

Annual Complaints Report 2025/2026

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Introduction

West Dunbartonshire Health and Social Care Partnership (HSCP) aims to provide the best services possible for our citizens, however there will be instances where people feel dissatisfied with, or let down by, the service they receive. As an organisation we value any and all feedback we receive. Making a complaint to the HSCP gives us the opportunity to put things right for individuals and to improve our services. By investigating complaints and looking at any trends or patterns in complaints received, we can identify areas for improvement, gaps in service provision, training needs within the organisation or where particular groups may be experiencing similar dissatisfaction with our services. Often complaints can give us a fresh perspective: identifying issues or problems which we, working within the organisation, have not fully considered from a service user's point of view.

How we handle our complaints is essential to restoring positive relationships with people who feel let down by our services. This report will outline how we handled complaints during the period 1st April 2025 to 31st March 2026.

Model Complaints Handling Procedures

All public authorities in Scotland are required to produce, operate and report on a Model Complaints Handling Procedure (MCHP) in line with the Scottish Public Services Ombudsman's MCHP and Performance Framework.

There are two stages to both the Council and NHS MCHPs:

Stage 1 Frontline Resolution

We aim to respond to complaints quickly. This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem. We will respond to a stage 1 complaint within five working days or less, unless there are exceptional circumstances. If the person making the complaint is not satisfied with the response they are given at this stage, they can choose to take their complaint to stage 2.

Stage 2 Investigation

Stage 2 deals with two types of complaint: those that have not been resolved at stage 1 and have been escalated to stage 2; and those complaints that clearly require investigation and so are handled from the onset as stage 2.

For a stage 2 we will acknowledge receipt of the complaint within three working days and provide a full response as soon as possible, normally within 20 working days. If our investigation will take longer than 20 working days, we will inform the person making the complaint of our revised time limits and keep them updated on progress.

Complaints about the functions and operation of West Dunbartonshire Health and Social Care Partnership Board are dealt with through the HSCP Board's MCHP which was developed during 2020/21 and was approved by the Board at their meeting on 26th November 2020. The HSCP has a duty to report on any complaints managed under the HSCP Board's MCHP. There were no complaints received about the functions of the HSCP Board during 2025/26.

When a complaint is received by West Dunbartonshire HSCP about our services, and not the functions of the HSCP Board, a decision is taken whether to process the complaint under either West Dunbartonshire Council's MCHP or NHS Greater Glasgow and Clyde's MCHP, depending on which service areas are covered. For example, a complaint about service provided by Children's Social Work Services would be managed under the Council's MCHP but a complaint about a Psychiatry service would be managed under the NHS MCHP. West Dunbartonshire Council and NHS Greater Glasgow and Clyde will include these HSCP complaints in their Annual Complaints Reports, however in the interests of openness and transparency and to fully reflect on the HSCP's handling of complaints, they will also be included in this report.

SPSO Performance Framework

The Scottish Public Services Ombudsman (SPSO) has developed a standardised set of complaints performance indicators which organisations are required to use to understand and report on performance in line with the MCHP. The consistent application and reporting of performance against these indicators will also be used to compare, contrast and benchmark complaints handling with other organisations, and in doing so will drive shared learning and improvements in standards of complaints handling performance.

Indicator 1: Learning From Complaints



Complaints are routinely reported to our Senior Management Team, through the HSCP's Clinical and Care Governance meetings and within the HSCP's Quarterly Performance Reports to our Audit and Performance group. These reports cover volume of complaints, compliance with timescales and outcomes by service area. Further detail at this level is available at Appendix 1. Detail is also provided about the nature of each complaint by theme and any actions taken as a result of the complaint investigation and resolution.

Complaints are also discussed within team meetings and are used as opportunities for reflective learning and peer support. They feed into service and process redesigns across the HSCP and are also considered as part of Care Inspectorate inspections.

During 2025/26 learning from complaints contributed to the following agreed actions:

The delay in timely re-allocation of respite services resolved in that we will now allow roll-on of respite until annual reviews can be completed to minimise unnecessary stress for carers. Once reviewed the "rolled over" provision will be deducted from the new allocation.

Processes reviewed in relation to how we communicate respite availability with families and carers.

Work done within Community Health and Care teams to ensure effective communication and relationship-based practice is key to service delivery.

Reflective learning around the role of Duty within Community Health and Care to reprioritise in response to changing needs.

My Life Assessment Screenings now carried out face-to-face where possible to better assess an individual's needs.

Work to be done by the Community Mental Health Teams on internal processes, communication skills and service delivery going forward including signposting processes that were mentioned within a complaint.

Learning Disability Services developing a process to enable more timely reviews for service users.

