



Item No. 12

Meeting Date Wednesday 11th December 2024

**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 2023-24

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 2023 – 31st March 2024.
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Background/Engagement:	Based on an analysis of ongoing activity captured in separate recording systems of the Health Board and Council, this is an annual report considered by the IJB Finance and Audit Scrutiny Committee. Previous three years' reports are available at: 2022-23 ; 2021-22 ; and 2020-21 .
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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 <input type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input checked="" type="checkbox"/> Wellbeing, Equalities, Communities, Culture and Engagement City Policy Committee Update requested by IJB <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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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.
Personnel:	No implications.
Carers:	No implications.
Provider Organisations:	No implications.
Equalities:	No implications.
Fairer Scotland Compliance:	No implications.
Financial:	No economic impact.
Legal:	No implications.
Economic Impact:	No implications.
Sustainability:	No implications.
Sustainable Procurement and Article 19:	No implications.
Risk Implications:	No implications.
Implications for Glasgow City Council:	No implications.
Implications for NHS Greater Glasgow & Clyde:	No implications.

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1. Purpose

- 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 2023 – 31st March 2024.

2. Background

- 2.1. Appendix 1, accompanying this report, gives a full analysis of complaints about social care services in the period April 2023 – March 2024 considered under the appropriate complaint procedure for Social Work Services.
- 2.2. Appendix 2 gives analysis of complaints about health services in the period April 2023 – March 2024 considered under the appropriate complaint procedure for NHS complaints.
- 2.3. Both procedures consist of three stages: Stage 1: 'Front-line resolution' (timescale 5 working days that may be extended to a maximum of 10 working days in certain circumstances); Stage 2: formal Investigation and written response (timescale 20 working days); Stage 3: Scottish Public Services Ombudsman (independent review that may lead to formal investigation, decision and recommendations or to a decision not to take matters further).
- 2.4. The purpose of this report is to present and summarise the main features of that fuller analysis across all three stages of complaint, across both areas.
- 2.5. Volumes of Social Work complaints increased substantially in 2023/24, rising by 28% from 528 in the previous year to 676. Care Services Stage 1 complaints also increased by 60.7% from 277 to 445. Health services complaints fell by 10% from the previous year to 1067 complaints, together with 115 comments, concerns and other feedback.
- 2.6. The distribution of Social Work complaints proportionately between the localities remains relatively consistent. Almost all Care Services complaints focus on Home Care, with more in South locality than the other localities, and while this is in line with the greater population and scope of services in South area, the quantity and rate of increase in Care Services complaints in South is more pronounced this year and is therefore examined in further detail in Appendix 1. In terms of Health complaints, the majority of complaints (72%) were about prison-based health services at HMP Barlinnie, Greenock and Low Moss, an increase from 57% the previous year.
- 2.7. Performance against timescale for stage 2 investigations of Social Work complaints has improved slightly in 2023-24, counter to a trend from 2021-22 after previous marked improvement in 2020-21. This had fallen in 2022-23 to 60.5% but has now risen slightly to 60.9%. While not a significant increase in compliance, and below the target of 70% compliance, current rate of compliance is attributed to the high volume of Stage 2 complaints, and also to the ongoing challenge of the volume of work unrelated to complaints handled by the team in relation to the Subject Access process.

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- 2.8. Timescales for Stage 1 complaints were not met for Social Work complaints in any area of the city. 57.7% of these were in time across GCHSCP, up considerably from 51% the year before. The target was, therefore, not met for complaints across both stages, with only 59.3% of all responses being within deadline, although this is up from 56.3% the year before.
- 2.9. Further development work is required to improve recording around the reasons localities are failing to meet timescale targets, as a further step towards addressing this ongoing issue.
- 2.10. For NHS complaints, 541 of 852 completed complaints (63%) were responded to within the relevant timescales – decline from 69% completed on time the previous year. The majority of complaints at first stage (frontline resolution) were dealt with on time, either within 5 working days or the allowed extension to 10 working days. For those subject to Stage 2 investigation, 46% of completed complaints were responded to within the 20 working days timeline. This has been identified as an area requiring improvement within 2024/25.
- 2.11. Section 3.4 of Appendix 1 summarises the particular client groups submitting complaints, with the majority of complaints relating to Children and Families involvement – this is typical, and directly related to the general dissatisfaction that many complainants feel towards social work involvement in their family lives. Of note is the increase in complaints from those in the Homelessness Client Group and this is explored in further detail within the report. There is not an equivalent to 'client group' for Health complaints.
- 2.12. Section 3.5 of Appendix 1 summarises the main issues raised by service users across social work complaints and across care services complaints. Section 3.3 of Appendix 2 provides equivalent information in relation to health services, where the majority of complaints related to the standard of clinical treatment.
- 2.13. A smaller proportion of Social Work complaints have been upheld or partially upheld in 2023/24 than in the preceding year, with Social Work complaints upheld or partially upheld having decreased from 32.4% to 29.9%. Care Services complaints upheld or partially upheld have increased slightly, from 60.4% to 62%.
- 2.14. In terms of Health complaints, 67% of complaints were not upheld and 16% were partially or fully upheld. A further 15% were withdrawn or otherwise not progressed.
- 2.15. 18 cases were considered by the Scottish Public Services Ombudsman (SPSO) at stage 3 of the complaints process. Case summaries and outcomes are presented at section 3.7 of Appendix 1. None of the cases considered by the SPSO were upheld.
- 2.16. 48 Scottish Public Services Ombudsman (SPSO) decision letters were received in relation to Health services. Details of all decisions are given in section 4 of Appendix 2.

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- 2.17. For social work complaints that were upheld, there is good evidence that actions were then taken to offer redress to complainers and improve the services to them. These were largely confined to improvements at an individual case level, but were nevertheless important from the customer's perspective, often involving increased financial and other support, improved engagement or the expediting of services. Relevant actions are listed in full at section 3.8 of Appendix 1.
- 2.18. For NHS 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 2023-24 as set out in Section 5 of Appendix 2.

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.

SOCIAL CARE COMPLAINTS REPORT

April 2023 – March 2024



Glasgow City Health and Social Care Partnership

Social Care Complaints Report

April 2023 – March 2024

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Section 1 Executive Summary

1. Executive Summary

- 1.1 This report covers complaints about social care services in the period April 2023 – March 2024 considered under the appropriate complaint procedure for Social Work Services. This consists of three stages of: Stage 1: 'Front-line resolution' (timescale 5 working days that may be extended to a maximum of 10 working days in certain circumstances); Stage 2: formal Investigation and written response (timescale 20 working days); Stage 3: Scottish Public Services Ombudsman (independent review that may lead to formal investigation, decision and recommendations or to a decision not to take matters further).
- 1.2 Figures are given separately for Social Work (including Homelessness) and Care Services complaints (primarily home care) as these are processed within two different information systems ('C4' for social work / homelessness and 'Lagan' and other supporting systems for most care services). Development continues on an integrated complaints recording solution however a common system is unlikely to be implemented before 1st April 2025.
- 1.3 Despite the delays to a fully integrated solution, Business Development staff and Care Services staff are currently considering options for improved complaints recording and reporting across services. Due to competing priorities within the small team responsible for complaints management in relation to Social Work complaints, development around this has also been delayed, however the introduction of the new complaints system in 2025 will have a significant impact in terms of improving management information around all complaints.
- 1.4 Volumes of Social Work complaints increased substantially in 2023/24, rising by 28% from to 528 in the previous year to 676. Care Services Stage 1 complaints also increased by 60.7% from 277 to 445.
- 1.5 There has been little change in the distribution of Social Work complaints proportionately between the localities. Almost all Care Services complaints focus on Home Care, with more in South locality than the other localities, and while this is in line with the greater population and scope of services in South area, the quantity and rate of increase in Care Services complaints in South is more pronounced this year and is therefore examined in further detail in this report.
- 1.6 Performance against timescale for stage 2 investigations of complaints has improved slightly in 2023-24, counter to a trend from 2021-22 after previous marked improvement in 2020-21. In 2019-20, only 52% of social work stage 2 complaints had been investigated and responded to by CFIT within the 20 working day time limit, but this rose to 84.3% in 2020-21, before falling again in 2021-22 to 70.8%. This has fallen again in 2022-23 to 60.5%, but has now risen slightly to 60.9%. While not a significant increase in compliance, and below the target of 70% compliance, current rate of compliance is attributed to the high volume of Stage 2 complaints, and also to the ongoing challenge of the volume of work unrelated to complaints handled by the team in relation to the Subject Access process.
- 1.7 Timescales for Stage 1 complaints were not met for Social Work complaints in any area of the city. 57.7% of these were in time across GCHSCP, up considerably from 51% the year before. The target was, therefore, not met for complaints across both stages, with only 59.3% of all responses being within deadline, although this is up from 56.3% the year before.
- 1.8 Further development work is required to improve recording around the reasons localities are failing to meet timescale targets, as a further step towards addressing this ongoing issue.

- 1.9 Section 3.4 summarises the particular client groups submitting complaints, with the majority of complaints relating to Children and Families involvement – this is typical, and directly related to the general dissatisfaction that many complainants feel towards social work involvement in their family lives. Of note is the increase in complaints from those in the Homelessness Client Group and this is explored in further detail within the report.
- 1.10 Section 3.5 summarises the main issues raised by service users across social work complaints and across care services complaints.
- 1.11 For Care Services the top three issues were quality of service, failure to arrive and competency of staff. Complaints about failure to arrive have risen noticeably from 32 in 2021/22 to 70 in 2022/23, and have now returned to pre-pandemic levels of 112. Complaints about staff competency have increased slightly, however these represent a very small proportion of all home care clients and visits.
- 1.12 It is relevant to note the context of the number of visits undertaken by Care Services over the period when considering the very small number of complaints generated by those visits. Over 4.4 million visits are undertaken per year across Care Services, so in that context, only 0.01% of care visits generated any sort of complaint.
- 1.13 A smaller proportion of Social Work complaints have been upheld or partially upheld in 2023/24 than in the preceding year, with Social Work complaints upheld or partially upheld having decreased from 32.4% to 29.9%. Care Services complaints upheld or partially upheld have increased slightly, from 60.4% to 62%.
- 1.14 18 cases were considered by the Scottish Public Services Ombudsman (SPSO) at stage 3 of the complaints process. Case summaries and outcomes are presented at section 3.7 of this report. None of the cases considered by the SPSO were upheld.
- 1.15 That each case that reached Stage 3 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.
- 1.16 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 improve the services to them. These were largely confined to improvements at an individual case level, but were nevertheless important from the customer's perspective, often involving increased financial and other support, improved engagement or the expediting of services. Relevant actions are listed in full at section 3.8.
- 1.17 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 4.

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 2023 to March 2024. Operational Care Services subsume home care and related services, together with Day Care and Residential Services.

During 2023/24 these complaints were all subject to the model Complaints Handling Procedure, as directed by the Scottish Public Services Ombudsman Complaints Standards Authority. This involves three stages of complaint:

- Stage 1: 'Front-line resolution'. This has a timescale 5 working days that may be extended to 10 working days at the discretion of the service manager or with the agreement of senior staff in the Complaints, FOI and Investigations Team, if there is valid reason to do so. Complaint responses under this part of the process are composed and issued locally, and complaint handling at this level is focussed on resolution of the issue and may or may not involve a degree of formal investigation and written response.
- Stage 2: Formal Investigation. This has a timescale 20 working days and always involves written response. 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. A formal investigation may follow from an unresolved Stage 1 complaint, including Stage 1 complaints that are not responded to within appropriate timescales. Alternatively, a complaint may be immediately escalated to Stage 2 based on complexity or seriousness of complaint or at the request of a complainer. If a complaint is made at both Stage 1 and Stage 2 it will be counted as two separate complaints for reporting purposes rather than the continuation of a single complaint.
- Stage 3: Scottish Public Services Ombudsman (SPSO) review. This is an independent review with no fixed timescale that may or may not lead to further formal investigation, decision and recommendations by that body. Again, for reporting purposes, Stage 3 complaints are currently treated as separate from any preceding Stage 1 or Stage 2 complaint, rather than as a continuation of a complaint.

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. Data for these complaints is stored on the Lagan I.T system, and in supporting systems. Complaints about Residential and Day Care, as well as all Stage 2 complaints about Home Care are recorded and managed by CFIT on the C4 system used for all other Social Work and Homelessness complaints. Because of this difference in management and recording, data is presented separately within this report for Home Care services and for Social Work and Homelessness complaints.

Lagan and C4 will be replaced by a system common across GCC so that all complaints across the Council family are managed and recorded under a common procedure and on a common information system. This will result in the data for these areas being more fully integrated for the annual report, however development is ongoing and there is no firm implementation date set for any new system as yet. The most recent estimate now places the introduction of the new 'Granicus' complaints handling system in Q1 or Q2 in 2025/26, significantly later than the 1st April 2024 date predicted in the annual report for 2022/23. As this system is being implemented to support complaints handling across Glasgow City Council and Glasgow Life as well as Social Care complaints within GCHSCP, the ultimate date of implementation is outwith the control of GCHSCP staff, however CFIT staff have been

directly involved in the development of the system requirements to ensure the new system meets requirements.

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

Social Work and Care Services complaints are often complex but for the purposes of this report complaints are assigned to a primary service area and primary complaint issues only.

