



**REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 25 SEPTEMBER 2024**  
**REPORT ON: QUARTERLY FEEDBACK REPORT – 1<sup>st</sup> QUARTER 2024/25**  
**REPORT BY: CHIEF FINANCE OFFICER**  
**REPORT NO: PAC31-2024**

**1.0 PURPOSE OF REPORT**

The purpose of this report is to summarise feedback received for the Health and Social Care Partnership (HSCP) in the first quarter of 2024/25. 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. We also report on complements received.

**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 recording of Planned Service Improvements following complaints that are upheld or partially upheld.
- 2.4 Note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

**3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

**4.0 MAIN TEXT**

- 4.1 Since the 1st of 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 (Scottish Public Services Ombudsman).
- 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.

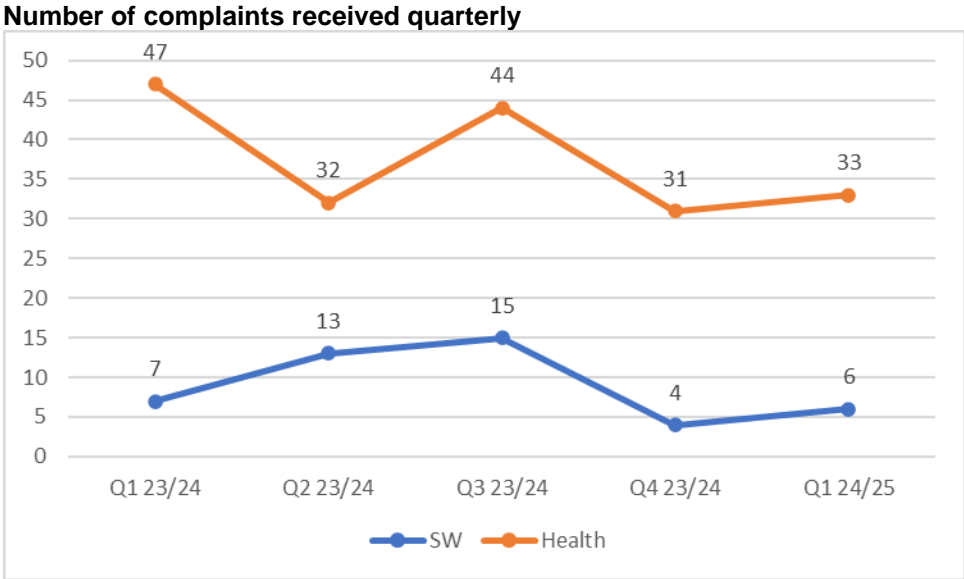
4.4 Please note that not all figures will add up to 100% due to missing data or different Recordings.

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.

**5 Complaints Received**

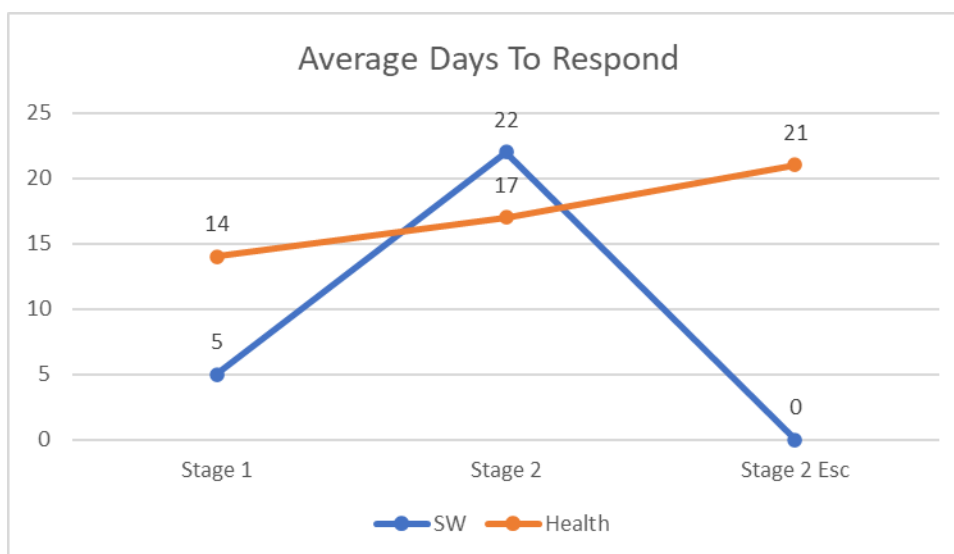
5.1 In the first quarter of 2024/25 a total of six complaints were received about social work or social care services.

