work complaint activities in terms of whether they were upheld for Stages 1 and 2. Table 10, below, shows the outcomes for Care Services. Third stage SPSO complaint outcomes for GCHSCP as a whole are given in section 3.6. Complaints that do not complete the process are those that are withdrawn, repeated or vexatious complaints, those addressed through other processes (claims, legal, HR, Child and Adult Protection) or fall within the complaints procedure of a different body. These can be considered a specific category of 'Not Upheld' complaints, in that they are not valid and cannot be upheld. They are equivalent to those that are recorded as 'withdrawn/invalid' for Care Services.

**Table 8: Social Work Complaints Outcomes 2024/25 compared to 2023/24**

<b>Outcome</b>	<b>2024/25</b>	<b>2023/24</b>
Transfer To Other Process	7	6
Not Accepted	61	68
Informally Resolved	24	8
Not Upheld	389	344
<b>Partially Upheld</b>	<b>122</b>	<b>126</b>
<b>Upheld</b>	<b>99</b>	<b>71</b>
Withdrawn	11	8
None (failed to respond)	31	27
<b>Total</b>	<b>744</b>	<b>658</b>

Where locality teams fail to respond within a reasonable timescale and without reasonable explanation, complaints may be closed as having no outcome – these complaints are then escalated to Stage 2 for response by CFIT due to the locality failure to respond. Failure to respond may also very occasionally be an outcome noted for outstanding extended Stage 2 complaints not resolved by the reporting deadline.

Table 9, below, provides the breakdown of outcomes per team.

**Table 9: Social Work Complaints Outcomes 2024/45 per team**

<b>Outcome</b>	<b>Centre</b>	<b>Home Care</b>	<b>North East</b>	<b>North West</b>	<b>South</b>	<b>Sum</b>
Transfer To Other Process	6			1		<b>7</b>
Not Accepted	34		8	8	11	<b>61</b>
Informally Resolved	13	2	3	1	5	<b>24</b>
Not Upheld	144	31	64	44	106	<b>389</b>
Partially Upheld	50	10	22	14	26	<b>122</b>
Upheld	71	6	5	7	10	<b>99</b>
Withdrawn	9	2				<b>11</b>
None	17	1	2	4	7	<b>31</b>
<b>Total</b>	<b>344</b>	<b>52</b>	<b>104</b>	<b>79</b>	<b>165</b>	<b>744</b>

For 2023/24, the proportion of complaint activities with either an ‘upheld’ or ‘partially upheld’ outcome – meaning some kind of failure was identified – was 30%. This rate has been maintained for 2024/25. However, it should be noted that only a very small number of complaints have been fully upheld across each of the locality areas – between five and ten complaints in each area – and the bulk of fully upheld complaints activity sits with Centre. Much of this upheld complaint activity related to delays in Subject Access Request processing, with the second most common area of complaint relating to Homelessness services.

There has been an increase in the number of complaints that have been informally resolved, suggesting that additional guidance on this route to complaint resolution that has been provided to area teams has been beneficial. While informal resolution is a viable outcome at any stage of the complaint handling process, it is most likely to be appropriate and effective at Stage 1. New formal guidance published to the staff intranet includes reinforces the messaging around this useful route to resolution.

As noted above, limitations on reporting from the outdated complaints systems currently in use mean it is not possible at present to link outcomes (which are linked to overall complaints rather than specific issues) to issues complained about, which are logged in a manner that allows us to report on them to a degree but not in adequate detail. Our incoming complaints handling system will allow us to report in a more detailed way around outcomes and issues.



**Table 10: Care Services Complaints Outcomes 2024/25**

<b>Service Area</b>	<b>Upheld</b>	<b>Not Upheld</b>	<b>Partially Upheld</b>	<b>Total</b>
Alarms	7	6	1	14
Assessment & Review	0	3	1	4
North East	40	15	25	80
North West	33	39	15	87
South	50	39	15	104
Ops	1	0	0	1
	<b>131</b>	<b>102</b>	<b>57</b>	<b>290</b>

Table 10 above shows Care Services Stage 1 complaints by outcome overall and by service area for 2024/25. Care Services generally uphold or partially uphold around 60% of Stage 1 complaints received, although in 2023/24 this was 62% and has now risen to 65%.

South area represents around 40% of the overall service delivery, and so it would be reasonable to expect slightly higher numbers of complaints and upheld complaints – 38% of upheld complaints were in South area, which is consistent with the demographics. This is an improvement over last year, where there were a significantly higher number and proportion of upheld complaints in South area related to significant staffing challenges during 2023/24. This included a high absence rate and recruitment challenges, with low numbers of suitable candidates available during recruitment exercises. In response to these issues, Care Services implemented a new recruitment plan and worked with the Wellbeing & Attendance Team and have seen improvement in both absence and recruitment rates as a result, and this has now been reflected in improved complaints figures.

### 3.6 Stage 3 Referrals to Scottish Public Services Ombudsman (SPSO)

Across Social Work, Care Services and Homelessness Services, 25 complaints were recorded as being referred to the SPSO during 2024/25, up from 18 in the previous reporting year. A longstanding case from a previous year was also concluded, and detail is provided below.

The disposition of these cases is as below followed by a brief summary of each case. No Stage 3 complaint activities first raised with the SPSO during 2024/25 were upheld by the SPSO following investigation, although three cases remain open awaiting SPSO decision. In each concluded case, the SPSO decided not to take the matter further following either a preliminary screening assessment, or a brief investigation and consideration of the response already issued by the Complaints, FOI and Investigations Team. In the majority of cases, the SPSO recognised that the Stage 2 response issued by GCHSCP has been satisfactory and nothing further could be achieved by SPSO investigation, with the remaining cases being refused by the SPSO as inappropriate for their consideration either due to time passed since events complained about, or failure on the part of the complainant to exhaust the GCC complaints process before attempting to progress to the Stage 3, or because the complaints themselves were demonstrably unreasonable in the view of the SPSO.

The fact that so few complaints are escalated to SPSO and that none of those that have been escalated to Stage 3 during 2024/25 were upheld, is a strong indication that the second stage of the process is generally operating in correct manner - identifying failings and offering redress when these are accepted and otherwise stating a full and well-evidenced rebuttal of the complaint.

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#### **Case A:** SPSO Ref 202309373

**Summary of Case:** A complaint regarding service quality from Care Services.

**SPSO Findings/Outcome:** Not taken further by SPSO as prematurely escalated to them by complainant – no Stage 2 response had yet been issued.

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#### **Case B:** SPSO Ref 202308979

**Summary of Case:** Dissatisfaction with social work services response to allegations made against ex-partner, and with other actions taken by SWS in relation to complainant's own behaviour.

**SPSO Findings/Outcome:** SPSO decided not to investigate on the basis that the matters raised are time-barred

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**Case C:** SPSO Ref 202308230

**Summary of Case:** Complaint about Adult Support and Protection (ASP) processes.

**SPSO Findings/Outcome:** SPSO not taking complaint further, determining that the HSCP's response accurately explained the process in relation to reporting and investigating safeguarding concerns.

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**Case D:** SPSO Ref 202308739

**Summary of Case:** Complaint regarding decision to take into account Independent Living Fund aware in relation to the funding of care.

**SPSO Findings/Outcome:** SPSO decision outstanding.

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**Case E:** SPSO Ref 202210928

**Summary of Case:** Complaint regarding North East Alcohol & Drug Recovery Service, however this related to nursing staff and was therefore referred to NHSGG&C processes.

**SPSO Findings/Outcome:** SPSO decision outstanding.

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**Case F:** SPSO Ref 202402544

**Summary of Case:** Complaint regarding refusal to install wet-room to a property where complainant was awaiting rehousing.

**SPSO Findings/Outcome:** SPSO declined to take further action on the basis that the Stage 2 response had been appropriate.

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**Case G:** SPSO Ref 202310978

**Summary of Case:** Complaint regarding HSCP response to safeguarding concerns raised in relation to the complainant's mother.

**SPSO Findings/Outcome:** SPSO declined to take further action on the basis that the Stage 2 response had been appropriate.

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**Case H:** SPSO Ref 202403342

**Summary of Case:** Complaint regarding the loss of personal items from temporary accommodation, which had been disposed of following the complainant's admission to prison and related failure to make provision for storage of same.

**SPSO Findings/Outcome:** SPSO declined to take further action on the basis that the Stage 2 response had been appropriate.

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**Case I:** SPSO Ref 202400445

**Summary of Case:** Complaint regarding kinship care placement, and aspects of support provided to complainant and their child.

**SPSO Findings/Outcome:** SPSO confirmed that they were not taking the matter further as the matter was considered time-barred.

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**Case J:** SPSO Ref 202403930

**Summary of Case:** Complaint regarding issues with service from Homelessness.

**SPSO Findings/Outcome:** SPSO declined to take further action on the basis that the Stage 2 response had been appropriate.

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**Case K:** SPSO Ref 202402810

**Summary of Case:** Complaints regarding assessment and support for service user.

**SPSO Findings/Outcome:** SPSO declined to take further action on the basis that the Stage 2 response had been appropriate, but did provide feedback in relation to communication.

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**Case L:** SPSO Ref 202405500

**Summary of Case:** Complaint regarding SWS response to direct payment funding that had been spent inappropriately.

**SPSO Findings/Outcome:** SPSO determined that no further action required as Stage 2 response was reasonable.

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**Case M:** SPSO Ref 202406995

**Summary of Case:** Complaint related to the disposal of personal items.

**SPSO Findings/Outcome:** SPSO determined that the complaint was time-barred and therefore that they would not consider the matter further.

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**Case N:** SPSO Ref 202404439

**Summary of Case:** Complaint regarding an alleged data breach from a repeat complainant.

**SPSO Findings/Outcome:** SPSO to take no further action, as Information Commissioner's Office would be the appropriate body to consider data breach reports.

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**Case O:** SPSO Ref 202404432

**Summary of Case:** A multi-point complaint from a repeat complainant regarding care arrangements and multiple issues with assessment process and decision making.

**SPSO Findings/Outcome:** The SPSO concluded that they would not take the matter further as the complainant had no authority to pursue matters on behalf of the service user without the agreement of the service user's Attorney.

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**Case P:** SPSO Ref 202406027

**Summary of Case:** Complaints made regarding alleged domestic abuse instances reported to have been perpetrated by a member of staff against the complainant.

**SPSO Findings/Outcome:** The SPSO concluded that the response by SWS had been reasonable and no further action was required on the part of either SPSO or SWS, given the matter of complaint was a private matter and did not relate to service delivery.

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**Case Q:** SPSO Ref 202401544

**Summary of Case:** Complaint regarding communication with complainant and alleged neglect by services during a period of homelessness.

**SPSO Findings/Outcome:** SPSO determined that no further action required as Stage 2 response was reasonable.

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**Case R:** SPSO Ref 202404388

**Summary of Case:** Complaint regarding communication and care of elderly service user, and about the attitude of staff involved in service user's care.

**SPSO Findings/Outcome:** SPSO decision was that no further action was necessary as SWS complaint handling had been appropriate.

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**Case S:** SPSO Ref 202409479

**Summary of Case:** Complaint regarding processes and actions taken in relation to a child protection case, in the context of the complainant no longer having care of their own children.