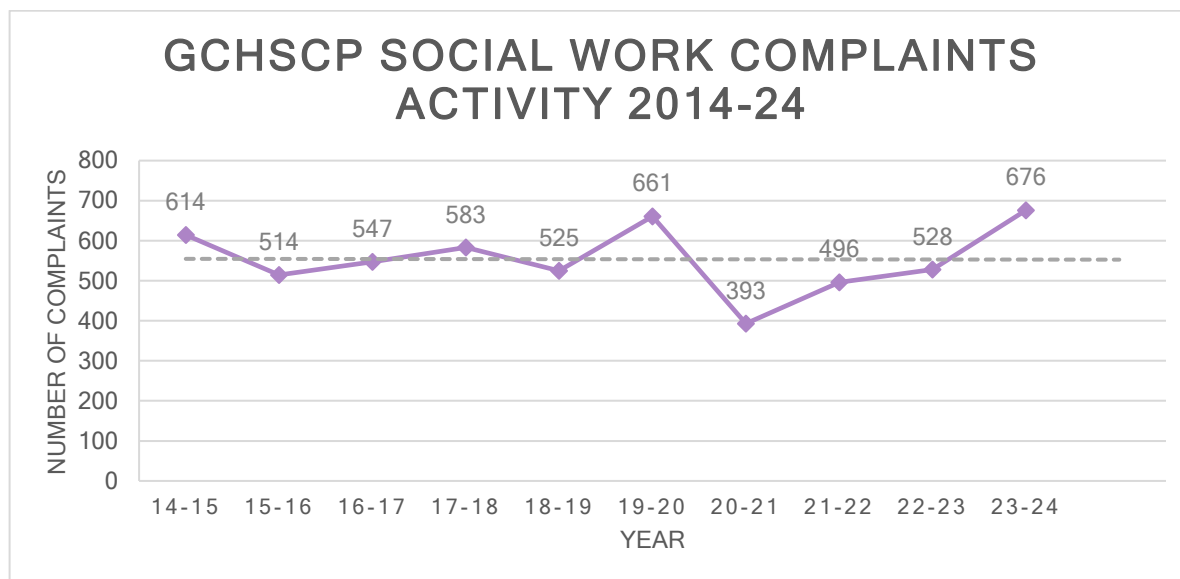
There are separate sections on third stage complaints considered by the Scottish Public Services Ombudsman (SPSO) and on service improvements for the Social Work complaints and those Care Services complaints dealt with by the central team at second and third stage. Due to recording and reporting limitations, no figures are available for service improvements in relation to Care Services Stage 1 complaints. The Lagan system does not capture this information particularly well and the majority of service improvements in that part of the service come from interventions by the Care Inspectorate in terms of their investigations of complaints and inspections, rather than from direct complaints from service users.

Section 3 Statistical information and commentary

3.1 Overall volume and volume by stage and locality

There has been a significant increase in complaints received for social work services. 676 complaints were received in relation to Social Work and Homelessness services in 2023/24, a 28% increase on the previous year, and the highest total over the last decade. This represents 72% more complaints than were received in 2020/21, however that year is recognised to be an outlier given the circumstances around the global pandemic at that time. Chart 1 below shows the 10-year trend in complaints received.

Chart 1: Trend in Social Work complaints activity 2014-2024



The significant increase in received complaints overall appears to indicate the continuation of a predicted trend whereby complaints numbers have been expected to return to 'pre-pandemic' levels. The 2020/21 report speculated that a factor that may have been partly responsible for the sharp drop in complaints received in 2020/21 compared to 2019/20, was that customer expectation had changed in light of the pandemic, and therefore that the propensity to complain had reduced. While last year the general trend across the ten year period had remained downwards despite the rising number of complaints, the 'linear forecast' line in Chart 1 now illustrates a generally static trend. While that is the case, it should be noted that the previously incremental increases between 2020/21 and 2022/23 have now been followed by a more dramatic increase between 2022/23 and 2023/24.

Of the 676 complaints, 338 (50%) were dealt with at Stage 1 (local resolution) and 320 (47%) at Stage 2 (formal investigation). 18 (3%) were Stage 3 complaints referred to CFIT by SPSO. It should be noted that there has been a substantial increase in Stage 1 complaints, both as a count and as a percentage share over the previous year. During 2022/23, only 215 Stage 1 complaints were received (40.7% of total), and this has increased by 57% to 338 for 2023/24. While the increase in volume is of concern, the proportion of Stage 2 complaints (47%) has now returned to the same level as 2021/22, whereas in 2022/23 it had reached 55%.

Table 1: SWS Stage 1 and 2 Complaints by service area and locality 2023-2024

Locality	Stage 1	Stage 2	Total
Centre	144	123	267
North East	53	45	98
North West	56	70	126
South	66	55	121
Care (CFIT)	19	27	36
Total	338	320	658

The most dramatic increase has been in terms of complaints to 'Centre', which have risen by 70% from 157 in the previous reporting year to 267 for this period. There is variation in the specific areas these relate to as 'Centre' encompasses a range of teams. These are set out below in order of decreasing volume.

- **Homelessness** – not including fieldwork (done by the area teams) but including prison throughcare, TADS, HAC and emergency accommodation, Asylum and refugee support: **Complaints = 109** (increase from 60)
- **Business Development** – including the CFIT team and welfare rights: **Complaints = 50** (up from 41)
- **Social Care Connect** – Service replacing the former Social Care Direct: **Complaints = 46** (no increase/decrease information available, this is being newly reported separately from Standby/OOH)
- **Finance** - including issues of invoicing, deprivation of assets and agreement of DRE waivers: **Complaints = 22** (up from 19)
- **Children and Families** – including fostering and adoption and some residential care: **Complaints = 22** (up from 9)
- **Centre Criminal Justice** – including Prison-based SW, MAPPA and specialist resources: **Complaints = 8** (up from 1)
- **Addictions** - **Complaints = 4** (up from 0)
- **Centre Residential care** - Not including homecare etc: **Complaints = 3** (no increase/decrease information available due to minor changes in reporting considerations)
- **Standby/Out of Hours** – **Complaints = 3** (no increase/decrease information available, this is being newly reported separately from Social Care Connect)

The Business Development group includes 28 complaints relating to delays in the handling of subject access requests (SAR), up from 15 the year before and 7 in 2021/22, each of which were upheld or partially upheld. This is a notable increase in complaints of this nature, however is an expected increase due to the continuing high volume of SARs received by CFIT as a result of the Scottish Government's Redress Scheme, whereby applicants are being advised by the Scottish Government to submit SARs to Local Authorities to access information to support their applications for Redress. This was a trend identified in 2022/23, and was expected to continue into 2023/24, and is further expected to continue into 2024/25. There is a current backlog of over 500 cases, and these are

resource intensive to resolve, and so further dissatisfaction in relation to failures in this area is expected until the backlog can be cleared and demand returns to ordinary levels.

The Business Development category also includes complaints dealt with by CFIT that are not about any Business Development Team but have no other relevant service area – for example complaints about services and staff that were, on investigation found to be misdirected and not be about Social Work services or employees.

The other dramatic increase in complaints relates to Homelessness. This is within the context of the housing emergency declared by the Council in late 2023, and with Glasgow acting as the main dispersal city in Scotland for successful asylum seekers, as well as historic problems with a shortage in social housing and unaffordable costs of private rent in the City. Increased pressure on this service, and on the staff within the service, appear to be directly linked to wider dissatisfaction from service users and their representatives. Homelessness Services continue to develop their strategy to address Homelessness in the City, with Housing First forming a key element of the GCHSCP Rapid Rehousing Transition Plan.

For Care Services 445 new Stage 1 complaints were received and managed locally where they were accepted as complaints within procedure and responded to, a large increase from the previous year where 245 Stage 1 complaints were recorded. This does not include any complaints received prior to 1st April 2023 that were still being dealt with in the current year having been carried forward. In addition, of the 320 Stage 2 complaints handled by CFIT, 27 were complaints relating to Care Services, down slightly from 28 the previous year, for a total of 472 complaints across both Stage 1 and Stage 2 for the year.

This significant increase in complaints activity relating to Care Services runs counter to a general trend in relation to complaints regarding Care Services handled under Glasgow City Council's Complaint Handling Procedure, which had seen a general decrease since 2020/21, when there were 315 total complaints. In 2021/22, complaints received dropped by 13%, for a total of 275 complaints, and while there was a very slight increase in 2022/23 to 277 total complaints, the significant increase (of 60.7%) for 2023/24 highlights clear issues arising with the service in this period. Further context and information is provided at Section 3.6 of this report, below.

The Care Services complaints are broken down by service area/locality in Table 1, below. Complaints are focussed on Home Care, as has been the case in previous years, with six complaints about other Care Services. The highest proportion of complaints were in South Glasgow, consistent with figures for the previous four years, however this area represents the largest Home Care Service in terms of geography, number of service users and staff so a higher number of complaints in South is proportional to scope of operations. As noted above, further context in relation to the significant increase in complaints in this area in particular is provided below.

Table 2: Care Services Complaints by service area and locality 2023-2024

Valid Care Services complaints 2023-24		
Service Area	Count	%
Alarms	4	0.9
Assessment Team	1	0.2
Home Care - North East	120	27.0
Home Care - North West	83	18.7
Home Care - South	236	53.0
Operations	1	0.2
Total	445	

No Stage 1 complaints are logged on the Lagan system against Residential Care and only three of the 'Centre' service area complaints were Residential Care complaints reported directly to CFIT during the course of the year. As with the figures in previous years, this seems very low. It is possible that any other customers who did complain did so formally to the Care Inspectorate, which is not data captured within this report. Guidance is being rolled out to ensure all staff across all areas are fully aware of complaints handling procedures, to ensure accurate recording of complaints across all areas. There may be some minor data quality errors due to the complexities around current arrangements for recording and reporting on complaints relating to the different services relating to care provision, and so once the new complaints guidance and revised recording processes are introduced alongside the new complaints system, improvement in data quality is expected.

3.2 Demographic factors

Complaint activity should be considered in terms of the demographic profile and performance activity and strategic developments of GCHSCP. This is fully set out for the period ending March 2023, in reports that can be found at: <https://glasgowcity.hscp.scot/performance-and-demographics>. At time of writing, this is the most recent Demographics and Needs Profile report, however some updated information regarding over 65s and carers has been provided by the Performance Planning Team that will be published in an update report in the near future.

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

Demographics

In terms of demographic profile, there is an uneven distribution of population between the three localities within GCHSCP, with South having 36.2% of the Glasgow population, followed by North West (35%) and then North East (28.7%). North East has however the highest number and proportion of zones listed within the SIMD 20% most deprived data zones in Scotland. North East locality contains 128 such data zones indicating deprivation (58.4% of all zones in North East), with South having 112 (40.1% of South's zones) and North West 99 (39.9% of North West's zones).

North West population has the highest share of Glasgow's adult population aged 18-64 and 71.9% of North West's population fall into this group. Only 14.3% of North West's population are children and 13.8% older people aged 65 or older. By contrast, 18.3% of South's population are children and 16.1% older people. The figures in North East are 17.9% and 15.8% respectively.

A higher percentage of people aged 65+ with high levels of care needs live at home in Glasgow (37.9%) than in Scotland overall (36.7%). The number of carers is not however distributed evenly, with 20.0% of adults in North East providing unpaid care compared to 18.0% in North West and the lowest in South (17.0%). 38.4% of all Glasgow residents age 65 and older reside in South Glasgow. Carers numbers, particularly in North East, have risen significantly from previous years, however a different source is now being used for these figures (NHSGGC Health & Wellbeing reports for Glasgow Adults) which may account for the discrepancy.

The looked after children rate is 1.9% in Glasgow (far higher than the Scotland rate of 1.2%) but varies between localities: 1.3% for South; 1.8% for North West and 2.3% in North East. Similarly the rate of children on the Child Protection Register in Glasgow (2.7 per 1,000 population) is higher than the Scotland rate (2.2) with locality rates again varying: 2.1 for South; 2.9 for North West and 4.0 for North East.

As children and families and older persons have consistently been the two client groups most associated with complaints over many years, and together account for over 57% of all complaints in the reporting period, then areas with higher proportions of these age group in their population would be expected to have higher level of complaint. The fact that South has a generally higher population overall and North East higher deprivation might also lead to an expectation of a higher level of complaint in those areas than in North West. While South does have a higher volume of complaints, North East and North West are reporting at the same level for this period.

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

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

3.3 Timescales overall and by service area

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

While consideration has been given to increasing the 70% performance target, following previous committee feedback, it has been determined that while there would be value in introducing a higher performance target, any such change will not be introduced until a future date. There are multiple reasons for this. There have been multiple changes around complaints handling over recent years, including the introduction of a GCC-wide Complaints Handling Procedure, and the introduction of Child Friendly Complaints Handling Procedures. In addition, as pressure on CFIT continues to increase with demand in relation to Subject Access Request processing alongside predicted budgetary pressures on the wider business, there are likely to be further challenges in terms of increased complaint activity and decreased resource to address that activity. It is felt that it would be more beneficial to increase training and support around complaints handling in advance of introducing more aspirational targets, and these supports will be introduced as resources allow. Further information and context is provided at section 3.9, below.

In 2020/21, 177 of 210 Stage 2 complaints (84.3%) were investigated and responded to by the central team within the required 20 working days. Compliance reduced in 2021/22, with 179 of 253 Stage 2 complaints (70.8%) investigated and responded to within the required 20 working days. In 2022/23, 178 of 294 Stage 2 complaints (60.5%) were responded to on time. This year, 195 of 320 Stage 2 complaints (60.9%) were responded to on time.

In percentage terms, this appears only to be a slight increase in performance, however while the number of complaints responded to within time had remained roughly constant over the preceding three years, in 2023/24 we saw an increase of 9.6% in terms of complaints responded to within timescale. The overall number of Stage 2 complaints, however, has also increased by 8.8%. This increase in complaints performance is despite the competing demands on the resources available to the team, and partly reflects the team reaching and maintaining a full complement of staff with a fifth Senior Officer joining the team in late July 2023. The serious impact of the exponential increase in the number and rate of Subject Access Requests (SARs) being received by the team has persisted throughout 2023/24 and so within this context, the increase in the volume of Stage 2 investigations completed within time is a marker of the success of the combined efforts of the team, within increasingly challenging contexts, despite still falling short of the target of 70% for the second year running.

Table 3 shows the performance against timescale for Stage 1 complaints by locality. The target of 70% of complaints responded to within the relevant time was not met for GCHSCP, with only 57.7% of Stage 1 complaints responded to within timescale. This is, however, an improvement in performance over the previous year, when only 51% of Stage 1 complaints were responded to in time. Again, this improvement in percentage completed within timescale comes despite the increase in volume of Stage 1 complaints over the previous year; in 2022/23, there were 215 Stage 1 complaints however this rose by 57.2% to 338 for 2023/24. This improvement has been pronounced, with the number of Stage 1 complaints responded to within time increasing from 109 in 2022/23 to 195 in 2023/24, an improvement of 78.9%.

