



Item No. 9

Meeting Date

Wednesday 21st October 2026

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

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

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Health and Social Care Partnership Complaints Annual Report 2025/26

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 2025 – 31st March 2026.

Background/Engagement:

This report is based on an analysis of ongoing activity captured in separate recording systems of NHS GG&C Board and Glasgow City Council; this is an annual report considered by the Finance, Audit and Scrutiny Committee. Previous three years' reports are available at: [2024/25](#), [2023/24](#) and [2022/23](#).

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 ☒ Operational Performance and Delivery Scrutiny Committee (Social Care Complaints only)
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:

Reference to National Health & Wellbeing Outcome:	Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
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Personnel:	No implications.
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Carers:	No implications.
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Provider Organisations:	No implications.
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Equalities:	No implications.
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Fairer Scotland Compliance:	No implications.
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Financial:	No implications.
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Legal:	No implications.
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Economic Impact:	No implications.
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Sustainability:	No implications.
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Sustainable Procurement and Article 19:	No implications.
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Risk Implications:	No implications.
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Implications for Glasgow City Council:	No implications.
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Implications for NHS Greater Glasgow & Clyde:	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 2025 – 31st March 2026.

2. Background

- 2.1. Appendix 1, accompanying this report, gives a full analysis of complaints about social care services in the period April 2025 – March 2026 considered under the appropriate complaint procedure for Social Work Services.
- 2.2. Appendix 2 covers complaints, feedback, comments and concerns for the period 1 April 2025 – 31 March 2026 related to Health Services managed by Glasgow City Health and Social Care Partnership.
- 2.3. Both Glasgow City Council and NHS Greater Glasgow and Clyde complaints handling procedures consist of three stages: Stage 1: 'Frontline 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. While not impacting on Health complaints data, it should be noted that for Social Work complaints during this reporting period, figures have been amalgamated from multiple sources – the previous Social Work complaints reporting system, C4; an interim backup spreadsheet used to log complaints information during a period of failure of C4 related to widespread Glasgow City Council IT issues in summer 2025; the new *Contact Us* system; and Care Services records.
- 2.6. While every effort has been made to amalgamate the various sources for Social Work complaints information, there is a possibility that figures in this year's report are not as accurate as in previous years. This is due to the multiple variations across the format of each record, and the challenges in comparing records across each source – there is a risk that a small number of duplicate cases have been missed, or that there have been some inconsistencies in recording leading to data quality issues that are difficult to identify in this unusually complex context.
- 2.7. Total volumes of Social Work complaint activities increased in 2025/26, rising by 16% from 769 in the previous year to 895. As it remains impossible to link Stage 1 and Stage 2 complaints from the 2025/26 data available, it remains unclear how many complaint cases this represents, however from 2026/27 onwards our new recording system will allow for reporting on complaint cases as well as complaints activities. Care Services Stage 1 complaints decreased by one from 290 to 289. Health services complaints fell by 11% from the previous year to 913 complaints, together with 11 comments, concerns and other feedback.

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- 2.8. The distribution of Social Work complaints proportionately between the localities has again remained broadly consistent with previous years, although totals have gone up across every area. Within Centre, the most notable increase in complaints activity relates to Subject Access Request delays, and complaints regarding Homelessness issues have decreased very slightly. 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 (46%) were about prison-based health services at HMP Barlinnie, Greenock and Low Moss, as in previous years.
- 2.9. Performance against timescale for Stage 2 Social Work complaint activities has improved in terms of volume with the team completing 73 more complaints within timescale than in the previous year but has decreased in terms of percentage of the total number processed. In percentage terms, 58.5% of Stage 2 investigations were responded to on time during 2025/26, against 62% in the previous year.
- 2.10. Timescales for Stage 1 complaint activities were met for Social Work complaints in both Centre and North West areas, however there were reductions in compliance rates in both North East and South. 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 but in the context of having received 16% more complaints.
- 2.11. For NHS complaints, 460 of 742 completed complaints (62%) were responded to within the relevant timescales. This is a slight improvement from 59% 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, 43% of completed complaints were responded to within the 20 working days timeline. This should be seen as an area requiring improvement within 2026/27.
- 2.12. Section 3.3 of Appendix 1 summarises the 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 and have increased overall despite the reduction in Centre Homelessness Stage 1 activities. Older People complaints also continue to rise, and volumes are now comparable to Homelessness complaints. There is not an equivalent to 'client group' for Health complaints.
- 2.13. 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, the three most prevalent themes of completed complaints were complaints relating to Clinical Treatment, Date of Appointment and Attitude and Behaviour.

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- 2.14. For Care Services the top three issues were quality of service, competency of staff and staff attitude, which differs from previous years where late arrivals were the second highest area of concern. Complaints about failure to arrive dropped noticeably again to only 4, having previously dropped from 112 in 2023/24 to 51 in 2024/25.
- 2.15. 25% of Social Work complaints have been upheld or partially upheld in 2025/26, 5% lower than figures from the preceding year. Care Services complaints upheld or partially upheld have decreased slightly, from 65% to 62%. This is detailed at Section 3.5 of Appendix 1.
- 2.16. For Health complaints, 61% of complaints were not upheld and 20% were partially or fully upheld. A further 19% were withdrawn or otherwise not progressed. A detailed breakdown around complaint outcomes is presented in Table 8 at section 3.6 of Appendix 2.
- 2.17. 31 Social Work complaint cases were considered by the Scottish Public Services Ombudsman (SPSO) at stage 3 of the complaints process. Outcomes are presented in section 3.6 of Appendix 1, alongside indicators for the classification of each complaint. None of the cases considered by the SPSO, for which a final decision had been received were upheld, with two cases waiting for a final decision of the SPSO.
- 2.18. There were also 29 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 complainants and/or to improve services or processes, and available information relating to the areas of improvement is presented 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 2025-26 as set out in Section 5 of Appendix 2.
- 2.21. 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 of Appendix 1.

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 2025 – March 2026

Glasgow City
HSCP
Health and Social Care Partnership



Glasgow City Health and Social Care Partnership

Social Care Complaints Report

April 2025 – March 2026

Index

<i>Section 1</i>	<i>Executive Summary</i>	<i>3</i>
<i>Section 2</i>	<i>Complaints processes and report format</i>	<i>6</i>
<i>Section 3</i>	<i>Statistical information and commentary</i>	<i>8</i>
<i>3.1</i>	<i>Overall volume and volume by stage</i>	<i>8</i>
<i>3.2</i>	<i>Timescales overall and by service area</i>	<i>11</i>
<i>3.3</i>	<i>Complaints by client group overall and by service area</i>	<i>13</i>
<i>3.4</i>	<i>Complaints by issue</i>	<i>14</i>
<i>3.5</i>	<i>Complaint outcomes</i>	<i>16</i>
<i>3.6</i>	<i>Stage 3 Referrals to Scottish Public Services Ombudsman</i>	<i>19</i>
<i>3.7</i>	<i>Service Improvements</i>	<i>25</i>
<i>3.8</i>	<i>Complaints Service Developments</i>	<i>26</i>

Section 1 Executive Summary

- 1.1 This report covers complaints about social care services in the period April 2025 – March 2026 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 Stage 1 complaints (primarily home care) as until 2026 these have been processed within two different recording systems. Stage 2 complaints relating to Care Services are incorporated into the Stage 2 totals, as these are all handled by the Complaints, FOI and Investigations Team (CFIT).
- 1.3 Development has now been completed on an integrated complaints recording solution, which ultimately went live on 21st January 2026, and the introduction of this new complaints system will have a significant impact in terms of improving management information around all complaints. For this reporting year, however, figures have been amalgamated from multiple sources – the previous complaints reporting system, C4; an interim backup spreadsheet used to log complaints information during a period of failure of C4 related to widespread IT issues in summer 2025; the new Contact Us system; and Care Services records.
- 1.4 While every effort has been made to amalgamate the various sources, there is a possibility that figures in this years report are not as accurate as in previous years. This is due to the multiple variations across the format of each record, and the challenges in comparing records across each source – there is a risk that a small number of duplicate cases have been missed, or that there have been some inconsistencies in recording leading to data quality issues that are difficult to identify in this unusually complex context.
- 1.5 Following the implementation of the new complaints system, in future reports we will be in a position to report fully on both complaint cases and complaint activities. The distinction between the two is that a complaint case may include multiple stages – for example, Stage 1, Stage 2 and Stage 3 activities – but should be classed only as a single complaint against the service. Complaints activities are the individual stages – these are handled in different ways and represent workload impact on different areas of the business, as Stage 1 complaint activities are handled by frontline services and staff, and Stage 2 and 3 complaint activities are handled by CFIT.
- 1.6 Total volumes of Social Work complaint activities increased in 2025/26, rising by 16% from 769 in the previous year to 895. As it remains impossible to link Stage 1 and Stage 2 complaints from the 2025/26 data available, it remains unclear how many complaint cases this represents, however from 2026/27 onwards our new recording system will allow for reporting on complaint cases as well as complaints activities.

- 1.7 Care Services Stage 1 complaints decreased by one from 290 to 289.
- 1.8 There has been no significant change in the distribution of Social Work complaints proportionately between the localities, although totals have gone up across every area. Within Centre, with the most notable increase in complaints activity relates to Subject Access Request delays, and complaints regarding Homelessness issues have decreased very slightly. 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.
- 1.9 Performance against timescale for Stage 2 complaint activities has improved in terms of volume, but has decreased in terms of percentage of the total number processed. In percentage terms, 58.5% of Stage 2 investigations were responded to on time during 2025/26, against 62% in the previous year, however the team completed 73 more complaints within timescale than in the previous year. While there has been a decrease in compliance, and the team remain below the target of 70% compliance, the current rate of compliance is primarily attributed to the high volume of Stage 2 complaints – in any previous year, the total number of complaints responded to in time would have well exceeded the 70% target. In addition to the impact of the ongoing challenges relating to Subject Access processing, one experienced Senior Officer left the team in early December 2025, reducing the pool of investigating officers for four of the 12 months.
- 1.10 Timescales for Stage 1 complaint activities were met for Social Work complaints in both Centre and North West areas, however there were reductions in compliance rates in both North East and South. 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 but in the context of having received 16% more complaints.
- 1.11 Section 3.3 summarises the particular Social Work Services (SWS) client groups submitting complaints, with all areas seeing an increase. As in previous reports, the majority of complaints relate 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, and have increased overall despite the reduction in Centre Homelessness Stage 1 activities. Older People complaints also continue to rise, and volumes are now comparable to Homelessness complaints.
- 1.12 Many of the significant number of complainants in the 'Not Known' client group are known to 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. Some complaints relating to Social Care Connect and Finance also fall within this grouping, as the complainants themselves may not be current service users.
- 1.13 Section 3.4 summarises the main issues raised by service users across social work complaints and across care services complaints.

- 1.14 For Care Services the top three issues were quality of service, competency of staff and staff attitude, which differs from previous years where late arrivals were the second highest area of concern. Complaints about failure to arrive have dropped noticeably again to only 4, having previously dropped from 112 in 2023/24 to 51 in 2024/25.
- 1.15 Care Services carried out over 4.2 million visits during 2025/26, so less than 0.01% of care visits generated any sort of complaint.
- 1.16 25% of Social Work complaints have been upheld or partially upheld in 2025/26, 5% lower than figures from the preceding year. Care Services complaints upheld or partially upheld have decreased slightly, from 65% to 62%.
- 1.17 31 cases were considered by the Scottish Public Services Ombudsman (SPSO) at stage 3 of the complaints process. Outcomes are presented at section 3.6 of this report, alongside indicators for the classification of each complaint. None of the cases considered by the SPSO were upheld, although two await the final decision of the SPSO.
- 1.18 That each case that reached Stage 3 during 2025/26 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.
- 1.19 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, and available information relating to the areas of improvement is presented at section 3.8.
- 1.20 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 2025 to March 2026. Operational Care Services subsume home care and related services, together with Day Care and Residential Services.

During 2025/26 these complaints were all subject to the model Complaints Handling Procedure, as directed by the Scottish Public Services Ombudsman Complaints Standards Authority. The procedure has three stages:

- 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 Stage 1 Home Care services and for Social Work and Homelessness complaints, however from 2026/27 onwards a consistent recording system is in place.

The introduction of the new Contact us system will eliminate any inconsistencies in producing reports on complaints handled. 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 based on raw data provided by Operational Care Services staff from their local recording processes. Social Work and Homelessness figures are produced via reporting arrangements based on C4 data records, an interim spreadsheet implemented as part of standard business continuity processes during a C4 system outage in 2025, and from the new Contact Us system which was launched on 21st January 2026.