**SPSO Findings/Outcome:** SPSO decision was that no further action was necessary as SWS complaint response had been reasonable, although feedback provided to complaint handler regarding adopting an empathetic approach to such complaints.

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**Case T:** SPSO Ref 202406006

**Summary of Case:** Complaint regarding access to free personal nursing care for elderly service user.

**SPSO Findings/Outcome:** Awaiting SPSO decision.

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**Case U:** SPSO Ref 202409619

**Summary of Case:** Complaint regarding refusal of SWS to allow complainants to employ family members as carers, and refusal to approve funding for treatment at overseas resort.

**SPSO Findings/Outcome:** SPSO determined that no further action required as Stage 2 response was reasonable. The SPSO agreed that there was no assessed need for the service user to travel abroad to receive services in the resort in question.

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**Case V:** SPSO Ref 202405683

**Summary of Case:** Complaint regarding the decision by social work to take child into care, after the child had been found to have been left alone while the complainant was being held by police.

**SPSO Findings/Outcome:** The SPSO decided not to take this complaint further as they would be unable to achieve the outcomes sought by the complainant – specifically, in this

case, a significant compensatory award of over £200,000 and the dismissal of all staff involved in the matter complained about.

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**Case W:** SPSO Ref 202400725

**Summary of Case:** Complaint regarding failure to provide appropriate services and assessment to autistic adult.

**SPSO Findings/Outcome:** SPSO determined that no further action required as Stage 2 response was reasonable.

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**Case X:** SPSO Ref 202405608

**Summary of Case:** Complaint regarding delays in adoption support, the placement of a young person in unsuitable accommodation, and a lack of communication regarding an adoption disruption meeting.

**SPSO Findings/Outcome:** SPSO determined that no further action required as Stage 2 response was reasonable.

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**Case Y:** SPSO Ref 202410390

**Summary of Case:** Complaint regarding insufficient levels of personal care and the refusal of SWS to accept an externally sourced assessment of needs.

**SPSO Findings/Outcome:** SPSO determined that no further action required as Stage 2 response was reasonable.

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In addition to these cases, there was one further case, originally submitted to the SPSO during 2021/22, that was finally concluded during 2024/25. This specific case related to complex matters regarding a kinship care placement, whereby the SPSO has chosen to uphold the complaint but CFIT, SWS management and Legal Services challenged that decision via the SPSO's review process. The previous year's report advised that there would be an update on this case, and any implications.

**Case Z:** SPSO Ref 202106598

**Summary of Case:** A complaint had been made following grandparents assuming care of children whose mother had died. The original complaint taken to the SPSO had been two-fold: that the HSCP failed to properly consider the children 'at risk of becoming looked after' but should have done so solely on the basis that there was no-one with parental rights and responsibilities for them; and that SWS failed to meet the children's mother prior to her death, denied her the opportunity to 'sign her children over to the care of SWS under Section 25 of the 95 Act' and subsequently failed to oversee the welfare of the children.



**SPSO Finding/Outcome:** Following significant representations made by HSCP, the SPSO made amended recommendations in reference an amended complaint that “SWS failed to provide kinship assistance” which was upheld by the SPSO to the extent that there was a failure to conduct appropriate assessments.

While this complaint was ultimately upheld, the decision to uphold was taken in relation to a matter that was narrower in scope than the initial issues raised with the HSCP and considered under Stage 2 of the complaints process. Had the original decision of the SPSO not been challenged, there could have been significant financial repercussions in relation to the processes around kinship care. The final decision of the SPSO on this matter was accepted by all parties, and while some initial recommendations were also challenged, the final recommendations in this case were also acceptable to all parties and actioned by SWS. These involved providing a written apology to the aggrieved party; undertaking a review of previous decisions to determine whether a different conclusion would have been reached taking into account the SPSO’s findings; and feedback of findings and refresher training to relevant staff.

SWS undertook the required review, but found that the decision made was appropriate and that it would not be appropriate to reach a different conclusion on reviewing the matter, even in light of the SPSO’s investigation. The SPSO were satisfied that all recommendations were implemented as required.

### 3.8 Service Improvements / Customer Outcomes

A service improvement is defined as either some tangible outcome for the customer consistent with their objectives in making the complaint, or a more systematic organisational benefit, learning or improvement process generalised throughout the particular team or whole service. 106 service improvements have been formally recorded.

Notable examples this year included:

- Protected time to be given to individual young people within a children's residential house. Additional staff to be placed on shift at peak times to ensure young people have 1-1 staffing which then allows other carers to spend time with other young people.
- It was identified that information available to the public did not make clear that the Community Alarms Service is still a chargeable service where a person is away from their home, for example during a hospital stay. The website has now been amended and changes to the hard copy leaflet are in process.
- A complainant who was being incorrectly charged had charges waived for 2023, and additional work was then undertaken this year to do the same for 2024, which will both pay any current arrears and maintain the weekly service in place going forward.
- SWS apologised to another service user who was subject to an order and waived fees they had been incorrectly charged. Relevant teams were advised to ensure anyone on an order (only in the community not a residential setting) should have their fees waived as agreed by finance.
- A new referral form for sign language interpreters is to be developed on a different platform so changes can be made more easily.
- Families for Children (FFC) have identified practice concerns with a foster carer and notified the Care Inspectorate, as per their processes. The foster carer will be brought back to a Foster Panel imminently for a wider discussion around these concerns. The foster carer will continue to be supported by FFC and the carers safe care policy will be updated. FFC will discuss the issue of confidentiality and social media use with the foster carer during supervision and will be revisited this regularly. Although this activity resulted from a complaint that was not upheld, these issues came to the attention of FFC through the complaints process.
- Many service improvements describe staff being reminded to adhere to appropriate complaints handling procedures – this is being further addressed with revised and updated guidance.
- Additional supports, guidance and training identified for various staff members to prevent recurrence of matters of complaint.

Reference	Outcome Description	Service Improvement Type Description	Service Improvement Details
GCC75273	Partially Upheld	Process & Procedures	CHP to be reiterated to staff members.
GCC75288	Not Upheld	Service Provision	A meeting will be held to discuss further actions.
GCC75290	Partially Upheld	Service Provision	Outstanding balance credited to account. There is now a £0 balance.
GCC75343	Upheld	Service Provision	Balance reduced to nil and appropriate person will now receive the bills.
GCC75346	Upheld	Service Provision	Telephone assessment to be carried out with service user.
GCC75367	Upheld	Process & Procedures	Team reviewing practices and will address via supervision and management.
GCC75433	Partially Upheld	Service Provision	New worker allocated w/b 22 April 2024.
GCC75542	Not Upheld	Service Provision	Team Leader to contact lawyer to verify changes made to S11 Order. Team Leader to meet with family to discuss family time and the form that it takes.
GCC75593	Upheld	Service Provision	Staff called service user to apologise and rearrange a home visit to discuss progress.
GCC75598	Partially Upheld	Process & Procedures	Team note the importance of sharing information with parents who retain their parental rights and responsibilities when their children are in foster care and doing this sensitively and timeously.
GCC75624	Partially Upheld	Service Provision	Appointed a new social worker, team to look for new supported accommodation.
GCC75686	Partially Upheld	Process & Procedures	Views should have been considered more explicitly in the investigation. This will be addressed internally with the relevant parties.

GCC75690	Upheld	Service Provision	Additional contact mechanisms through new triage systems established. Workers have been advised that it is crucial to advise service users and families of processes, timescales and keep communication arrangement when cases are assigned.
GCC75797	Partially Upheld	Service Provision	Protected time to be given to each individual young people within the house. Additional staff at peak times to ensure the YP in question has 1-1 staffing which then allows other carers to spend time with the other kids.
GCC75803	Partially Upheld	Service Provision	Service Manager will arrange for a worker to make direct contact with complainant to share fuller details of the care plan for his son, as appropriate.
GCC75806	Partially Upheld	Process & Procedures	Staff advised to adhere to the CHP when responding to Stage 1 complaints.
GCC75810	Not Upheld	Process & Procedures	Information available to the public did not make clear that the Community Alarms Service is still charged for if a person is away from their home, for example during a hospital stay. The website has now been amended and changes to the hard copy leaflet are in process.
GCC75884	Partially Upheld	Process & Procedures	Staff - Reminder to ensure staff are aware of expectations re ID badge and directing complaints
GCC75890	Partially Upheld	Process & Procedures	Staff - reminder to check correspondence is finalised & approved before issue  Process - Advice and guidance given with regards to matters that should be considered under the CHP

GCC75943	Upheld	Service Provision	Charges waived for 2023. Work has been undertaken this year to do the same for 2024, which will both pay any current arrears and maintain the weekly service in place going forward.
GCC75965	Upheld	Process & Procedures	HSCC will review their processes to ensure that all referrals to HSCC have been satisfactorily triaged and concluded. Where HSCC have been unable to establish contact with a referrer and/or the adult, a letter should have been sent from HSCC detailing what actions taken and advising that case will be closed within 7 days if the person is not in contact. TL's will ensure all staff are aware and following the agreed process.
GCC75970	Upheld	Service Provision	Worker allocated to carry out a support needs assessment.
GCC76029	Partially Upheld	Service Provision	Case to be jointly worked with another Social Worker to alleviate some of the issues and for corroboration of information.
GCC76054	Partially Upheld	Service Provision	Agreed to consider reallocating case.
GCC76077	Upheld	Service Provision	There was a delay in processing the SDS plan partly because the plan required approval by Head of Service. TL has apologised for delay.
GCC76084	Upheld	Service Provision	New social care worker allocated to support service user
GCC76148	Partially Upheld	Service Provision	Team acknowledged failures around provision of emergency accommodation per legislation and a lack of communication and apologised for same.
GCC76190	Upheld	Service Provision	Team Leader phoned service user and apologised for the failure to respond. Provided direct contact details to avoid recurring issues.
GCC76200	Upheld	Service Provision	Review of Care Plan to be arranged.

GCC76278	Partially Upheld	Service Provision	Review of the management of the behaviours of young persons in Children's House
GCC76342	Partially Upheld	Process & Procedures	Team to ensure that information is appropriately recorded on relevant system in future to prevent issue recurring.
GCC76351	Partially Upheld	Process & Procedures	Staff member from Daisy Unit has been assigned to check service user's belongings.
GCC76352	Upheld	Service Provision	Issues will be discussed with carers at supervision and process for changing practices within the day care centre for service users who arrive in a wheelchair has commenced.
GCC76355	Partially Upheld	Service Provision	Prospects interview arranged.
GCC76406	Upheld	Service Provision	Complete review of care plan agreed and change of Social Worker.
GCC76506	Not Upheld	Service Provision	Direct Payment contract now signed. No requirement for a change of social worker, Team Leader currently offering supporting and progressing the plan in the absence of the allocated social worker
GCC76534	Partially Upheld	Service Provision	Change of Social Worker.
GCC76560	Upheld	Process & Procedures	Staff have been reminded about the importance of responding quickly to any instances of anti-social behaviour.
GCC76598	Partially Upheld	Process & Procedures	Allocation – Families for Children worker had been allocated prior to complaint response  Expediting – Independent Review Officer capacity issue, service exploring other staff to complete adoption breakdown investigation
GCC76781	Upheld	Process & Procedures	Ongoing work/intervention with residents of the Children's House
GCC76915	Partially Upheld	Service Provision	A permanent worker has now been allocated to the service user.