Table 3: Timescales for social work complaints at stage 1 by locality 2023–24

Locality	Within time		Total Stage 1
	n	%	n
Centre	103	63.2	163
N. East	33	62.3	53
N. West	34	60.7	56
South	25	37.9	66
Total	195	57.7	338

This profile of performance at Stage 1 illustrates a substantial increase in performance compared to the preceding year, however this is almost entirely driven by volume of Stage 1 complaints handled at Centre, which, as noted above, has seen a significant increase in complaints activity over the previous year. While complaints activity at each locality has also increased, the increase at localities has been far less pronounced in terms of numbers, although for North West the increase from 21 cases responded to within time to 34 represents an improvement of 61.9%.

For the second consecutive year, no area met target in 2023/24. 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.

It should also be noted, however, that the context in which Stage 1 complaints are being handled has become more challenging over recent years than at any previous point. With the Scottish Public Services Ombudsman (SPSO) determining that SWS complaints should be handled in line with Local Authority complaints handling procedures, and not under bespoke SWS complaints handling procedures, there was also a reduction in the timescale for handling Social Work complaints at Stage 1. Historically, there had been a requirement for all Social Work complaints to be responded to within 28 working days, however in practice Glasgow City Council Social Work Services operated a system of responding within 15 working days to Stage 1 and Stage 2 complaints, in line with GCC procedures at that time. Following changes in legislation and a widening of the powers of the SPSO, a new, bespoke Model Complaints Handling Procedure for Social Work Complaints was introduced and implemented in April 2017, which set a timescale of five working days for Stage 1 complaint handling, with the capacity to extend this to 15 working days without consultation with the complainant where it was considered necessary. Further changes then followed in 2020 when the SPSO merged their Social Work Model Complaint Handling Procedures with the overarching Model CHP for all Local Authority complaints, which reduced the maximum allowable period of extension for Stage 1 complaints from ten to five working days, for a maximum of ten working days for any Stage 1 complaint.

This reduction was objected to by representatives from Glasgow and others at the time, given the expectation that this would make adherence to the Stage 1 timescale more challenging for frontline Social Work staff. However, the SPSO made clear their intention to bring SWS complaints into line with other sectors.

The implementation of these more challenging timescales has coincided with a period of austerity for public services and a global pandemic, and so this has exacerbated the level of challenge for services.

As only 390 of the 658 total complaints (59.3%) were responded to in time, the target was not met overall. Stage 3 (SPSO) complaints are excluded from these figures as they have no indicative timescale.

It has previously been suggested that, if local managers wish to improve complaint performance they must either turn around Stage 1 complaints more quickly, or apply appropriate extensions in line with the terms of the Complaints Handling Procedures, or both. A further option for local managers to consider to improve Stage 1 performance is whether or not Stage 1 complaints allocated to them are, in fact, appropriate for frontline resolution. As per Table 4 below, however, there is no evidence of a significant shift towards referring higher numbers of complaints for Stage 2 resolution rather than informal resolution at Stage 1, but rather evidence of rising numbers of complaints at both Stage 1 and Stage 2, which itself directly increases the challenge of responding to complaints within appropriate timescales.

Table 4: Year-on-year comparison of complaints totals (including Homecare)

Reporting Year	20/21	21/22	22/23	23/24
Stage 1	445	495	460	783
Stage 2	237	253	294	320

Plans to implement a system to identify reasons for failures to respond to complaints in time in locality areas have not yet been realised due to lack of resource, however as it has been determined that there is insufficient data capture around these issues to reliably inform the reasons for failure this is an area for further development. A project to improve detail and consistency across data capture processes in locality areas to better identify issues leading to delayed complaint responses will be established alongside the introduction of the new complaints system, planned for 2025. There can be multiple reasons for delay – staff absence, lack of time/resource, administrative error, difficulty contacting relevant individuals at short notice, delays to senior management sign-off and many other potential issues. The aim is to better capture the reasons, and areas, of delay to determine whether failures are systemic and to identify process improvements or training opportunities that will address the reasons for these delays, in whole or in part.

While not yet complete, work undertaken so far had highlighted some discrepancies with recording practices in South, which have now been resolved.

The overall performance for Stage 1 Care Service complaints was that 85.8% of complaints were dealt with in time, down slightly from 89.8% the previous year but still comfortably higher than the rate of 70.4% in the previous year. Table 5 below shows the stage 1 timescale compliance for individual Care Service teams. This excludes invalid and withdrawn complaints.

Table 5: Timescale compliance for care services complaints by service area 2023–24

Stage 1 Valid Care Services complaints 2023-24	
Service Area	% in time
Alarms	100
Assessment Team	100.0
Home Care - North East	89.2
Home Care - North West	87.5
Home Care - South	82.6
Operations	100

3.4 Complaints by client group overall and by locality

Chart 2 and table 6 below first gives a summary of complaints by client group and then by client group for each locality. These are abbreviated as Addictions (AD), Children and Families (CF), Criminal justice (CJ), Homelessness (HOM) Learning Disability (LD), Mental Health (MH), Older People (OP) and Physical Disability (PD). Not known (NK) is used where the complainant is not a service, user, or where the complaint does not relate to services used by the complainant, and in other circumstances where no suitable client group can be correctly applied. There is no client group breakdown for Care Services complaints, as the client group is broadly consistent across Care Services complaints. While this is not a data field reported within the Lagan system, the majority of complainants will be older people and adults with disabilities, or their representatives.

Chart 2: HSCP S1/S2 Complaints excluding care services by client group 2023–24

Totals by Care Group

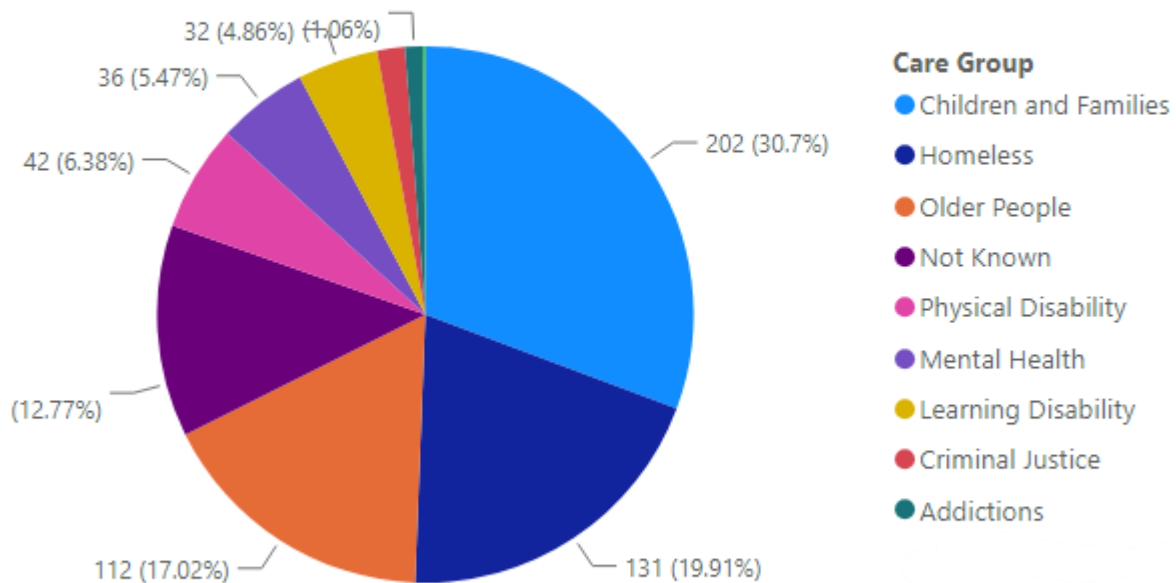


Table 6: Comparison of S1/S2 social work complaints by client group and locality 2023–24

Client group	Locality				
	Centre (inc Centre Care)	NE	NW	S	Total
AD	0	2	3	2	7
CF	32	49	60	61	202
CJ	8	1	2	0	11
HO	111	4	8	8	131
LD	7	10	7	8	32
MH	9	9	8	10	36
OP	66	9	16	21	112
PD	15	7	12	8	42
NK	65	7	10	3	85
Total	313	98	126	121	658

The most notable rise in client group submitting complaints is in relation to Homelessness service users or their representatives – rising from 77 in 2022/23 to 131 in 2023/24. As is ordinarily the case, the majority of these complaints relate to and are handled by Centre Homelessness, rather than specific Casework teams.

3.5 Complaints by issue

The number of issues ordinarily exceeds the number of complaints, however, due to recording and reporting challenges and discrepancies, this report provides data on the primary complaint issue for Social Work and Homelessness Services only, while some additional reporting has been able to identify multiple issues of complaint in a small number of Care Services complaints. As such, 'issues' do not map directly to numbers of complaints received. There is a degree of subjectivity involved by complaints handlers in categorising these issues.

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

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

P = A policy issue **F** = A financial Issue

C = Issues linked to staff performance subdivided as:

C1 – Attitude or conduct of staff

C2 – Lack of response to the customer

C3 – Poor quality/errors in information/communication

C4 – Breach of confidentiality / data protection

C5 – Discrimination / breach of human rights

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

Q1 - Poor quality of service

Q2 – Poor level or quantity of service

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

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

Q5 – Incorrect process / process not followed

Q6 – Refusal of service / not eligible / service withdrawn

For Care Services they are:-

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

Tables 7 and 8 show the relative percentage of each issue as a percentage of all issues and compares them with annual figures 2022/23, first for Social Work and Homelessness and then for Care Services. Charts 3 and 4 then show this year’s complaints data visually for ease of comparison.

Table 7: Main social work issues complained of 2023–24 compared with 2022-23

Issue	N 2023-24	% 2023-24	N 2022-23	% 2022-23
Finance	26	3.9	39	5.8
Policy	10	1.5	5	0.7
Attitude/Conduct	238	36.3	128	19
No response	196	29.9	80	11.9
Info/Comm	49	7.5	99	14.7
Confidentiality	12	1.8	19	2.8
Discrimination/Rights	11	1.7	8	1.2
All Staff	434	66.2	334	49.5
Quality	82	12.5	112	16.6
Level	13	2.0	28	4.2
Wait	1	0.2	3	0.4
Delay	32	4.9	48	7.1
Process	44	6.7	97	14.4
Refused/withdrawn	14	2.1	8	1.2
All Gen Qual	186	28.4	296	43.9
Total of main issues	656		674	

Chart 3: Number of social work complaints by issue 2023–24



Both the proportion of complaints about staff and the number of complaints about staff have risen significantly this year, after a drop in the previous year. A high proportion of complaints focussing on issues related to staff 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.

Complaints regarding both staff attitude and conduct and a lack of response to customers have risen significantly and while the majority of these have not been upheld, the significant increases mean there are more upheld complaints regarding these matters than in previous years. This may reflect pressures on staff but it is impossible to make a definitive link with current 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.

While that may be the case, staffing and resource pressures may also have a direct impact on staff wellbeing and this may result in staff attitude or conduct issues at stressful times. It is hoped these matters can be more accurately reported on in future once case management developments are implemented as planned.

Table 8: Care Service complaints by issues 2023–24, compared with 2022-23

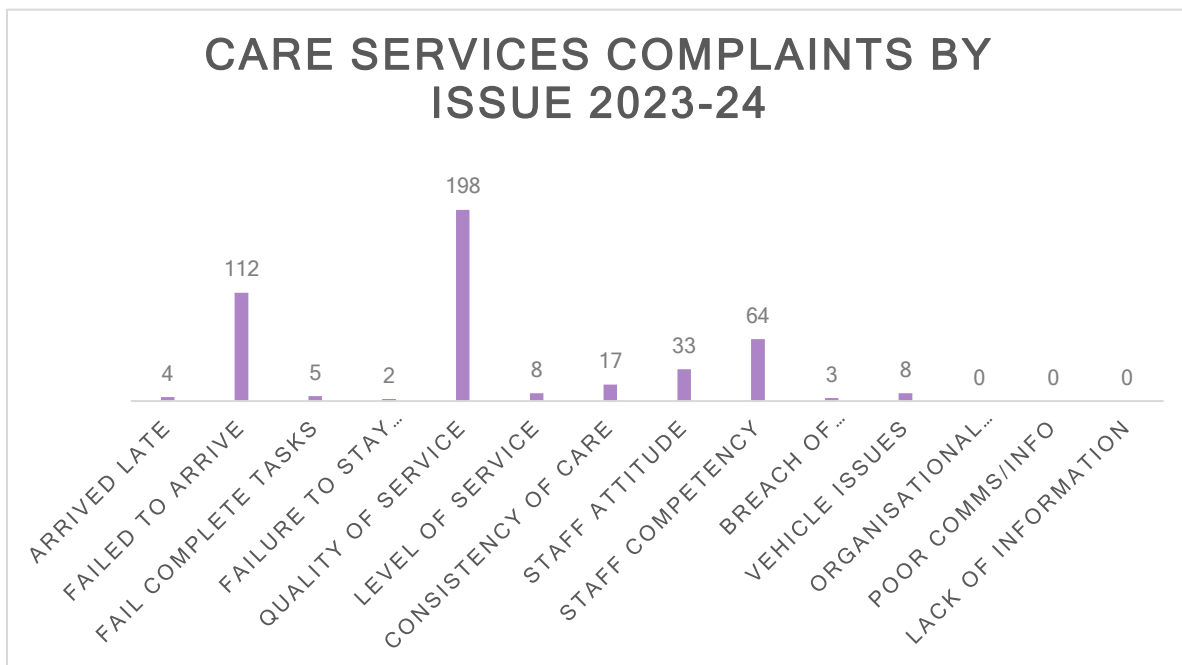
Valid Care Services complaints 2023-24				
Issue	n	%	N 2022-23	% 2022-23
Arrived Late	4	0.9	2	0.8
Failed to arrive	112	25.2	70	27.2
Fail complete tasks	5	1.1	3	1.2
Failure to stay allocate time	2	0.4	1	0.4
Quality of service	198	44.5	82	31.9
Level of service	8	1.8	1	0.4
Consistency of care	17	3.8	3	1.2
Staff attitude	33	7.4	25	9.7
Staff competency	64	14.4	55	21.4
Breach of confidentiality	3	0.7	3	1.2
Vehicle issues	8	1.8	12	4.7
Organisational policy	0	0	0	0
Poor comms/info	0	0	0	0
Lack of information	0	0	0	0
Not classified	0	0	0	0
Total issues addressed	454		257	

This table omits invalid and withdrawn complaints. Some complaints have more than one element, and all are counted, and so total is slightly higher than number of complaints received. When compared with 2022/23, complaints about quality of care have again increased significantly, with a rise of 141.5%. Quality of care is consistently the greatest issue complained of proportionately, and this has been illustrated in previous reports.

