**ITEM No …9……..**

**REPORT TO:** **PERFORMANCE AND AUDIT COMMITTEE –20 MAY 2026**

**REPORT ON:** **QUARTERLY FEEDBACK REPORT – 4th QUARTER 2025/2026**

**REPORT BY:** **CHIEF FINANCE OFFICER**

**REPORT NO:** **PAC15-2026**

## 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 fourth quarter of 2025/26. 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 Note the complaints handling performance for health and social work complaints set out within this report.

2.2 Note 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.

2.5 Remits the Chief Officer to review the Strategic Risk Register with reference to the information contained within section 6 of this report.

## 3.0 FINANCIAL IMPLICATIONS

None

## 4.0 MAIN TEXT

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.

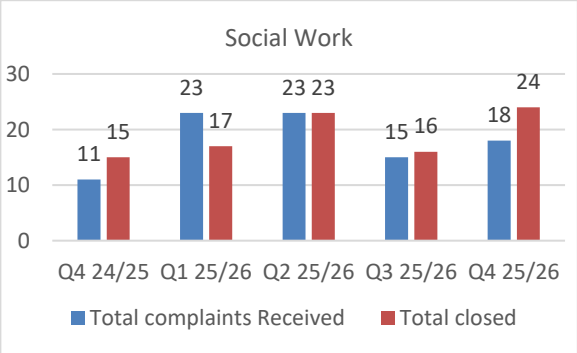
4.3 While the first graph, at section 5.1, advises the volume of complaints received during the period, this report is based upon complaints closed within the period. Please note that not all figures will add up to 100% due to data quality issues within the data provided from the complaints systems (for example, missing fields or complaints received but transferred to a non-DHSCP service) .

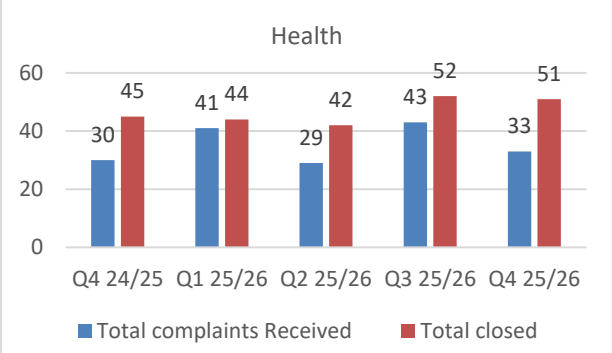
4.4 Whilst the SPSO mandatory complaint reporting categories only apply to non-NHS complaints the Health and Social Care Partnership has committed to providing a cohesive complaint report that supports IJB members to compare complaints activity and outcomes across the multiple processes as easily as possible. Therefore, NHS complaints have been included in the same category of reporting. However, there are some difficulties in gaining timeous access to the NHS complaint data to allow categorisation to be undertaken and reported.

## 5 Complaints Received

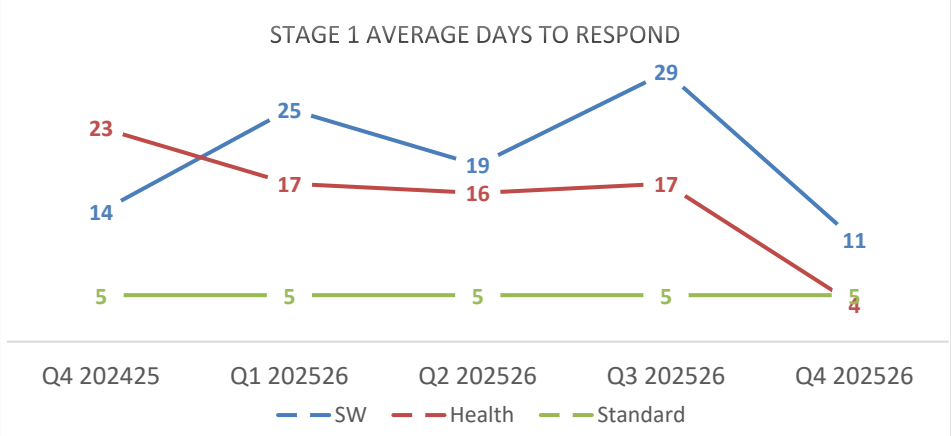
5.1 In the fourth quarter of 2025/26 a total of 51 complaints were received about social work and health services delivered by the HSCP.