GCC77013	Partially Upheld	Process & Procedures	Staff to reflect on preparation and information sharing
GCC77117	Partially Upheld		The process for agreeing budgets has now been completed and supports are due to commence as of 9 September 2024 at the Sense Learning Hub. Service user's supports will also include input from East End carers.
GCC77169	Upheld	Process & Procedures	Team to review procedures and discuss at team meetings and with GCIL at our regular liaison meetings to ensure procedures are followed or updated if required.
GCC77184	Partially Upheld	Service Provision	Referral made for a Temporary Furnished Flat. Prospects interview to take place on Tuesday 3rd September at 3pm.
GCC77200	Not Upheld	Process & Procedures	Staff - Highlighted the requirement for full and accurate records
GCC77384	Upheld	Process & Procedures	System error resulted in a small number of final demand notices being issued for invoices that had already been paid. Our IT team are investigating why this happened and how to prevent this from happening in the future.
GCC77388	Partially Upheld	Service Provision	Discussion with worker re: communication with the family. Worker acknowledged a breakdown in communication and this will remain an item for discussion with him in supervision to ensure it does not recur.
GCC77426	Partially Upheld	Service Provision	Resettlement plan loaded, resettlement process explained and confirmed queued for requested areas.
GCC77432	Upheld	Process & Procedures	Medication administration processes need to be streamlined.
GCC77455	Partially Upheld	Service Provision	New Social Worker allocated.
GCC77456	Partially Upheld	Process & Procedures	Staff to address all correspondence to service users properly.



GCC77521	Upheld	Service Provision	New worker allocated who will visit in the next couple of days to discuss ongoing issues.
GCC77843	Upheld	Service Provision	The service user has been fully updated re progression of his application and has also been provided with contact details for South Homelessness reception in order that duty can deal with any queries he may have if his Social Care Worker is unavailable.
GCC77860	Partially Upheld	Service Provision	A referral has been submitted for a Temporary Furnished Flat. Service user will continue to be supported by his Social Care Worker, and has been provided contact details should he require to discuss his homelessness application further.
GCC77968	Partially Upheld	Service Provision	Worker will be allocated to carry out an assessment within 3 weeks. It will be emphasised that team leaders need to review clipboards and workers should forward activities timeously.
GCC78156	Upheld	Service Provision	The Service Agreement has now been ended and credits have been applied to offset invoices issued in error.
GCC78282	Upheld	Service Provision	Offered and accepted emergency accommodation.
GCC78366	Upheld	Staff Issues	Human error by officer, who scanned identifying documents, but sent them to her work email address (as opposed to the Data Protection mailbox). Error acknowledged by officer and manager. Covered as a training matter, but no further action to take/possible due to nature of mistake.
GCC78449	Partially Upheld	Staff Issues	Staff reminded of their responsibilities under the Complaints Handling Procedures.
GCC78473	Upheld	Service Provision	Reflection on the Complaint Handling required by staff

GCC78552	Partially Upheld	Staff Issues	Occupational therapist was mis-advised as to the correct process order as regards major adaptations. This has been corrected through staff education.
GCC78585	Partially Upheld	Service Provision	Payment will now be made via BACS to ensure a consistent pay day.
GCC78615	Partially Upheld	Process & Procedures	Staff to apply more diligence in the completion of care plans and its associated budgets.
GCC78650	Partially Upheld	Process & Procedures	Staff - relevant staff have reflected and recognised note should not have been left
GCC78655	Partially Upheld	Staff Issues	General reminder issued to Home Carers about the need to properly secure client homes.
GCC78721	Upheld	Service Provision	We have apologised to the service user and waived the fees. The learning will be to inform the teams to ensure anyone on an order (only in the community not a residential setting )has to have their fees waived as agreed by finance.
GCC78800	Upheld	Service Provision	It was agreed that the previous accommodation offers were unsuitable and that one further offer would be made. The complainant was happy with this outcome.
GCC78829	Not Upheld	Process & Procedures	Issue of non-response to S1 complaint raised with Head of Service.
GCC78857	Upheld	Staff Issues	Will address issues via staff training.
GCC79886	Partially Upheld	Staff Issues	Head of Service to remind staff of Complaints Handling Procedure and how to process Data Protection-related requests.
GCC79956	Upheld	Service Provision	Temporary Furnished Flat requested.
GCC79966	Partially Upheld	Process & Procedures	Staff - Reminders to staff on appropriate handling/directing of S1 complaints

GCC79968	Partially Upheld	Process & Procedures	Staff - Level/quality of case recordings was raised with relevant staff to ensure future records are clear and adequate/in line with the relevant procedure.  Information - complainant was provided with a response to their questions (as far as DP legislation/confidentiality would allow).
GCC79987	Partially Upheld	Service Provision	Further training for call handler.
GCC79999	Upheld	Service Provision	Communication issues addressed by line manager through supervision and additional customer care training.
GCC80079	Upheld	Staff Issues	Explanation and apology given for communication issues, permanent home offered.
GCC80096	Upheld	Staff Issues	Staff to be reminded of the need to check the status of requests before providing requestors with updates on their requests.
GCC80220	Partially Upheld	Staff Issues	Remind staff to record notes of all their interactions with service users on Care First.
GCC80230	Not Upheld	Process & Procedures	Staff - Reminders to staff on appropriate handling/directing of S1 complaints
GCC80290	Not Upheld	Process & Procedures	Staff - Reminders to staff on appropriate handling/directing of S1 complaints
GCC80404	Upheld	Staff Issues	Communication errors to be brought to senior management's attention
GCC80514	Upheld	Service Provision	Caseworker changed and Prospect Interview arranged.
GCC80572	Partially Upheld	Service Provision	Partially upheld due to letters not being sent to service user despite several requests. This has been updated.
GCC80574	Partially Upheld		New social worker allocated. Direct contact no. of the Service Manager

			provided. Agreed to start steps to transfer case to North Lanarkshire.
GCC80594	Partially Upheld		Training and supervision need has been identified and highlighted to Senior Management.
GCC80620	Partially Upheld	Staff Issues	North West Community Homeless Team Manager to follow up with responsible staff members about making negative decisions relating to Homeless Applications, and the need to issue Decision Notices at all times. She will also contact the complainant to take a new application and to offer temporary accommodation if required.
GCC80622	Upheld	Service Provision	Invoice paid and ongoing discussion regarding how to prevent late payments in the future.
GCC80664	Partially Upheld	Process & Procedures	Information - position relayed to complainant within complaint response.  Staff - Locality staff reminded to keep accurate and complete records, and provide timely response. CFIT staff reminder to seek advice from staff at Senior Officer level or above if unable to issue S1 response.
GCC80675	Not Upheld	Process & Procedures	Staff - Reminders to staff on appropriate handling/directing of S1 complaints
GCC80689	Partially Upheld		HCS to review their hospital discharge process.
GCC80706	Upheld	Process & Procedures	Staff reminded of their responsibilities under council correspondence standards and complaints procedure to respond to customers within agreed timescales.
GCC80789	Upheld	Staff Issues	Staff member to attend relevant training.
GCC80903	Partially Upheld		Staff reminded of customer care standards and response timescales.

GCC80904	Not Upheld	Process & Procedures	Staff - Reminders to staff on appropriate handling/directing of S1 complaints
GCC80997	Upheld	Service Provision	A new referral form for sign language interpreters is to be developed on a different platform so changes can be made more easily.
GCC81176	Not Upheld		Whilst the complaint has not been upheld, Families for Children (FFC) are taking this matter seriously. FFC have identified practice concerns with the foster carer and they have notified the Care Inspectorate, as per their processes. The foster carer will be brought back to a Foster Panel imminently for a wider discussion around these concerns. The foster carer will continue to be supported by FFC and the carers safe care policy will be updated. FFC will discuss the issue of confidentiality and social media use with the foster carer during supervision and will be revisited this regularly.
GCC81189	Partially Upheld	Staff Issues	Proper record-keeping addressed with responsible social worker during Supervision. Feedback also provided from Service Manager to explain that she disagreed with decision not to conduct a home visit in relation to this case - also to be addressed during Supervision.
GCC81204	Partially Upheld	Process & Procedures	Staff - Reminded of the importance of delivering key updates  Information - Clarity on the progress provided within the response

GCC81330	Not Upheld		Service failure identified that was not part of the complainant's points of dissatisfaction. It came to light as part of the investigation that the Social Worker had not been carrying out their role in supervising the Welfare Guardian to ensure they were appropriately exercising their functions in line with the principles of Adults with Incapacity legislation. This service failure will be rectified and supervision completed.
GCC81341	Not Upheld		Head of Service to reiterate to staff the importance of case recording.
GCC81427	Upheld	Service Provision	Agreed to move family to another Temporary Furnished Flat once available.
GCC81470	Partially Upheld	Service Provision	Information to be cascaded to teams to ensure teams are aware of processes around private fostering.
GCC81511	Upheld	Service Provision	Offered and accepted a Temporary Furnished Flat.
GCC81656	Partially Upheld	Service Provision	Social Worker allocated.
GCC81712	Not Upheld	Process & Procedures	Staff – Homelessness team advised to consider a consistent response when asked about position in a queue or waiting time for accommodation. Preferably to explain why an accurate and reliable position cannot be given.

### **3.8 Complaints Service Developments**

In addition to the work undertaken around processing and investigation complaints, the Complaints, FOI and Investigations Team are continually reviewing and improving processes.

Current and ongoing developments are primarily focused on improving knowledge of procedures, ensuring confident and competent complaints handling across the organization, and the continued development of a new case management system for all complaints handling.

#### **Improving knowledge of procedures:-**

A detailed guide to Stage 1 processing and best practice has been developed and made available to all staff via the new Staff Updates intranet platform. This includes templates and a checklist to encourage consistency of approach and presentation across the organization.

In addition, a more detailed guide to Stage 2 processing is in development for internal use within CFIT.

#### **New case management system:-**

In development since 2018, the implementation of a new case management system has been subject to repeated delay due to matters outwith the control of GCHSCP. Complaints management within the HSCP have committed fully to supporting this project have committed significant time over the past two years to supporting design and implementation. Go-live is planned for 26<sup>th</sup> November 2025, and once implemented, the new system will provide immediate benefits in terms of data accuracy and early identification of complaint trends.

#### **Recruitment activity**

During 2024/25, the case for additional staff was progressed, to increase the capacity of the team on a temporary basis to address the unsustainable level of demand in relation to Subject Access Request processing. This is intended to address the SAR backlog, which in turn should reduce complaints activity relating to SAR processing delays and ultimately increase capacity in the team for complaints handling.