Regular review/prioritisation of unallocated casework by team managers within Children and Families Service.

Permanence Tracking Meetings in relation to Looked After children established to ensure managerial oversight.

Communication with families regarding letterbox contact to be reviewed to ensure that this is done in a timely manner.

The need for improved quality assurance of reports by manager ahead of submission recognised, to ensure accuracy and relevance of information.

It has been agreed that where a non-disclosure of information exists and a meeting requires to be held virtually via Microsoft Teams then two separate links will be created with these being shared as appropriate with relevant people to mitigate risk of identifying information being shared.

Controls for serving hot food have been strengthened, including allowing food to cool and adding milk where appropriate before serving.

Staff have received immediate briefings on monitoring and supporting residents with sensory impairment during meals.

A service-wide review of First Aid training, cover and confidence is underway, including increasing the number of trained First Aiders and ensuring Emergency First Aider cover on all shifts.

Indicator 2: Volume of Complaints Received

This indicator counts all stage 1 complaints, whether they were escalated to stage 2 or not, plus all complaints which were treated on receipt as stage 2. West Dunbartonshire HSCP received a total of 402 complaints during 2025/26 however three stage 2 complaints were removed from the complaints process and dealt with through other policies and a further stage 2 could not be responded to due to the failure to provide a mandate in relation to a complaint raised on behalf of a third party. This is a 12% increase on the 359 complaints received in 2024/25.

Stage 1 complaints increased from 279 in 2024/25 to 304 in 2025/26. This may be due to improvements in frontline recording. Stage 2 complaints increased from 80 in 2024/25 to 98 in 2025/26. The greatest number of stage 1 complaints was for Health and Community Care followed by Children's Health, Care and Justice. The highest volume of stage 2 complaints was for Mental Health, Learning Disability and Addictions, with 31 complaints, while Children's Health, Care and Justice saw the biggest increase from 12 in 2024/25 to 25 in 2025/26.



Indicator 3: Complaints Closed Within Timescale

Stage 1 complaints: 304 stage 1 complaints received. The accurate recording of stage 1 complaints, their outcomes and timescales across both West Dunbartonshire Council and NHS Greater Glasgow and Clyde systems is still in development and we are exploring ways to streamline recording and reporting mechanisms and to more accurately and efficiently track timescales.

For those stage 1 complaints that were not referred through the Information Team, who manage complaints, but made directly with frontline services, it would be anticipated that most would be dealt with as they arose however we do not yet have the data to evidence this.

Stage 2 complaints: 59% were closed within 20 working days, 55 of the 94 investigated. Complex complaints that cut across services often take longer to co-ordinate a response. We endeavour to keep people informed of any extension to timescales required to make a full response.

Complaints escalated from stage 1 to stage 2: One complaint was recorded as escalated from stage 1 to stage 2, however it is likely that many of the concerns within stage 2 complaints will have been raised with the service area involved in some form prior to the stage 2 complaint.

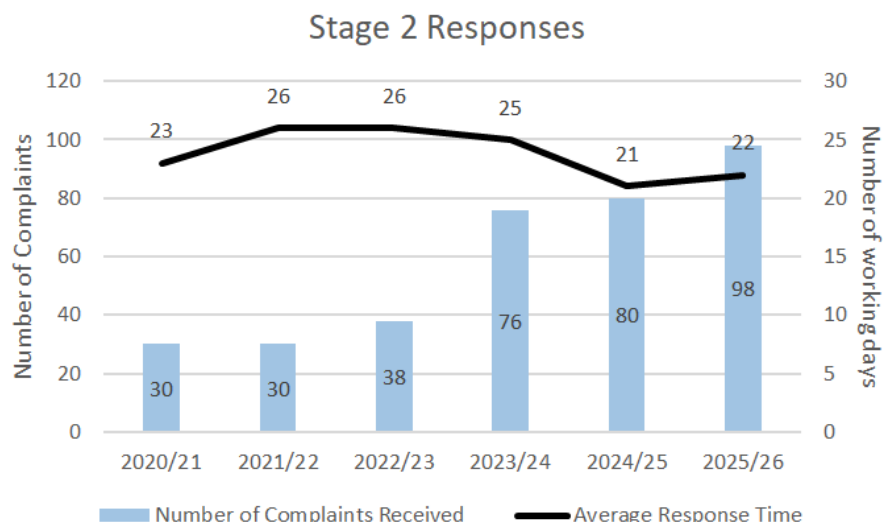
Indicator 4: Average Time to Full Response

Stage 1 complaints: Due to the gaps in recording we are unable to report this for stage 1 complaints.

Stage 2 complaints: The average time to full response was 22 working days, 1 day more than in 2024/25.