Complaints about failure to arrive have also risen noticeably over the past two years. There were only 32 complaints of this nature were in 2021/22, which rose to 70 last year and have now returned to pre-pandemic levels of 112 (exactly the same number as in 2019/20). Complaints about failure to arrive remain the second most common for 2023/24, as with the previous year.

Complaints about both staff competency and attitude have increased slightly however these represent a very small proportion of all home care clients and visits, and a smaller proportion than in 2022/23. Care Services undertake around 4.4 million visits per year, so in that context, only 0.01% of care visits generated any sort of complaint.

Chart 4: Number of care service complaints by issue 2023-24



3.6 Complaint outcomes

Table 9 and Chart 5 below show the outcomes of Social Work complaints 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 3.7. Complaints that do not complete the process are those that are withdrawn, repeated or vexatious complaints, those addressed through other processes (claims, legal, HR, Child and Adult Protection) or fall within the complaints procedure of a different body. These can be considered a specific category of 'Not Upheld' complaints, in that they are not valid and cannot be upheld. They are equivalent to those that are recorded as 'withdrawn/invalid' for Care Services.

Table 8: Social Work Complaints Outcomes 2023–24

Outcome	N 2023/24	N 2022/23
Transfer To Other Process	6	12
Not Accepted	68	44
Informally Resolved	8	11
Not Upheld	344	265
Partially Upheld	126	96
Upheld	71	69
Withdrawn	8	5
None (failed to respond)	27	7
Grand Total	658	509

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.

In 2020/21, 23.5% of complaints were upheld or partially upheld, and 56.8% not upheld. In 2021/22, the total upheld or partially upheld has increased to 35.3%, a return to a similar level as 2019/20 (35.5%). In 2022/23, 32.4% of complaints were upheld or partially upheld, which is a slight reduction on the percentage upheld in previous comparable years, despite the increase in volume of complaints. As noted in previous reports, 2020/21 represented a very low number of complaints received, and the lowest number of upheld complaints for at least 10 years – due primarily to a combination of factors relating to the pandemic, resulting in service failures for which SWS could not reasonably be considered responsible in complaints terms.

For 2023/24, despite the increase in number of complaints received, the proportion of complaints either upheld or partially upheld has reduced slightly to 29.9%. Of particular note in relation to data for 2023/24 is the almost identical number of fully upheld complaints, despite the 29% increase in the overall number of complaints received. Upheld complaints have increased by only 2.9%, and while partially upheld complaints have risen more dramatically by 31.2% (a rate comparable to the overall increase in complaints numbers), the number of partially upheld complaints has only increased by 30 complaints, against an increase in overall numbers of 149. Over half (52.3%) of complaints were not upheld.

Of note is the reduced number of complaints that have been informally resolved, despite the overall increase in complaints received. Additional guidance on this route to complaint resolution will be provided to area teams, as 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. The low numbers of informally resolved complaints may point to a lack of knowledge around this process in staff handling Stage 1 complaints.

As noted above, limitations on reporting from the outdated complaints systems currently in use mean it is not possible at present to link outcomes (which are linked to overall complaints rather than specific issues) to issues complained about, which are logged in a manner that allows us to report on them to a degree but not in adequate detail. Any attempt to link these elements – for example, by providing reports on outcomes of complaints per ‘complaints issue’ – would be disingenuous, however this is an area of reporting we hope to improve once new complaints handling systems and reporting facilities are available.

Chart 5: Social Work Complaints Outcomes 2023-24

Totals by Outcome Description

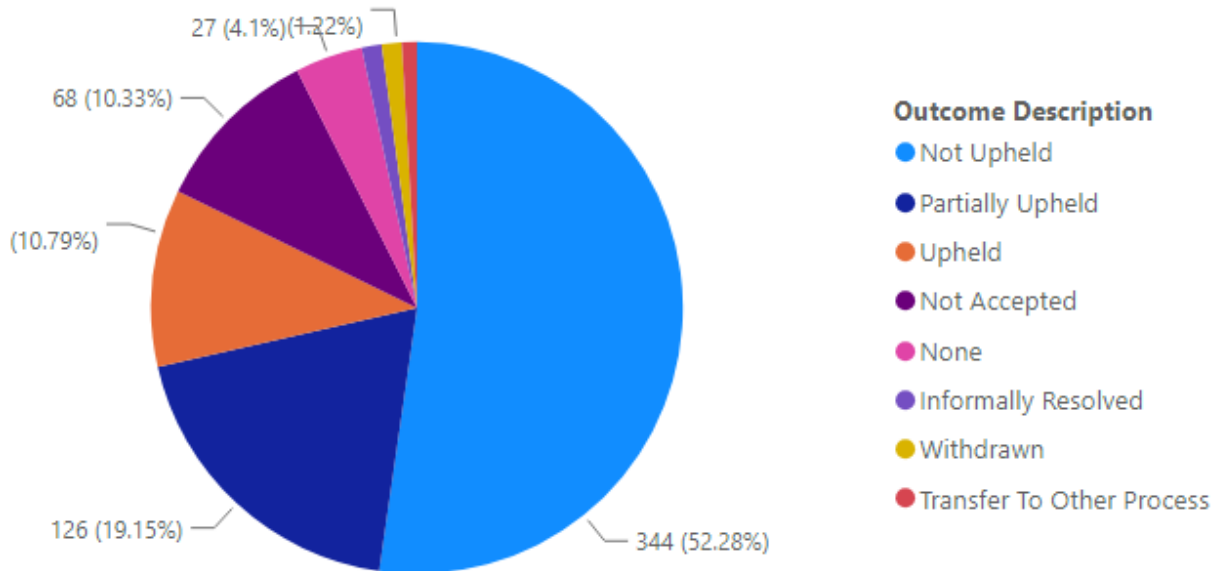


Table 9: Care Services Complaints Outcomes 2023-24

Service Area	Upheld	Not Upheld	Partially Upheld	Total
Alarms	2	1	1	4
Assessment & Review	0	1	0	1
North East	50	47	23	120
North West	15	58	10	83
South	147	61	28	236
Ops	0	1	0	1
	214	169	62	445

Table 9 above shows Care Services Stage 1 complaints by outcome overall and by service area for those that were valid, not withdrawn and closed in 2023/24. The total percentage upheld or partially upheld in 2021/22 was 59.6%, and the equivalent figure for 2022/23 was 60.4% upheld or partially upheld. For this year, there was again a very slight rise in percentage terms, with 62% of complaints either fully or partially upheld.

It is clear that the volume of complaints in South were far higher than complaints elsewhere in the city. For Care Services, South area represents around 40% of the overall service delivery, and so it would be reasonable to expect slightly higher numbers of complaints, however this does not account for the significantly higher volume for the period.

Care Services have confirmed that there were significant staffing challenges during this period. This included a high absence rate and recruitment challenges, with low numbers of suitable candidates available during recruitment exercises. In response to these issues, Care Services have implemented a new recruitment plan and worked with the Wellbeing & Attendance Team and have seen improvement in both absence and recruitment rates as a result.

It would also seem to be the case that shifting attitudes towards handling and learning from complaints are having an impact on numbers of complaints processed, and numbers upheld. Care Services management believe that there are more complaints being captured and recorded now that may have historically been dealt with by managers informally and without appropriate recording.

While the rising number of complaints in this case has highlighted service issues, it is clear that Care Services have capitalised on the input from complainants to recognise where the service could and should improve. While this has then led to more complaints being upheld, it is hoped that the remedial action taken in relation to the identified issues will benefit both service and service users in the longer term.

3.7 Stage 3 Referrals to Scottish Public Services Ombudsman

Across Social Work, Care Services and Homelessness Services, 18 complaints were recorded as being referred to the SPSO during 2023/24. Regardless of whether these proceed to full investigation they generate a great deal of work for the complaints team in terms of communication with SPSO and responding to their information requests. These can often be over a span of months or years and involve more than one information request, or even cases being closed and then reopened months later.

The disposition of these cases is as below followed by a brief summary of each case. No Stage 3 complaints were upheld by the SPSO following investigation. In each 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 almost every case, the SPSO recognised that the Stage 2 response issued by GCHSCP has been satisfactory and nothing further could be achieved by SPSO investigation, with the remaining cases being refused by the SPSO as inappropriate for their consideration either due to time passed since events complained about, or failure on the part of the complainant to exhaust the GCC complaints process before attempting to progress to the Stage 3.

The fact that so few complaints are escalated to SPSO and that none of those that have been escalated to Stage 3 during 2023/24 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 202204967

Summary of Case: Complainant had claimed that Social Worker had prevented family members from visiting a service user. SWS held Welfare Guardianship for service user, and family known to conduct themselves in an inappropriate manner. Further complaints were made at the same time – that the service user had been prevented from undertaking exercise; that they had not been provided with a phone; and that they had been bullied by a carer. After investigation, the Stage 2 response did not uphold any aspect of the complaint.

SPSO Findings/Outcome: SPSO advised they would take no further action as matters complained about were considered time-barred.

Case B: SPSO Ref 202202859

Summary of Case: Initial complaint received covered 39 points of complaint, however this was reviewed by staff who identified three distinct parts to the complaint – dissatisfaction with delays in an assessment taking place, dissatisfaction with the process of the assessment and dissatisfaction with the outcome of the assessment and the budget. No element of this complaint was upheld.

SPSO Findings/Outcome: SPSO advised response provided was reasonable and proportionate and determined there would be no action as a result.

Case C: SPSO Ref 202208851

Summary of Case: Complainant without mandate seeking to represent their daughter, who they complained has spoken to Homelessness but had not heard anything further from them. While the complainant could not be given full details of the case, they were advised that their complaint was not upheld as appropriate contact had been made with the daughter.

SPSO Findings/Outcome: SPSO initially advised response provided was reasonable and proportionate and determined there would be no action as a result, but requested CFIT double check records and confirm one point. SPSO then confirmed there was no change to their position and no further action was required.

Case D: SPSO Ref 202207601

Summary of Case: Complainant disagreed with the assessment that had been undertaken in relation to their child. Not upheld.

SPSO Findings/Outcome: SPSO advised the response issued was reasonable and there would be no further action.

Case E: SPSO Ref 202210591

Summary of Case: Aggressive and vexatious complainer who had complained about a lack of support for herself and her daughter. Complaint not upheld. This particular case has led to CFIT taking the strongest possible action under the Unacceptable Actions Policy of Glasgow City Council to limit correspondence from this complainant.

SPSO Findings/Outcome: SPSO advised response issued was reasonable and there would be no further action.

Case F: SPSO Ref 202302022

Summary of Case: A persistent and repeat complainer complained regarding a perceived lack of support for their son. This complainant has had multiple prior complaints that have not been upheld.

SPSO Findings/Outcome: SPSO concluded that complaint was passed to them by the complainant outwith the prescribed timescale and therefore that they would take no further action to investigate.

Case G: SPSO Ref 202301728

Summary of Case: Complainant had originally raised various matters across multiple complaints, however the specific point of complaint that the SPSO appeared to take an interest in was a complaint regarding decisions made relating to a parenting assessment, a complaint which had not been upheld at Stage 2.

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

Case H: SPSO Ref 202304034

Summary of Case: Complaint regarding the time taken to respond to a Subject Access Request.

SPSO Findings/Outcome: SPSO advised matter was for the attention of the Information Commissioner's Office, rather than the SPSO, and therefore they would take no further action.

Case I: SPSO Ref 202305478

Summary of Case: A vexatious and repeated complainer had complained that an HSCP staff member was not appropriately qualified to make an assessment of their needs as a carer in 2021; that the member of staff in question was ageist towards the complainant and that the HSCP had not properly handled their complaint regarding these matters. The complainant had had a difficult interaction with the Carers' Team who ultimately did assess them and recommended/offered supports, which complainant refused.

SPSO Findings/Outcome: SPSO confirmed that they were not taking the matter further. Some feedback provided in relation to ensuring acknowledgment letters are issued and timescales for Stage 2 complaints are adhered to.

Case J: SPSO Ref 202302512

Summary of Case: Repeat complainants who were raising various issues about supports provided to their son and in relation to the role of SWS as Welfare Guardians for the son. SWS held Welfare Guardianship for service user, and the service user's family were known to conduct themselves in an inappropriate manner towards him, causing him significant distress and upset.

SPSO Findings/Outcome: SPSO advised no further action would be taken as SWS appeared to have undertaken duties appropriate to their obligations. SPSO recommended complainants contact Mental Welfare Commission for information on rights/good practice, and invited them to contact the SPSO again if they could identify any practical and achievable outcomes they were looking for in relation to their son's care.

Case K: SPSO Ref 202305706

Summary of Case: Representative of service provider sought to complain that they had been excluded from being awarded a specific contract to provide a service. This complaint was refused as inappropriate for the Complaints Handling Procedure, which relates to services provided (or failures to provide a service) and not to business interactions.

SPSO Findings/Outcome: SPSO determined that action on their part was not appropriate, as the matter had been refused as incompetent for the Complaints Handling Procedure.