## Glasgow City Health and Social Care Partnership

### NHS Complaints Report April 2024 – March 2025

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## **Section 1: Executive Summary**

- 1.1 This report covers complaints, feedback, comments and concerns for the period 1 April 2024 – 31 March 2025 related to Health Services managed by Glasgow City Health and Social Care Partnership.
- 1.2 1016 complaints were received about these services in 2024/25, together with 91 comments, concerns, and other feedback. This was a 5% decrease from the previous year. Most complaints (58%) were about prison-based health services at HMP Barlinnie, Greenock and Low Moss.
- 1.3 Overall, 508 of 861 completed complaints (59%) were responded to within the relevant timescales. This is a continued decline from 63% completed on time the previous year. Most complaints at Stage 1 (frontline resolution) were dealt with on time, within 5 working days. For those subject to Stage 2 investigation, 41% of completed complaints were responded to within the 20 working days timeline. This should be seen as an area requiring improvement within 2025/26.
- 1.4 The top 3 themes of the completed complaints are as follows:
  - Clinical Treatment
  - Date of Appointment
  - Attitude and Behaviour
- 1.5 Overall 66% of complaints were not upheld and 21% were partially or fully upheld. A further 13% were withdrawn or otherwise not progressed.
- 1.6 During 2024/25, there were 60 Ombudsman decision letters received involving the HSCP or local Family Health Services. Details of all decisions are given on page 5 of this report.
- 1.7 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 2024-25 as set out in Section 5 of this report.
- 1.8 There was a decline in complaints being logged on to Datix within the South Sector, this has been rectified with the backlog now completed. This should be seen as an area of continued improvement throughout 2025/26.

## **Section 2: Complaints process and report format**

- 2.1 This report covers feedback, comments, concerns, and complaints related to Health Services managed by Glasgow City Health and Social Care Partnership. The information is intended to be shared with local management teams and clinical governance structures to aid in achieving service improvement. The statistical information is also incorporated into the quarterly Patient Experience report made to the Health Board. This report reflects the Scottish Government's mandate to capture performance for the Health Board and Integrated Joint Board against the 9 Key Performance Indicators as outlined in the Complaints Handling Procedure.
- 2.2 The Patient Rights (Scotland) Act 2011 gives everyone the right to receive health care that considers their needs, their health and wellbeing and encourages patients to be a part of the decisions about their health and wellbeing. It enables patients to have the right to provide feedback, make comments and raise a concern or complaint about their healthcare experience. 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.
- 2.3 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 Services and Prisons.

## **Section 3 - Key Performance Indicators (KPIs)**

### **3.1 Key Performance Indicator One: Learning from Complaints**

The indicator requires GCHSCP to demonstrate any changes or improvements to services or procedures as a result of a complaint including matters arising under the Duty of Candour.

#### **Identified Learning**

Apologising when things go wrong is an important part of effective complaint handling. We ensure therefore that a meaningful apology, communicated with sincerity, is always shared with complainants where appropriate to do so.

An in-depth table of learning is highlighted in Section 5 of this report.

Table 1 – 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"/>	03	Service improvement identified
<input type="checkbox"/>	K03	COMMUNICATION			<b>Improvements in communication staff-staff or staff-patient e.g.</b>
			<input type="checkbox"/>	01	Early engagement/resolution with complainant
			<input type="checkbox"/>	02	Meeting complainant – Provide explanation
			<input type="checkbox"/>	03	Staff suggestions for improvement
			<input type="checkbox"/>	04	Agenda for Board or team meeting
			<input type="checkbox"/>	05	Patient involvement
<input type="checkbox"/>	K04	CONDUCT			<b>Conduct issues addressed e.g.</b>
			<input type="checkbox"/>	01	Conduct issues – discussed with staff
			<input type="checkbox"/>	02	Values/behaviour – agreed with staff
<input type="checkbox"/>	K05	EDUCATION			<b>Education/training of staff e.g.</b>
			<input type="checkbox"/>	01	Learning/training opportunities identified
			<input type="checkbox"/>	02	Training/development implemented
<input type="checkbox"/>	K06	NO ACTION REQUIRED			<b>No action required e.g.</b>
			<input type="checkbox"/>	01	Case still open
			<input type="checkbox"/>	02	Consent not given
			<input type="checkbox"/>	03	Irresolvable – Funding or expectations too high
			<input type="checkbox"/>	04	Not upheld
			<input type="checkbox"/>	05	Transferred to another Board/Organisation
			<input type="checkbox"/>	06	Withdrawn
<input type="checkbox"/>	K07	POLICY	<input type="checkbox"/>	01	Policy/procedure review

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Check Box	Code	High Level	Check Box	Code	Detail Descriptor
<input type="checkbox"/>	K08	RISK	<input type="checkbox"/>	01	Risks added to risk register
<input type="checkbox"/>	K09	SYSTEM	<input type="checkbox"/>	01	Change – Booking system
			<input type="checkbox"/>	02	Change – Complaints reporting system
<input type="checkbox"/>	K10	SHARE	<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	<input type="checkbox"/>	01	Review of waiting times

### Scottish Public Services Ombudsman (SPSO)

If a complainant remains unhappy with the response received from GCHSCP, they have the right to contact the Scottish Public Services Ombudsman (SPSO) to request an investigation into their complaint. The SPSO is the final opportunity for the complainant in the NHS Complaints Handling Procedure and offers an independent view on whether the NHS has reasonably responded to a complaint.

During 2024/25, 60 SPSO decision letters involving the HSCP or local GP/Dental Services were issued to Glasgow City HSCP. The majority of these were related to complaints in relation to GP Practices.

### Table 2: SPSO Outcomes

SPSO Outcomes	Total Number
Fully Upheld	3
Partly Upheld	1
Not Upheld	3
No Investigation Conducted	53
Withdrawn	0

The Ombudsman issues a Final Decision Notice if:

- The organisation accepted there were failings, has apologised and taken action to prevent the problem from happening again.
- From the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure).
- The Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations.

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**Table 3: SPSO Activity Summary**

	Early Resolution	Not taken forward	Pre-investigation	Investigation	Post-investigation	Provisional Decision Notice	Decision Notice	Draft Public Report	Public Report
<b>HSCP / Prison Healthcare</b>	-	53	22	3	-	7	7	-	-

### 3.2 Key Performance Indicator Two: Complaint Process Experience

The Complaints Handling Procedure requires GCHSCP to gather feedback from the person making the complaint regarding their experience of the process. To adhere to the guidance as set out in the procedure a simple online questionnaire has been designed to enable data to be collated, however there have been very limited returns from this method of seeking feedback.

### 3.3 Key Performance Indicator Three: Self Awareness and Training

Self-awareness and training are a key priority within the Complaints Handling Procedure. Complaints handling training programme has been rolled out this quarter to key personnel and the Complaints Team maintain a list of teams and services currently awaiting this training when it is possible.

The Corporate Services Manager, Complaints is happy to provide bespoke sessions on a number of topics relating to the management of Complaints. During 2024/25 the Corporate Services Manager, Complaints carried out the following sessions for staff within Glasgow City HSCP:

- The Corporate Services Manager carried out 2 sessions for the GP Practice Managers, capturing 58 Practice Managers.
- The Corporate Services Manager also carried out 3 sessions to all grades of staff working within the Mental Health Service, capturing 74 members of staff.
- The Lead Complaints Manager and Corporate Services Manager carried out 2 sessions of the Medical Managers Programme, capturing Clinical Directors.
- The Corporate Services Manager carried out a session with staff who manage complaints within Glasgow City South Sector, capturing 2 members of staff.

### 3.4 Key Performance Indicator Four: Total Number of Complaints Received

#### Complaints Activity

During the period 1 April 2024 to 31 March 2025 a total of 1016 complaints (including complaints transferred/withdrawn/consent not received) were received as compared with 1062 in the previous year (a 5% decrease). A breakdown of complaints received during 2024/25 is set out in Table 4.

The highest volume of complaints overall received were within prison services which account for 623 out of the 1016 received complaints (61%), which is a decrease from 70% of received complaints in 2023/24.

It should be noted that figures differ in this Annual Report compared to the Quarterly reports completed throughout 2024/25. This is due to staff within Glasgow City South Sector ensuring all complaints received were logged on Datix to allow for accurate reporting in line with the CHP.

**Table 4: Complaints Received:**

	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	Total
Glasgow City HSCP – Corporate (excl Prisons)	1	-	-	-	1
The Liliass Centre Community Custody Unit	-	-	-	-	-
HMP Barlinnie	78	58	63	50	249
HMP Greenock	21	7	6	14	48
HMP Low Moss	88	60	112	66	326
Glasgow City HSCP - North East	13	27	34	23	97
Glasgow City HSCP - North West	64	50	73	51	238
Glasgow City HSCP - South	19	21	10	11	61
<b>Total</b>	<b>284</b>	<b>221</b>	<b>294</b>	<b>215</b>	<b>1016</b>

**Table 5 – Volume of Complaints (Stage 1 & 2) Received by Sector/Services:**

	2024/25	2024/25	2024/25	2024/25	Total by Sector and Service
	Q1	Q2	Q3	Q4	
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	
Glasgow City HSCP – Corporate					
Corporate Services / Nursing	1	-	-	-	1

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The Liliac Centre Community Custody Unit **	-	-	-	-	-
HMP Barlinnie**	79	58	63	50	<b>249</b>
HMP Greenock**	21	7	6	14	<b>48</b>
HMP Low Moss**	88	60	112	66	<b>326</b>
<b>Glasgow City HSCP – North East</b>					
Children & Family Services	2	3	6	2	<b>13</b>
Health & Community Care	3	5	3	2	<b>13</b>
Mental Health Services*	8	17	16	18	<b>59</b>
Specialist Children's Services	-	2	9	1	<b>12</b>
<b>Glasgow City HSCP - North West</b>					
Corporate Services / Nursing	-	-	-	-	-
Children & Family Services	2	1	1	-	<b>4</b>
Facilities / Estates	-	-	2	-	<b>2</b>
Health & Community Care	-	4	2	3	<b>9</b>
Homelessness Services	-	-	-	-	-
Mental Health Services*	20	15	24	23	<b>82</b>
Planning & Health Improvement	-	1	-	-	-
Sexual Health / Sandyford	40	24	33	20	<b>117</b>
Specialist Children's Services	-	5	11	5	<b>21</b>
<b>Glasgow City HSCP – South</b>					
Children & Family Services	-	-	-	-	-
Health & Community Care	2	5	-	1	<b>8</b>
Mental Health Services*	15	16	6	7	<b>44</b>
Specialist Children's Services	2	-	4	3	<b>9</b>
<b>Totals by Quarter:</b>	<b>284</b>	<b>221</b>	<b>294</b>	<b>215</b>	<b>1014</b>

\*Covers Forensic Services and Tier 4 Learning Disabilities

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

Table 6 below reflects information on more informal feedback of comments and concerns which have been recorded onto the DATIX complaints recording system. For 2024/25 there were **91** forms of feedback (including comments and concerns), the majority of which came from HMP Greenock and HMP Low Moss, Prison Health Care Services.

**Table 6 – Volume of Feedback, Comments and Concerns by sector**

	Feedback
<b>Glasgow City CHP – Corporate (excl Prisons)</b>	1
<b>HMP Barlinnie</b>	-

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<b>HMP Greenock</b>	47
<b>HMP Low Moss</b>	34
<b>Glasgow City CHP - North East Sector</b>	1
<b>Glasgow City CHP - North West Sector</b>	8
<b>Glasgow City CHP - South Sector</b>	-
<b>Totals:</b>	<b>91</b>

### **3.5 Key Performance Indicator Five: Complaints Closed at Each Stage**

Table 7 details the number of complaints closed at each stage and a comparison against the total number of complaints closed during 2024/25. It should be noted that to meet the reporting requirements of the Complaints Handling Procedure, these figures only include complaints with an outcome of Upheld, Partially Upheld and Not Upheld.