As noted above, considerable care has been taken to amalgamate the information from these multiple sources to ensure an accurate picture of the complaints landscape for 2025/26 can be presented, however there may be a degree of inaccuracy resulting from the challenges of incorporating these multiple sources into a single data set given the difference in the formats and fields included in those sources. Particular risks relate to possible duplicates being missed or data quality errors, including classification errors.

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 only.

There are separate sections on third stage complaints considered by the Scottish Public Services Ombudsman (SPSO) and on service improvements.

Methodology, definitions and data limitations

For this report, a complaint activity means a recorded action at Stage 1, Stage 2 or Stage 3. A complaint case means the underlying matter raised by a complainant, which may progress through one or more stages. As reporting systems cannot reliably link all stages to a single case record, figures should be read as relating to complaint activities rather than unique complaint cases.

Issue coding should be interpreted with a degree of caution; this information is presented in isolation as issues cannot be directly linked to either outcomes or service areas in cases where complaint activities span multiple service areas (e.g. both locality activities and Finance matters). A single complaint may involve more than one issue, and issue categorisation involves professional judgement by complaint handlers. Improvements in capturing data where multiple issues are raised in a single complaint have led to an increase in issues captured, in addition to the increased volume linked to the increase in complaints.

Outcomes are recorded against the complaint activity rather than each individual issue raised. Where a complaint is partially upheld, reporting may not identify which specific element was upheld.

Section 3 Statistical information and commentary

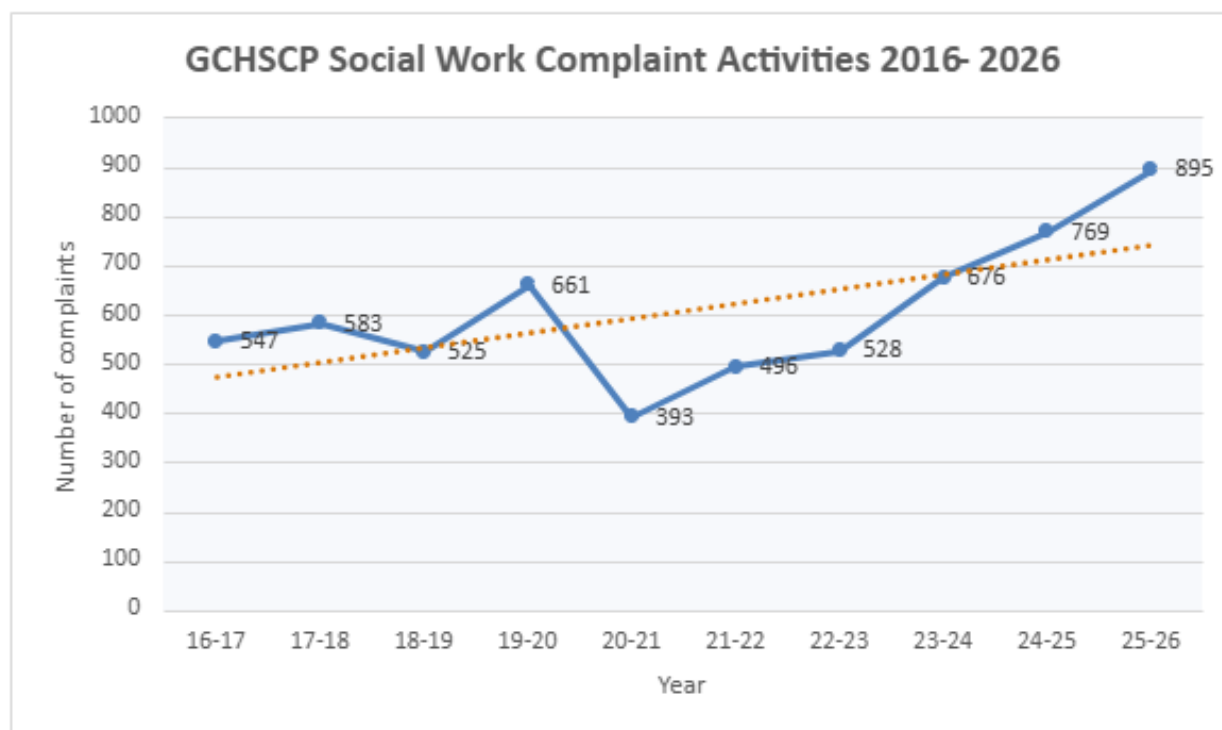
3.1 Overall volume and volume by stage and locality

Complaint activity counts record each Stage 1, Stage 2 or Stage 3 action separately. They should not be read as the number of unique complaint cases as our source systems cannot confirm and link to previous stages in a complaint case.

For consistency with previous reporting, and due to the complexities of the data sets relating to complaints for this reporting period, this year's report again uses complaint activities as the main measure.

895 complaint activities were recorded in relation to Social Work and Homelessness services in 2025/26, representing a 16% increase compared with the previous year. Chart 1 below shows the 10-year trend in complaint activities received and actioned by the HSCP, either locally or by CFIT

Chart 1. Trend in total Social Work complaint activities across all stages, 2016-2026



The trend upwards has continued and the year-on-year increases in received complaint activities now means that volumes of complaint activities have more than doubled in five years, although it should be noted that the historic low in 2020-21 related to reduced complaints as a result of the COVID-19 pandemic and related matters.

Of the 895 complaint activities, 307 (34%) were Stage 1 activities (frontline resolution), 557 (62%) were Stage 2 (formal investigation), and 31 (3%) were Stage 3 complaint activities referred to CFIT by the Scottish Public Services Ombudsman (SPSO). There has again 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 reached the highest level recorded, as has the total number of Stage 2 complaint activities investigated by CFIT.

Table 1. SWS Stage 1 and Stage 2 complaints by service area and locality, 2025/26

Locality	Stage 1	Stage 2	Total
Centre	133	253	386
North East	50	71	121
North West	37	75	112
South	63	117	180
Care (non-HCS)	24	41	65
Total	307	557	864

'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, property management, emergency accommodation, and asylum and refugee support: **Complaints = 131** (decrease from 135)
- **Business Development** – including the CFIT team and welfare rights: **Complaints = 113** (up from 79)
- **Social Care Connect** – Service replacing the former Social Care Direct: **Complaints = 48** (up from 42)
- **Finance** - including issues of invoicing, deprivation of assets and agreement of Disability Related Expenditure (DRE) waivers: **Complaints = 45** (equal to previous 45)
- **Children and Families** – including fostering and adoption and some residential care: **Complaints = 25** (down from 32)
- **Standby/Out of Hours** – **Complaints = 9** (up from 3)
- **Centre Criminal Justice** – including Prison-based SW, Multi-Agency Public Protection Arrangements (MAPPA) and specialist resources: **Complaints = 8** (up from 5)
- **Addictions** - **Complaints = 3** (equal to 3)
- **Centre Residential care** - Not including homecare etc: **Complaints = 2** (up from 0)

Many of the Business Development complaint activities received relate to delays in the handling of subject access requests (SAR), following a trend established over the past three years. Each of these were upheld or partially upheld. The wider team continue to prioritise SAR activity, however there is a current backlog of over 600 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. There has been significant investment in the area of the team who specialise in SAR processing, and a substantial increase in SAR processing, as well as a substantial decrease in wait times, however this remains a live issue subject to continual development, review and scrutiny.

Homelessness complaints decreased slightly, despite ongoing challenges 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. Homelessness Services continue to develop their strategy to address Homelessness in the City.

For Care Services, 289 new Stage 1 complaints were received and managed locally. In addition, 41 Stage 2 complaints handled by CFIT related to Care Services, giving 330 complaint activities across both Stage 1 and Stage 2 for the year.

The Care Services Stage 1 complaint activities 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 expected.

Table 2. Care Services complaints by service area and locality, 2025/26

Valid Care Services complaints 2025-26		
Service Area	Count	%
Alarms	12	4
Equipu	1	<1
Home Care - North East	72	25
Home Care - North West	63	22
Home Care - South	140	48
Operations	1	<1
Total	289	

Please note that additional demographic information which may add further context to these figures is available separately in reports that can be found at:
<https://glasgowcity.hscp.scot/performance-and-demographics>.

3.2 Timescales overall and by service area

The complaint handling performance target is that 70% of complaint activities should be dealt with within the specified time period for each stage. Stage 1 complaints should be answered within 5 working days (or up to 10 working days with a management approved extension). Stage 2 complaints should be answered within 20 working days, although the SPSO's Model Complaints Handling Procedure (CHP) for Local Authorities allows for extension to this timescale where appropriate. Stage 3 complaints are excluded from timescale reporting because SPSO timescales are outside GCHSCP control and there are no timescales laid out in the Model CHP for Stage 3 complaints.

326 of 557 Stage 2 complaints (58.5%) were responded to on time during 2025/26. In 2024/25, 253 of 411 Stage 2 complaints (62%) were responded to on time.

In percentage terms, this appears to be a decrease in performance, however the number of Stage 2 complaint activities responded to within time has increased by 29%. The number of on-time responses achieved in 2025/26 would have been sufficient to exceed the 70% target in any previous year, however due to the increase in Stage 2 activities received, the target has again not been achieved for the fourth consecutive year. While this real-terms increase in complaints performance has not translated into greater compliance, this can partially be attributed to the loss of a Senior Officer in December 2025, as well as the competing demands on the resources available to the team resulting from the ongoing challenges around SAR processing.

Table 3 illustrates the performance against timescale for Stage 1 complaint activities by locality. The target of 70% of complaint activities responded to within the relevant time was not met for GCHSCP, with only 61% of Stage 1 complaints responded to within timescale. This is a slight improvement in percentage terms over the previous year, where 57% of Stage 1 complaint activities were responded to in time.

Table 3. Stage 1 Social Work complaint timescale compliance by locality, 2025/26

Locality	Within time		Total Stage 1
	n	%	n
Centre	96	72	133
N. East	33	66	50
N. West	28	76	37
South	20	32	63
Total	188	61	307

In the two of the three previous years, no areas met the 70% target. In 2024/25, North East were the only area where the 70% target was exceeded, however this year both Centre and North West exceeded the target. 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. In addition, during 2025/26 CFIT introduce a new process whereby localities are required to provide narrative to

explain late response times – as this is a new process, full context in relation to these figures is not available for 2025/26, but will be available in future reports.

As only 514 of the 864 total complaints activities across Stage 1 and Stage 2 (59%) were responded to in time, the target was not met overall, however this is the compliance percentage as the previous year despite the 16% increase in complaint activities. 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 highlighted in previous years for local managers to consider to improve Stage 1 performance was whether or not Stage 1 complaints allocated to them are, in fact, appropriate for frontline resolution. It would appear likely that more complaints are being escalated to Stage 2 at an earlier point, as suggested by the slight reduction in Stage 1 complaint activities and significant increase in Stage 2 complaint activities.

The overall performance for Stage 1 Care Service complaints was that 62% of complaints were dealt with in time, a significant drop from the 86% performance in the previous year. It is, however, possible that previous performance was overestimated, with some discrepancies in recording practices having been identified following implementation of the new complaints handling system. Table 4 below shows the stage 1 timescale compliance for individual Care Service teams, showing that complaint activities regarding Alarms, Operations (1) and North West areas remained above the 70% target, whereas Equipu (1), North East and South did not meet target.

Table 4. Care Services complaint timescale compliance by service area, 2025/26

Stage 1 Valid Care Services complaints 2025/26	
Service Area	% in time
Alarms	75
Equipu	0
Home Care - North East	57
Home Care - North West	79
Home Care - South	56
Operations	100

3.3 Complaint activities 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. SWS Stage 1 and Stage 2 complaint activities by client group and locality, 2025/26

Client group	Locality					
	Centre (inc Centre Care)	North East	North West	South	Care	Total
Addictions	0	7	2	6	0	15
Children and Families	52	50	35	78	1	216
Criminal Justice	8	1	8	3	0	20
Homelessness	138	16	12	15	0	181
Learning Disability	5	9	9	15	0	38
Mental Health	7	15	9	17	0	48
Older People	39	14	29	38	60	180
Physical Disability	6	3	4	5	1	19
Not known	133	6	4	3	3	147
Total	386	121	112	180	65	864

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.

Tables 6 and 7, below, show the relative percentage of each issue as a percentage of all issues and compares them with annual figures from 2024/25, first for Social Work and Homelessness and then for Care Services.