Case L: SPSO Ref 202306234

Summary of Case: Complainant had presented as homeless and thereafter claimed they had been harassed by HSCP staff. Complainant also claimed that they had been refused a new case worker, that their had been communication issues with the service and the resolution they sought was for a ground floor property to be provided to them, and for staff they had interacted with to be sacked. There was also dispute over an Adult Support and Protection process.

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

Case M: SPSO Ref 202303138

Summary of Case: Complainant was unhappy with an Adult Support and Protection investigation that had been carried out, the outcome of the investigation including accusations of neglect against the complainant and with communication from SWS relating to these matters.

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

Case N: SPSO Ref 202308377

Summary of Case: Complainant raised concerns relating to their ex-partner's Guardian, stating that they were concerned the Guardian was abusing their power under Adults with Incapacity legislation, was not following the principles of the act, and was putting the ex-partner's welfare at risk. They also complained that SWS were not assisting them to be a part of their ex-partner's life. This complaint was not accepted, as the complainant had no right to represent the service user, nor any right to access any information about them.

SPSO Findings/Outcome: SPSO to take no further action, as satisfied with content of Stage 2 response.

Case O: SPSO Ref 202304072

Summary of Case: A multi-point complaint regarding lack of support for the complainant, who had been a looked after child and subsequently received aftercare supports. Complaint covered various aspects of support provision and accommodation arrangements over the period 2019-2023.

SPSO Findings/Outcome: The SPSO concluded that consideration of complaint by SWS had been reasonable and no further action was required.

Case P: SPSO Ref 202311137

Summary of Case: Complainant concerned about the support being provided to their mother, and in particular an assessment that had been carried out and some of the information captured in that assessment. Also unhappy with their mother being placed in a residential care home outwith her immediate home area, and with communication from SWS.

SPSO Findings/Outcome: The SPSO concluded that consideration of complaint by SWS had been reasonable and no further action was required.

Case Q: SPSO Ref 202310518

Summary of Case: Complainant was not happy with the attitude of Castlemilk Social Work Officers and Housing Association staff. Complainant was dissatisfied with tenancy and wanted support to source alternative living arrangements, however SWS decision had been that the tenancy was appropriate for current needs.

SPSO Findings/Outcome: SPSO advise they would not consider the complaint as GCC Complaints Process not yet exhausted – complainant had only taken their complaint to Stage 1 of the process.

Case R: SPSO Ref 202306675

Summary of Case: Complainant seeking to raise complaint on behalf of deceased brother in relation to services provided to them in 2021. This complaint was refused due to being time-barred by the terms of the Complaints Handling Procedures. In addition, the complainant had not right of access to data relating to their deceased brother.

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

In addition to these cases, there is one further ongoing case, originally submitted to the SPSO during 2022/23, that remains ongoing. This specific case relates to complex matters regarding a kinship care placement, whereby the SPSO has chosen to uphold the complaint but CFIT, SWS management and Legal Services are challenging that decision via the SPSO's review process. The SPSO had committed to responding to the review request by 24th July 2024 however no response has yet been received and no new deadline for response has yet been provided by the SPSO. A further update on this case, and any implications, will be provided in a future report.

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. There is a satisfactory level of data capture of these outcomes because of the specific effort made by CFIT. 105 service improvements have been formally recorded against 197 upheld or partially upheld complaints.

Below is a table containing the summarised details of all of the service improvements and/or positive customer outcomes resulting from upheld or partially upheld complaints over the reporting period.

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

- Review of care home admissions process undertaken to look at roles and responsibilities as well as paperwork and guidance. The purpose of the review is to address lack of consistency and awareness of process across the service and information gaps in paperwork.
- Improved recording processes in multiple cases
- Identified need for additional support and materials in relation to frontline complaint handling
- Additional supports, guidance and training identified for various staff members to prevent recurrence of matters of complaint.
- Various processes and procedures tightened up or amended
- Communication processes improved or implemented where bespoke or high priority arrangements required in specific cases
- Staff have been made aware to be clear when closing a TFF to better understand whether belongings have to be disposed of or whether they have to be delivered to another property or collected by the tenant.
- A triage service has now been introduced to ensure delayed responses to Homeless applications won't happen again.
- Financial Assessment and Income Team linking with SAIRO to look at ways in which process for updating mail merge for letters sent to service users can be automated, limiting opportunity for human error, following letters being sent to a service user's previous address in error.
- Kitchen Policy Working Group established to develop Kitchen Adaptations Policy following issues with provision of Kitchen Adaptations to a service user previously assessed by OT as requiring them.

Reference	Outcome Description	Service Improvement Type Description	Service Improvement Details
GCC65927	Upheld	Service Provision	Service Manager held meeting with both the TL and social worker. Apology given to the young person and service improvements agreed which will be monitored.
GCC66066	Partially Upheld	Process & Procedures	Review of care admissions process underway to look at roles and responsibilities as well as paperwork and guidance. The purpose of the review is to address lack of consistency and awareness of process across the service and information gaps in paperwork.
GCC66157	Upheld		Met with the allocated worker – who is a fairly new staff member, to go over the content of the complaint and identified a training need which will be taken up in formal supervision.
GCC66252	Partially Upheld	Process & Procedures	Service reminded of need to respond to S1 complaint within 5 working days or to forward to CFIT if they were going to be unable to do so/complaint needed to be escalated to S2.
GCC66338	Partially Upheld	Process & Procedures	Recording process improved, Care First updated to reflect verbal discussion and direction given to foster parent.
GCC66347	Upheld	Service Provision	Service Manager agreed the additional funding required to ensure costs are met to provide preferred care plan.
GCC66457	Upheld	Process & Procedures	Workers agreed to note when a report is due to be submitted so that both are aware and therefore less chance of reoccurrence.
GCC67526	Partially Upheld	Process & Procedures	Payment being traced and refund to be made .
GCC67527	Upheld	Process & Procedures	Issue with lack of contact and communication between service user and their worker has been raised with the individual worker.
GCC67534	Upheld	Service Provision	Complaint was upheld and learning is - Work will be undertaken with the worker to reflect on her approach. It was evident that this worker did not fully listen and act upon the young

			person's views.
GCC67582	Upheld		Following home visit, an up-to-date report should have been submitted to the Children's Reporter. Feedback to be provided to former student's Practice Teacher/ University. Feedback will be provided to the Social Work staff in the Drumchapel Office who supported student placement to ensure updated reports are submitted in similar circumstances in the future.
GCC67604	Partially Upheld	Process & Procedures	Review - Review of report to minimise information shared at future Hearings (relevant & proportionate)
GCC67700	Partially Upheld	Service Provision	Complaint partially upheld regarding delay in replying due to staff member being on A/L and no one picking up work. Going forward staff will ensure handover of any work needing actioned when staff go on leave.
GCC67714	Upheld	Process & Procedures	Call handling record has been amended, adding instruction for family to be contacted for all emergency calls, even if the Community alarm responders are attending and added specific notes of the emergency contacts notes field. Matter discussed with member of staff who took the call and their Senior to instruct to review call handling procedures to ensure that they are fully aware of how to respond to calls.
GCC67789	Upheld	Process & Procedures	Engagement - locality committed to providing response to email Staff - to be reminded to direct complaints to SWComplaints@glasgow.gov.uk
GCC67832	Partially Upheld	Service Provision	TL will contact complainant directly tomorrow to discuss. Contact between housing and OT to be reviewed.

GCC67906	Partially Upheld		Staff acknowledged that it was unreasonable to request that complainant attend the office at that time of the day, given he was in the city centre, therefore upholds this part of the complaint. Staff given guidance on this.
GCC67919	Partially Upheld	Service Provision	TL spoken with the worker involved about the complaint and they have reflected on their practice and will endeavour to communicate more effectively in future. It has also highlighted a learning opportunity for our service who will take this matter forward.
GCC67928	Upheld	Service Provision	TL will address the issues raised with the member of staff and we have reassigned the case to another worker.
GCC67989	Partially Upheld	Process & Procedures	Status of initial referrals to be discussed with team meeting to ensure clarity and that families are given accurate information. The importance of confirming information discussed with the worker in question via supervision, and restated to wider teams.
GCC68039	Partially Upheld	Service Provision	Allocated worker not returning phone calls. It has been agreed that updates will now be provided to complainant via Team Leader.

GCC68103	Upheld	Service Provision	Signage placed in service user's bedroom and the staff station to alert staff to the fact that none of service user's washing should be going to the laundry service as family take it home for laundering. This communicated to all staff working in Lily unit via E-Mail and through team meetings.
GCC68121	Upheld	Staff Issues	Administrative error now rectified with additional staff training being delivered to those staff members responsible for this task.
GCC68135	Partially Upheld	Process & Procedures	Engagement - Response to queries to be issued by relevant team
GCC68145	Upheld	Staff Issues	Case will be discussed with the allocated worker during their next supervision session and expectations in relation to contact with service users will be reinforced.
GCC68151	Partially Upheld	Process & Procedures	Will look to ensure that staff are aware of the process of Ordinary residence transfers this is recorded in the SOP's. TL's to consult on such issues to ensure we have the correct information before assigning to a worker
GCC68190	Partially Upheld		Service area and CFIT have had discussions regarding the requirements in issuing Stage 1 complaint responses.
GCC68250	Partially Upheld	Process & Procedures	Process for responding to complaints received from bodies such as the Care Inspectorate amended for HCS so that complainants will be contacted prior to issuing a response.
GCC68257	Partially Upheld	Service Provision	Worker assigned to arrange respite for late August.
GCC68295	Partially Upheld	Staff Issues	Staff members within CFIT were reminded of the need to pass complaints over to service areas in full.

GCC68300	Partially Upheld	Service Provision	Staff made aware of the need to ensure that referrals for accommodation are discussed in detail with their service users
GCC68312	Upheld	Service Provision	Social Worker to make contact on their return from leave on to arrange a meeting to discuss further and explore any alternative options.
GCC68396	Partially Upheld	Service Provision	Complainants assured no final decision has been made. Review date agreed with social worker & have open & honest discussion on care needs & how these can be met collaboratively. Have agreed SSCW will send on pre review paperwork so they have up to date & factual information relating to care needs prior to meeting.
GCC68397	Partially Upheld	Service Provision	Discussion with the Service Manager and advice to revise duty procedures.
GCC68416	Partially Upheld	Service Provision	Staff have been made aware to be clear when closing a TFF to better understand whether belongings have to be disposed of or whether they have to be delivered to another property or collected by the tenant.
GCC68437	Not Upheld	Service Provision	Case reallocated to another SCW within the team
GCC68443	Not Upheld	Process & Procedures	Agreed with Head of Service that complaints about TLs or MHOs would be investigated by an independent party at a higher grade than the person complained about.

GCC68470	Upheld	Service Provision	Worker allocated to carry out assessment.
GCC68573	Upheld	Service Provision	A joint SW/HA home visit will be carried out to our SU to address their behaviour.
GCC68582	Partially Upheld	Service Provision	Feedback provided to worker and TL involved.
GCC68620	Upheld		Discussion to be progressed with Customer Care Team around the progression of communications to our team.
GCC68666	Partially Upheld	Service Provision	A triage service has now been introduced to ensure delayed responses won't happen again.
GCC68695	Upheld	Service Provision	Local Review Team staff have been advised to routinely provide alternate numbers in future.
GCC68711	Partially Upheld	Staff Issues	Apology issued for lack of response to previous letters, the worker had met with the service user directly and assumed that matter was dealt with but we accept that contact should have been made with his representatives given that they had sent in numerous letters.
GCC68718	Upheld	Process & Procedures	FAIT linking with SAIRO to look at ways in which process for updating mail merge for letters sent to service users can be automated, limiting opportunity for human error.
GCC68723	Partially Upheld	Process & Procedures	Kitchen Policy Working Group established to develop Kitchen Adaptations Policy.
GCC68729	Partially Upheld	Staff Issues	Worker was on AL however calls should have been directed to Team Leaders. This has been addressed within Admin and TL systems.
GCC68760	Partially Upheld	Process & Procedures	Expediting-Delays in recommendation for deregistration has now been corrected by presenting foster carer for deregistration to the Panel.
GCC68791	Upheld		Service Users application prioritised and we are sourcing alternative equipment suppliers to reduce the time all applicants are obliged to wait for the telecare service.
GCC68793	Partially Upheld	Process & Procedures	Apology only

GCC68797	Upheld	Service Provision	Incorrect invoices issued due to incorrect information being recorded by the Day Care Team. This has now been corrected and no further invoices will be issued.
GCC68842	Partially Upheld	Service Provision	In order to address practice issues, actions will be taken with the particular worker and will involve the workers direct line manager addressing this issue in supervision.
GCC68889	Partially Upheld	Service Provision	Apology issues, correct process is being communicated to all staff again to ensure that staff review their risk categorisation regularly and have a discussion with service users before any transfer of care is agreed.
GCC68897	Partially Upheld	Process & Procedures	Staff - Discussion with staff directly involved and general reminder to all staff in service area of correct process.
GCC68905	Partially Upheld	Staff Issues	Complaint Handling - Information provided to staff about complaint handling will be reviewed to ensure all relevant information is included in future complaint responses. Staff were also reminded of the need to minimise noise when carrying out home visits.
GCC70947	Upheld	Staff Issues	The learning is to make sure there is better communication between different departments when working on a development such as this.
GCC70955	Partially Upheld	Staff Issues	The matter was formally raised with the staff member during supervision to improve their performance
GCC70982	Partially Upheld	Staff Issues	Staff were reminded of the need to be diligent and consider all information regarding service user's medication.
GCC71073	Partially Upheld	Service Provision	Writer has confirmed with both providers that effective communication would have avoided any distress and should be taken into account in future.
GCC71097	Partially Upheld	Service Provision	Repairs are being prioritised and a new OT has been allocated.