**Table 7: Number of complaints closed at each stage**

<b>Complaints Type</b>	<b>Number of complaints closed at each stage</b>	<b>Number of complaints closed at each stage as a % of all closed complaints</b>
Stage 1	479	56%
Stage 2	168	20%
Stage 2 after escalation	214	24%

### **3.6 Key Performance Indicator Six: Complaints Upheld and Not Upheld**

To meet the requirements of Indicator Six, a breakdown of the formal outcome (upheld, partially upheld, or not upheld) against Stage 1 and Stage 2 complaints is provided.

Table 8 provides a breakdown of the formal outcome.

**Table 8: Formal Complaint Outcome:**

	<b>Complaint Withdrawn</b>	<b>Consent not received</b>	<b>Fully Upheld</b>	<b>Not Upheld</b>	<b>Partially Upheld</b>	<b>Transferred to Another Unit</b>	<b>Irresolvable - Other</b>	<b>Total</b>
<b>Glasgow City HSCP – Corporate</b>								
HMP Barlinnie	45	-	3	251	6	-	-	<b>305</b>
HMP Greenock	8	-	-	29	-	-	-	<b>37</b>
HMP Low Moss	39	-	6	195	7	-	-	<b>247</b>
<b>Glasgow City HSCP - North East</b>								
Children & Family Services	-	-	3	5	2	-	-	<b>10</b>
Health & Community Care	-	1	1	5	3	-	-	<b>10</b>
Mental Health Services	1	4	5	40	19	-	-	<b>69</b>

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Specialist Children's Services	-	-	6	5	6	-	-	17
<b>Glasgow City HSCP - North West</b>								
Children & Family Services	-	-	-	1	-	1	-	2
Facilities / Estates	-	-	1	1	-	-	-	2
Health and Community Care	-	-	2	5	2	-	-	9
Mental Health Services	1	3	12	41	17	2	2	78
Pharmacy and Prescribing Support Unit	-	-	-	-	-	1	-	1
Planning and Health Improvement	-	-	-	-	1	-	-	1
Sexual Health / Sandyford	9	6	26	44	28	1	1	115
Specialist Children's Services	2	-	17	4	10	-	-	33
<b>Glasgow City HSCP - South</b>								
Children & Family Services	-	-	-	-	-	-	-	-
Health & Community Care	-	-	4	3	1	-	-	8
Mental Health Services	-	-	12	30	4	-	-	46
Specialist Children's Services	1	-	1	1	2	-	-	5
<b>Overall Totals:</b>	<b>106</b>	<b>14</b>	<b>99</b>	<b>660</b>	<b>108</b>	<b>5</b>	<b>3</b>	<b>995</b>

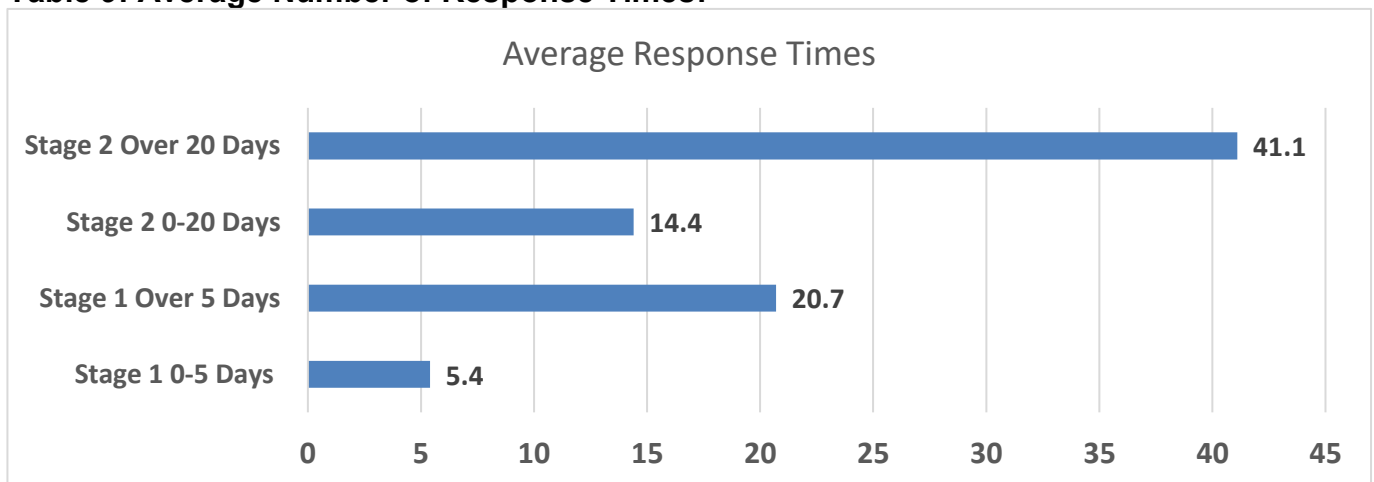
Table 8 above shows that overall (**66%**) of completed complaints were not upheld and (**21%**) were partially or fully upheld. A further (**13%**) were withdrawn or otherwise not progressed.

### 3.7 Key Performance Indicator Seven: Average Times

A reporting requirement of the Complaints Handling Procedure (CHP) is to report on the average times in working days to close complaints at each stage of the CHP. A detailed breakdown is provided in Table 9.

It should be noted that Stage 1 complaints are not being escalated appropriately to Stage 2 when they have reached 10 working days which affect the overall performance. The Corporate Services Manager, Complaints would like to remind all Sectors that this is mandatory and in line with the model Complaints Handling Procedure. The CSM will continue to monitor this KPI to highlight to ensure continued compliance with the Complaints Handling Procedure.

**Table 9: Average Number of Response Times:**



### 3.8 Key Performance Indicator Eight: Closed in Full within the Timescales

The tables below demonstrate a local performance target of 73% for Stage 1 complaints closed which is a decrease from the previous year (78%). There has been a decline in Stage 2 performance where 41% of complaints closed within 20 working days, which is a decrease from the previous year (46%). This gives an overall performance of 59% (63% the previous year) which remains well below the national target of 70%.

The Corporate Services Manager for Complaints would like to remind all Sectors that an improvement in both Stage 1 and Stage 2 response time is required. The CSM will continue to monitor this KPI to highlight to ensure continued compliance with the Complaints Handling Procedure.

It is worth noting that these figures include complaints relating to Specialist Children's Services which is hosted by East Dunbartonshire HSCP.

**Table 10a – Response Times of Stage 1** (on or within 5 working days).

	On or within 5 working days	Over 5 working days	Total	% within 5 working days
<b>Glasgow City HSCP – Corporate</b> (excl Prisons)				
<b>HMP Barlinnie</b>	104	29	<b>133</b>	<b>78%</b>
<b>HMP Greenock</b>	20	1	<b>21</b>	<b>95%</b>
<b>HMP Low Moss</b>	90	22	<b>112</b>	<b>80%</b>
<b>Glasgow City HSCP - North East</b>	48	27	<b>75</b>	<b>64%</b>
<b>Glasgow City HSCP - North West</b>	80	39	<b>119</b>	<b>67%</b>
<b>Glasgow City HSCP - South</b>	10	9	<b>19</b>	<b>53%</b>
<b>Overall Total</b>	<b>352</b>	<b>127</b>	<b>479</b>	
<b>Overall %</b>	<b>73%</b>	<b>27%</b>		

**Table 10b – Response Times of Stage 2** (on or within 20 working days).

	On or within 20 working days	Over 20 Working days	Total	% within 20 working days
<b>Glasgow City HSCP– Corporate</b> (excl Prisons)				
<b>HMP Barlinnie</b>	12	15	<b>27</b>	<b>44%</b>
<b>HMP Greenock</b>	2	1	<b>3</b>	<b>67%</b>
<b>HMP Low Moss</b>	9	7	<b>16</b>	<b>56%</b>
<b>Glasgow City HSCP - North East</b>	9	5	<b>14</b>	<b>64%</b>
<b>Glasgow City HSCP - North West</b>	39	30	<b>69</b>	<b>56%</b>
<b>Glasgow City HSCP - South</b>	21	18	<b>39</b>	<b>54%</b>

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<b>Overall Total</b>	<b>92</b>	<b>76</b>	<b>168</b>	
<b>Overall %</b>	<b>55%</b>	<b>45%</b>		

**Table 10c – Response Times of Escalation Stage 1 to Stage 2** (on or within 20 working days).

	<b>On or within 20 working days</b>	<b>Over 20 Working days</b>	<b>Total</b>	<i>% within 20 working days</i>
<b>Glasgow City HSCP – Corporate</b> (excl Prisons)	-	-	-	-
<b>HMP Barlinnie</b>	26	74	<b>100</b>	<b>26%</b>
<b>HMP Greenock</b>	0	5	<b>5</b>	<b>0%</b>
<b>HMP Low Moss</b>	24	56	<b>80</b>	<b>30%</b>
<b>Glasgow City HSCP - North East</b>	10	1	<b>11</b>	<b>91%</b>
<b>Glasgow City HSCP - North West</b>	4	14	<b>18</b>	<b>22%</b>
<b>Glasgow City HSCP - South</b>	-	-	-	-
<b>Total</b>	<b>64</b>	<b>150</b>	<b>214</b>	
<b>Overall %</b>	<b>30%</b>	<b>70%</b>		

### 3.9 Key Performance Indicator Nine: Number of Cases where an Extension is authorised

It is important that we respond to complaints timeously and that every effort is made to ensure that we do not cause a detrimental effect on the person making the complaint. Not all investigations will be able to meet this deadline; however, the CHP allows an extension where it is necessary to complete the investigation.