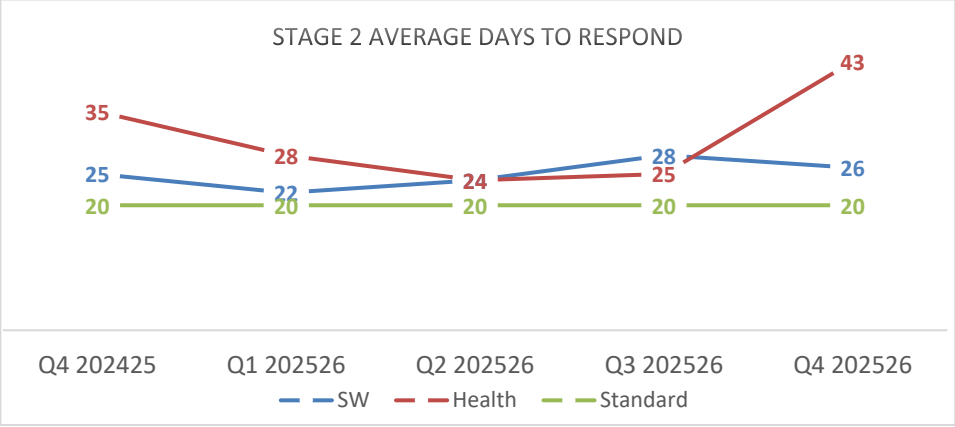
**Number of complaints received & closed quarterly**

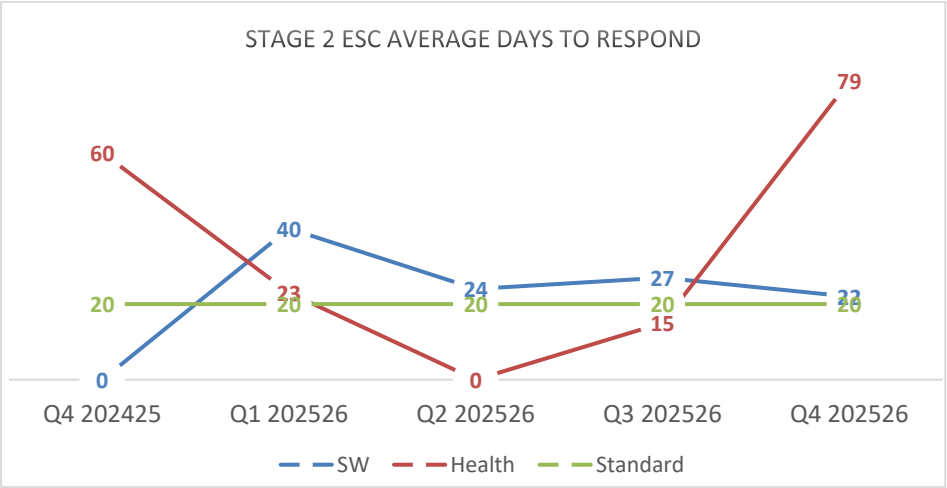



5.2 **Average Days to Respond**






The graphs above indicate that across the board services are facing significant challenges responding within expected timescales. Average timescales at stage 1 have been improving for both social work and health complaints, whilst timescales at stages 2 have been deteriorating for health complaints.

5.3 **Complaints Stages – Proportion Closed within Timescale**

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

| **Stage 1** | Q4 2024/25 | Q1 2025/26 | Q2 2025/26 | Q3 2025/26 | Q4 2025/26 |
|---|---|---|---|---|---|
| SW | 44% | 57% | 30% | 20% | 73% |
| Health | 62% | 80% | 67% | 58% | 75% |

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

| **Stage 2** | Q4 2024/25 | Q1 2025/26 | Q2 2025/26 | Q3 2025/26 | Q4 2025/26 |
|---|---|---|---|---|---|
| SW | 0% | 57% | 40% | 22% | 67% |
| Health | 25% | 48% | 45% | 33% | 40% |

Stage 2 Escalated complaints are stage 1 complaints which have been escalated to a stage 2 complaint. This can happen for a variety of reasons.

| **Stage 2 Esc** | Q4 2024/25 | Q1 2025/26 | Q2 2025/26 | Q3 2025/26 | Q4 2025/26 |
|---|---|---|---|---|---|
| SW | 0% | 57% | 40% | 22% | 67% |
| Health | 25% | 48% | 45% | 33% | 0% |

5.4 Q4 has seen an increase in proportion of complaints closed within timescales across both Social Work and Health for stage 1 and stage 2 complaints. Stage 1 complaints are often much easier and quicker to resolve than stage 2 complaints.

5.5 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.

5.6 Regular communication with staff working on complaints, especially the overdue responses, which has been ongoing emphasises that where possible timeous responses should be sent.

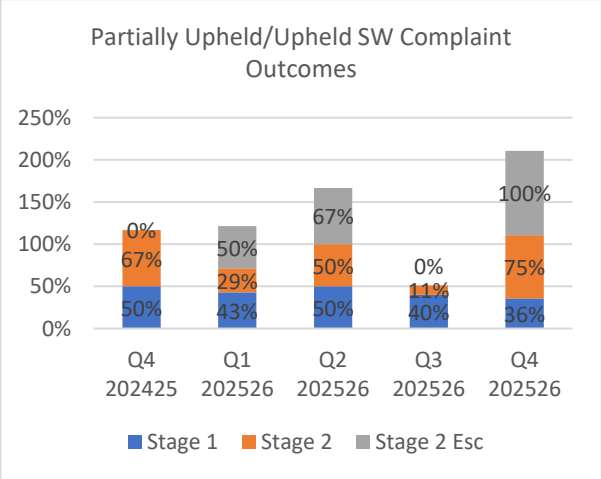
Complaint responses and the patient care should be handled separately. For example, the complaint response can advise of what the care plan is going to look like moving forward as apposed to waiting on the new care plan being put in place to respond to the complaint. This way of complaint management could help to further improve response timescales.