Table 6. Main Social Work and Homelessness complaint issues, 2025/26 compared with 2024/25

Issue	2024/25	% 2024/25	2025/26	% 2025/26
Finance	47	6	41	3
Policy	6	1	6	<1
Attitude/conduct of staff	220	26	248	19
Lack of response to customer	134	16	123	10
Poor information or communication	87	10	159	12
Breach of confidentiality/privacy	15	2	31	2
Discrimination or breach of Human Rights	19	2	20	2
Poor quality of service	122	14	201	16
Poor level of service	14	2	99	8
Short-term wait issues	2	<1	1	<1
Long-term delay issues	71	8	105	8
Procedures not followed by SWS	88	10	187	15
Service refused or withdrawn	28	3	64	5
Total of main issues	853		1285	

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 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, level of service and failures to properly follow procedure have again 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 Services complaint issues, 2025/26 compared with 2024/25

Issue	N 2024/25	% 2024/25	N 2025- 26	% 2025- 26
Unhappy with time of visit	10	3	22	8
Failed to arrive	51	18	4	1
Quality of service	129	44	163	56
Level of service	35	12	8	3
Staff attitude	27	9	28	10
Staff competency	33	11	56	19
Breach of confidentiality	1	<1	1	<1
Vehicle issues	4	1	7	2
Total issues addressed	290		289	

Previous recording practices in place throughout 2025/26 only allow for one complaint category per complaint for Care Services complaints, and so these figures represent the primary matter of complaint in each case. There has been a notable decrease in complaints regarding failures to arrive and the level of service provided, however there has also been increased complaints activity relating to service quality and staff competency.

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 complaint activity outcomes, 2025/26 compared with 2024/25

Outcome	2024/25	2025/26
Transfer To Other Process	7	7
Not Accepted	61	87
Informally Resolved	24	12
Not Upheld	389	506
Partially Upheld	122	119
Upheld	99	98
Withdrawn	11	16
None (failed to respond or escalated to Stage 2)	31	19
Total	744	864

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 complaint outcomes by team, 2025/26

Outcome	Centre	North East	North West	South	Care	Sum
Transfer To Other Process	4	1	1	0	1	7
Not Accepted	55	11	8	12	1	87
Informally Resolved	4	6	0	2		12
Not Upheld	199	79	73	117	38	506
Partially Upheld	45	16	12	31	15	119
Upheld	65	4	10	9	10	98
Withdrawn	7	3	2	4	0	16
None	7	1	6	5	0	19
Total	386	121	112	180	65	864

For 2024/25, 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 dropped slightly to 25% for 2025/26. However, it should be noted that only a very small number of complaints – 23 – have been fully upheld across each of the locality areas – between four 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 a decrease in the number of complaints that have been informally resolved, suggesting that complainant are less willing to accept the resolution approach, or that staff are less aware of the resolution approach despite available guidance which reinforces the messaging around this useful route to addressing complaints. 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. However, it is clear that many complainants are now supported by AI tools in making their complaints, and this may represent a barrier to resolution-oriented complaints handling.

Table 10. Care Services complaint outcomes by service area, 2025/26

Service Area	Upheld	Not Upheld	Partially Upheld	Total
Alarms	8	0	4	12
Equipu	0	1	0	1
North East	21	29	22	72
North West	25	19	19	63
South	54	61	25	140
Ops	0	1	0	1
Total	108	111	70	289

Table 10 above shows Care Services Stage 1 complaints by outcome overall and by service area for 2025/26. Care Services generally uphold or partially uphold around 60% of Stage 1 complaints received, although in 2024/25 this rose to 65%. The 62% figure for 2025/26 is in line with 2023/24 figures.

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 – 50% of upheld complaints were in South area, which is a higher proportion than the demographics might suggest. This is an increase over last year, during which only 38% of upheld complaints related to South area.

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

Across Social Work, Care Services and Homelessness Services, 31 complaints were recorded as being referred to the SPSO during 2025/26, up from 25 in the previous reporting year.

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 2025/26 were upheld by the SPSO following investigation, although two 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 for other reasons relating to the complainants or competence of the complaints themselves.

The fact that so few complaints are escalated to SPSO and that none of those that have been escalated to Stage 3 during 2025/26 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.

Case A: SPSO Ref 202407228

Classification of Case: North West Physical Disabilities

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case B: SPSO Ref 202411622

Classification of Case: North East Children and Families

SPSO Findings/Outcome: No further action from SPSO following preliminary investigation.

Case C: SPSO Ref 202500171

Classification of Case: North West Physical Disabilities

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case D: SPSO Ref 202411468

Classification of Case: North West Older People

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case E: SPSO Ref 202409967

Classification of Case: North East Learning Disabilities

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response and subsequent apology issued to have been reasonable.

Case F: SPSO Ref 202502174

Classification of Case: North West Older People

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case G: SPSO Ref 202501527

Classification of Case: Central Homelessness

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case H: SPSO Ref 202501672

Classification of Case: South

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable, however, feedback provided regarding relevant staff training and scope for improvement regarding case recording.

Case I: SPSO Ref 202506085

Classification of Case: Homecare

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case J: SPSO Ref 202500404

Classification of Case: North East Older People

SPSO Findings/Outcome: Awaiting SPSO decision.

Case K: SPSO Ref 202507703

Classification of Case: Central Homelessness – Temporary Accommodation

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case L: SPSO Ref 202502137

Classification of Case: North West Children and Families

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case M: SPSO Ref 202503083

Classification of Case: North West Adult Services

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable. Feedback provided in relation to some elements of tone in complaint response.

Case N: SPSO Ref 202503425

Classification of Case: Central Homelessness – Temporary Accommodation

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case O: SPSO Ref 202506826

Classification of Case: North East Children and Families

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable. In addition, the SPSO considered the matter to have been raised outwith the time limit for complaints.

Case P: SPSO Ref 202509028

Classification of Case: Children and Families/Social Care Connect

SPSO Findings/Outcome: The SPSO concluded that the complainant had withdrawn their complaint due to lack of response to their requests for further information.

Case Q: SPSO Ref 202510923

Classification of Case: North West Older People

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case R: SPSO 202500747

Classification of Case: North East Children and Families

SPSO Findings/Outcome: The SPSO considered the matter to have been raised outwith the time limit for complaints.

Case S: SPSO Ref 202513853

Classification of Case: North West Older People

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case T: SPSO Ref 202514139

Classification of Case: Central Homelessness – Temporary Accommodation

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable. In addition, the SPSO considered the matter to have been raised outwith the time limit for complaints.

Case U: SPSO Ref 202503220

Classification of Case: South Children and Families

SPSO Findings/Outcome: The SPSO concluded that the complainant had withdrawn their complaint due to their refusal to consent to the SPSO investigating further.

Case V: SPSO Ref 202509993

Classification of Case: North East Children and Families

SPSO Findings/Outcome: The SPSO concluded that the complainant had withdrawn their complaint due to their refusal to consent to the SPSO investigating further.

Case W: SPSO Ref 202509887

Classification of Case: None

SPSO Findings/Outcome: No valid HSCP complaint identified by SPSO in correspondence from complainant.

Case X: SPSO Ref 202504744

Classification of Case: North West Older People

SPSO Findings/Outcome: The SPSO considered the matter to have been raised outwith the time limit for complaints.

Case Y: SPSO Ref 202509340

Classification of Case: Children and Families/Social Care Connect

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case Z: SPSO Ref 202510355

Classification of Case: Finance Older People

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case A1: SPSO Ref 202501496

Classification of Case: Care/Older People

SPSO Findings/Outcome: Awaiting SPSO Response

Case B1: SPSO Ref 202509633

Classification of Case: Centre Homelessness

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case C1: SPSO Ref 202512904

Classification of Case: Centre Homelessness

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case D1: SPSO Ref 202507425

Classification of Case: South Children and Families

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

Case E1: SPSO Ref 202513722

Classification of Case: Children and Families/Social Care Connect

SPSO Findings/Outcome: Not taken further by SPSO as they deemed the Stage 2 response to have been reasonable.

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. 78 service improvements have been formally recorded.

Service Improvement by type and Stage identified			
Service Improvement Type	Stage 1	Stage 2	Total
Process & Procedures	5	13	18
Service Provision	10	2	12
Staff Issues	6	6	12
Staff Training , Knowledge	2	12	14
Business Process	3	3	6
Service Availability	1	1	2
Service Delivery Model/Approach	2	2	4
Communication	1	3	4
Equality / Disability Discrimination	0	1	1
Policy	0	1	1
Not specific, but will monitor to understand if any trends emerge and consider as part of ongoing service improvement reviews as required.	0	3	3
Equipment / Access Arrangements	0	1	1
Grand Total	30	48	78

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 streamlining procedures, team resourcing, accountability for late complaints and the implementation of the new case management system for all complaints handling.

Streamlining procedures:-

Regular process review meetings take place within CFIT to identify matters of process or procedure that can be refined to increase efficiency.

- Refinements to CFIT communications and Duty process to ensure escalation to Stage 2 at an earlier stage where appropriate
- Increased recognition of duplicate or additional complaints, with details passed to relevant officers rather than being logged anew
- Advice given to localities in relation to Stage 1 activities where no mandate has been received, to reduce risk of disclosing personal data inappropriately

Team resourcing:-

Significant additional resource joined the team during 2025/26, although this resource is focused on SAR processing. This additional resource has allowed for Senior Officers to place additional focus on Stage 2 complaints processing. One experienced Senior Officer left the team in early December to take a promoted post elsewhere in the HSCP. Their replacement did not join the team until April 2026, and they continue to develop in their role.

New case management system:-

In development since 2018, the implementation of a new case management system was subject to repeated delay due to matters outwith the control of GCHSCP. This system went live on 21st January 2026, and has been adopted across both CFIT and Care Services, meaning that complaints are now logged on a consistent system across both areas. A suite of reports are available that provide a greater depth of data than previously available, and development continues in relation to reporting to ensure high quality reports to inform annual, quarterly and management reporting requirements. This will include the capacity to report fully in terms of complaint cases as well as complaint activities.

Training has been provided and training materials produced to support implementation, and these materials continue to be developed and refined.

Glasgow City Health and Social Care Partnership

NHS Complaints Report April 2025 – March 2026

<u>Index:</u>	<u>Page</u>
Section 1 Executive Summary	2
Section 2 Complaints process and report format	3
Section 3 Key Performance Indicators (KPIs)	3
3.1 KPI One: Learning from Complaints	3
3.2 KPI Two: Complaint Process Experience	6
3.3 KPI Three: Self Awareness and Training	6
3.4 KPI Four: Total Number of Complaints Received	7
3.5 KPI Five: Complaints Closed at Each Stage	9
3.6 KPI Six: Complaints Upheld and Not Upheld	9
3.7 KPI Seven: Average Times	10
3.8 KPI Eight: Closed in Full within Timescales	11
3.9 KPI Nine: Number of Cases where an Extension is authorized	12
Section 4 Complaints Analysis	13
Section 5 Service Improvements Identified	17

Section 1: Executive Summary

- 1.1 This report covers complaints, feedback, comments and concerns for the period 1 April 2025 – 31 March 2026 related to Health Services managed by Glasgow City Health and Social Care Partnership.
- 1.2 913 complaints were received about these services in 2025/26, together with 11 comments, concerns, and other feedback. This was an 11% decrease from the previous year. Most complaints (46%) were about prison-based health services at HMP Barlinnie, Greenock and Low Moss.
- 1.3 Overall, 460 of 742 completed complaints (62%) were responded to within the relevant timescales. This is a slight improvement from 59% 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, 43% of completed complaints were responded to within the 20 working days timeline. This should be seen as an area requiring improvement within 2026/27.
- 1.4 The top 3 themes of the completed complaints are as follows:
 - Clinical Treatment
 - Date of Appointment
 - Attitude and Behaviour
- 1.5 Overall (61%) of completed complaints were not upheld and (20%) were partially or fully upheld. A further (19%) were withdrawn or otherwise not progressed.
- 1.6 During 2025/26, there were 29 Ombudsman decision letters received involving the HSCP. 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 2025-26 as set out in Section 5 of this report.