## Section 5 - Complaints Analysis

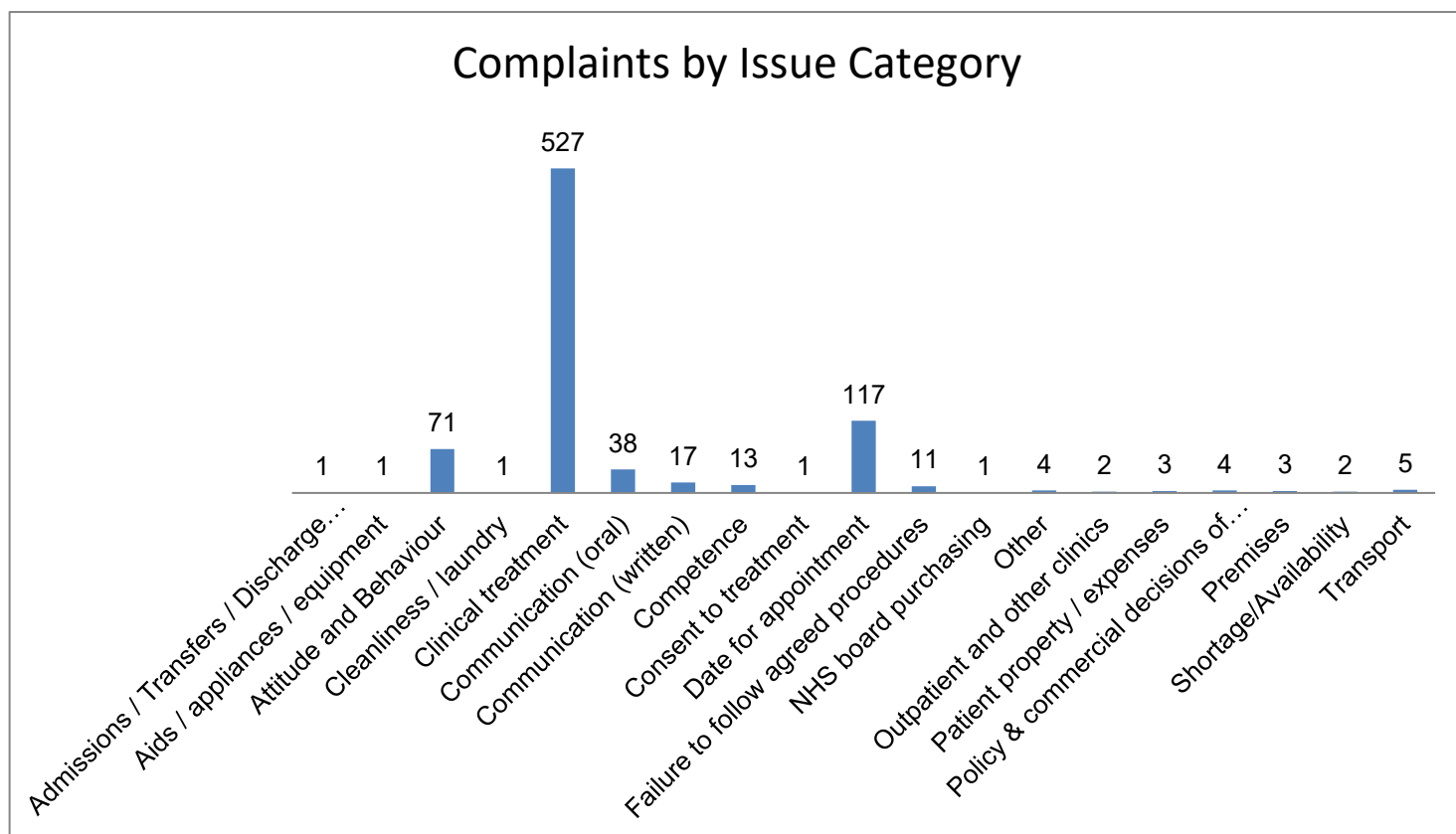
The themes identified during 2024/25 remain consistent with previous years and are illustrated in Chart 1 below.

The top 5 complaint themes for 2024/25 are:

- Clinical Treatment
- Date for Appointment
- Attitude and Behaviour
- Communication (Oral)
- Communication (Written)

The data provides a clear understanding of the issues raised by complainants and the main areas for the Sectors to focus any key learning required or improvements to be made to services provided.

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**Chart 1: Main themes from complaints (Prison, NE, NW, South)**

‘Clinical Treatment’ is a wide term but relates to issues such as the coordination of medical treatment, disagreement with treatments / care plan, lack of continuity with care, and concern about the quality of clinical care.

Within the categories in Chart 1 there are a range of subcategories which further break down the nature of the complaint, these are detailed in Table 11.

**Table 11: Complaint themes**

Complaints Theme	Number of Complaints	Complaints Theme	Number of Complaints
Problems with medication	198	Inefficient	6
Disagreement with treatment/care plan	182	Misunderstanding	6
Unacceptable time to wait for appointment	72	Failure to follow agreed procedure	4
Co-ordination of medical treatment	26	Patient has been sent no communication	4
Poor medical treatment	26	Telephone	4
Waiting for medication	22	Transport problems – external	4

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Insensitive to patient needs	21	Wrong medicine given	4
Lack of support	15	Abruptness	3
Other	13	Conduct	3
Lack of clear explanation	11	Confrontational	3
Lack of pain management	11	Detox problems	3
Lack of explanation	10	Face to face	3
Addiction problems	9	Poor nursing care	3
Inappropriate comments	9	Threatening behaviour	3
Staff attitude	9	Treatment postponed	3
Patient not being verbally told things	7	Appointment date continues to be rescheduled	2
Cancellation of appointment	6	Date for appointment exceeds published max waiting time	2

## Complaints by Issue type / Staff Type

Table 12a – Prison

	Consultants / Doctors	Dental	GP	NHS board / hospital admin staff/member (exc. FHS admin)	Nurses	Other	Opticians	Pharmacists	Total
Clinical treatment	4	3	175	0	242	2	1	6	433
Date for appointment	2	11	12	0	15	1	4	0	45
Transport	0	0	0	0	4	1	0	0	5
Attitude and Behaviour	0	0	0	0	2	1	0	0	3
Competence	0	0	0	0	2	0	0	0	2
Aids / appliances / equipment	0	0	1	0	0	0	0	0	1
Communication (oral)	0	0	0	0	1	0	0	0	1
Failure to follow agreed procedures	0	0	0	1	0	0	0	0	1
Premises	0	0	1	0	0	0	0	0	1
Total	6	14	189	1	266	5	5	6	492

Table 12b – North East Sector

	Allied Health Professionals	Consultants / Doctors	NHS board / hospital admin staff/member (exc. FHS admin)	Nurses	Other	Total
Clinical treatment	2	22	0	23	5	52
Attitude and Behaviour	0	3	1	19	2	25
Date for appointment	0	1	1	0	1	3
Patient property / expenses	0	0	0	2	0	2
Communication (written)	0	0	0	1	0	1
Competence	0	0	1	0	0	1
Total	2	26	3	45	8	84

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**Table 12c – North West Sector**

	Allied Health Professionals	Consultants / Doctors	NHS board / hospital admin staff/member (exc. FHS admin)	Nurses	Other	Pharmacists	Total
Date for appointment	0	6	10	1	23	0	40
Attitude and Behaviour	2	12	3	19	3	0	39
Communication (oral)	1	12	6	8	4	1	32
Communication (written)	1	10	4	1	0	0	16
Clinical treatment	0	3	1	2	6	0	12
Competence	0	7	0	0	0	0	7
Policy & commercial decisions of NHS board	0	0	2	0	2	0	4
Failure to follow agreed procedures	0	0	2	0	1	0	3
Other	0	0	0	0	2	0	2
Premises	0	0	0	1	1	0	2
Shortage/Availability	0	0	0	0	2	0	2
Cleanliness / laundry	0	0	0	1	0	0	1
Consent to treatment	0	0	0	0	1	0	1
NHS board purchasing	0	0	1	0	0	0	1
Outpatient and other clinics	0	0	0	0	1	0	1
Patient property / expenses	0	0	0	1	0	0	1
<b>Total</b>	<b>4</b>	<b>50</b>	<b>29</b>	<b>34</b>	<b>46</b>	<b>1</b>	<b>164</b>

**Table 12d – South Sector**

	Consultants / Doctors	Nurses	Other	Total
Attitude and Behaviour	0	2	0	2
Other	0	1	1	2
Date for appointment	1	0	0	1
<b>Total</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>

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All Sectors are reminded of the importance of recording complaints on DATIX and ensuring that all accompanying correspondence is uploaded to this system. It is a mandatory requirement for the SPSO that all complaints files are recorded in full within DATIX so that a full investigation may be carried out if and when necessary. Failure to comply with this requirement results in the Service and Sector being served with an Upheld claim to the SPSO and publication on their National Website and notification to the Chief Executive of the Health Board.

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**Section 5 – Service Improvements Identified**

**Table 12 - Service Improvements Identified for Completed Complaints Partially of Fully Upheld (1<sup>st</sup> Apr 2024 – 31<sup>st</sup> March 2025)**



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Ref	Description	Outcome code	Unit	Specialty	Action Taken
B2024/112	The patient is unhappy as he had a mental health appointment and on the day of the appointment he received a letter to reschedule it.	Partially Upheld	HMP Barlinnie	Prison Services	K02-03 - Service improvement identified
LM2024/150	Patient is unhappy that he has not been made a GP appointment following several requests to a nurse regarding chest pain	Partially Upheld	HMP Low Moss	Prison Services	K01-01 - Booking Arrangement
LM2024/158	Patient advised after being taken off MORS, he has still not received his medication.	Partially Upheld	HMP Low Moss	Prison Services	K03-03 - Staff suggestions for improvement
NE859	Family concerned with brother's treatment	Partially Upheld	Stobhill Hospital	Psychiatry	K10-01 - Share - Share lessons/with staff/patient public - Learning points shared with team.  Discuss with Junior Doctors as reminder to ensure good communication in verbal and written handover as well as in electronic patient records.
NE867	Complainant unhappy with the attitude and behaviour of staff	Partially Upheld	Bridgeton Health Centre	District Nursing	K060-01 - case still openK05-01 - Education - learning/training opportunities identifiedDN keen to develop any learning from it and then put an action plan together for staff to improve on their practice and meet the standards expected from them as registered nurses - Education - Learning/training opportunities identified
NE873	Mother looking for advice and/or access to treatment for her daughter.	Partially Upheld	Arran Resource Centre	Community Mental Health Team	K03 - 04 - Communication - agenda for team meeting  SM will ensure that all clinical team members are aware of care pathway for patients waiting on the ADHD waiting list initiative
NE874	Concern from daughter that there may be an issue with mother accessing care and treatment in light of a possible litigation case against NHS GGC	Partially Upheld	Auchinlea House Resource Centre	Community Mental Health Team	K03-04 - Communication - agenda for team meeting.  CM will ensure Clinical Teams are clear about their role and responsibility in these particular circumstances
NE875	Patient unhappy with her treatment and care.	Partially Upheld	Stobhill Hospital	Psychiatry	k03-04 - Communication - team agenda SCN will feedback complaint to Team Meeting to support nursing staff to continue to build upon their communication skills.
NE879	Father unhappy with the care and treatment of his daughter.	Partially Upheld	Stobhill Hospital	Psychiatry	K02-01 - Action Plan  Lead Manager co-ordinating improvements.  Staff will ensure conversations re medication are clearly documented.