Complaints escalated from stage 1 to stage 2: Response time for the one complaint escalated to stage 2 was 20 days. Complaints recorded as escalated from stage 1 to stage 2 in 2024/25 had an average response time of 12 days.

While the volume of complaints has increased, the trend in average response time trend has decreased with a slight increase in 2025/26.



Indicator 5: Outcomes of Complaints

Stage 1 complaints: Due to the gaps in recording we are unable to report this for stage 1 complaints however those complaints which have not been escalated to stage 2 have been resolved in some way. The table below excludes the 4 complaints that did not proceed through the complaints process.

Outcome	Stage 2		Escalated to Stage 2	
	Number	%	Number	%
Upheld	12	13%	0	0%
Partially Upheld	18	19%	0	0%
Not Upheld	62	67%	1	100%
Ongoing	1	1%	0	0%
Total	93		1	

There are a further 3 indicators which are not required to be reported on but are recommended by the SPSO. These relate to raising awareness of complaints handling, lessons learned and identifying any barriers to making a complaint; staff training in frontline resolution, complaints handling and investigations; and customer satisfaction with their experience of making a complaint and their response.

The HSCP is committed to making the complaints experience as easy and accessible as possible and to use our complaints as a valuable resource to improve services for the people of West Dunbartonshire. During 2025/26 we have continued to work towards improving people's experience of making a complaint.

Building on the Complaints Overview sessions delivered in 2023/24 and the range of tools we have made available on our staff intranet, we had been working with West Dunbartonshire Council's Complaints Team to explore options for use of a new recording system they have developed. Unfortunately this work has paused during 2025/26 due to other HSCP pressures, however we hope to pick it up again in 2026/27.

The system is able to track progress against timescales, hold progress notes and outcomes as well as highlighting where a complaint involves a child and the Child Friendly Complaints Handling Principles will apply. It can also flag up complaints approaching their deadline and should hopefully result in more timely responses for our citizens.

Reporting on complaints should also be improved using this system, particularly where complaints are escalated from stage 1 to stage 2 and to highlight themes, keywords and service areas where complaints may be trending to allow for more accessible and up-to-date scrutiny.

During 2025/26 we also introduced an Implementation of Improvement Actions Arising from Complaints report to our Clinical and Care Governance group. The purpose of this was to assure the Clinical and Care Governance Committee that effective improvement actions have been, or are in the process of being, implemented in relation to upheld stage two complaints and also to increase accountability for progressing identified actions and areas for learning.

In order to afford services time to implement improvement actions and assess their effectiveness, the initial report considered improvement actions identified in Quarter 1, reporting in Quarter 3. It was considered that six months was a reasonable timeframe to implement improvement actions, however as this work matures we may wish to reflect on that timeframe.

There were four upheld stage two complaints in Quarter 1 of 2025/26 and the service responsible for the management of each complaint submitted an assurance template detailing the nature of the complaint, the improvement actions identified, their implementation and their quality impact. The Clinical and Care Governance Group were asked to consider each return and determine whether they were assured by the service response. If the group were assured, the complaint could be closed. Conversely, if the group were not assured, the service was required to submit a further assurance statement for inclusion in the next quarterly submission.

Below is a copy of the assurance template and we will continue to progress this work in 2026/27.

Complaints Improvement Action Implementation Check Template

Only to be used for Upheld Stage Two Complaints

Complaint Reference:	
Date of Review:	
Reviewer Name and Role:	

1. Summary of Complaint

Brief description of the complaint: (Include key issues and outcome of investigation)

2. Improvement Action(s) Identified

Action No	Description of Action	Responsible Person/Team	Target Completion Date
1			

3. Implementation Status

Action No	Status (Implemented / Partially / Not Implemented)	Evidence of Implementation	Date Verified
1			