5.2 Health received 33 complaints for Q1 within in the Dundee Health and Social Care Partnership.



5.3 The graph shows that both Social Work and Social Care Services and Health Services have seen a marginal increase in complaints received this quarter.

#### 5.4 Average Days to Respond



5.5 The graph above shows the average days to conclude the complaints at each stage.

5.6 The data shows that on average we are concluding complaints within timescales expected.

#### 5.7 Complaints Stages – Closed within Timescale

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

Stage 1	Q1 2023/24		Q2 2023/24		Q3 2023/24		Q4 2023/24		Q1 2024/25	
	Social Care	4	100%	8	67%	6	50%	1	50%	2
Health	19	69%	9	75%	10	59%	14	78%	16	89%

5.9 Stage 1 Health complaints have seen a sustained improvement in their complaint resolution timescale performance.

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

Stage 2	Q1 2023/24		Q2 2023/24		Q3 2023/24		Q4 2023/24		Q1 2024/25	
	Social Care	2	67%	13	54%	4	80%	5	71%	1
Health	3	60%	6	100%	12	60%	3	23%	7	39%

5.11 Less than half of Stage 2 Health Complaints have been completed within timescales. This may be in part due to the complexity of complaint and workload of Complaint Investigation Officers.

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

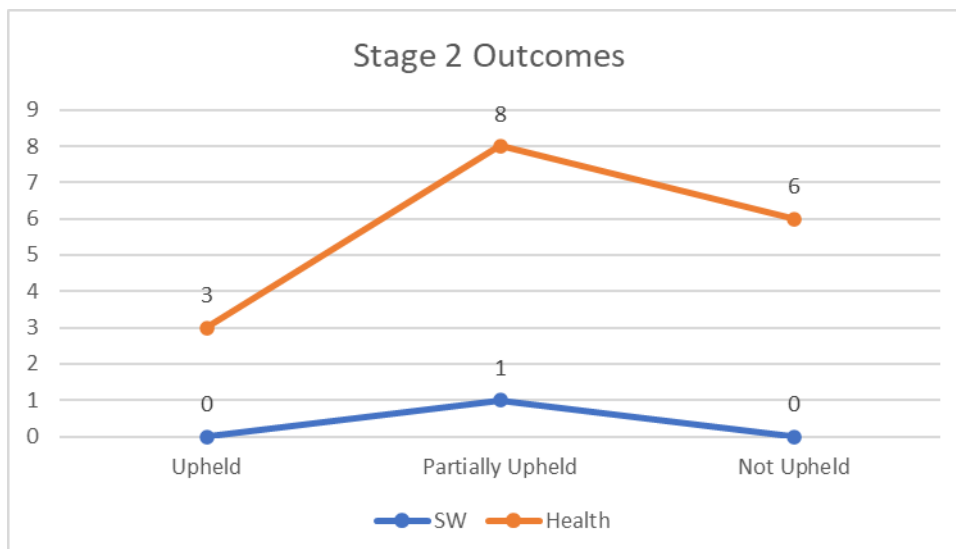
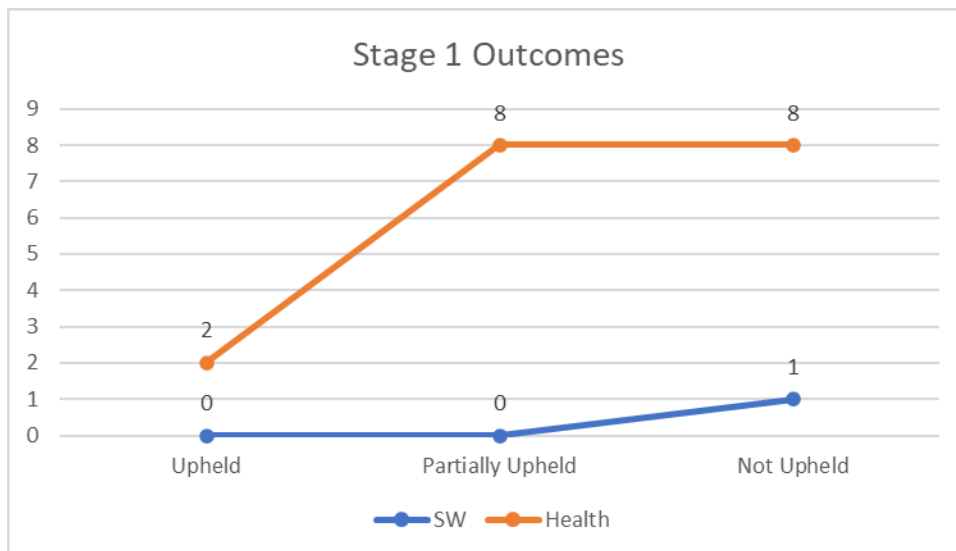
Stage 2 Esc	Q1		Q2		Q3		Q4	
Social Care	0	-	2	100%	0	-	0	-
Health	0	-	4	80%	4	67%	3	50%