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NE880	Mother unhappy with her daughter's care and treatment.	Partially Upheld	Stobhill Hospital	Psychiatry	K02-01-Action Plan  Lead Manager co-ordinating improvements.  Staff will ensure conversations re medication are clearly documented.
NE882	Mum unhappy with treatment to son.	Partially Upheld	Petershill Business Centre	Physiotherapy	K03-01 Communication - Early engagement.TL will conclude assessment and speak to physio at supervision.
NE884	Patient unhappy with his treatment.	Partially Upheld	Arran Resource Centre	Community Mental Health Team	K03-03 - Communication - Staff suggestions for improvement  Clinical Psychology colleagues will be asked to share all information relating to what interventions are available with all CMHT's.
NE885	Complainant very unhappy and would like to complain regarding the continual unprofessional behaviour of a member of admin staff.	Fully Upheld	Arran Resource Centre	Administration Services	K05-01- Education - Learning/training opportunities identified  To improve telephone system, staff member to complete positive experience module and to refresh knowledge of complaints procedure.
NE890	Patient unhappy with his treatment and also the attitude and behaviour of staff.	Partially Upheld	Newlands Centre	Addiction Services	K03-04 - Communication agenda for team meetingDirection to ADRS staff re improved care planning. For discussion at GADRS TL/NTL session 24/10/24 to agree requirements to improve and implementation plan (was also raised as an issue via MAT experiential data collection)
NW21633	patient's neighbour was told she was attending clinics by receptionist in centre, has also disclosed another neighbour's details to same person.	Partially Upheld	Glenkirk Resource Centre	Administration Services	action plan & learning shared
NW21642	Daughter complaining about the treatment of father as MH inpatient in Gartnavel Hospital.	Partially Upheld	Gartnavel Royal Hospital	Acute Mental Health	early communication to discuss lost property
NW21646	complainant claims information from YHS isn't being passed equally to both parents	Partially Upheld	Drumchapel Health Centre	Youth Health Service	meeting with complainant
NW21651	patient feels they have been blackmailed into taking meds and that Dr has disclosed personal information to mother without consent	Partially Upheld	Gartnavel Royal Hospital	Acute Mental Health	early resolution and conduct discussed with staff
NW21652	*COMPLAINT RELATES TO ANCHOR CENTRE GPTS* Pt wants explanation for why referral to GPTS was rejectedEscalation: pt says they did not submit a formal complaint and has responded to points raised in response, requesting more info on clinical decision making and raising concerns over complexity of PTSD	Partially Upheld	William Street Clinic	Psychotherapy	early communication with complainant

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NW21655	complaint re treatment and CPN who was unprofessional and disrespectful	Partially Upheld	Arndale Resource Centre	Community Mental Health Team	CPN arranged contact with complainant to offer apology and future appt
NWS07524	Patient who is needle phobic and felt her concerns/worries weren't dealt with accordingly.	Partially Upheld	Sandyford Initiative	Sexual Health	Discussion/advice re booking arrangements with patient  Team Lead coordinating communication improvements between reception & nurses.
NWS07624	Patient feels let down by the gender service and time scales for surgery referrals.	Fully Upheld	Sandyford Initiative	Transgendered	Due to lack of SG funding and fix term posts the service has been affected, no long term solution can be implemented at this time.
NWS07725	Patient feels that communication between GP and Sandyford is failing them. Concerned about not being on any medication at the moment as pharmacist & GPs are confused about dosage.	Fully Upheld	Sandyford Initiative	Transgendered	Discussions with the gender team around communications to aid in better service delivery.
NWS07824	Patient complained receptionist would not give her an appointment even though there were appointments available	Partially Upheld	Sandyford Initiative	Sexual Health	No long term plan or improvements possible due to lack of information.
NWS07924	Patient feels let down with the lack of communication between Sandyford Services and patients GP practice resulting in delayed prescriptions being prescribed.	Fully Upheld	Sandyford Initiative	Sexual Health	Gender admin team have been advised that all complaints are to be sent to the Sandyford complaints team and not upload to NaSH to reduce delayed actions and responses to patients.
NWS08024	Lack of communication re blood work, and hormone prescription amendments.	Fully Upheld	Sandyford Initiative	Transgendered	Communication has been raised with the Gender strive and monitored.
NWS08324	Over due wig prescription	Fully Upheld	Sandyford Initiative	Transgendered	Admin manager exploring reminder options on outlook for annual prescriptions to be arranged without reminders from patients.
NWS08524	Had not received travel expenses after surgery in May 2024	Fully Upheld	Sandyford Initiative	Transgendered	Patient was given a copy of the expense policy for reference.
NWS08624	waiting times for first Gender appointment regardless of previous medical care received though private care.	Fully Upheld	Sandyford Initiative	Transgendered	No outcome possible due to staffing/limited funding.
NWS08724	Patient complaint re waiting times and failing to comply with the RTT.	Partially Upheld	Sandyford Initiative	Transgendered	No outcome possible due to staffing, limited funding and service requirements resulting delayed treatment times.
NWS08824	Patient attended clinic for an appointment that had been booked online and clinic was closed.	Fully Upheld	Sandyford Initiative	Sexual Health	No service improvements required, this was human error.
NWS09024	Long waiting times to get an appointment over the phone, patients call was cut off from our side without a call back from switchboard.	Partially Upheld	Sandyford Initiative	Sexual Health	Admin manager has reminded switch board team to make the attempt to call patient back should the call become disconnected.
NWS09124	Lack of empathy and poor bedside manner during coil insertion.	Fully Upheld	Sandyford Initiative	Sexual Health	Clinical lead will discuss complaint with specialist involved and put recommendations in place.
NWS09224	Patient struggling to make contact with vasectomy admin as they are looking to be added to waiting list for procedure.	Fully Upheld	Sandyford Initiative	Vasectomy	No action plan can be put in place as delays are caused by staff absences.

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NWS09424	Patient joined call queue at 09:35 and call was taken at 10:43 where call handler was unhelpful, spoke with lacked enthusiasm and seemed to be reading from a script without any genuine interest - she seems bored.	Partially Upheld	Sandyford Initiative	Sexual Health	Call has been used as a training tool.
ECY24-102	Complaint re lack of care and inadequate service provided by SLT	Partially Upheld	Templeton Business Centre	CAMHS	Clearer documentation of actions from discussions with clinicians and parents is an essential requirement of the SLT Service clinical standards and this will be reiterated to all clinicians via the SLT Professional Network. 2. The guidance regarding documentation standards will be recirculated to all clinical teams alongside their annual documentation audit results for 2024.
LM2024/162	Patient unhappy about pain medication being stopped	Partially Upheld	HMP Lowmoss	Prison Services	Kardexes to be available at GP clinics and the GP to use the GP tracker to handover tasks not completed.  GP locum staff to be made aware of communication methods  HCSW to be made aware of the importance of Kardex being available for GP
NE891	Patient disagrees with her treatment and care.	Partially Upheld	Arran Resource Centre	Community Mental Health Team	K03-04 - Communication - agenda for team meeting  Communication to remind all clinicians to ask and involve patients in all aspects of the care and treatment. This will be discussed at team meetings.
NE900	Father feels HV made false statement in letter to ex-partner's lawyer and is concerned for daughter's wellbeing	Partially Upheld	Bridgeton Health Centre	Health Visiting	K03 - 04 - Communication - agenda for team meeting  All Health Visitors at Team Meetings to be reminded to seek advice from Team Leader before responding to any requests from Solicitors.
NE907	Father concerned that he received a letter informing him daughter was diagnosed as neurodivergent which has never been discussed with him.	Fully Upheld	Bridgeton Health Centre	Health Visiting	K05-01 - Education/Learning opportunities identified.  Children should always be searched by CHI
NE915	Mum unhappy with the attitude and behaviour of staff.	Partially Upheld	Stobhill Hospital	Psychiatry	K03-04 Communication - agenda for Team Meeting  OPs Manager will discuss at team meeting the need for all staff to remain complainant with GG&Cs uniform policy with regards to ID Badges and that referral to Advocacy Services is made timeously
NE918	Father concerned with the lack of communication and support from Health Visitor.	Fully Upheld	Townhead Health Centre	Health Visiting	K03-01 - Communication - early engagement/resolution with complainant  Team Leader will discuss with HV importance of being available to families calls and to return parent/carer calls timeously.

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NE920	Patient unhappy with the attitude and behaviour of staff.	Partially Upheld	Springpark Resource Centre	Psychiatry	K03-03 - Communication - Staff Suggestions for Improvement  Patient advised Duty can be accessed at any time, advised of a colleague to contact if required.
NE924	Patient unhappy with the attitude and behaviour of staff.	Partially Upheld	Springpark Resource Centre	Community Mental Health Team	K03-03 - Communication - Staff Suggestions for Improvement  Discussed the option of Crisis Team input, this will be considered.
NSW11224	Lack of communication re Gender appointments. GP has refused to take bloods and unable to obtain an appointment at Sandyford. Appointment not made for video call. General disappointment with the service.	Fully Upheld	Sandyford Initiative	Transgender	Due to staff shortages within the Gender team, this has resulted in appointment delays.
NSW11524	Lack of Mpox vaccines available across the board & National Status on how to access Mpox vaccinations.	Fully Upheld	Sandyford Initiative	Sexual Health	Investigating manager has raised with Doctor of PH. Complaint raised via vaccine cell.
NSW12124	TOPAR Patient heard the nurse talking about her when returning from toilet.	Fully Upheld	Sandyford Initiative	TOPAR	Staff involved have been made aware of their actions.
NW21652	*COMPLAINT RELATES TO ANCHOR CENTRE GPTS* pt wants explanation for why referral to GPTS was rejected  Escalation: pt says they did not submit a formal complaint and has responded to points raised in response, requesting more info on clinical decision making and raising concerns over complexity of PTSD	Partially Upheld	William Street Clinic	Psychotherapy	early communication with complainant service review instigated
NW21672	No disabled parking spaces available due to staff parking in them illegally.	Partially Upheld	Drumchapel Health Centre	Community Mental Health Team	early resolution with complainant and feedback discussed with staff
NW21675	raising complaint due to relationship breakdown with MH Dr. Has not seen patient, unable to accommodate issues getting to appts, feels Dr chastising them for MH issues and is not responding to communications from DNs and OTs	Fully Upheld	Arndale Resource Centre	Community Mental Health Team	no consent received 25/11: change of consultant process to be reviewed
NW21680	pt was unable to get a cup of water when waiting in reception area	Fully Upheld	Woodside Health Centre	Domestic	manager coordinating improvements
NW21685	complaint re conduct of CPN when attending CMHT in crisis causing pt to self-harm	Fully Upheld	Arndale Resource Centre	Community Mental Health Team	conduct discussed with staff

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NW21688	relationship breakdown with allocated CHL nurse at Almond View and Almond Court due to negative comments made about working in care home	Partially Upheld	Glenkirk Resource Centre	Care Home Team	meeting with complainant
NW21691	complaint re attitude of receptionist and CPN - very rude. pt had raised complaint re CPN 2 years previously. had to wait 3 hours for cb from CPN	Fully Upheld	Shawpark Resource Centre	Community Mental Health Team	conduct discussed with staff
NW21700	wants fast tracked for ADHD/autism appt due to having to pay for prescriptions privately. has been advised wait list is 25 months and feels this would be a waste of resource as shared care report available	Partially Upheld	Shawpark Resource Centre	Community Mental Health Team	review of wait times
NW21701	pt was waiting 40 mins at reception only to be advised appt was cancelled. felt staff were unprofessional but missed a call from Dr to advise appt cancelled	Partially Upheld	Sandy Road Clinic	Community Mental Health Team	staff suggestions for improvement
NW21707	has been unable to contact assigned worker to get MH history for future care plan	Fully Upheld	Possilpark Health Centre	Addiction Services	early resolution with complainant
NW21712	pt's partner raising a complaint due to issues picking up pt controlled drug prescription - communication issued between practice and pharmacy	Fully Upheld	Challenging Behaviour Rehabilitation Service (CBRS)	GP Practices	early response sent to pt
NWS09524	Patient was transferred to our gender service. Hair removal & SALT were cancelled by the previous GIC. Patient complained of waiting time to be seen and also wanted new referrals done. Came for appt and was upset to discover it was only to check bloods and not a clinical appt. Wanted clinical appt.	Partially Upheld	Sandyford Initiative	Transgender	Gender service is under review
NWS10224	Vasectomy patient said he was being discriminated against because there are staff shortages in admin, and he cannot get a date for an appointment	Partially Upheld	Sandyford Initiative	Vasectomy	We are trying to recruit admin staff
NWS12324	May 2024 - Referral for transvaginal ultrasound was discussed during appointment with no avail.	Partially Upheld	Sandyford Initiative	Transgender	Checks to be made pre referral to ensure service has equipment and resources before submitting requests.
NWS12524	Parent complained about his daughter at the length of YP gender waiting list	Fully Upheld	Sandyford Initiative	Transgender	Scottish Government is reviewing the service

