ITEM No ...13.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 18 JUNE

2025

REPORT ON: ANNUAL COMPLAINTS AND FEEDBACK REPORT 2024/25

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB36-2025

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an analysis of complaints and feedback received by the Dundee Health and Social Care Partnership over the past financial year, 2024/2025. This includes 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 Integration Joint Board (IJB):

2.1 Notes the analysis of Dundee Health and Social Care Partnership's complaints performance during 2024/25, improvement actions, service compliments as outlined in this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 BACKGROUND INFORMATION

- 4.1 From the 01 April 2017 both NHS and social work complaints have been required to 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.

4.3 In 2024/25 a total of 179 complaints were received about services in the Dundee Health and Social Care Partnership. The last three years have seen a downward trend of complaints received by Health & Social Care.

Total number of complaints received by year

| | | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
|-------------------|----|---------|---------|---------|---------|---------|
| Number complaints | of | 157 | 217 | 202 | 193 | 179 |
| received | | | | | | |

5.0 Complaint Themes

- 5.1 In 2024/25, the highest proportion of complaints for Health continues to be regarding Mental Health Services.
- 5.2 Mental Health Services thoroughly investigate all complaints and meet weekly with the NHS Tayside Patient Experience Team to ensure that the complaints are being managed appropriately.
- 5.3 Due to the complexity of the Mental Health complaints these can be about service process issues or issues that are specific to the individual making the complaint. Where the complaints are about service process issues, improvements are identified then appropriate actions are taken to improve the service processes.
- 5.4 For Social Work Complaints the most common complaint themes were Failure to meet our service standards and Failure to provide a service. Complaints received are about a range of services.

6.0 Number of Complaints closed at Stages

6.1 The number of complaints closed per stage:

| | Stage 1 | Stage 2 | Escalated |
|----------------|---------|---------|-----------|
| Social Work | 15 | 12 | 1 |
| Health | 55 | 94 | 8 |
| Total | 70 | 106 | 9 |

Complaints closed do not total 100% as some complaint data was missing or were closed as resolved / withdrawn / no consent / transferred.

- 6.2 Wherever possible Dundee Health and Social Care Partnership aim to handle complaints as a Stage 1 complaint where the complaint is handled closely to where and when it is raised. Stage 2 complaints are used for more complex complaints that require a more thorough investigation.
- 6.3 The number of complaints closed per stage represent the results that we would expect to see about the spread of complexity of complaints received.

7.0 Complaint Outcomes at Stages

7.1 Complaint outcomes at stage 1 as % of all complaints closed in full at stage 1

| | Upheld | Not Upheld | Partially Upheld |
|-------------|--------|------------|------------------|
| Social Work | 20% | 47% | 13% |
| Health | 20% | 42% | 35% |
| Total | 20% | 43% | 30% |

Stage 1 complaints do not total 100% as some complaints were closed as resolved/withdrawn/no consent/transferred/missing.

7.2 The outcomes show that, for both health and social work complaints, around half of complaints are upheld or partly upheld.

7.3 Complaint outcomes at stage 2 as % of all complaints closed in full at stage 2

| | Upheld | Not Upheld | Partially Upheld |
|-------------|--------|------------|------------------|
| Social Work | 25% | 50% | 25% |
| Health | 7% | 35% | 45% |
| Total | 9% | 37% | 42% |

Stage 2 complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing.

- 7.4 Similarly to stage 1 complaints, the total percentage of complaints upheld or partially upheld is around half of all stage 2 complaints received.
- 7.5 Complaint outcomes at stage 2 as % of all escalated complaints closed in full at stage 2

| | Upheld | Not Upheld | Partially Upheld |
|-------------|--------|------------|------------------|
| Social Work | 100% | 0% | 0% |
| Health | 0% | 38% | 63% |
| Total | 11% | 33% | 56% |

Stage 2 escalated complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / missing

For escalated stage 2 complaints the total percentage of complaints upheld or partially upheld is slightly higher at around 65 %.

- 7.6 Where complainants remain dissatisfied with the outcome of a Stage 2 complaint, they have the option to refer the complaint to the Scottish Public Services Ombudsman.
- 7.7 During 2024/25 Dundee Health and Social Care Partnership had four complaints referred to the SPSO. Two of these were Social Work complaints, and two were Health Complaints. None of these complaints were taken forward for further investigation by the SPSO.