GCC71190	Upheld	Staff Issues	Response shared with ASM who is to liaise with emergency accommodation staff responsible for the service failure that led to complainant not being contacted within the agreed timescale. ASM to remind staff of the importance of making calls within agreed timescale, even where issue cannot necessarily be resolved as expected.
GCC71443	Partially Upheld	Staff Issues	Senior Worker acknowledged a lack of communication from his allocated worker and in response to his request for a new worker advised she would be the worker who would be taking over progressing his homeless application and provided him with her contact details.
GCC71549	Partially Upheld	Service Provision	Additional resources provided to the Children's House to manage the situation.
GCC71560	Partially Upheld	Service Provision	<p>Review - Report to be updated to correct inaccuracies</p> <p>Staff - Staff to reflect on managing expectations/not preempting outcomes before information received and reviewed.</p> <p>Recording - FFC to work with Social Workers in C&F to improve recording around decision making/matching</p>
GCC71693	Upheld	Staff Issues	Staff member has been asked to review Glasgow City Council's Customer Service guidelines and policy and this issue will continue to be highlighted during regular supervision with her line manager. Named point of contact provided.
GCC71809	Partially Upheld	Process & Procedures	The part of the complaint in relation to allocation of cases from HSCC to the community based teams has been upheld as, although there is a process in place to prevent delay, it failed on this occasion. HSCC to review the case in full to prevent any repeat.

GCC71864	Partially Upheld	Staff Issues	HoS shared two bulleted lists with reminders about the Complaints and SAR processes with all NE Adults staff 22/11/23, evidenced in EDRMS Email Correspondence document.
GCC71877	Partially Upheld	Service Provision	Staff to be instructed to update support plan
GCC71894	Partially Upheld	Staff Issues	Staff advised re. not accepting points of complaint that fell outside of the 6-month time limit set out in the CHP.
GCC72077	Not Accepted	Staff Issues	Complainant was sent various letters by NEADRS, who use both GCC SWS and NHSGGC complaint processes. Letters confused the 2 processes and reminders have been sent as to the correct steps to follow when processing SWS complaints, as well as the key tasks/objectives for each stage of our CHP.
GCC72087	Upheld	Process & Procedures	Remedial action taken to ensure service user's feels safe at home, these actions discussed with complainant, including discussions with external agencies to ensure concerns raised are resolved as a matter of urgency. Regular updates agreed going forward.
GCC73162	Partially Upheld	Process & Procedures	The management team will reiterate to staff the requirement to respond to referrers. Although in some cases it is not appropriate to provide full details of our assessment and outcome there is a need to update the referrer where possible that we are following up.

GCC73196	Upheld	Staff Issues	Call coaching with call handler – carried out by manager on 02/11/2023, with further call coaching scheduled for 21/11/2023 and fortnightly for foreseeable future. Instruction issued to all call handling staff on 26/10/2023 “passing Information to Response Teams – see attached email
GCC73229	Upheld	Service Provision	New Social Care Worker would be allocated due to perceived relationship breakdown with previous SCW. Apologised for delay for review and confirmed this would take place within 7 days. Previous SCW has been on sick leave and did not pass paperwork.
GCC73236	Upheld	Staff Issues	The Senior Finance Officer within the Financial Assessment and Income Team has been advised and will ensure that the matter is discussed with the Finance Officer involved in the assessment to ensure that a similar mistake does not happen again. She has also confirmed that this will be highlighted at their next team meeting.
GCC73270	Partially Upheld	Staff Issues	Discussion with staff regarding scan quality and completeness. SAR re-processed.
GCC73309	Upheld	Staff Issues	This incident has been highlighted to HSCC and it will be reiterated to all admin staff that Adult Support and Protection referrals can be taken over the phone.
GCC73465	Partially Upheld	Process & Procedures	Information - Staff reminded to regularly check inboxes, of CFIT contact details, DP email address for breaches

GCC73518	Upheld	Staff Issues	Recruiting more staff and working with HR to get staff currently off sick back to work.
GCC73543	Partially Upheld	Service Provision	HSCC to look at communication that is sent out to service users to ensure that it is clear CFIT to look at ensuring staff in homelessness and HSCC are clear on complaints handling procedure and minimum requirements for Stage 1 responses
GCC73553	Partially Upheld	Process & Procedures	Staff - Reminded of Customer Care Standards - response times Information - Response provided to complainant to questions in unanswered emails
GCC73650	Partially Upheld	Process & Procedures	Procedures - Short briefing note to be provided to HCS re complaint process and when this should be followed. HCS asked to consider arrangements during staff absence to minimise delays in complaint response
GCC73715	Upheld	Process & Procedures	HSCC to review clipboards and ensure that work is not left outstanding.
GCC73823	Partially Upheld	Staff Issues	Additional staff employed and staff from other parts of the Council brought in to try and reduce the SAR backlog.
GCC73832	Upheld		Staff member spoken to about improperly including multiple parties in one email.

GCC73917	Partially Upheld	Service Provision	Apologised for the lack of clarity in communication and this will be discussed with those involved to ensure communication is clearer in similar situations in the future.
GCC73975	Partially Upheld	Service Provision	Homeless application has now been processed and a SCW allocated.
GCC74044	Partially Upheld	Service Provision	Information - SM provided with a short note to distribute to staff as a reminder on identifying, directing and responding to a complaint. Staff reminded of Customer Care and record keeping standards Process - Allocation process at point of referral to be monitored.
GCC74074	Partially Upheld	Staff Issues	Training need identified in CHP knowledge.
GCC74191	Partially Upheld	Service Provision	Partially upheld on lack of communication. TL will work with member of staff to improve.
GCC74239	Upheld	Service Provision	Response issued to prior correspondence.
GCC74354	Partially Upheld	Service Provision	Complaint partially upheld due to the current unassigned work within HSCC. Changing procedure to resolve backlog issue.
GCC74373	Upheld	Service Provision	Increased support in terms of staffing at the unit

			Managing care plans for young persons involved
GCC74444	Upheld	Process & Procedures	Homelessness Services to review the systems and processes they have in place to minimise the risk of cases being closed without there being a valid basis to do so. Reiterate CHP to staff.
GCC74578	Partially Upheld		Reiterate CHP to staff members and ensure staff members are using correct terminology when contacting service users.
GCC74624	Partially Upheld	Process & Procedures	New triage system now in place to reduce wait time pressures.
GCC74627	Partially Upheld	Process & Procedures	Information - Agreed for response to correspondence to be provided Staff - Reminder to be provided to staff re. expected response timescales
GCC74691	Partially Upheld	Staff Issues	More staff employed within the Children's House to manage the disruption.
GCC74799	Upheld	Service Provision	A credit note was applied to write off the invoice.
GCC74822	Not Upheld	Service Provision	Reduction in delays with service provisions
GCC74942	Partially Upheld	Process & Procedures	Changes have been made to the triage and screening process and the letter has been updated to include a hold on closing cases.
GCC75018	Partially Upheld	Process & Procedures	Staff - discussed events and advised of correct procedure to report illness
GCC75086	Partially Upheld	Service Provision	Senior Worker to support staff member in relation to reassessing service user's situation and accessing more suitable accommodation when this is available.
GCC75153	Partially Upheld	Process & Procedures	Home Care have updated their complaints tracker forms to include date, time and staff member who provided complaint feedback

GCC75162	Partially Upheld	Service Provision	Income maximisation and referral to Homes For Good for the complainant, a primary worker identified and CP investigation to be concluded.
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3.9 Complaints Service Developments

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

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

Improving recording:-

Ongoing, though subject to considerable delay due to competing demands on the team, is a project to establish consistent recording across the city for all complaints activity. This project is cited above, and relates specifically to collecting and collating sufficient information to identify reasons for complaints not being responded to in good time, however additional benefits around early identification of complaint trends are also expected.

Ensuring confident and competent complaints handling:-

Additional support materials are in development for distribution across the service, covering the requirements of Stage 1 complaints processing and best practice.

New case management system:-

In development since 2018, the implementation of a new case management system has been subject to repeated delay due to matters outwith the control of GCHSCP. Complaints management within the HSCP have committed fully to supporting this project and it is hoped that, once implemented, there will be immediate benefits in terms of data accuracy and early identification of complaint trends.

Child Friendly Complaints Handling:-

In addition to these three areas of ongoing development, there has been direction from the SPSO that, as of 16 July 2024, local authorities are expected to implement the Child Friendly Complaint Handling Principles where a matter affects a child. This is to ensure complaint handling upholds the rights of the child in light of the United Nation Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024. This has involved input from the Complaints, FOI and Investigations Team, both during consultation in relation to these requirements and in relation to provision of support to the wider business.

While current reporting solutions do not allow for reporting specifically on complaints that fall within the scope of the Child Friendly Complaint Handling Principles, this has been taken into account in relation to the system requirements for the new system scheduled for implementation in 2025, which should allow for more detailed reporting on these specific complaints from 2025/26 onwards.

Glasgow City Health and Social Care Partnership

NHS Complaints Report April 2023 – March 2024

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Section 1: Executive Summary

- 1.1 This report covers complaints, feedback, comments and concerns for the period 1st April 2023 – 31st March 2024 related to Health Services managed by Glasgow City Health and Social Care Partnership.
- 1.2 1067 complaints were received about these services in 2023/24, together with 115 comments, concerns, and other feedback. This was a decrease of complaints by (10%) from the previous year. Most complaints (72%) were about prison-based health services at HMP Barlinnie, Greenock and Low Moss (a rise from 57% the previous year).
- 1.3 Overall, 541 of 852 completed complaints (63%) were responded to within the relevant timescales – decline from 69% completed on time the previous year. Most complaints at Stage 1 (frontline resolution) were dealt with on time, either within 5 working days or the allowed extension to 10 working days. For those subject to Stage 2 investigation, 46% of completed complaints were responded to within the 20 working days timeline. This should be seen as an area requiring improvement within 2024/25.
- 1.4 The majority of complaints were about three issues: standard of clinical treatment (69%), waiting times for appointments (11%) and attitude and behaviour of staff (8%).
- 1.5 Most complaints related to services offered by Nurses, GPs, and Dentists, reflecting their role in prison-based healthcare and the large number of complaints in that sector.
- 1.6 Overall 67% of complaints were Not Upheld and 71% were Partially or Fully Upheld. A further 15% were Withdrawn or otherwise not progressed. It is worth noting that 10 complaints were completed but not allocated an outcome code, this is a mandatory requirement for reporting within the Complaints Handling Procedure.
- 1.7 During the 2023/24, there were 48 Ombudsman decision letters received involving the HSCP or local Family Health Services. Details of all decisions are given in Section 4 of this report.
- 1.8 Service improvements and action plans have been identified in the majority of upheld or partially upheld complaints. These are detailed for complaints arising for the period 2023-24 as set out in Section 5 of this report. An e-learning package to assist staff in dealing with complaints is available on the Board's Learn Pro e-learning system modules and the recording of improvements and action plans is mandatory.
- 1.9 There has been a decline in complaints being logged on Datix within South Sector, this should be seen as an area requiring improvement within 2024/25.

Section 2: Complaints process and report format

- 2.1 This report covers complaints, feedback, comments and concerns related to Health Services now managed by Glasgow City Health and Social Care Partnership. The information collated within this report is intended to be shared with local management teams and clinical governance structures to aid in achieving service improvement. Statistical information as presented will also be incorporated into the quarterly report on Complaints made to the Health Board. This report addresses the requirement of both the Health Board and Integrated Joint Board for more detailed information on complaints processing and outcome, particularly in relation to the lessons learned from complaints and Ombudsman Reports.
- 2.2 The Patient Rights (Scotland) Act 2011 introduced an extension of the legal right of patients to complain, give feedback or comments, or raise concerns about the care they have received from the NHS. It placed a responsibility on the NHS to encourage, monitor, take action and share learning from the views received and the concerns expressed about the care they have received from the NHS. Further rights and duties were set out in Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012 and the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012. The process operates within the context of current Scottish Government Guidance “Can I Help You?” This report covers not only complaints but also feedback, comments, and concerns.
- 2.3 A new model complaints handling procedure (CHP) was introduced by the Scottish Public Services Ombudsman and implemented by all Health Boards in Scotland with effect from 1st April 2017. This changed a two-stage process to three-stage process: (1) Frontline resolution within 5 working days (extended by exception to 10 working days) (2) Formal investigation and response within 20 working days and (3) Referral to the Scottish Public Services Ombudsman.
- 2.4 The report covers: (1) statistical information on volumes, timescales, issues complained of, and outcomes (2) volume of cases referred to the Scottish Public Services Ombudsman and (3) details of service improvements.
- 2.5 The data presented within this report is split geographically between Glasgow City Community Health Partnership and three geographic sectors (North East, North West and South) and sub-divided into the following headings: Health & Community Care Services, Mental Health Services, Specialist Children’s Services, Children & Family Services, Sexual Health/Sandyford Services.
- 2.6 All data on complaints is collated nationally by ISD and published annually. From 2015/16 ISD and Scottish Government have indicated that they will seek further information on action taken in response to complaints. The information will initially be limited to collecting information on action taken using 11 pre-set codes as follows: (1) Access (2) Action Plan (3) Communication (4) Conduct (5) Education (6) No Action Required (7) Policy (8) Risk (9) System (10) Share (11) Waiting. Information on actions / service improvement is presented in section 5 of this report.

Section 3: Statistical Information and commentary

3.1 Volume of Complaints Received

During the period 1st April 2023 to 31st March 2024 a total of 1062 complaints were received as compared with 1173 in the previous year (a 10% decrease). A breakdown of complaints received during 2023/24 is set out in Table 1.

Table 1 – Volume of Complaints Received by sector / location

	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4	Total
Glasgow City HSCP – Corporate (excl Prisons)	0	0	0	0	0
The Liliac Centre Community Custody Unit	1	1	0	0	2
HMP Barlinnie	76	68	74	85	303
HMP Greenock	21	28	19	12	80
HMP Low Moss	90	95	106	66	357
Glasgow City HSCP - North East	13	22	10	20	65
Glasgow City HSCP - North West	64	65	58	48	235
Glasgow City HSCP - South	2	0	8	10	20
Total	267	279	275	241	1062

The highest volume of complaints overall received were within prison services which account for 744 out of the 1062 received complaints (70%), which is an increase from 57% of received complaints in 2022/23.