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
☐	K01	ACCESS			Improvements made to service access e.g.
			☐	01	booking arrangement
			☐	02	signage
			☐	03	appointment times
			☐	04	patient pathway/journey
☐	K02	ACTION PLAN			Action plan(s) created and instigated e.g.
			☐	01	Lead Manager co-ordinating improvements
			☐	02	Service review instigated
			☐	03	Service improvement identified
☐	K03	COMMUNICATION			Improvements in communication staff-staff or staff-patient e.g.
			☐	01	Early engagement/resolution with complainant
			☐	02	Meeting complainant – Provide explanation
			☐	03	Staff suggestions for improvement
			☐	04	Agenda for Board or team meeting
			☐	05	Patient involvement
☐	K04	CONDUCT			Conduct issues addressed e.g.
			☐	01	Conduct issues – discussed with staff
			☐	02	Values/behaviour – agreed with staff
☐	K05	EDUCATION			Education/training of staff e.g.
			☐	01	Learning/training opportunities identified
			☐	02	Training/development implemented
☐	K06	NO ACTION REQUIRED			No action required e.g.
			☐	01	Case still open
			☐	02	Consent not given
			☐	03	Irresolvable – Funding or expectations too high
			☐	04	Not upheld
			☐	05	Transferred to another Board/Organisation
			☐	06	Withdrawn
☐	K07	POLICY	☐	01	Policy/procedure review

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Check Box	Code	High Level	Check Box	Code	Detail Descriptor
☐	K08	RISK	☐	01	Risks added to risk register
☐	K09	SYSTEM			Change to systems e.g.
			☐	01	Change – Booking system
			☐	02	Change – Complaints reporting system
☐	K10	SHARE			Share lessons with staff/patient/public e.g.
			☐	01	Learning points shared with teams
			☐	02	Demonstrate lessons learned
			☐	03	Share improvements/action plans with complainant
☐	K11	WAITING			Review waiting times
			☐	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 2025/26, 29 SPSO decision letters were issued to Glasgow City HSCP.

Table 2: SPSO Outcomes

SPSO Outcomes	Total Number
Fully Upheld	0
Partly Upheld	0
Not Upheld	1
No Investigation Conducted	26
Withdrawn	2

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

	Enquiry	2 nd Episode Request	Not taken forward	Pre-investigation	Investigation	Post-investigation	Provisional Decision Notice	Decision Notice	Cases Received
HSCP / Prison Healthcare	4	2	26	32	2	0	1	1	61

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.

3.4 Key Performance Indicator Four: Total Number of Complaints Received

Complaints Activity

During the period 1 April 2025 to 31 March 2026 a total of 913 complaints (including complaints transferred/withdrawn/consent not received) were received as compared with 1016 in the previous year (an 11% decrease). A breakdown of complaints received during 2025/26 is set out in Table 4, which does not include cases relating to Specialist Children's Services which is hosted by East Dunbartonshire HSCP but logged against Glasgow City HSCP on Datix.

The highest volume of complaints overall received were within prison services which account for 416 out of the 913 received complaints (46%).

Table 4: Complaints Received:

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	2025/2 6 Q1	2025/2 6 Q2	2025/2 6 Q3	2025/2 6 Q4	Total
Glasgow City HSCP – Corporate (excl Prisons)	-	-	-	-	-
The Liliac Centre Community Custody Unit	-	-	-	4	4
HMP Barlinnie	49	30	35	59	173
HMP Greenock	17	6	5	8	36
HMP Low Moss	56	91	39	17	203
Glasgow City HSCP - North East	30	27	28	32	117
Glasgow City HSCP - North West	46	60	67	81	254
Glasgow City HSCP - South	37	32	33	24	126
Total	235	246	207	225	913

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

	2025/26	2025/26	2025/26	2025/26	Total by Sector and Service
	Q1	Q2	Q3	Q4	
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	
Glasgow City HSCP – Corporate					
Corporate Services / Nursing	-	-	-	-	-
The Liliac Centre Community Custody Unit **	-	-	-	4	4
HMP Barlinnie**	49	30	35	59	173
HMP Greenock**	17	6	5	8	36
HMP Low Moss**	56	91	39	17	203
Glasgow City HSCP – North East					
Children & Family Services	2	4	4	1	11
Health & Community Care	2	2	3	3	10
Mental Health Services*	26	21	21	29	97
Glasgow City HSCP - North West					
Corporate Services/Nursing	-	1	-	-	1
Health & Community Care	2	4	5	1	12
Human Resources	1	-	-	-	1
Mental Health Services*	17	20	24	24	85
Pharmacy and Prescribing Support Unit	-	1	-	-	1
Planning and Health Improvement	-	1	-	-	1
Sexual Health / Sandyford	26	33	38	56	153
Glasgow City HSCP – South					

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Children & Family Services	3	3	1	1	8
Estates and Facilities	-	1	-	-	1
Health & Community Care	9	4	9	3	25
Mental Health Services*	25	24	23	20	92
Totals by Quarter:	235	246	207	225	913

*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 2025/26 there were **52** 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
Glasgow City CHP – Corporate (excl Prisons)	-
HMP Barlinnie	7
HMP Greenock	20
HMP Low Moss	9
Police Custody Healthcare	1
Glasgow City CHP - North East Sector	-
Glasgow City CHP - North West Sector	15
Glasgow City CHP - South Sector	-
Totals:	52

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 2025/26. 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

Complaints Type	Number of complaints closed at each stage	Number of complaints closed at each stage as a % of all closed complaints
Stage 1	396	49%
Stage 2	223	28%
Stage 2 after escalation	191	23%

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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:

	Complaint Withdrawn	Consent not received	Fully Upheld	Not Upheld	Partially Upheld	Transferred to Another Unit	Irresolvable - Other	Total
Glasgow City HSCP – Corporate								
HMP Barlinnie	57	-	1	108	4	-	-	170
HMP Greenock	7	-	2	28	-	-	-	37
HMP Low Moss	47	-	8	154	11	-	-	220
The Lilius Centre Community Custody Unit	2	-	-	2	-	-	-	4
Glasgow City HSCP - North East								
Children & Family Services	-	-	-	5	6	-	-	11
Health & Community Care	-	-	5	3	1	-	-	9
Mental Health Services	5	6	7	58	15	1	-	92
Glasgow City HSCP - North West								
Corporate Services/Nursing	-	-	-	-	-	-	1	1
Health and Community Care	-	-	1	5	5	-	1	12
Human Resources	-	-	-	1	-	-	-	1
Mental Health Services	1	2	12	50	13	2	3	83
Pharmacy and Prescribing Support Unit	-	-	-	-	1	-	-	1
Planning and Health Improvement	-	-	-	1	-	-	-	1
Sexual Health / Sandyford	14	15	26	64	32	-	2	153
Glasgow City HSCP - South								
Children & Family Services	-	-	1	5	2	-	-	8
Estates and Facilities	-	-	1	-	-	-	-	1
Health & Community Care	-	-	4	14	5	-	-	23
Mental Health Services	2	1	8	57	15	-	-	83
Overall Totals:	135	24	76	555	110	3	7	910

Table 8 above shows that overall (**61%**) of completed complaints were not upheld and (**20%**) were partially or fully upheld. A further (**19%**) 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.

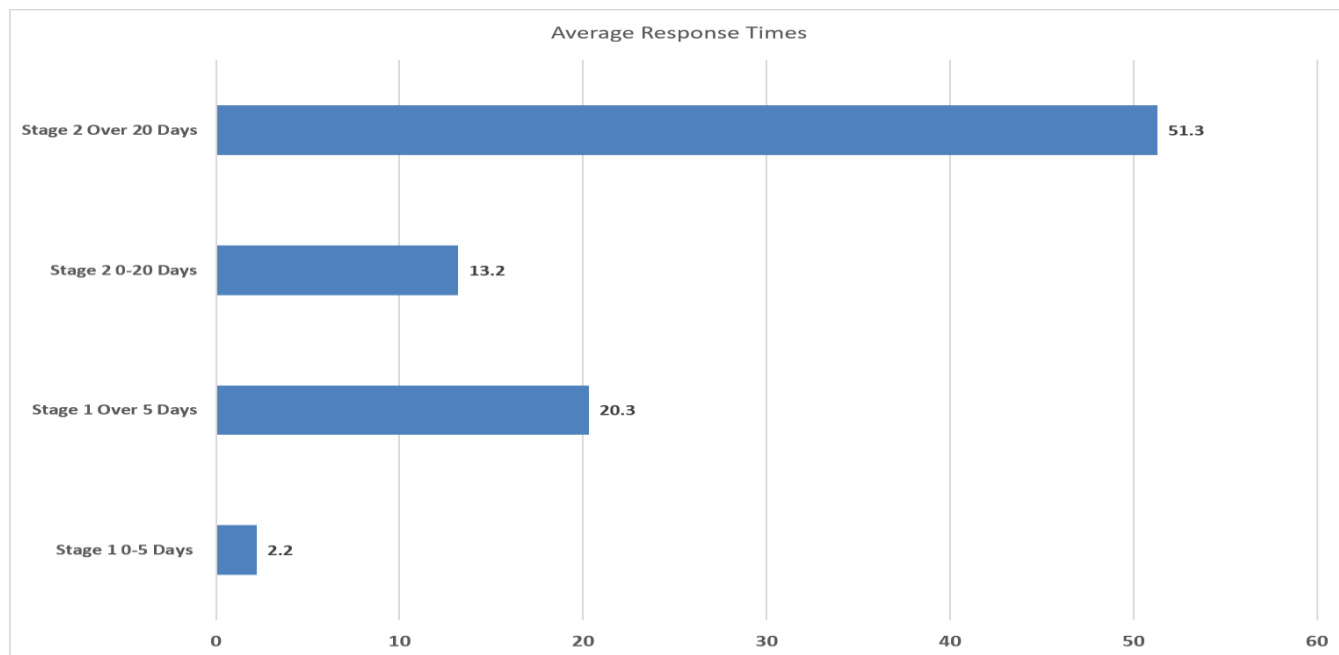
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It should be noted that Stage 1 complaints continue to not be escalated appropriately to Stage 2 when they have reached 10 working days which affects the overall performance. The Corporate Services Manager, Complaints would like to remind all Sectors 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:



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

The tables below demonstrate a local performance target of 82% for Stage 1 complaints closed which is an increase from the previous year (71%). There has been a slight increase in Stage 2 performance where 43% of complaints closed within 20 working days, which is an improvement from the previous year (41%). This gives an overall performance of 62% (59% 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
Glasgow City HSCP – Corporate (excl Prisons)	-	-	-	-
HMP Barlinnie	34	8	42	81%
HMP Greenock	24	1	25	96%
HMP Low Moss	69	4	73	95%
The Lilius Centre Community Custody Unit	2	0	2	100%
Glasgow City HSCP - North East	51	23	74	69%
Glasgow City HSCP - North West	88	19	107	82%
Glasgow City HSCP - South	30	10	40	75%
Overall Total	298	65	363	82%

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
Glasgow City HSCP– Corporate (excl Prisons)	-	-	-	-
HMP Barlinnie	5	19	24	21%
HMP Greenock	1	2	3	33%
HMP Low Moss	7	12	19	37%
Glasgow City HSCP - North East	2	0	2	100%
Glasgow City HSCP - North West	48	24	72	67%
Glasgow City HSCP - South	44	27	71	62%

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Overall Total	107	84	191	56%
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Table 10c – Response Times of Escalation Stage 1 to Stage 2 (on or within 20 working days).

	On or within 20 working days	Over 20 Working days	Total	% within 20 working days
Glasgow City HSCP – Corporate (excl Prisons)	-	-	-	-
HMP Barlinnie	9	38	47	19%
HMP Greenock	0	2	2	0%
HMP Low Moss	11	70	81	14%
Glasgow City HSCP - North East	23	1	24	96%
Glasgow City HSCP - North West	14	18	32	44%
Glasgow City HSCP - South	-	-	-	-
Total	57	129	186	31%

Table 10d – Overall Response Times of All Stage 2 (on or within 20 working days).

	On or within 20 working days	Over 20 Working days	Total	% within 20 working days
Glasgow City HSCP – Corporate (excl Prisons)	-	-	-	-
HMP Barlinnie	12	57	71	17%
HMP Greenock	1	4	5	20%
HMP Low Moss	18	82	100	18%
Glasgow City HSCP - North East	25	1	26	96%
Glasgow City HSCP - North West	62	42	104	60%
Glasgow City HSCP - South	44	27	71	62%
Total	162	213	377	43%

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 2025/26 remain consistent with previous years and are illustrated in Chart 1 below.