8.0 Complaints closed within timescale

8.1 Number of complaints closed within timescales as a % of total complaints by stage

| | Stage 1 within 5 | Stage 2 within 20 | Escalation |
|-------------|------------------|-------------------|------------|
| | working days | working days | |
| Social Work | 53% | 33% | 0% |
| Health | 80% | 37% | 38% |
| Total | 74% | 37% | 33% |

- 8.2 Complaints not being closed within timescales is having a significant impact on repeat communication from complainants who are chasing up responses.
- 8.3 Across stage 1 and escalated complaints, the Partnership are providing fewer responses within timescales which is causing delays and complaints to be escalated. Partnership staff continue to be regularly reminded that where a complaint has been closed at stage 1 in a timeous manner this can prevent it being escalated unnecessarily.
- 8.4 Dundee Health and Social Care Partnership complaints co-ordinators for services meet weekly with the NHS Tayside Patient Experience Team to discuss ongoing complaints.

9.0 Planned Service Improvements

- 9.1 Where a complaint is upheld, we identify planned service improvements to reduce the likelihood of similar issues arising again for patients and service users.
- 9.2 A selection of Planned Service Improvements for Social Work complaints include prompts for address checks; all POA's to be updated regarding Service Users; and, New multi-agency pathways now developed due to complaints.

10. 0 Compliments

- 10.1 Dundee Health & Social Care Partnership's compliments are held locally by teams. However, 1 social work compliment was passed along for inclusion within the 2024/25 annual report.
- "Through hail, rain or shine, the Carers get to XX. My family wholly appreciate the challenges faced by the Health and Social Care Partnership, funding, resourcing, and sickness/absence. Care is delivered to keep my mother at home and without XX and team from Lochee West End then my XX staying at home would simply not be possible. For that we feel very fortunate, the service delivered is outstanding. There's a great blend of Carers within the team, in all weathers they're out on street getting to their shifts. Any variation or deviation in the service is seamless in a continued time of challenges. The blend of staff affords the opportunity for the team to do what they do best in getting the task of care done timeously.."

11.0 **Development of Care Opinion**

- 11.1 The Complaint team have been preparing for the launch of Dundee Health and Social Care Partnership services fully utilising Care Opinion. The team also regularly attend network meetings with Care Opinion and other Local Authorities to discuss best practice.
- 11.2 Training dates are being rolled out for staff responders and administrators, and all teams across the partnership have been mapped and appropriate responders identified.

12.0 POLICY IMPLICATIONS

12.1 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

| | The risk of not improving our Complaint resolution timescales will increase | | |
|-----------------------|---|--|--|
| Risk 1 | customer dissatisfaction and non-compliance with our complaint procedure, | | |
| Description | which may result in improvement recommendations from the SPSO. | | |
| Risk Category | Governance | | |
| Inherent Risk Level | Likelihood 4 x Impact 3 = 12 (High risk) | | |
| Mitigating Actions | Weekly meeting to discuss outstanding complaints | | |
| (including timescales | Increased staff awareness of the complaint procedures. | | |
| and resources) | Recruitment of staff member with focus on complaint | | |
| | administration by the DHSCP | | |
| Residual Risk Level | Likelihood 3 x Impact 3 = 9 (High risk) | | |
| Planned Risk Level | Likelihood 2 x Impact 3 = 6 (Moderate Risk) | | |
| Approval | It is recommended to accept the risk levels with the expectation that the | | |
| recommendation | mitigating actions make the impacts which are necessary to improve the | | |
| | complaint resolution timescales. | | |

14.0 CONSULTATIONS

14.1 The Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

15.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

| Direction Required to Dundee City Council, NHS Tayside or Both | Direction to: | |
|--|--|---|
| | No Direction Required | х |
| | 2. Dundee City Council | |
| | 3. NHS Tayside | |
| | 4. Dundee City Council and NHS Tayside | |

16.0 BACKGROUND PAPERS

16.1 None

Dave Berry
Chief Officer

DATE: 20 May 2025

Cheryl Russell Customer Care & Governance Officer