Table 2 below reflects information on more informal feedback of comments and concerns which have, since October 2012, been recorded onto the DATIX complaints recording system. For 2023/24, there were 106 forms of feedback (including comments and concerns), the majority of which (87%) came from Prison Health Care Services.

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

	Comment	Concern	Feedback	Total
Glasgow City CHP – Corporate (excl Prisons)	-	-	3	3
HMP Barlinnie	-	-	6	6
HMP Greenock	-	-	59	59
HMP Low Moss	-	-	27	27
Glasgow City CHP - North East Sector	-	-	2	2
Glasgow City CHP - North West Sector	-	-	9	9
Glasgow City CHP - South Sector	-	-	-	-
Totals:	-	-	106	106

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GCHSCP NHS Complaints report 2023-24

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

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

	2023/24	2023/24	2023/24	2023/24	Total by Sector and Service
	Q1	Q2	Q3	Q4	
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	
Glasgow City HSCP – Corporate					
The Lilius Centre Community Custody Unit **	1	1	0	0	2
HMP Barlinnie**	76	68	74	85	303
HMP Greenock**	21	28	19	12	80
HMP Low Moss**	90	95	106	66	357
Glasgow City HSCP – North East					
Children & Family Services	2	0	0	1	3
Health & Community Care	3	1	0	0	4
Mental Health Services*	8	21	7	12	48
Specialist Children's Services	0	0	3	7	10
Glasgow City HSCP - North West					
Corporate Services/Nursing	0	0	1	0	1
Children & Family Services	0	0	0	0	0
Health & Community Care	2	0	6	2	10
Homelessness Services	0	0	0	1	1
Mental Health Services*	20	24	23	23	90
Sexual Health/Sandyford	42	41	24	13	120
Specialist Children's Services	0	0	4	9	13
Glasgow City HSCP - South					
Children & Family Services	0	0	0	0	0
Health & Community Care	1	0	1	0	2
Mental Health Services*	1	0	6	8	15
Specialist Children's Services	0	0	1	2	3
Totals by Quarter:	267	279	275	241	1062

*Covers Forensic Services and Tier 4 Learning Disabilities

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

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3.2 Timescales for response

The tables below describe the timescales in responding to complaints. As of 1st April 2017 (see section 2.3 above) complaints recorded on the Datix system are Stage 1 (early resolution) – timescale 5 working days or Stage 1 (early resolution) extended – timescale 10 working days. Some complaints are subject to a Stage 2 (formal investigation) – timescale 20 working days, Stage 2 may follow a Stage 1 or be initiated immediately. The tables provide figures for the **852 closed complaint responses**, starting with those that were subject to Stage 2 investigation:

**It is worth noting that the figures below do not include complaints closed with an outcome of withdrawn, consent not received or transferred to another unit.*

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

	On or within 20 working days	Over 20 working days	Total	% within 20 working days
Glasgow City HSCP – Corporate (excl Prisons)	0	0	0	n/a
HMP Barlinnie	42	72	114	37%
HMP Greenock	4	1	5	80%
HMP Low Moss	68	84	152	45%
The Liliac Centre Community Custody Unit	0	1	1	0%
Glasgow City HSCP - North East	12	1	13	92%
Glasgow City HSCP - North West	44	42	86	51%
Glasgow City HSCP - South	4	4	8	50%
Overall Total	174	205	379	
<i>Overall %</i>	46%	54%	-	-

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

	On or within 10 working days	Over 10 Working days	Total	% within 10 working days
Glasgow City HSCP – Corporate (excl Prisons)	0	0	0	n/a
HMP Barlinnie	106	10	116	91%
HMP Greenock	39	26	65	60%
HMP Low Moss	102	2	104	98%
The Liliac Centre Community Custody Unit	1	0	1	100%
Glasgow City HSCP - North East	42	1	43	98%
Glasgow City HSCP - North West	127	11	138	92%
Glasgow City HSCP - South	5	1	6	83%
Overall Total	422	52	473	
<i>Overall %</i>	89%	11%	-	-

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

	On or within 5 working days	Over 5 Working days	Total	% within 5 working days
Glasgow City HSCP – Corporate (excl Prisons)	0	0	0	n/a
HMP Barlinnie	103	13	116	89%
HMP Greenock	34	31	65	52%
HMP Low Moss	100	4	104	96%

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The Lillias Centre Community Custody Unit	1	0	1	100%
Glasgow City HSCP - North East	27	16	43	63%
Glasgow City HSCP - North West	100	38	138	72%
Glasgow City HSCP - South	2	4	6	33%
Overall Total	367	106	473	
<i>Overall %</i>	78%	22%	-	-

Considering all complaints overall, regardless of stage, 541 of 852 completed complaints (**63%**) were responded to within relevant timescales, down from 69% the previous year, and below the national target of 70% as stated within the Complaints Handling Procedure.

3.3 Complaints by issue

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

Table 5 – Complaint issues by staff group complained of:

Category	Issue	Prisons	North East	North West	South	Total
J – Staff Group	Administration	1	0	29	1	31
	Catering staff	0	0	1	0	1
	Cleaners	0	0	3	0	3
	Community nurse	1	0	4	0	5
	Community pharmacist	12	1	1	0	14
	Consultant (medical)	0	0	8	0	8
	Consultant (Psychiatrist)	3	35	49	0	87
	Consultant (surgical)	0	0	1	0	1
	District nurse	0	3	2	0	5
	Doctor	0	0	6	0	6
	General practitioner	3	0	0	0	3
	Health education and promotion officer	1	0	0	0	1
	Health support worker	0	0	2	0	2
	Health visitor	0	3	0	0	3
	Hotel services staff	0	0	0	1	1
	Management	0	0	75	0	75
	Management	0	0	4	0	4
	Mental health nurse	25	19	17	2	63
	Nurse	340	2	24	1	367
	Nurse Specialist	13	0	1	0	14
	Nursing assistant	0	0	3	0	3
	Optical services	2	0	0	0	2
	Other	1	0	0	0	1
	Other	0	0	1	0	1
	Other	4	1	7	0	12
	Pharmacy technician	1	0	0	0	1
	Physiotherapists	0	1	0	0	1
	Podiatrists	1	0	0	0	1

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	Salaried Dentist	25	0	0	0	25
	Salaried GP	222	0	0	0	222
	Secretarial staff	0	0	4	0	4
Total		655	65	242	5	967

The high incidence of complaints regarding Nurses, GPs and Dentists relates to the fact that, in the context of complaints falling within the domain of GCHSCP, these groups provide services within prison healthcare, which are the source of the vast majority of complaints.

There are 75 complaints against the staff group “Management” allocated to North West Sector. These are all related to Waiting Times in Sandyford (Sexual Health) as this is where all Sandyford complaints are recorded.

Table 6 – Complaints by issue complained of:

Issue Category	Prisons	NEGCHP	NWGCHP	SGCHP	Grand Total
Admissions / Transfers / Discharge procedure	1	1	6	1	9
Aids / appliances / equipment	0	1	0	0	1
Attitude and Behaviour	5	16	55	1	77
Catering	1	1	2	0	4
Cleanliness / laundry	0	1	2	1	4
Clinical treatment	619	42	26	4	691
Communication (oral)	1	0	20	2	23
Communication (written)	0	0	28	0	28
Competence	0	1	17	0	18
Complaint Handling	0	0	1	0	1
Consent to treatment	0	0	1	0	1
Date for appointment	28	5	77	1	111
Failure to follow agreed procedures	0	2	5	0	7
NHS board purchasing	0	0	2	0	2
Other	1	0	2	0	3
Outpatient and other clinics	0	0	1	0	1
Patient property / expenses	0	2	0	0	2
Personal records	0	0	1	0	1
Policy & commercial decisions of NHS board	0	0	4	1	5
Premises	0	1	0	0	1
Shortage/Availability	0	0	1	0	1
Test results	1	0	3	0	4
Transport	2	0	0	0	2
Total	659	73	254	11	997

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

Table 7 – Complaint issues by Staff Group:

Staff Group	Prisons	NEGCHP	NWGCHP	SGCHP	Total
Allied Health Professionals	2	3	7	1	13
Ancillary Staff / Estates	0	0	4	1	5
Consultants / Doctors	3	35	65	0	103
Dental	25	0	0	0	25
GP	228	0	0	0	228
NHS board / hospital admin staff/member (exc. FHS admin)	1	0	112	2	115
Nurses	380	28	52	4	464
Opticians	2	0	0	0	2
Other	4	1	8	0	13
Pharmacists	13	1	1	0	15
Scientific / Technical	0	0	1	0	1
Total	658	68	250	8	984

3.4 Complaints outcomes.

A breakdown of outcomes for those complaints completing the process is given at Table 8 below. The number of complaints which were completed within 2023/24 was 995, this includes complaints received in Quarter 4 of 2022/23, but not responded to until Quarter 1 of 2023/24. Overall, 67% of complaints were Not Upheld and 71% were Partially or Fully Upheld. A further 15% were Withdrawn or otherwise not progressed. It is worth noting that 10 complaints were completed but not allocated an outcome code, this is a mandatory requirement for reporting within the Complaints Handling Procedure.

Table 8 – Outcome of completed complaints by Sector:

	Complaint Withdrawn	Consent not received	Feedback Completed	Fully Upheld	Irresolvable - Other	Not Upheld	Partially Upheld	Transferred to Another Unit	(blank)	Total
GCCHP	103	0	0	16	0	528	12	0	2	661
NEGCHP	2	5	0	4	0	34	18	1	0	64
NWGCHP	9	17	6	48	3	103	61	5	5	257
SGCHP	0	0	0	3	0	6	1	0	3	13
Total	114	22	6	71	3	671	92	6	10	995

Section 4 Cases referred to Scottish Public Services Ombudsman

- 4.1 The Ombudsman issues either formal reports, which are laid before Parliament, or decision letters which are issued to the relevant public sector body. Such decision letters may advise that the authority should comply with recommendations made by the Ombudsman. Formal reports cover those matters of public interest which the Ombudsman considers should receive wide awareness beyond the affected authority. There were **no** Formal Ombudsman Reports issued during this reporting period.
- 4.2 During the 2023/24, there were 48 Ombudsman decision letters received involving the HSCP or local Family Health Services. Table 10 below shows the outcomes of those decisions.

Table 10 – Outcome of decisions by SPSO:

Service	Fully / Partially Upheld	Not Upheld	Not Taken Forward
Community Nursing Services	2	0	0
Family Health Services	0	3	18
Mental Health Services	2	1	5
Prison Healthcare	2	2	7
Sexual Health Services	0	4	2
Total	6	10	32

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

Section 5 Service Improvements

- 5.1 Since Quarter 1 of 2015/16 actions arising from complaints are now recorded using a national coding system set out by ISD. Table 11 below lists these codes in detail. This excludes prison healthcare, however. Actions relating to Prison healthcare are reported to the Prison Healthcare Operational and Clinical Governance meetings for review and to help inform the Action Plan.
- 5.2 Table 12 shows the actions taken in each individual case that has been fully or partially upheld for the period 1st Apr 2023 – 31st March 2024. Where applicable, a description of the planned or implemented service improvements are listed in the final column of this table. In some cases, no service improvement has been identified.
- 5.3 Staff have been advised of the importance of ensuring that where a complaint is upheld lessons learned are recorded so that these can be shared with colleagues and other clinical teams. In cases where service improvement is indicated as “none”, this confirms that the investigator has considered this point and identified that there was no specific learning or action point arising from the complaint. The extent to which investigators and managers actively review lessons learned from complaints is variable and remains an area for Improvement.

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5.4 NHS NES have developed an e-learning package to assist staff in recognising complaints, feedback, comments and concerns and providing advice on conducting investigations. This is available on the Board's Learn Pro e-learning system modules. The core complaints modules are required to be undertaken by all staff involved in handling NHS complaints on a regular basis.

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

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

Table 12 - Service Improvements Identified for Completed Complaints Partially or Fully Upheld (1st Apr 2023 – 31st March 2024)

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Ref	Description	Outcome code	Unit	Specialty	Action Taken
B2023/120	Patient unhappy as he has not had any medication since Sunday 28/05/2023 in police station. Patient wants medication as soon as possible. Patient's mother called regarding medication and was told 'to ask son why he hasn't received medication' - Patient unsure why he has not received his medication.	Fully Upheld	HMP Barlinnie	Prison Services	Ensure all medications are ordered when GP writes up Kardex. Investigating Nurse has emailed all staff highlighting that all medications must be ordered when wrote up by GP on Kardex. This will ensure this does not happen again and patient receives correct medication in a timely manner.
G2023/037	Patient claims gave sugar in a medicine bag to another patient and this bag was then used to put medication into by another patient, which was fond by staff and report made. Patient has since had medication changed to supervised and unhappy and wishes weekend meds changed back to unsupervised to allow her to take them later in the day.	Fully Upheld	HMP Greenock	Prison Services	Early Resolution with patient.
LM2023/123	Patient unhappy that his medication does not get topped up, when required.	Fully Upheld	HMP Lowmoss	Prison Services	Ongoing recruitment and sickness being monitored
LM2023/143	Patient unhappy he has not received his medication	Fully Upheld	HMP Lowmoss	Prison Services	Continuing to recruit and sickness being monitored by NHS Policies
NW21420	complaint raised on behalf of patient - has been trying to contact social worker to change drug pick up days but has been unable to contact	Fully Upheld	Woodside Health Centre	Addiction Services	discuss communication with staff
NWS04334	Patient complained of delays in referral for hair removal	Fully Upheld	Sandyford Initiative	Transgender	SG is funding additional staff and reviewing gender service Apology given, and referral sent
NWS04423	Patient had asked when their appointment was by email 5 days in advance, reply came 24 minutes after appointment, when patient complained admin staff member called them and said they were cheeky	Fully Upheld	Sandyford Initiative	Transgender	SG is funding additional staff and reviewing gender service Apology given and explained staff member has been spoken to at length
NWS05223	Patient complained referral for facial feminisation surgery was not made	Fully Upheld	Sandyford Initiative	Transgender	SG is funding additional staff and reviewing gender service Apology given and referral/authorisation for surgery prioritised and approved.
NWS05323	Patient wanted letter to confirm gender identify for passport	Fully Upheld	Sandyford Initiative	Transgender	SG is funding additional staff and reviewing gender service Apology given delays caused by service pressures. Appointment given to get letter done.
NWS06723	Patient complained their referral for surgery had not been made.	Fully Upheld	Sandyford Initiative	Transgender	SG is funding additional staff and reviewing gender service Referral had been missed, apology given, and referral sent.
NWS06823	Lack of communication about funding for additional electrolysis	Fully Upheld	Sandyford Initiative	Transgender	SG is funding additional staff and reviewing gender service Apology given for delay in replying to queries. Funding for further electrolysis now applied for.