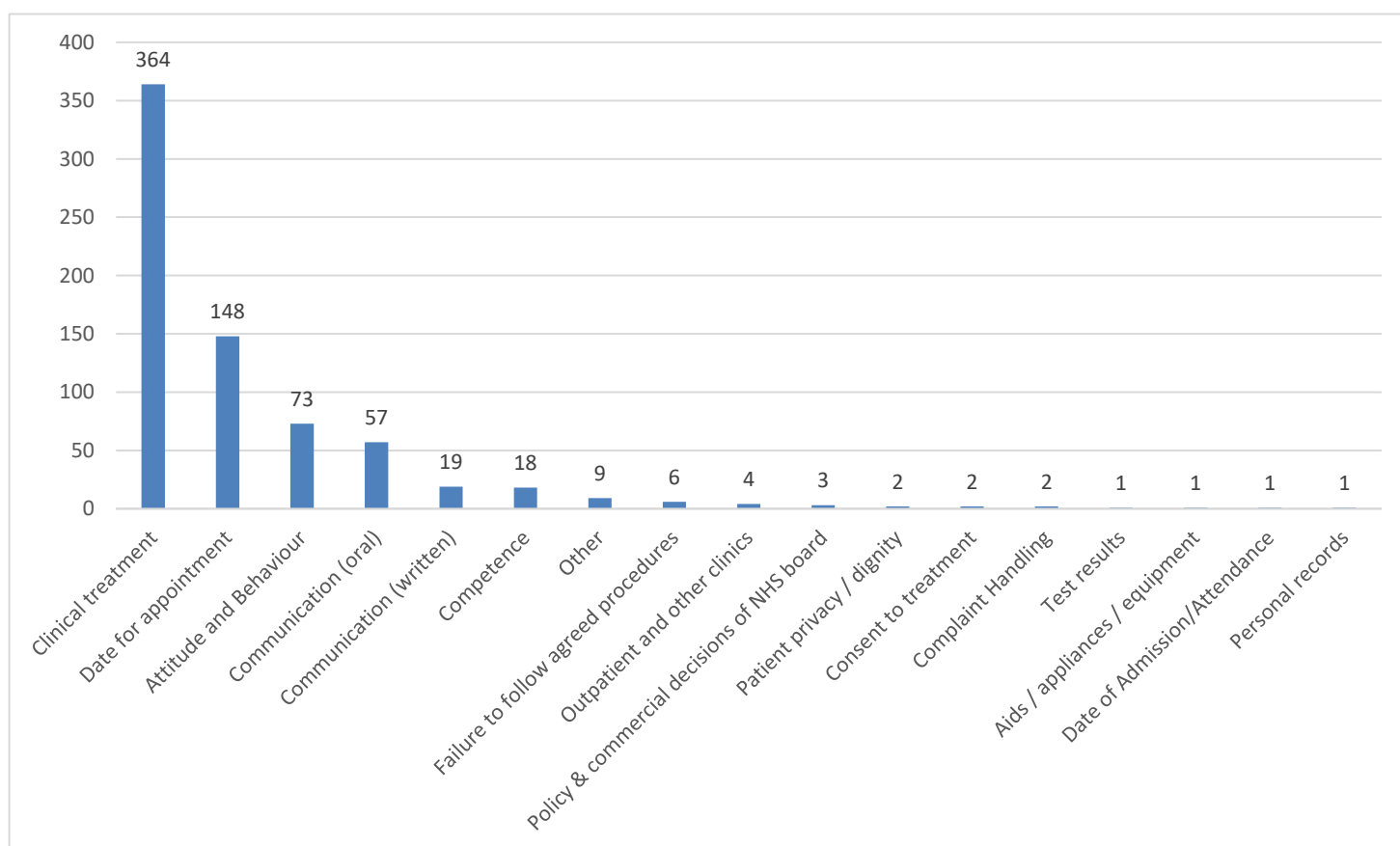
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The top 5 complaint themes for 2025/26 are:

- 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.

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

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Complaints Theme	Number of Complaints	Complaints Theme	Number of Complaints
Disagreement with treatment/care plan	123	Not involved in the patient's care plan	5
Unacceptable time to wait for appointment	95	Addiction problems	5
Problems with medication	93	Misunderstanding	5
Co-ordination of medical treatment	45	Poor nursing care	5
Poor medical treatment	39	Appointment date continues to be rescheduled	4
Other	21	Patient has been sent no communication	3
Insensitive to patient needs	18	Staff not trained properly	3
Staff attitude	16	Lack of continuity	3
Lack of clear explanation	16	Conduct	3
Lack of support	14	Rough handling of patient	3
Patient not being verbally told things	13	Cancellation of appointment	3
Face to face	7	Date for appt exceeds published maximum waiting time	2
Inefficient	6	Not happy with the outcome of the complaint	2
Alleged assault	6	Administering incorrect treatment	2
Waiting for medication	6	Error with prescription	2
Inappropriate comments	5	Waiting for test to be carried out	2
Telephone	5	Consent to treatment not given	2

Complaints by Issue type / Staff Type

Table 12a – Prison

	Consultants / Doctors	Nurses	Allied Health Professionals	NHS board / hospital admin staff/member (exc. FHS admin)	GP	Dental	Other	Total
Attitude and Behaviour	1	4	0	0	1	0	0	6
Date for appointment	3	7	1	1	13	7	1	33
Clinical treatment	5	129	0	0	126	8	2	270
Communication (oral)	0	2	0	0	0	0	0	2
Other	0	1	0	0	0	0	1	2
Outpatient and other clinics	0	0	0	0	1	0	0	1
Aids / appliances / equipment	0	0	0	0	1	0	0	1
Failure to follow agreed procedures	0	0	0	0	1	0	0	1
Total	9	143	1	1	143	15	4	316

Table 12b – North East Sector

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	Consultants / Doctors	Nurses	Allied Health Professionals	NHS board / hospital admin staff/member (exc. FHS admin)	Other	Total
Attitude and Behaviour	5	16	1	2	3	27
Personal records	1	0	0	0	0	1
Clinical treatment	27	31	0	1	2	61
Complaint Handling	0	1	0	0	0	1
Communication (oral)	0	1	0	0	0	1
Date for appointment	0	2	0	0	7	9
Patient privacy / dignity	0	1	0	0	0	1
Total	33	52	1	3	12	101

Table 12c – North West Sector

	Consultants / Doctors	Nurses	Allied Health Professionals	NHS board / hospital admin staff/member	GP	Pharmacists	Other	Total
Attitude and Behaviour	14	18	0	3	0	0	0	35
Communication (written)	7	2	0	3	0	0	0	12
Communication (oral)	15	16	2	5	1	0	3	42
Competence	4	9	1	1	0	1	1	17
Date of Admission/Attendance	1	0	0	0	0	0	0	1
Date for appointment	13	0	0	25	0	0	24	62
Outpatient and other clinics	1	0	0	0	0	0	0	1
Clinical treatment	3	3	0	0	0	0	8	14
Other	2	0	0	2	0	0	1	5
Complaint Handling	0	1	0	0	0	0	0	1
Patient privacy / dignity	0	0	1	0	0	0	0	1
Failure to follow agreed procedures	0	0	0	1	0	0	1	2
Policy & commercial decisions of NHS board	0	0	0	0	0	0	2	2
Total	60	49	4	40	1	1	40	195

Table 12d – South Sector

	Consultants / Doctors	Nurses	Allied Health Professionals	Total
Communication (oral)	1	0	2	3
Date for appointment	1	0	0	1
Attitude and Behaviour	0	1	1	2
Competence	0	1	0	1
Clinical treatment	0	2	2	4
Consent to treatment	0	2	0	2
Communication (written)	0	0	1	1
Outpatient and other clinics	0	0	1	1
Total	2	6	7	15

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.

Section 5 – Service Improvements Identified

Ref	Type	Description	Outcome code	Actions taken	Service improvement/long-term plan	Unit	Specialty
	Stage 1 Complaint	not received her insulin pump back	Partially Upheld		staff reminded that they must provide receipt for items taken to be stored	Leverndale Hospital	Community Mental Health Team
ECY25-26	Stage 2 Complaint	Patients parent unhappy with not being told how long the wait time is.	Fully Upheld		Efforts to be made around communication re waiting times. Work ongoing regarding how the waiting times are recorded and accessed.	Woodside Health Centre	CAMHS
ECY25-27	Stage 2 Complaint	Parent unhappy with miscommunications and being told there is no complaints procedure.	Fully Upheld		Communication to be added to team contingency processes going forwards.	Woodside Health Centre	CAMHS
ECY25-28	Stage 2 Complaint	Parent unhappy with wait time for ASD & ADHD assessment	Fully Upheld		Continued efforts being made to reduce waiting times.	Woodside Health Centre	CAMHS
ECY25-29	Stage 2 Complaint	Parent unhappy with case manager in charge of daughters care.	Fully Upheld		Review of processes within the team to ensure that each patient will have clarity on who the case manager is and that the team member is clear on what this role entails.	West Centre	CAMHS
ECY25-32	Stage 2 Complaint	Parent unhappy with wait for an assessment and lack of support from CAMHS.	Fully Upheld		Work has been done to improve communication re pathways.	Woodside Health Centre	CAMHS

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GCHSCP NHS Complaints report 2025-26

ECY25-39	Stage 2 Complaint	Concerns regarding the lack of support from CAMHS for patients mental health while he waits on assessment for ND - ADHD & ASD	Partially Upheld		Continued efforts being made to reduce waiting times.	Templeton Business Centre	CAMHS
ECY25-41	Stage 2 Complaint	Concerns re waiting times for ADHD and ASD assessment.	Fully Upheld		Continued efforts are being made to reduce waiting times.	Woodside Health Centre	CAMHS
ECY25-45	Stage 2 Complaint	Concerns regarding wait time for ADHD medication.	Fully Upheld		Review NMP resource.	Gorbals Health Centre	CAMHS
ECY25-49	Stage 1 Complaint	Concerns re no nurse prescriber.	Partially Upheld		Recruitment exercise in place.	Woodside Health Centre	CAMHS
G2025/029	Stage 1 Complaint	Patient missed hospital appointment. Patient believes the appointment is for endocrinology department. Feels that by missing this appointment, it is affecting him on a day to day basis.	Fully Upheld	Communication		HMP Greenock	Prison Services
LM2024/264	Stage 2 Complaint	Patient is complaining about not receiving his medication and how he was treated by the GP	Partially Upheld	Action Plan	K-02- 03 Service Improvement identified	HMP Lowmoss	Prison Services
LM2025/002	Stage 2 Complaint	Patient is complaining about lack of response to referrals and not receiving correct treatment or medication	Partially Upheld	Action Plan	K-02-03 Action Plan - Service Improvement Identified	HMP Lowmoss	Prison Services
LM2025/012	Stage 2 Complaint	Patient is complaining about GP not listening to him about his health condition and not receiving correct medication	Partially Upheld	Action Plan	K-02-03 Service Improvement identified	HMP Lowmoss	Prison Services

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LM2025/036	Stage 2 Complaint	Patient is complaining about not getting an emergency dentist appointment and waiting over two months	Fully Upheld	Action Plan	Fully Upheld - K0203	HMP Lowmoss	Prison Services
LM2025/037	Stage 2 Complaint	Patient is complaining about not receiving cream for a medical condition and to fix his medication	Partially Upheld	Action Plan	K-02-03 Action Plan - Service Improvement identified	HMP Lowmoss	Prison Services
LM2025/044	Stage 2 Complaint	Patient is complaining about not receiving answers to previous complaints with regard to not receiving his medication	Partially Upheld	Action Plan	K-02-03 Service Improvement Identified	HMP Lowmoss	Prison Services
NE961	Stage 1 Complaint	Daughter unhappy that after initial telephone call father waited 5 hours to be seen.	Fully Upheld	Education	K05-01- Education - Learning/Training opportunities identified. Senior Nurse Manager has identified training need in triaging and planning of nursing interventions for staff member.	Bridgeton Health Centre	District Nursing
NE968	Stage 1 Complaint	Patient unhappy with the lack of treatment and care	Partially Upheld	Communication	K03-04 - Communication -I improvements in communication - Agenda Team Meeting Service Manager to take steps to improve communication within the service and with patients and carers.	Auchinlea House Resource Centre	Community Mental Health Team

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NE971	Stage 1 Complaint	Complainant unhappy with treatment from DN Nursing Staff to her brother.	Partially Upheld	Communication	K03-04 - Communication - Agenda for Board or Team Meeting Actively reviewing our procedures to ensure that families are always given clear, timely information to allow for informed decision making. Revising our TWOC Protocol to include scheduled follow-up contact either home visit or telephone within a set timescale. Reinforcing our training across our teams to ensure all communication remains compassionate and respectful at all times.	Springburn Health Centre	District Nursing
NE974	Stage 2 Complaint	Patient unhappy with his treatment and care.	Partially Upheld	Policy	K07-01 - Policy/Procedure Review We will review our processes around assessing requests for unlicensed medication to ensure that no further patients experience similar delays.	Stobhill Hospital	Community Mental Health Team

