



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 22 MAY 2024
REPORT ON: QUARTERLY COMPLAINTS AND FEEDBACK REPORT – 3rd QUARTER 2023/24
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC14-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to summarise the complaints and feedback performance for the Health and Social Care Partnership (HSCP) in the third quarter of 2023/24. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Notes the complaints handling performance for health and social work complaints set out within this report.
- 2.2 Notes the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting.
- 2.3 Note the work ongoing to implement using Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

3.0 FINANCIAL IMPLICATIONS

None

4.0 COMPLAINTS

- 4.1 Since the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.
- 4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made. Complaints about the delivery of services are regularly presented to the Clinical, Care and Professional Governance Group to inform service improvement.
- 4.3 While the first graph advises the volume of complaints received during the period, this report is based upon complaints closed within the period.
- 4.4 Please note that not all figures will add up to 100% due to missing data or different Recordings.

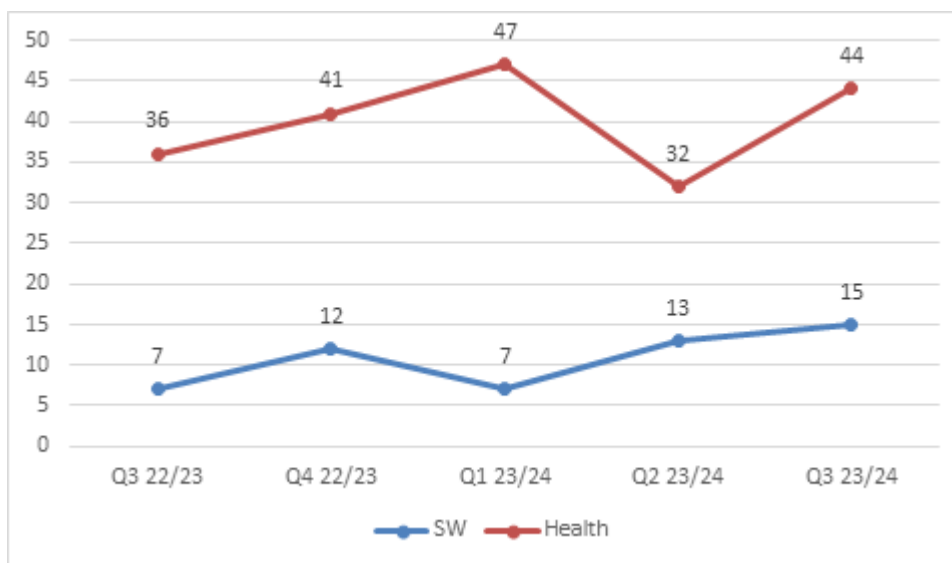
4.5 Whilst the SPSO mandatory complaint reporting categories only apply to non-NHS complaints as a Health and Social Care Partnership we have always felt it important to provide a cohesive complaint report so we can compare like for like. Therefore, we have included NHS complaints in the same category of reporting. However, we have experienced difficulties in gaining timeous access to the NHS complaint data.

5 Complaints Received

5.1 In the third quarter of 2023/24 a total of 15 complaints were received about social work or social care services.

5.2 Health received 44 complaints for Q3 within in the Dundee Health and Social Care Partnership.

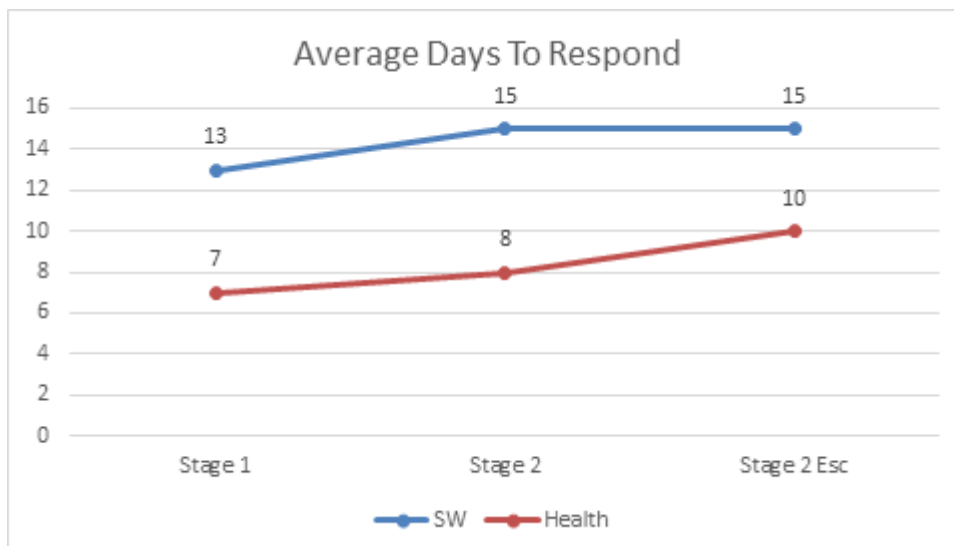
5.3 Number of complaints received quarterly



5.4 Graph 1 Number of Complaints Received Quarterly

5.5 Graph 1 shows that both Social Work and Social Care Services and Health Services have seen a slight increase in complaints received.

5.6 Average Days To Respond



Graph 2 Average number of days to respond

5.7 Graph 2 shows the average number of days to complete and respond to complaints at each stage. The average time has remained relatively stable.

6 Complaints Stages – Closed within Timescale

6.1 Stage 1 complaints are completed within 5 days or given a maximum extension of a further 10 days.

Stage 1	Q1		Q2		Q3		Q4	
Social Care	4	100%	8	67%	6	50%		
Health	19	69%	9	75%	10	59%		

Table 1 Stage 1 Complaints closed within timescales

6.2 Table 1 shows that there has been a decrease in the number of Stage 1 complaints closed within timescales since the last quarter.