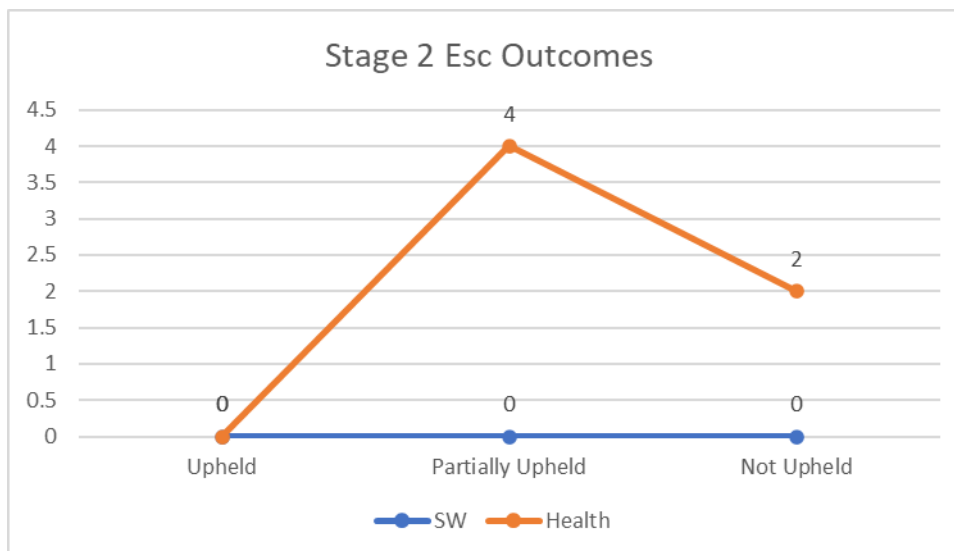
5.13 We recognise the importance of completing complaints within timescales. Our feedback teams are working together and regularly reviewing open complaints to understand where improvements can be made in ensuring timescales can be met. However, due to the nature of our services, there will be complaints which cannot be completed within timescales due to their complexities.

## 6 Complaint Outcomes

6.1 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.

6.2 These planned service improvements can range from process improvements or re-design to team briefings regarding staff attitude and behaviour.





Social Work had no complaints escalated from Stage 1 to stage 2 this quarter.

## 7 Planned Service Improvements

- 7.1 There were 26 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.
- 7.2 An example of this is a complaint which was received regarding an inadequate response to a stage 1 complaint. This was reviewed by a Head of Service and found that the initial response had only completely responded to two of the 6 issues and partially to another two while two were not addressed at all.
- 7.3 These issues were raised with the staff member and advised to improve communication and ensure accuracy of the response before sending out.