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NE977	Stage 1 Complaint	Patient unhappy with is treatment and care.	Partially Upheld	Education	K05-01 - Education - Learning/training opportunities identified Individual to staff member - this will be followed up via supervision and a reflective account relating to care management and transferring of cases to other areas	Newlands Centre	Addiction Services
NE985	Stage 1 Complaint	Father concerned that letter of recommendation for nursery placement was never submitted by HV.	Partially Upheld	Action Plan	K02-01 - Action Plan - Lead manager coordinating improvements. Team Leader will review processes to ensure timeous communication between partnership agencies.	Glenmill Medical Centre	Health Visiting
NW21762	Stage 2 Complaint	Patient feels Arndale has neglected her and has not provided 1-2-1 therapy. also raised concerns over prescribed meds affecting fertility and way pt was questioned over prison charges	Partially Upheld	Communication		Arndale Resource Centre	Community Mental Health Team
NW21777	Stage 2 Complaint	pt raising complaint against Dr re poor treatment and lack of empathy on GRH	Partially Upheld	Communication, Education		Gartnavel Royal Hospital	Acute Mental Health
NW21778	Stage 1 Complaint	length of time to wait for ADHD assessment - referred in 2023	Fully Upheld	Waiting		Florence Street	Community Mental Health Team

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NW21786	Stage 2 Complaint	complaint re poor care in GRH, pt claims incidents of negligence, inappropriate behaviour and contact, and painful restraints used during MH crisis causing psychological trauma	Partially Upheld	Action Plan, Communication, Conduct, Education, Share		Gartnavel Royal Hospital	Acute Mental Health
NW21794	Stage 1 Complaint	pt disagrees with guidelines re prescribing of compression wraps, not sufficient to be aid recovery	Partially Upheld	Communication		Centre for Community Health	Community Treatment and Care Service
NWS01325	Stage 2 Complaint	Vasectomy patient experienced a haematoma formation after the procedure that resulted in them being admitted to hospital where patient feels poor practices and patient care occurred.	Partially Upheld	Conduct	Joint Complain- Sandyford - No improvement can be implemented as this is one of the potential risks of a vasectomy that men are made aware of prior to the procedure. Acute - Management discussion with the staff involved in the complaint.	Sandyford Initiative	Vasectomy
NWS01925	Stage 2 Complaint	Gender waiting times for second opinion surgery.	Partially Upheld	Access	Gender services are in higher demand and unfortunately the resource to meet these demands are not matched. We continue to work closely with the Scottish Government about the pressures on Gender Services in Scotland and opportunities to improve them.	Sandyford Initiative	Transgender

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NWS03125	Stage 1 Complaint	Nurse hygiene while taking bloods. No gloves or alcoholic wipes used. Patient feels it is complete negligence - to work without gloves, with dirty hands, and not to treat the injection site in any way either before or after the injection.	Fully Upheld	Conduct	Discussion with member of staff around hygiene and the importance of following the safe working practices.	Sandyford Initiative	Sexual Health
NWS03325	Stage 2 Complaint	Gender waiting times for hysterectomy referral	Partially Upheld	Access	Increasing staffing levels within the service should support the demands of the services.	Sandyford Initiative	Transgender
NWS03425	Stage 1 Complaint	Gender waiting times for first appointment.	Partially Upheld	Access	Currently being reviewed and working with SG for additional funding to support the service.	Sandyford Initiative	Transgender
NWS03925	Stage 1 Complaint	Patients BMI were higher than guidelines policy for a Vasectomy and felt the decision was unfair due to his height.	Partially Upheld	Communication	No improvement plans possible due to the nature of the complaint.	Sandyford Initiative	Vasectomy
Ref	Type	Description	Outcome code	Actions taken	Service improvement/long-term plan	Unit	Specialty

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NWS05025	Stage 1 Complaint	Waiting list times for patients to receive first appointments to see a Gender specialist.	Partially Upheld	Access	We continue to work hard to reduce waiting times. The management of our waiting list is a priority and we are taking all possible action to try and improve access to the service. This includes the recruitment of multiple new staff members during 2024 and 2025 to enable us to accelerate the number of appointments we can provide.	Sandyford Initiative	Transgendered
ECY25-66	Stage 2 Complaint	Concerns re wait time for ASD Assessment.	Fully Upheld		New guidance to be developed. Locking to letter all families who are awaiting an ND apt in NW teams to update that remain on waiting list.	Woodside Health Centre	Neurodevelopmental Team
MSP/MP	Stage 1 Complaint	Constituent has experienced excessively long waiting time to receive treatment at the GIC.	Partially Upheld	Access	GIC continue to work hard to reduce the length of time to provide appointments, however we cannot provide an approximate date as to when your constituent will receive their appointment. The number of available appointments at any given time is influenced both by service capacity and by the varying needs of service users in active treatment and care.	Sandyford Initiative	Transgendered
NE1001	Stage 2 Complaint	Complainant unhappy with treatment, abuse, neglect from staff.	Partially Upheld	Communication	K03-04 - Communication - Agenda for team meeting. All SCNs to be emailed to remind their staff to ensure that all medical advice	Stobhill Hospital	Psychiatry

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					regarding a patient is followed		
NE1002	Stage 1 Complaint	Complainant unhappy with treatment.	Fully Upheld	Action Plan	K02 - 01 - Lead Manager co-ordinating improvements1) To accept referrals when there is evidence of escalation in risk and/or no improvement with mental health. 2) Offer patients alternative to group therapy when difficulties engaging.3) NTL to always return patients contact following care opinion feedback.	Arran Resource Centre	Community Mental Health Team
NE1004	Stage 1 Complaint	Patient unhappy with the attitude and behaviour of staff.	Fully Upheld	Education	K05-01 - Learning/training opportunities identified Line Manager will develop a supported plan for the staff member and hold fortnightly meetings to review progress and discuss plan	Parkhead Hub	Administration Services
NE1005	Stage 1 Complaint	Complainant unhappy with the attitude and behaviour of staff to patients whilst visiting a relative	Fully Upheld	Conduct	K04-01 - Conduct - Conduct issues discussed with staff. SCN spoken to member of staff to reinform to him of expected standards of behaviour with the ward. A file note has been placed in his personal file and any continuation of this conduct will be addressed formally.	Stobhill Hospital	Psychiatry

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NE1006	Stage 1 Complaint	Mum unhappy with lack of support from Health Visitor	Partially Upheld	Action Plan	K02 - 01 - Action Plan - Lead manager Co-ordinating improvementsTL will review again all absent caseloads and ensure all under one children and additional children are assigned a key worker either from rota or from bank/etch hours as per current baseline cover guidance. Cross cover short life working group to report and advise re guidance to be followed.	Easterhouse Health Centre	Health Visiting
NE1008	Stage 1 Complaint	Complainant unhappy with the treatment and care of wife	Fully Upheld	Communication	K03-04 - Communication - Agenda for Team Meeting. Continue to utilise and emphasise the importance of 180 days reports to identify patients who are overdue/fallen through. Inform staff that a change of doctor requests can be accepted verbally	Arran Resource Centre	Community Mental Health Team
NE1011	Stage 2 Complaint	Mum unhappy with the lack of support and contact from Health Visitor	Partially Upheld	Action Plan	K02- 03 - Action Plan - Service Improvements Identified Team leader will confirm process for each GP practice within team and create consistent process for all to ensure information is not missed.	Bridgeton Health Centre	Health Visiting

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NE952	Stage 1 Complaint	Patient unhappy with the lack of communication and support.	Partially Upheld	Communication	K03- 05 Communication- patient involvement Offer patients if they wish to be included in their clinical letters	Auchinlea House Resource Centre	Community Mental Health Team
NE976	Stage 2 Complaint	Mum feels son is not receiving the correct care or treatment.	Partially Upheld	Communication, Conduct	K03 Communication- 05 patient involvement Consultant will be asked to ensure to share the discharge letter with you as a matter of urgency. K04 Conduct- 01 conduct issues discuss with staff. Reflective supervision will be arranged for Consultant to support learning in relation to therapeutic communication, with an emphasis on using accessible, non-technical language in therapeutic settings where indicated The importance of MDT collaboration when discussing or suggesting diagnostic impressions will be reinforced across the psychology team, particularly where there is diagnostic complexity.	Arran Resource Centre	Community Mental Health Team
NE986	Stage 1 Complaint	Patient unhappy with her care and treatment.	Partially Upheld	Education	K05-01 - Education - Learning/training opportunities identified Considering patients holistic needs and flexibility to appointments that takes into consideration the patients journey to date	Springpark Resource Centre	Community Mental Health Team

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GCHSCP NHS Complaints report 2025-26

NE990	Stage 1 Complaint	Patient unhappy with his care and treatment and wishes a change of psychiatrist.	Fully Upheld	Access, Communication	K01-04 – Access – Patient PathwayImprove the clinical supervision of psychology staff approach. When responding to complaints take time to review all paperwork and records to inform the complaint decision.K03-05- Communication - Patient InvolvementSpeak with staff member involved about their own system for ensuring following up actions after clinic.	Arran Resource Centre	Psychiatry
NE994	Stage 1 Complaint	Patient unhappy with his care and treatment	Partially Upheld	Communication	K03-04 - Communication - Agenda for team meeting Admin staff advised that they could accept BP results directly from patients.	Arran Resource Centre	Community Mental Health Team
NW21770	Stage 2 Complaint	doesn't want to be taken off ADHD WL due to move to UAE concerns of budget cuts and delays to be given appt causing major impact to pnts with MH issues	Fully Upheld	Waiting		Arndale Resource Centre	Community Mental Health Team
NW21792	Stage 2 Complaint	family disagree with SAER findings	Partially Upheld	Action Plan, Education		Arndale Resource Centre	Community Mental Health Team

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GCHSCP NHS Complaints report 2025-26

NW21797	Stage 2 Complaint	disagrees with diagnostic notes on the back of SAR	Partially Upheld	Communication		Shawpark Resource Centre	Community Mental Health Team
NW21805	Stage 2 Complaint	Dissatisfied with Dr's comments and behaviour, has not attended agreed meetings or scheduled calls and poor communication to nurses	Partially Upheld	Communication, Conduct		Gartnavel Royal Hospital	Acute Mental Health
NW21810	Public Affairs Enquiry	Patient unhappy as there is no longer a GP at the Challenging behaviour Rehabilitation service at Hunter Street Glasgow.	Fully Upheld	Communication		Challenging Behaviour Rehabilitation Service (CBRS)	Community Care
NW21812	Stage 1 Complaint	lack of contact from rehab physio team	Partially Upheld	Communication		Maryhill Health Centre	Physiotherapy
NW21814	Stage 1 Complaint	pnt found nurse rude and terrible attitude for someone who works in community. wanted note on file re behaviour	Partially Upheld	Communication		Maryhill Health Centre	Diabetic Specialist Nursing
NW21825	Stage 2 Complaint	pnt partner requesting urgent ADHD assessment due to previous suicide attempts and delay in CAMHS diagnosis	Fully Upheld	Communication, Waiting		Arndale Resource Centre	Community Mental Health Team

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GCHSCP NHS Complaints report 2025-26

NW21829	Stage 2 Complaint	pnt raising complaint re care from Dr on ward, was discharged from CMHT and referred to ADRS without consent, affecting employment and MH	Partially Upheld	Communication, Share		Gartnavel Royal Hospital	ADRS Crisis Outreach Service
NW21834	Stage 1 Complaint	*does not relate to specific unit* pnt complaining about wait to receive assessment for ADHD. wants to know why he was lied to re timescales and what funding in place to combat wait times	Fully Upheld	Waiting		Callander Street Clinic	Community Mental Health Team
NW21837	Stage 2 Complaint	long time to wait for ADHD appt - request to expedite position on waiting list	Fully Upheld	Waiting		Arndale Resource Centre	Community Mental Health Team
NW21838	Stage 1 Complaint	pnt unable to get through to community reception phone	Partially Upheld	Share		Sandy Road Clinic	Administration Services
NWS04625	Stage 2 Complaint	Delays in the referral being sent for patient joining Waiting list surgery.	Partially Upheld	Access	Non required as covid had caused a pause in the service and psychiatry colleagues were redeployed to other services until early 2021	Sandyford Initiative	Transgendered
NWS04725	Stage 2 Complaint	Gender Identity Service waiting List delays	Partially Upheld	Waiting	Demand for the service outstrips the services ability to provide appointments in a timely manner. Working with Scottish Government to obtain additional funding to recruit additional staff.	Sandyford Initiative	Transgendered