6.3 Stage 2 complaints are completed within 20 working days and can be extended also.

Stage 2	Q1		Q2		Q3		Q4	
Social Care	2	67%	13	54%	4	80%		
Health	3	60%	6	100%	12	60%		

Table 2 Stage 2 Complaints closed within timescales

6.4 Table 2 shows that there was an improvement in the number of social care complaints closed within timescales and reduction in the amount of health complaints closed within timescales.

6.5 Stage 2 escalated complaints are those which are escalated from stage 1 to stage 2 after being logged and possibly responded to.

Stage 2 Esc	Q1		Q2		Q3		Q4	
Social Care	0	-	2	100%	0	-		
Health	0	-	4	80%	4	67%		

Table 3 Stage 2 Escalated Complaints closed within timescales

6.6 In Quarter 3 there were no Social Care Stage 2 Escalated complaints and four Stage 2 Escalated Health Complaints.

7 Complaint Outcomes

7.1 Partially upheld and upheld complaints receive planned service improvements logged against them by the allocated complaint investigator and these must be completed within a set timeframe. These planned service improvements can range from process improvements or re-design to team briefings regarding staff attitude and behaviour.

	Upheld		Partially Upheld		Not Upheld	
	SW	Health	SW	Health	SW	Health
Stage 1	2	3	1	5	4	9
Stage 2	1	1	0	7	3	13
Stage 2 Escalated	0	0	0	1	0	1

Table 4 Complaint Outcomes

7.2 Table 4 shows the breakdown of complaint outcomes by stage. The majority of complaints are not upheld.

7.3 If a complainant remains dissatisfied with the outcome of the Stage 2 complaint response they can approach the Scottish Public Services Ombudsman.

7.4 In Quarter 3 one complainant approached the SPSO with their complaint. The SPSO's decision was not to investigate the complaint.

8 Planned Service Improvements

8.1 There were 4 partially upheld or upheld complaints for social care which have all identified a cause and have service improvements planned to address these. By putting these planned service improvements in place, we look to minimise complaints of the same nature being received.

8.2 A good example of this is a complaint which was received regarding incorrect medication. A message was sent out to all Home Care and Housing with care staff across the city reminding them of the importance of checking the name at every prompt and when putting new venalinks in place when they come in from the pharmacy to a service user. This was discussed at Team meeting with Home Care and Housing with Care Organisers for immediate action.

9 Open Complaints

	Total Open	20 days or less	21-39 days	40-99 days	100 days +	180 days +	Average Days
SW	4	2	0	2	0	0	32
Health	13	11	0	2	0	0	12

Table 5 Numbers of Open Complaints

9.1 Open Health complaints are managed with fortnightly meetings taking place to discuss developments and issues with a small selection of staff across the service.

9.2 Six of the open complaints currently sit within the Mental Health Service which by the nature of the service can be more complex and can take longer to resolve.

9.3 The longest open complaint within Health sits with CBIR and is a stage 2 complaint. This has been drafted and has gone out for proof reading. The longest open complaint with social care is a stage 2 and is with the Mental Health Service.

10 Compliments

10.1 Services also receive compliments from patients and service users, alongside complaints. Below are a selection of compliments received in the third quarter.

10.2 **January 2024:** I am writing this email to express my gratitude for the excellent work and kind manner that your social worker has shown to me and my dad. My mother has Alzheimer's and the social worker has been diligent in working to get some help for my dad as he tries to manage my mum in their own home. She has also been very kind to me as I have spoken to her on the phone. I would like her superiors to know what an asset she is to your team. Thank you.

10.3 **January 2024:** After suffering with pain in both legs for over 18 months (when walking, sitting or trying to sleep at night), a physio at Kings Cross has resolved my problem! I had spent months going to and from doctor appointments, having blood tests, being referred to Neurology, and going through MRI scans on my back, brain, neck and torso. This was an incredibly scary time, but despite all the tests, no-one seemed to have any possible diagnosis to give me. When I was referred to MSK Physio at Kings Cross, I wasn't feeling very optimistic. The physio spent time looking at all my test results and checked the movement and strength in my legs; he then told me he believed I had bursitis in my hips. I have been doing the exercises that he prescribed and although it has taken a little time, my legs are now pain-free for much of the time. The difference in my physical, and mental health is immense and I am very grateful for their expertise and sound advice.

10.4 **February 2024:** Please can you convey an enormous thank you to a district nurse for Dundee West, based at Westgate medical centre. She very kindly sourced pads for my mum despite

difficult circumstances. This has changed my mum's night time experience completely and for the better. My mum is 82 with multiple long term conditions and these things matter a lot for her.

11 IJB Complaints

11.1 No complaints about the Integration Joint Board have been received.

12 Care Opinion

12.1 Dundee Health and Social Care Partnership has subscribed to the Care Opinion platform and work is underway with a small team to develop our service area prior to staff training.

12.2 We are already receiving stories from patients and service users on Care Opinion and the majority of these have been positive about our services.

12.3 We have received positive stories about Physiotherapy, and Angus Adult Psychological Therapies Service.

12.4 We plan to fully use Care Opinion for feedback and quality assurance processes.

13 POLICY IMPLICATIONS

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

14 RISK ASSESSMENT

This report has not been subject to a risk assessment as it is provided for information and does not require a policy decision from the PAC.

15 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

16 BACKGROUND PAPERS

None

Christine Jones
Acting Chief Finance Officer

DATE: 10 May 2024

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