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NWS07223	Patient complained that they were having to come back for routine testing as first tests not sent to lab and second tests incorrect sample	Fully Upheld	Sandyford Initiative	Sexual Health	SG is funding additional staff and reviewing gender service
NWS07623	Gender patient complained of waiting times and lack of communication. Also, that their GP would not prescribe for them and could we help.	Fully Upheld	Sandyford Initiative	Transgender	SG is funding additional staff and reviewing gender service. Waiting times for gender service are too long, apology given. Explained we could not influence GP decisions
RHSCP23025	Patient emailed for a podiatry appointment, as she had not been treated for a period more than 1 year she was offered a new patient telephone triage appointment. This was obviously unsuitable as she is unable to communicate via telephone. It was frustrating that she could not email directly to the podiatry department as all correspondence was via a general appointment address.	Fully Upheld	Centre for Community Health	Podiatry	Communication with patient done via email
23089	Patient unhappy due to arranged virtual appointment and receiving no call.	Fully Upheld	Renfrew Health & Social Work Centre	Podiatry	Apology and explanation given to patient New appointment arranged
B2023/139	Patient unhappy as every time he puts out a repeat meds form, medication is always late, and patient has been waiting to see the doctor from when he was in the first night Centre.	Partially Upheld	HMP Barlinnie	Prison Services	K03-03 - Complaint Partially Upheld Nurse Spoke with Health Care Support Worker staff if there are any issues with ordering medication please raise to management. Patient advised ordering process.

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ED202310	<p>1. Staff - attitude and behaviour - insensitive to patient needs</p> <p>(a) At an appointment at Kirkintilloch Health and Care Centre on 02.12.22 where you had been unavoidably delayed, the medic did not come to speak with you and the reception informed you that a new appointment would have to be arranged.</p> <p>(b) When the appointment was rearranged for 02.03.23 appointment you attended Kirkintilloch Health and Care Centre. The medic did not acknowledge your distress or introduce themselves on receiving you from the reception. During the consultation you felt there was a lack of advice given, or checking of information held on the computer and you had to explain that you had a baby and were breastfeeding when discussing medication.</p> <p>(c) The consultation was interrupted by a chap at the room door, and the medic answered the door leaving this open and concluding the consultation at this point and you felt invalidated and humiliated at this treatment.</p>	Partially Upheld	Kirkintilloch Health Care Centre	Psychiatry	Review process for late coming to appointments and communication to patients on arrival.
ED202312	<ul style="list-style-type: none"> • Our client is in crisis with suicidal thoughts, she is without treatment and support at present. • Moreover, is unable to obtain the clinical support and treatment necessary for her mental health due to a breakdown in relations with named CPN. • Our client has found the respite admissions unhelpful. Stating she felt this was a tick box exercise with no concern for her overall wellbeing. She has felt abandoned in this system. 	Partially Upheld	Kirkintilloch Health Care Centre	Community Mental Health Team	Investigator has provided details of resources open to the patient in times of need.
ER23-30	Complaint regarding lack of parent and child spaces and poor signage of these at Eastwood Health and Care Centre	Fully Upheld	Eastwood Health and Care Centre	Grounds	New signage ordered

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ER23-31	Complaint that uncle's medical equipment and notes were left on doorstep of his home by District Nurses. Also advises of poor conduct from nursing staff within patients home causing distress and anxiety	Fully Upheld	Eastwood Health and Care Centre	District Nursing	learning will be shared with the wider team to improve the service we deliver.
LM2023/230	Patient only prescribed 250ml of peptic which lasts 12 days and he requires a month's supply	Fully Upheld	HMP Lowmoss	Prison Services	K03-03 Staff suggestions for improvement.
NE793	Complainant unhappy with the attitude and behaviour of staff.	Partially Upheld	Shettleston Health Centre	District Nursing	K03-03 - Communication - improvements in communication staff-patient - staff suggestions for improvement Nurse has reflected and will be more mindful of her manner and impact on patients and families
NE795	Patient feels her confidentiality was breached when letter with personal details was pinned to front of her prescription for everyone to read.	Partially Upheld	Newlands Centre	Addiction Services	TL and CM met with complainant and apologised that she received information intended for her GP and that all staff are bound by confidentiality.
NE799	Patients feels she is receiving inconsistent care due to staffing issues.	Partially Upheld	Springpark Resource Centre	Community Mental Health Team	K03-01 - Communication - early engagement/resolution with complainant. NTL discussed points of complaint with complainant and apologised for cancellation of medical appointments and RAG status has been reviewed to address this.
NE802	Complainant unhappy with practices and treatment to patients	Partially Upheld	Stobhill Hospital	Psychiatry	K03-01 - Communication - Agenda for Team Meeting Reminder to staff to clean and tidy patient space when they leave the ward.
NE803	Mum unhappy with the attitude of staff and would like a copy of recording taken that day.	Partially Upheld	Tannahill Centre	Community Nursing	K10-01 - Share - Learning points shared with teams Further reflection and shared learning with all nurses in the service will take place to learn from patient's experience and to continue to promote a non-judgemental attitude from all our staff.
NE805	Patient unhappy that ECR Panel has been cancelled and the affect this is having on her health.	Fully Upheld	Auchinlea House Resource Centre	Community Mental Health Team	K05 -01 - Education - learning identified Complaint has highlighted the importance of forward planning to avoid a reoccurrence in the future to you and others which is a lesson learned that we will take forward.
NE810	Parents concerned with their daughter's treatment.	Partially Upheld	Auchinlea House Resource Centre	Community Mental Health Team	K03-04 - Communication - agenda for team meeting. Team to ensure greater care is taken in respect of accuracy of communication and ensure effective information sharing moving forward.

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NE816	Mother concerned that after a home visit 2 Police vans appeared and broke a window.	Partially Upheld	Newlands Centre	Addiction Services	K03-04 - Communication - Agenda for Team Meeting Reminder to staff to update Esteem & Crisis when asking for Police welfare check
NW21468	raising complaint due to Dr's attitude and manner of speak to patient, which was distressing in MH situation	Fully Upheld	Shawpark Resource Centre	Community Mental Health Team	values/behaviour - agreed with staff
NW21471	patient threatening suicide due to being denied help from CMHT and inadequate support from ADRS worker. does not feel he has been given sufficient reasoning for being denied MH treatment Further email on the back of S2 response highlights info different on response than what patient received from their SAR request. Patient disputing non-engagement with services and inaccuracies.	Fully Upheld	Riverside Resource Centre	Community Mental Health Team	contact with CMHT on complainant behalf feedback to team re contact
NW21476	complaint lack of care and treatment for family member and other patients during ward stay. raised concerns re level of care and communication provided on ward which fell significantly short of other ward stays. loss of personal property was raised but complainant unhappy with response.	Partially Upheld	Gartnavel Royal Hospital	Acute Mental Health	meeting offered to complainant to discuss any issues raised in letter
NW21481	*This complaint relates to QUEH, and a staff member based at Leverdale* patient claims he was told it was not the hospital's problem if he killed himself on journey from Glasgow to Aberdeen, claims nurse broke the law providing legal advice	Partially Upheld	Louisa Jordan	Mental Health Assessment Unit	staff to be made aware of impact long-distance travel could have to patients' MH needs
NWS08723	Gender patient complained of lack of communication and failing patients	Fully Upheld	Sandyford Initiative	Transgender	Scottish Government is reviewing the service and funding additional staff to reduce wait times
NWS08823	Patient complained of wait times in gender service and that a rescheduled appointment was too far ahead.	Partially Upheld	Sandyford Initiative	Transgender	SG is looking at nationwide gender services Additional funding and staff
NWS09023	Patient complained they had not been added to waiting list for surgery over 2 years ago	Fully Upheld	Sandyford Initiative	Transgender	K03 01 Consultant called patient and apologised; they had not done the referral for surgery.

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NWS09123	Patient felt they were not given enough support while waiting for an appointment, RAH were unhelpful and unsympathetic, also not allowed to have a companion at all of appointment. Delay in getting treatment.	Partially Upheld	Sandyford Initiative	TOPAR	K03 01 RAH staff been given feedback to prevent reoccurrence. Apology given for receptionist and poor communication.
NWS09223	Gender waiting list is too long and we are making excuses	Fully Upheld	Sandyford Initiative	Transgender	K03 01 Apology given and explanation of difficulties the service is facing and that we are trying to address the problem.
NWS09323	Patient complained staff made her embarrassed because she turned up late. That she wanted a copper coil but was persuaded to have a different sort. She was not asked about the chaperone being present. The nurse left the speculum in place and patient had to remove it herself and nurse laughed.	Partially Upheld	Sandyford Initiative	Sexual Health	K03 01 Service manager called patient and apologised and explained procedure
NWS10223	Patient was told as they had moved, they had to refer themselves to the Lothian GIC. Chalmers contacted the patient just before their first appointment to say they were not going to see them as they are still in our catchment. Also complained it did not make sense to not just travel to closest clinic.	Partially Upheld	Sandyford Initiative	Transgender	K03 01 Patient was given wrong information - apology given. They should have stayed as our patient. Apologised for Chalmers error as well. Explained they will still be on our waiting list as they should have been and will not be delayed by this mistake. Also explained GIC is allocated by health board not distance from home.
NWS10423	Patient complained staff member was unaccommodating on the phone and laughed at him. He had been texted to make an appointment, but none were available.	Fully Upheld	Sandyford Initiative	Vasectomy	K03 01 Apology given; method of booking appointments was not explained properly to the patient. Staff member was unhelpful.
NWS10523	Patient could not get PrEP initiation appointment online and there was no explanation online of the reason.	Partially Upheld	Sandyford Initiative	Sexual Health	K03 01 Patient was given explanation of how and when appointments were available. Also was given appointment. Apologised for lack of explanation online.
NWS11023	Patient complained of lack of communication with their GP and that they need information sent to their GP for a prescription. Also, long waiting times.	Fully Upheld	Sandyford Initiative	Transgender	K03 01 Apology given for lack of communication. Information sent to GP as requested.
NWS11123	Patient could not get coil appointment and complained the letter sent was discriminatory	Partially Upheld	Sandyford Initiative	Sexual Health	K03 01 Patient was called by nurse team lead and given appointment. Agreed and apologised for wording of letter. This will be reviewed.
NWS11223	Patient was unable to administer own medication and complained that they could not come to us for this twice a day.	Not Upheld	Sandyford Initiative	Sexual Health	K03 01 Patient was advised Dr has contacted GP surgery who will try to get district nurse to attend them at home

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NWS11623	Out of board patient complained we would not give an appointment	Partially Upheld	Sandyford Initiative	Sexual Health	K03 01 Patient told to contact own health board. Apologised if she had been given an appointment before as she should not have been, and this may have created a false expectation
LM2023/302	Patient is complaining he was due to be prescribed medication prior to admission however he is not receiving these and missed appointments for wound	Partially Upheld	HMP Lowmoss	Prison Services	If patient requires ongoing wound care appointments, these could be made several weeks in advance and future appointments checked at each visit
NE815	Stage 1: Complainant concerned with daughters' treatment whilst an inpatient Stage 2: Family looking for further clarification on points raised.	Partially Upheld	Stobhill Hospital	Psychiatry	Staff now routinely checking personal belongings of all patients on return from pass/ time out. Staff reminded to escalate site page holder to ensure all care needs within ward are being met.
NW21503	Request for a second opinion. Disagreement with prescribed medication. Disagreement with treatment plan. Waiting on Echo scan results.	Partially Upheld	Gartnavel Royal Hospital	Acute Mental Health	Apology and explanations offered. Partially upheld due to lack of communication from doctor
NW21505	patient raising complaint against three nurses she felt were bullying and not respecting NHS values	Partially Upheld	Stobhill Hospital	Addiction Services	values - discussed with staff. learning opportunities identified learning points shared with teams. improvement plan shared
NW21507	patient has not been given right to appeal STDC and timescale for this expired before Advocacy was made aware	Fully Upheld	Gartnavel Royal Hospital	Acute Mental Health	feedback and action plan passed to management
NW21521	patient claims ADHD and Autism teams are refusing to set appt and have cancelled services without notifying them. Patient claims staff were dismissive and spoke rudely to them when asking further questions patient unhappy with S2 response, raising further personal grievances and claiming complaint not investigated fully	Partially Upheld	Riverside Resource Centre	Adult Autism Team	conduct issues to be discussed with staff
NW21534	patient claims a nurse told them to kill themselves. patient also claims nurses have been laughing at them whilst giving medication and have mis-gendered them and made false accusations that they beat their ex-partners. have also had their phone and treats taken off them	Partially Upheld	Gartnavel Royal Hospital	Acute Mental Health	comments made by nurse addressed by NTL

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NWS13423	The booking system is discriminatory to people over 50 years old. Patient felt re-traumatised by the clinical procedure. Three staff members were present, which patient believed was unnecessary, and patient were not offered support prior to or following the procedure	Partially Upheld	Sandyford Initiative	Sexual Health	K03 01 Apology given for age restriction being wrong on website. Explained we do not offer support prior to coil fitting. Patient told to contact "listening ear" if they wished counselling now.
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