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GCHSCP NHS Complaints report 2025-26

NWS05325	Stage 2 Complaint	Waiting times for Gender Service	Partially Upheld	Access	Unfortunately, the Adult Gender Service has experienced unprecedented demand which has outstripped our ability to provide appointments in the timely manner we would like to. We continue to work hard to reduce waiting times. We are taking all possible action to try and improve access to the service. This includes the recruitment of multiple new staff members to enable us to accelerate the number of appointments we can provide.	Sandyford Initiative	Transgendered
NWS05525	Stage 2 Complaint	Patient was referred for surgery 2021 after 2nd opinion appointment and has recently found out that they was never referred due to the letter not being signed off.	Fully Upheld	Action Plan	refreshed administration processes were put in place prior to complaint to prevent delays.	Sandyford Initiative	Transgendered
NWS05825	Stage 1 Complaint	Patient dissatisfied that appointments keep getting rearranged with no consistency in consultants to help get a diagnosis for their constant testicular pain. Patient frustrated that they have been attending the clinic for over a year with no diagnosis and feels fobbed off.	Partially Upheld	Communication	No long term plan require.	Sandyford Initiative	Sexual Health
NWS05925	Stage 1 Complaint	Transfer of care waiting times for the Gender Identity Service	Fully Upheld	Access	The Gender Service at Sandyford has a planned programme of quality improvement which will be delivered in financial year 2025/26 with additional investment provided by the	Sandyford Initiative	Transgendered

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GCHSCP NHS Complaints report 2025-26

					Scottish Government Health Department to improve timely access to care and support which includes patients transferred to us from other gender identity clinics.		
NWS06026	Stage 1 Complaint	Patient feels that their consent was not requested for a trainee to be in the room or to attempt the removal of her coil and feels that her privacy and body have been violated.	Partially Upheld	Communication	we will look at ways in general to inform patients of the teaching element of our clinics such as on our website and notices in the waiting room.To be discussed at Operational Governance meeting re information on website and in waiting room	Sandyford Initiative	Sexual Health
NWS06125	Stage 1 Complaint	Wasn't asked if a less experienced staff member could preform a coil fitting. Patient feels her rights have been breached.	Partially Upheld	Communication	All staff in the service will be reminded to explain the presence of trainees at the clinic, and their involvement eg observing or participating in a procedure Communications team will put this information on the website and on notices in the waiting room	Sandyford Initiative	Sexual Health
NWS06325	Stage 1 Complaint	Patient felt their entire experience of the Sandyford was unprofessional and left me with a negative impression. Nurse struggled to locate vein and since the appointment has had a sore arm.	Fully Upheld	Communication	No service improvement plan required, staff in question takes blood on a regular bases with no previous complaints.	Sandyford Initiative	Sexual Health

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GCHSCP NHS Complaints report 2025-26

NWS06925	Stage 1 Complaint	Patient felt the clinician hadn't read their notes and wasn't aware of patient history. Was disappointed by the appointment outcome as patient was expecting a 3D scan.	Fully Upheld	Communication	No service review required, Clinician was made aware of the complaint.	Sandyford Initiative	Gynaecology
NWS07025	Stage 1 Complaint	Patient received documentation from service and realised that their Gender hasn't been updated since 2017 when a new CHI was created.	Partially Upheld	Action Plan	The NaSH system is currently going through an upgrade to link it to CHI so these details will get automatically updated in the future.	Sandyford Initiative	Transgendered
NWS07625	Stage 1 Complaint	Patient felt their call wasn't handled properly within the TOAPR service.	Fully Upheld	Conduct	Management discussion with member of staff to remind staff member of their role and responsibilities within the service.	Sandyford Initiative	TOPAR
NWS07725	Stage 1 Complaint	Patient who is immunocompromised with a number of underlying health conditions felt member of staff was aggressive in the execution of blood withdrawal & didn't wear gloves. Causing the patient to become ill 2 days after their visit to the clinic.	Fully Upheld	Communication		Sandyford Initiative	Sexual Health
Ref	Type	Description	Outcome code	Actions taken	Service improvement/long-term plan	Unit	Specialty

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NE1027	Stage 1 Complaint	Patient concerned with the attitude and behaviour of staff.	Fully Upheld	Education	K05-01 - Education - Learning/training identified Resident doctor to discuss communication style with education supervisor and lead clinician.	Arran Resource Centre	Psychiatry
B2025/118	Stage 2 Complaint	Citizens Advice complaining on patient's behalf regarding continuous delays with receiving medication	Partially Upheld	Share	Learning points to be shared with the team.	HMP Barlinnie	Prison Services
ECY25-100	Stage 2 Complaint	Concerns re no sleep pathway.	Fully Upheld		To seek development of sleep pathway.	Woodside Health Centre	Neurodevelopmental Team
ECY25-108	Stage 2 Complaint	Concerns re lack of referral to adult mental health and lack of support in a change in medication	Partially Upheld		The service has taken this forward as a learning opportunity and has now updated its guidelines to specify that a final appointment should include the young person—even if this takes place shortly after they turn 18.	Woodside Health Centre	Neurodevelopmental Team
ECY25-116	Stage 2 Complaint	Concerns re rejection from CAMHS while violent behaviour increases. Waiting times for ADHD assessment	Partially Upheld		Continued efforts being made to reduce waiting times for assessments.	Gorbals Health Centre	CAMHS

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GCHSCP NHS Complaints report 2025-26

ECY25-123	Stage 2 Complaint	Concerns re Waiting times for ASD assessment	Fully Upheld		Continued efforts being made to reduce waiting times throughout the service.	Woodside Health Centre	Neurodevelopmental Team
ECY25-135	Stage 1 Complaint	Concerns re increasing wait time for ND assessment	Fully Upheld		Continued efforts being made to reduce waiting times.	Gorbals Health Centre	Neurodevelopmental Team
ECY25-138	Stage 1 Complaint	Concerns re wait time for ASD assessment	Partially Upheld		Continued efforts being made to reduce waiting times.	Woodside Health Centre	Neurodevelopmental Team
ECY25-142	Stage 1 Complaint	Concerns re waiting time for ASD assessment	Fully Upheld		Continued efforts being made to reduce waiting time throughout the service.	West Centre	Neurodevelopmental Team
ECY25-144	Stage 1 Complaint	VI Service - Concerns re appointment at school without parent present, child received eye drops, child was restrained.	Partially Upheld		Staff to review processes.	Woodside Health Centre	Nursing - School
LM2025/180	Stage 2 Complaint	Patient states he has not received his medication on time since coming into custody	Partially Upheld	Share	Pharmacy order slips do not have a date of when the slips are being submitted, only date medication due. There is no area on slip identifying when it is received into pharmacy.	HMP Lowmoss	Prison Services

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					Orders can be tracked on the CIP tracker		
LM2025/198	Stage 2 Complaint	Patient states he has not received his weekly medication since being prescribed for three months	Fully Upheld	Action Plan	K02-03 New process implemented for administration of weekly supervised injections, and this has been communicated to all staff “Ozempic is required to be kept in the fridge until the pen is in use. This should be noted in the desirable folder, and signed out when taken to the hall. After the first dose the pen does not require to be stored in the fridge, and can be out the fridge for 8 weeks. Therefore, the pen can be kept in the nursing station trolley once it is in use, just the same as the monjaro pens. Patients prescribed this should be annotated on the supervised hall list for the relevant day, and the kardex in the supervised folder. This can be self-administered by the patient on the prescribed day at the Nursing station.	HMP Lowmoss	Prison Services

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					Once the last dose is used can the hall nurse please ensure that this is ordered so it is in stock and available for his next dose the following week."		
LM2025/204	Stage 2 Complaint	Patient unhappy he has not received his medication	Fully Upheld	Action Plan	K02-03 New process implemented for administration of weekly supervised injections, and this has been communicated to all staff"Ozempic is required to be kept in the fridge until the pen is in use. This should be noted in the desirable folder, and signed out when taken to the hall. After the first dose the pen does not require to be stored in the fridge, and can be out the fridge for 8 weeks. Therefore, the pen can be kept in the nursing station trolley once it is in use, just the same as the monjaro pens. Patients prescribed this should be annotated on the supervised hall list for the relevant day, and the kardex in the supervised folder. This can be self-administered by the patient on the prescribed day at the Nursing station. Once the last dose is used can the hall nurse please ensure that this is ordered so it is in stock and available for his next dose the following week."	HMP Lowmoss	Prison Services

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LM2025/207	Stage 2 Complaint	Patient states he has not received his medication	Fully Upheld	Share	K10-01 Ensuring medications that are only available in glass bottles are prescribed as supervised	HMP Lowmoss	Prison Services
LM2025/247	Stage 1 Complaint	Patient wanting his methadone increased	Fully Upheld		K03-05	HMP Lowmoss	Prison Services
NE1012	Stage 2 Complaint	Patient unhappy with his treatment and care.	Partially Upheld	Education	K05-01 - Education - Learning/training opportunities identified Opportunity for further training in ADHD treatment and management to be provided	Auchinlea House Resource Centre	Community Mental Health Team
NE1018	Stage 1 Complaint	Patient attended ear assessment but was told, due to an admin error, the nurse wasn't qualified and a new appointment was needed—this was the second time it had to be rearranged	Fully Upheld	Communication	K03-04 - Communication - Agenda for Team MeetingWe are reviewing our internal processes to ensure that appointments are booked appropriately and that patients are not inconvenienced in this way again.	Parkhead Hub	Administration Services
NE1020	Stage 1 Complaint	Mum unhappy with the behaviour of staff.	Fully Upheld	Education	K05-01 - Education - Learning/Training opportunities identified Attending Workplace Strategy Coaching Sessions	Springburn Health Centre	Administration Services

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GCHSCP NHS Complaints report 2025-26

NE1026	Stage 2 Complaint	Parents concerned with the treatment and care of son.	Partially Upheld	Communication	K03-04 -Communication - Agenda for Team Meeting To avoid re-occurrence regular monitoring of staff skills and training will continue as part of the mandatory training requirements for KSF/PDP e.g. Customer Service Skills, Conflict Management and Equality and Diversity. The complaint has been used to review and improve how staff can deliver the best services for patients.	Stobhill Hospital	Psychiatry
NE1029	Stage 1 Complaint	Complainant unhappy with treatment from staff and environment within ward.	Partially Upheld	Communication	K03 - 04 - Communication - Agenda for Board or Team Meeting Feedback will be used within the next reflective practice session to support learning. We will also be more vigilant in relation to ensuring we relay any delays with medication and ensure patients are updated.	Stobhill Hospital	Psychiatry
NE1033	Stage 2 Complaint	Complainant unhappy with the lack of support and care given to friend and daughter	Partially Upheld	Communication, Education	K03-04 - Communication - Agenda for Team MeetingAt team meeting Reception staff were reminded that they must be polite, helpful and non judgemental at all times. Staff reminded that they must discuss treatments with the nursing staff and not the patients. K05-04 - Education - Learning/Training opportunities	Easterhouse Health Centre	Health Visiting

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GCHSCP NHS Complaints report 2025-26

					identifiedFollowing HV return from maternity leave, case will be discussed with staff member and review of guidance and practice discussed.		
NE1034	Stage 1 Complaint	Patient unhappy with the lack of contact and support	Fully Upheld	Education	K05-01 - Learning - Learning/training opportunities identified Supervisor will discuss with Consultant and a plan will be established to address outstanding tasks	Springpark Resource Centre	Psychiatry
NE1042	Stage 1 Complaint	Mother upset about the number of different Health Visitors she has seen.	Partially Upheld	Action Plan	K02-01 - Action Plan - Lead Manager co-ordinating improvements Cross cover locality rota in place to ensure delivery of contacts. Risk assessment completed by Service Manager	Baillieston Health Centre	Health Visiting
NE1043	Stage 1 Complaint	Patient unhappy with her treatment and care.	Fully Upheld	Communication	K03-04 - Communication - Agenda for Team MeetingImprove communication between professionals and patients - Discuss practical steps for clearer, more empathetic interactions between staff and patients.	Arran Resource Centre	Psychiatry
NW21840	Stage 2 Complaint	pnt's partner raising complaint re staff failure to respect pnt's needs and failure to communicate with family when pnt's room was given to another pnt temporarily during day release	Fully Upheld	Action Plan, Education	information sharing with named nurse	Gartnavel Royal Hospital	Acute Mental Health

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GCHSCP NHS Complaints report 2025-26