4. Effectiveness Check

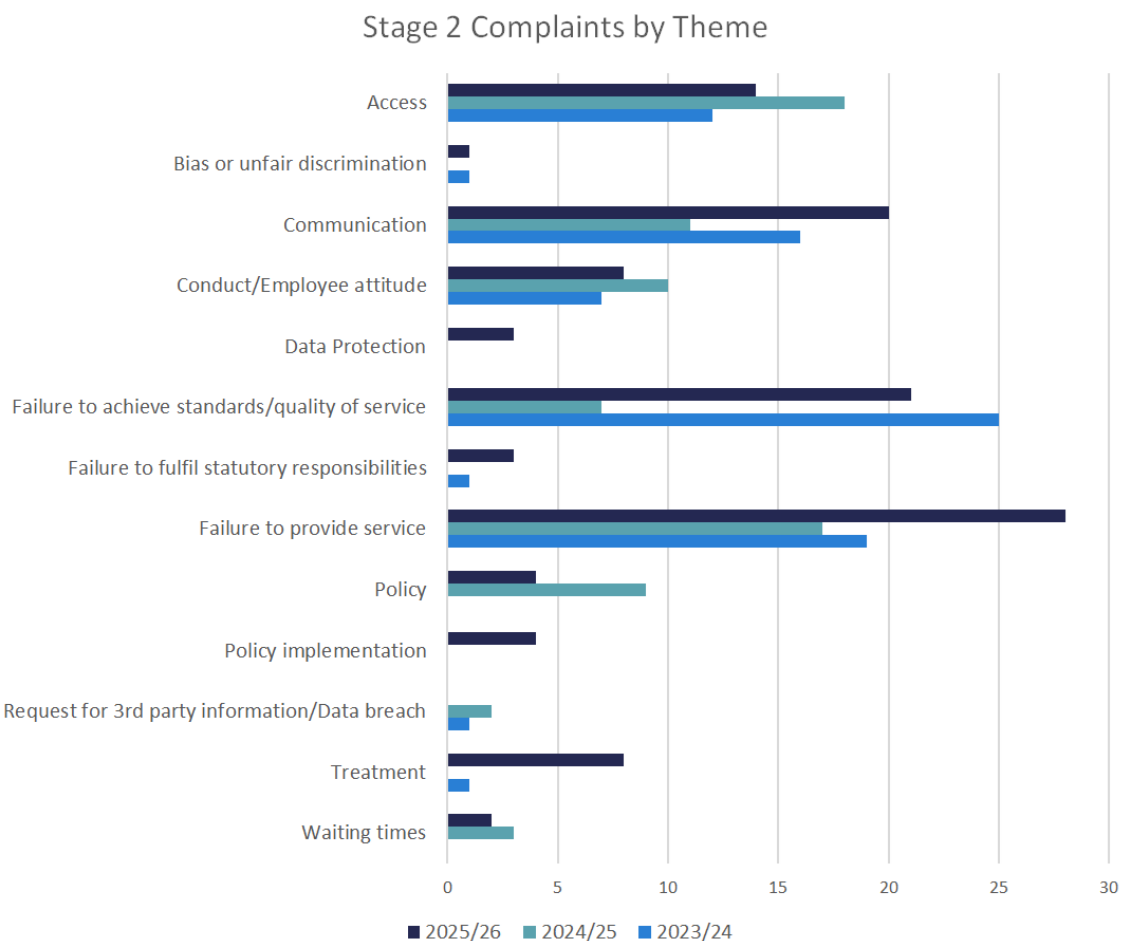
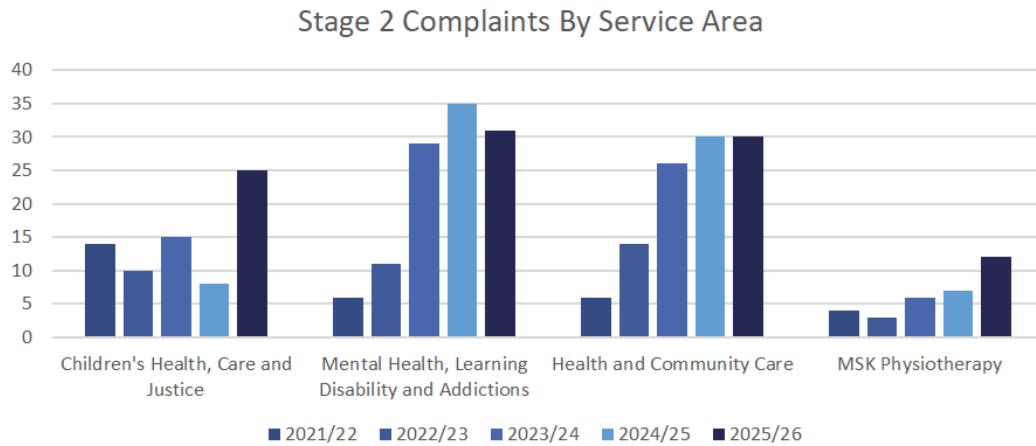
Has the action resolved the issue, improved quality and/or reduced risk?
Yes No Partially
Please provide details below:

Any further actions required? (List additional steps if needed):

5. Sign-Off

Reviewer Signature:	
Date:	

Appendix 1: Stage 2 Complaints



Please note that complaints may cover more than one theme.

2025/26 has seen a significant increase in complaints relating to failure to provide service. Whether this is influenced by the use of our Eligibility Criteria or review of service user needs is something we will continue to monitor.