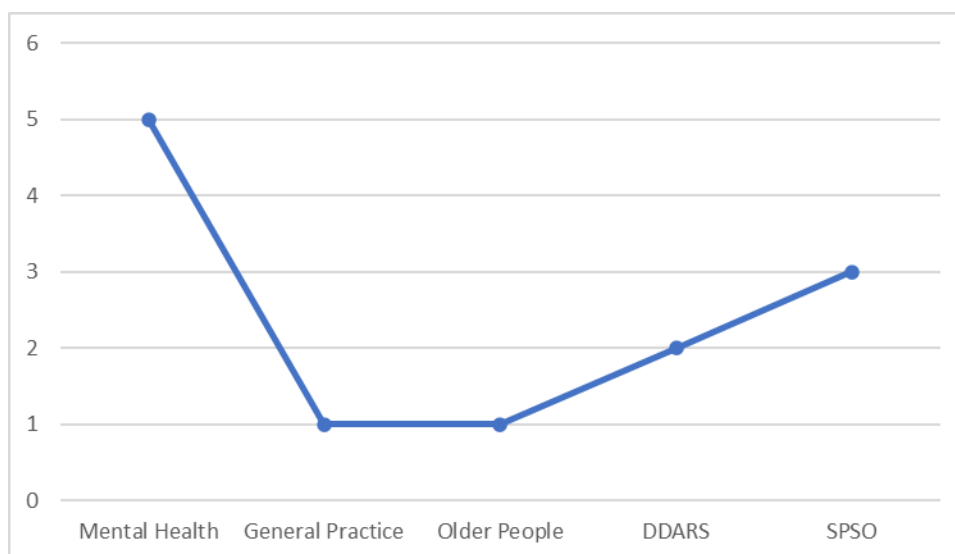
## 8 Open Complaints

8.1 Below is a table of complaints open by length of time at the end of August 2024.

	Total Open	20 days or less	21-39 days	40-99 days	100 days +	180 days +	Average Days
SW	3	1	0	1	1	0	93
Health	9	5	4	0	0	0	20

- 8.2 Health open complaints are now being managed with weekly meetings taking place to discuss developments and issues with a small selection of staff across the service.
- 8.3 Five of the open complaints currently sit within the Mental Health Service which by the nature of the service are more complex and can take longer to resolve.
- 8.4 The longest open complaint within Health sits with Drug and Alcohol Services and is a stage 2 complaint. The response has been prepared.
- 8.5 The longest open complaint within social care is a stage 2 and is sitting with the Learning Disabilities Service. The complaint is complex, and the Investigation Officer is in regular contact with the complainant.

## 8.6 Snapshot of Health open complaints across services



As the graph above shows, when you consider the three open cases with the SPSO, there are 12 complaints in total.

## 9 Compliments

9.1 Below are a selection of compliments received by Dundee Health and Social Care Partnership in the first quarter.

9.2 **April 2024:** Go to physiotherapy at Kings Cross and I feel more confident after it. Really makes a difference and the staff I've seen - XX and XX - have been great.

**June 2024:** I was diagnosed with rheumatoid arthritis several years ago and the care I was given was superb. I recently had a flare up in my hand and contacted the occupational department in Ninewells. I was seen within 2 weeks and have now had 2 sessions, the end result being that my hand is improving. The professional I saw was just that, professional, but kind and caring. I'm still not right but I am working hard on the exercises and am grateful for the support.

9.3 **June 2024:** Following diagnosis of a pathological break in my right humerus I had a nail inserted during an operation at Ninewells Hospital, Dundee. I was then referred to MSK Physiotherapy at Kings Cross HCCC. I am in my 80's and with a diagnosis of leukaemia I was feeling very sorry for myself. The physiotherapist was very positive and reassuring at our first meeting. A planned programme was outlined, and I was urged to throw away my sling! This was a major step for me as the sling had become a physical and psychological crutch. I followed the detailed exercise programme at home and was provided with an illustrated printout. I religiously followed the programme of exercises 3xdaily and although I had some discomfort at the outset it soon became apparent that I was making progress. This was confirmed at my next appointment when I was prescribed additional exercises. I have been discharged but encouraged to continue with the exercise programme. Having been apprehensive at the outset my consultations gave me the encouragement and assurance that I needed. Most importantly the programme I followed strengthened my arm and shoulder and gave me back my quality of life.

## 10 IJB Complaints

No complaints about the Integration Joint Board have been received.

## **11 Care Opinion Implementation**

- 11.1 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 and launch.
- 11.2 Training dates for Care Opinion Staff Awareness, Responder, Administration, and Framing the Ask have been set for late October and November.

## **12.0 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.

## **13.0 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.

## **14.0 CONSULTATIONS**

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

## **15.0 BACKGROUND PAPERS**

None

Kathryn Sharp  
Acting Head of Service, Strategic Services

DATE: 21 August 2024

Cheryl Russell  
Customer Care and Governance Officer

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