NW21844	Stage 2 Complaint	poor communication between teams as pnt has requested not to be seen by specific Dr. numerous errors in care and request for documentation	Partially Upheld	Share		Glenkirk Resource Centre	Community Care
NW21848	Stage 2 Complaint	pnt advised to take meds before procedure in error which resulted in side effects	Partially Upheld	Action Plan, Education		Borron Street	Prescribing Team
NW21856	Stage 2 Complaint	delay with CMHT appts causing issues with work and further financial strain. feels unsuitable for CBT treatment	Partially Upheld	Share		Arndale Resource Centre	Community Mental Health Team
NW21857	Stage 2 Complaint	wants update on position on wait list for ADHD assessment - believes should be prioritised otherwise will die prematurely	Fully Upheld	Waiting		Riverside Resource Centre	Community Mental Health Team
NW21859	Stage 1 Complaint	having issues contacting SLT LD team - requires replacement communication device to support needs	Fully Upheld	Action Plan, Communication, Share		Victoria Infirmary - ACH	Speech & Language Therapy
NW21865	Stage 2 Complaint	*Restart Project now based in Parkview* complainant feels project has discriminated against them and breached equality act for not allowing info to be shared about their new support group	Partially Upheld	Action Plan, Communication, Share		Callander Street Clinic	Restart Project

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GCHSCP NHS Complaints report 2025-26

NW21872	Stage 1 Complaint	issues getting through reception line for GP appt	Fully Upheld	Action Plan		Centre for Community Health	Administration Services
NW21879	Stage 2 Complaint	pnt's family raising complaint over pnt being able to abscond from secure ward twice, showing up at family home and spending their bank account money on drugs	Partially Upheld	Action Plan, Communication, Share		Gartnavel Royal Hospital	Acute Mental Health
NW21890	Stage 2 Complaint	complaint re handling of ADHD assessment referral	Fully Upheld	Waiting		Arndale Resource Centre	Community Mental Health Team
NWS07825	Stage 1 Complaint	Dr was late to work and was not enough time in appointment for a biopsy. Dr said patient had to leave early to take father to appt.	Fully Upheld	Communication	Feedback given to doctor about attitude.	Sandyford Initiative	Sexual Health
NWS07925	Stage 2 Complaint	Parent raised concerns about safeguarding issues over her daughter's psychosex appointment including sharing website resource log in	Partially Upheld	Communication	There will be no sharing of website resource log in details	Sandyford Initiative	Psychosexual
NWS08025	Stage 1 Complaint	Patient complained that doctor was incompetent and asked inappropriate questions at appointment. Asked to do own testing.	Partially Upheld	Communication	Doctor was given feedback	Sandyford Initiative	Sexual Health

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GCHSCP NHS Complaints report 2025-26

NWS08325	Stage 1 Complaint	Gender patient enquired about waiting times and what was being done about them	Partially Upheld	Communication	Scottish Government are reviewing the service	Sandyford Initiative	Transgendered
Ref	Type	Description	Outcome code	Actions taken	Service improvement/long-term plan	Unit	Specialty
	Stage 2 Complaint	Issue with new products.	Fully Upheld			Dumbarton Health Centre	Treatment Room Nursing
	Stage 2 Complaint	Unhappy with staff and care.	Partially Upheld			Glasgow Royal Infirmary	Community Mental Health Team
B2025/153	Stage 2 Complaint	Patient unhappy he has still not received antibiotics for a nail infection.	Partially Upheld	No Action Required	K05-02	HMP Barlinnie	Prison Services
B2026/031	Stage 2 Complaint	Patient is unhappy that health care professionals are not treating his conditions appropriately or acknowledging his concerns. He is also unhappy with the treatment received by a GP and lack of care by various health care professionals in the	Partially Upheld		K06-04 not required, partially upheld	HMP Barlinnie	Prison Services

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		establishment as well as medication issues.					
ECY25-162	Stage 2 Complaint	The patient's parent expressed dissatisfaction with the recent appointment, noting that they felt the doctor was abrupt during the consultation. The parent reported that the doctor removed a snack from the patient, despite guidance from dietitians that the patient should be encouraged to eat whenever they feel hungry due to their restricted eating. The parent also stated that the doctor took a toy from the patient's hands at the end of the appointment. Following this, the patient experienced a "meltdown," and the parent felt unsupported in managing the situation while trying to return the patient to the car.	Partially Upheld		OD involvement.	Bridgeton Health Centre	Community Paediatrics (SCPT)
ECY25-166	Stage 2 Complaint	Concern re needing urgent help / wait time for ND assessment.	Fully Upheld		Continued efforts being made to reduce waiting times.	Bridgeton Health Centre	Neurodevelopmental Team
ECY26-04	Stage 1 Complaint	Concerns re waiting times & lack of communication around waiting times	Fully Upheld		Continued efforts being made to reduce waiting times.	Gorbals Health Centre	Neurodevelopmental Team

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GCHSCP NHS Complaints report 2025-26

ECY26-07	Stage 2 Complaint	Concerns around care in Skye House re; Care plan changes and communication failures Harm and trauma resulting from decisions made by the team Professional conduct and team dynamics Use of restraint and physical support Impact on recovery and wellbeing	Partially Upheld	Ensuring clear and detailed documentation: All MDT discussions will be recorded in EMIS with sufficient clarity and detail so that every clinician can fully understand the decision-making process and the rationale behind any changes to care plans. Improving involvement in decision-making: We will review how decisions are made within MDT meetings to ensure that patients and families are meaningfully involved at every appropriate stage. Developing a comprehensive MDT care plan: A single overarching care plan will be created for each young person, incorporating both patient and family views. A copy of this plan will be shared so that families feel informed, involved and confident in the direction of care. Refreshing the role of the Care Manager: We will clarify and strengthen the role of the Care Manager in complex cases to ensure consistent coordination, communication and support throughout the young person's journey.	Skye House Adolescent Unit	Psychology
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GCHSCP NHS Complaints report 2025-26

ECY26-08	Stage 1 Complaint	Concerns raised re waiting time for ND assessment.	Fully Upheld		Continued efforts being made to reduce waiting times.	Gorbals Health Centre	Neurodevelopmental Team
ECY26-10	Stage 1 Complaint	Concerns raised re waiting time for ASD assessment.	Fully Upheld		Continued efforts to reduce waiting times being made.	Gorbals Health Centre	Neurodevelopmental Team
ECY26-13	Stage 1 Complaint	Concerns re waiting time for ASD assessment.	Partially Upheld		Continued efforts to reduce waiting times.	Gorbals Health Centre	Neurodevelopmental Team
ECY26-16	Stage 2 Complaint	Concerns re lack of support with Sleep.	Fully Upheld		None.	West Centre	CAMHS
ECY26-18	Stage 1 Complaint	Concerns re wording within letter	Fully Upheld		Spoken with clinical staff regarding choice of words for letters and have ensured admin are aware to highlight if terminology like this is used to ensure more appropriate / accurate language is used.	Woodside Health Centre	CAMHS
ECY26-19	Stage 2 Complaint	Concerns re choice appointment and onward referral to School Nursing.	Partially Upheld		None.	Bridgeton Health Centre	CAMHS

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GCHSCP NHS Complaints report 2025-26

ECY26-35	Stage 1 Complaint	Concerns re sleep issues.	Fully Upheld		None.	West Centre	CAMHS
G2026/008	Stage 1 Complaint	Patient complaining that some of the weekly prescribed medications have not been available.	Fully Upheld	Communication	None	HMP Greenock	Prison Services
LM2026/005	Stage 1 Complaint	Patient complaining that they are not receiving enough dressings or getting them on time	Fully Upheld	No Action Required	K03-03	HMP Lowmoss	Prison Services
NE1052	Stage 1 Complaint	Father unhappy with the treatment and care of his daughter.	Partially Upheld	Education	K05-01- Education - Learning/training opportunities identified Promotion of Vitamin D and following guidelines on this. Recording requirement. Need to signpost parents to GP if medical concerns. Recording requirement to indicate that this advice has been given. Advocate role where parents having issues with their GPs. Discuss with infant feeding – tongue tie training, signs of low iron/anaemia.	Lightburn Medical Centre	Health Visiting

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GCHSCP NHS Complaints report 2025-26

					Listening to parents if repeated concerns and considering if any underlying issues as opposed to assessing as 'normal' age and stage. Responding to continued raising of same concerns. Research on latest information available eg iron deficiency and anaemia. Link in with Infant Feeding department - ?possible training		
NE1062	Stage 2 Complaint	Stage 1 - Patient unhappy with care and treatment received. Stage 2 - Patient still unhappy and has raised serious concerns re clinical risk, communication, complaint handling & discharge.	Partially Upheld	Communication	K03-04 - Communication - Agenda for Team Meeting All staff to review complaints handling procedures and discuss at team meeting	Springpark Resource Centre	Community Mental Health Team
NE1068	Stage 2 Complaint	Patient unhappy with the length of time waiting for an ADHD Assessment.	Fully Upheld	Action Plan	K02-Action Plan- Service Improvement Identified Staff now working through re-triage of referrals	Auchinlea House Resource Centre	Community Mental Health Team
NE1069	Stage 1 Complaint	Patient unhappy with her treatment	Partially Upheld	Communication	K03-04 - Communication - Agenda for Team Meeting All staff to be reminded at team meeting to review EMIS tasks that day if possible and note any actions	Arran Resource Centre	Psychiatry

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GCHSCP NHS Complaints report 2025-26

NW21903	Stage 2 Complaint	has sent ADHD questionnaires but was discharged from team due to no receipt	Fully Upheld	Communication		Riverside Resource Centre	Community Mental Health Team
NW21915	Stage 2 Complaint	Pnt's GP raised concerns around psychosis and danger to other people and referred for urgent MH assessment however was told no action required by CMHT. missed opportunities resulted in pnt being detained in GRI due to concerning behaviour and lack of support from CMHT	Fully Upheld	Action Plan, Communication, Education, Share		Shawpark Resource Centre	Community Mental Health Team
NW21924	Stage 2 Complaint	pnt raising concerns regarding incidents that occurred on ward during voluntary inpnt stay. pnt claims she was assaulted by staff verbally and physically, prevented from leaving ward and left with unsafe items on person	Partially Upheld	Share		Gartnavel Royal Hospital	Acute Mental Health
NW21947	Stage 2 Complaint	requires review of private ADHD assessment for NHS prescription as cannot afford cost of private medication. unhappy with wait times for assessment review	Fully Upheld	Waiting		Riverside Resource Centre	Community Mental Health Team
NW21956	Stage 2 Complaint	ADHD wait list complaint. has called ADHD line with no response	Fully Upheld	Waiting		Riverside Resource Centre	Community Mental Health Team

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GCHSCP NHS Complaints report 2025-26

NWS00426	Stage 1 Complaint	IUD clinic appointments - Unable to access on day of appointment release as working	Partially Upheld			Sandyford Initiative	Sexual Health
NWS00626	Stage 1 Complaint	Patient complained switchboard operator was dismissive and unprofessional and gave clinical advice despite not be clinically trained.	Partially Upheld	Communication	None	Sandyford Initiative	Sexual Health
NWS00926	Stage 1 Complaint	Patient complained that she had her coil appointment cancelled twice	Fully Upheld	Communication	None	Sandyford Initiative	Sexual Health
NWS00928	Stage 2 Complaint	1/ The inefficiency of our online booking form, which needs to be started from scratch each time it is used. 2/ The lack of available appointments to have your IUS (intra-uterine system) changed. 3/ Being asked your identified gender and preferred pronouns, which you did not feel had relevance to medical care.	Partially Upheld	Communication	New portal is being developed for booking appointments	Sandyford Initiative	Sexual Health
NWS10325	Stage 2 Complaint	Patient felt Dr was cold and judgmental.	Partially Upheld	Communication	None	Sandyford Initiative	Psychosexual

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GCHSCP NHS Complaints report 2025-26

NWS11225	Stage 2 Complaint	Patient complained their referral date into the service was wrong and that the wait list is too long.	Fully Upheld	Communication	Scottish Government is reviewing the gender service	Sandyford Initiative	Transgendered
NWS11325	Stage 1 Complaint	Patient complained of lack of clarity in process for referral for surgery and getting a second opinion before a first opinion was confusing. They wanted to know where stand surgery wise.	Fully Upheld	Communication	Scottish Government is reviewing the gender service	Sandyford Initiative	Transgendered
NWS11825	Stage 2 Complaint	Patient complained of waiting times and lack of support while waiting	Partially Upheld	Communication	Scottish Government is reviewing the gender service	Sandyford Initiative	Transgendered

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