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NWS12924	Lack of communication re counselling appointment and being chastised on the phone by call handler for not changing personal details.	Fully Upheld	Sandyford Initiative	Sexual Health	Assess our waiting room signage to make it easier for patients and discuss with call handler around their telephone delivery.
NWS13424	Lack of empathy from call handler re arranging consultation for a termination of pregnancy.	Fully Upheld	Sandyford Initiative	TOPAR	Employee was able to listen to the call recording and understand why the patient felt disappointed by the service.
NWS13524	Gender service waiting times which are affecting her child's mental health.	Partially Upheld	Sandyford Initiative	Transgender	Staffing conditions have affected the service which are being reviewed, and discussions are in place with Scottish Government.
NWS13624	Complaint re call handler lack empathy for patient's feelings.	Partially Upheld	Sandyford Initiative	Sexual Health	Manager has spoken with employee, and they have agreed to participate in safe talk training.
	Breakdown in relationship with CPN.	Fully Upheld	Rossdale Resource Centre	Community Mental Health Team	Staff member reassigned.
ECY24-117	Patients mother unhappy with outcome if ASD assessment. - unable to diagnosis.	Fully Upheld	Templeton Business Centre	CAMHS	To look at review process.
ECY25-01	Wait times for ASD assessment	Partially Upheld	Woodside Health Centre	CAMHS	Continued efforts are being made to reduce waiting times.
ECY25-02	Dr has not returned her calls.	Partially Upheld	Gorbals Health Centre	Community Paediatrics (SCPT)	Discussed with the administration manager to send a message to admin staff to remind them of the importance of passing phone messages to the clinical team.
ECY25-03	Not been seen for ADHD review of medications since being transferred to Glasgow North Team	Fully Upheld	Woodside Health Centre	CAMHS	Processes to be reviewed.
ECY25-06	Parent unhappy with Dr, Receptionist and not being prescribed certain medication for their child at Glasgow North CAMHS.	Partially Upheld	Woodside Health Centre	CAMHS	Learning plan put in place for receptionist.
ECY25-08	Concern regarding wait time for assessment - ADHD	Fully Upheld	Woodside Health Centre	CAMHS	New policy has been created and is now being implemented.
ECY25-11	Parent looking for help regarding sleep issues.	Partially Upheld	Drumchapel Health Centre	CAMHS	Resource has been secured to assist with prescribing.
ECY25-13	Parent concerned regarding waiting time for ND assessments - ADHD and ASD	Fully Upheld	Parkhead Hub	CAMHS	To be discussed with all staffing.
LM2024/226	Patient complaining about not getting pain medication for arthritis	Partially Upheld	HMP Lowmoss	Prison Services	K-06 Partially upheld K-03-02 Meeting complainant - provide explanation
LM2025/011	Patient is complaining about being put on MORS and not receiving his medication or seeing the GP	Fully Upheld	HMP Lowmoss	Prison Services	K-02-03 Action Plan - Service Improvement Identified
LM2025/038	Patient is complaining about not receiving the correct medication	Partially Upheld	HMP Lowmoss	Prison Services	K-05-01 Learning/training opportunities identified Partly Upheld

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NE942	Complainant unhappy with the attitude and behaviour of staff.	Fully Upheld	Parkview Resource Centre	Older Adults Community Mental Health	K03-04 - Communication - Agenda for team meeting.  staff have been reminded of the protocols of use of the drop off zone for patients visiting the Centre
NE944	Mum unhappy with attitude and lack of support from HV	Fully Upheld	Townhead Health Centre	Health Visiting	K03-01 - Education - Learning/Training opportunities identified  TL to meet with HV to go through each section of complaint and reflect on this and also to consider her practice with regards to the care of child and family and how care and compassion can effectively conveyed when working with families. We will also review assessment and recording keeping issues.
NE946	Patient unhappy with continual lack of communication and treatment.	Fully Upheld	Arran Resource Centre	Psychiatry	K02 - 01 - Action Plan - Lead manager coordinating improvements  Ensure a system to remind/take forward actions, check all Emis tasks as per protocol. Clinical Director is accountable for ensuring this happens in practice.
NE949	Patient unhappy with service/treatment relating to appointments.	Fully Upheld	Springpark Resource Centre	Community Mental Health Team	K03-03 - Communication - staff suggestions for improvement  Re-iterate to health records staff about due diligence when inputting referral information and CMHT staff to double check before sending correspondence to patients.
NE952	Patient unhappy with the lack of communication and support.	Partially Upheld	Auchinlea House Resource Centre	Community Mental Health Team	K03-03 - Communication - Staff suggests for improvement  to consider holistic approach to patients mental and physical health care needs when screening referrals.
NE955	Daughter complaining about negligent treatment to Mum	Partially Upheld	Shettleston Health Centre	District Nursing	K05 - 01 - Education - Learning Training Opportunities identified
NE957	Mum requesting a change of consultant and concerned with how daughter's medication has been handled.	Partially Upheld	Stobhill Hospital	Psychiatry	K02 - 01 - Action Plan Lead Manager coordinating improvements.  New consultant identified who will provide continuity
NW21722	pt unhappy with level of care received over 4 years with MHT, has never met psychiatrist in person and feels that support offered by OT has been inadequate	Partially Upheld	Arndale Resource Centre	Community Mental Health Team	info re paid service shared with team
NW21727	pt called CMHT and spoke to covering NTL - claims did not offer any support or encouragement for MH issues, and did not seem to be informed on best advice for MH pants. claim NTL became rude and hung up on them	Fully Upheld	Arndale Resource Centre	Community Mental Health Team	learning points shared with team, early resolution agreed

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NW21729	contradictory information re ADHD referral - told by nurse she would be added to WL from original date in April 23, however no record of this change occurring when calling for update	Fully Upheld	Shawpark Resource Centre	Community Mental Health Team	early resolution, learning shared with team
NW21736	pt waiting 32 months for ADHD assessment (other elements in complaint covered by relevant sectors)	Fully Upheld	Pollokshaws Clinic	Community Mental Health Team	review of wait times
NWS00125	Young People gender service and waiting times.	Partially Upheld	Sandyford Initiative	Transgender	Demand for the service outstrips the clinicians in Scotland that are suitably qualified to support the patients.
NWS00725	Unable to obtain appointment to get implant removed felt call handler lacked patient care.	Partially Upheld	Sandyford Initiative	Sexual Health	Employee was given the call recording to reflect on and consider alternative ways to deal with difficult calls.
NWS01125	PrEP appointment waiting times and lack of compassion from staff re accessing the service.	Partially Upheld	Sandyford Initiative	Sexual Health	No long term plan possible as the demand for the service outstrips the staffing available to provide the service.
NWS01225	Lack of patient care and understanding.	Fully Upheld	Sandyford Initiative	Sexual Health	Management discussion with member of staff.
NWS01525	Patient was given the wrong sample bottle after vasectomy.	Fully Upheld	Sandyford Initiative	Vasectomy	Sample bottle process has been confirmed, and staff are aware.
NWS01625	Coil fitting 2019 perforated womb and was sitting on my hip bone. patient has been waiting for a referral to be made gynaecology since 6th Jan 2024.	Partially Upheld	Sandyford Initiative	Sexual Health	Medical staff need to highlight to secretarial staff when a dictated letter is required to be processed sooner than others DATIX completed re delay in typing affecting delays to patient care
NWS01825	Waiting time for second opinion gender surgery.	Partially Upheld	Sandyford Initiative	Transgender	No possible outcome at this time. The demands for the service exceed the capacity and ability of the Gender team. Government funded service with fix term contacts.
NWS13224	Patient complained of lack of communication, long waiting times for an appointment and no referral for hair removal	Fully Upheld	Sandyford Initiative	Transgender	Scottish Government is reviewing the service
NWS13824	Patient had felt the call handler was not helpful or understanding while patient was dealing with a stressful situation especially over the Christmas period.	Fully Upheld	Sandyford Initiative	TOPAR	Call handler listened to the call and was able to reflect on how to handle it better
B2023/120	Patient unhappy as he has not had any medication since Sunday 28/05/2023 in police station . Patient wants medication as soon as possible. Patient's mother called regarding medication and was told 'to ask son why he hasn't received medication' - Patient unsure why he has not received his medication.	Fully Upheld	HMP Barlinnie	Prison Services	Ensure all medications are ordered when GP writes up Kardex. Investigating Nurse has emailed all staff highlighting that all medications must be ordered when wrote up by GP on Kardex. This will ensure this does not happen again and patient receives correct medication in a timely manner.
LM2023/123	Patient unhappy that his medication does not get topped up, when required.	Fully Upheld	HMP Lowmoss	Prison Services	Ongoing recruitment and sickness being monitored
LM2023/143	Patient unhappy he has not received his medication	Fully Upheld	HMP Lowmoss	Prison Services	Continuing to recruit and sickness being monitored by NHS Policies

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NW21420	complaint raised on behalf of patient - has been trying to contact social worker to change drug pick up days but has been unable to contact	Fully Upheld	Woodside Health Centre	Addiction Services	discuss communication with staff
NWS04334	Patient complained of delays in referral for hair removal	Fully Upheld	Sandyford Initiative	Transgender	Gender service is being reviewed
NWS04423	Patient had asked when their appointment was by email 5 days in advance, reply came 24 minutes after appointment, when patient complained admin staff member called them and said they were cheeky	Fully Upheld	Sandyford Initiative	Transgender	Admin staff member has been spoken to by line manager
NWS05323	Patient wanted letter to confirm gender identify for passport	Fully Upheld	Sandyford Initiative	Transgender	SG funding is trying to improve gender services
NWS06823	Lack of communication about funding for additional electrolysis	Fully Upheld	Sandyford Initiative	Transgender	SG is funding additional staff and reviewing gender service
NWS07623	Gender patient complained of waiting times and lack of communication. Also, their GP would not prescribe for them and could we help.	Fully Upheld	Sandyford Initiative	Transgender	SG funding is in place to recruit more staff for the gender service. Both admin and psychologists
RHSCP23025	Patient emailed for a podiatry appointment, as she had not been treated for a period in excess of 1 year she was offered a new patient telephone triage appointment. This was obviously unsuitable as she is unable to communicate via telephone. It was frustrating that she could not email directly to the podiatry department as all correspondence was via a general appointment address.	Fully Upheld	Centre for Community Health	Podiatry	Communication with patient done via email

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