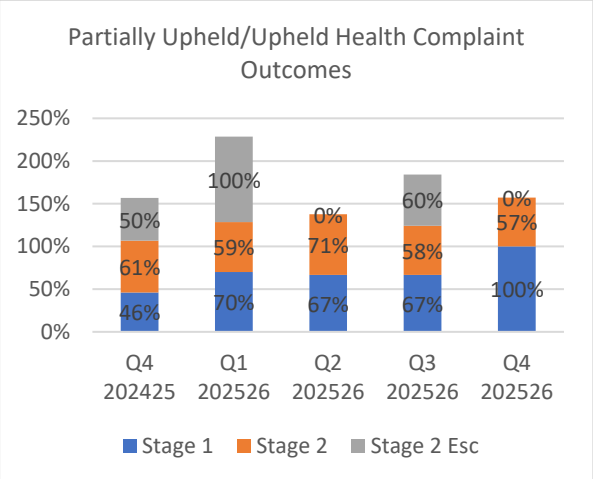
There has also been discussion of the DHSCP complaints staff having access to Qlikview for easier access to complaints information and to improve complaints handling support and communication.

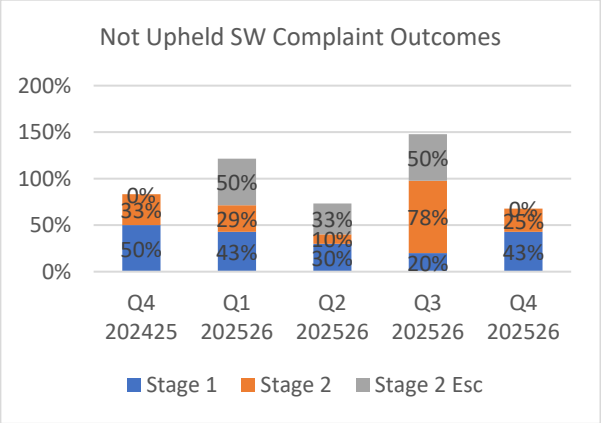
## 6 Complaint Outcomes

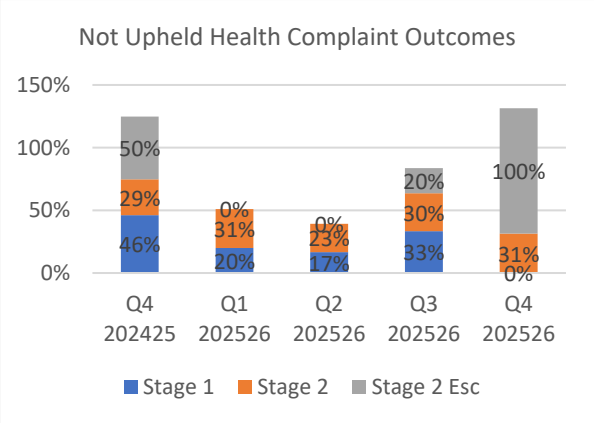
6.1 Over quarter four there were 40 upheld or partially upheld complaints within Social Work and Health.

This wide range of complaint outcomes suggests that all complaints are investigated fully. Where the complaint is upheld that means that the DHSCP agree with the complainants' reasons for complaint.




## 7 Planned Service Improvements

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.

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

7.3 Within quarter three there were 40 partially upheld or upheld complaints for social care and health which have all identified a cause and have service improvements planned to address these. By putting these planned service improvements in place, the Partnership aims to minimise complaints of the same nature being received.

7.4 Learning summaries from complaints will be attached as an appendix to this report in time. This will be built upon and included within reports to demonstrate what learning DHSCP has taken from feedback received and how we have made improvements moving forward.

## 8 Open Complaints

8.1 On the 20th April there were a total of 28 open health and social care complaints.

| | 0-5 days | 6-10 days | 11-15 days | 16-20 days | >20 days | >40 days | >60 days | Total |
|---|---|---|---|---|---|---|---|---|
| SW | 0 | 4 | 1 | 0 | 6 | 1 | 1 | 13 |
| Health | 3 | 1 | 1 | 1 | 5 | 3 | 1 | 15 |

8.2 Fourteen 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.

8.3 There are three Social Work and Health complaints under review by the SPSO where we have been asked to provide further information relating to the complaint.

## 9 Compliments

9.1 The Partnership received a compliment regarding our Tayside Reproductive Health Service advising that the receptionist was very efficient, polite and helpful. Also, the triage nurse was again very polite, helpful and positive on the phone and arranged an appointment for the same day. Clinic ran on time and the clinician was professional, polite, efficient and caring in their assessment and treatment. The nursing assistant was friendly and reassuring providing a positive experience overall.

## 10 IJB Complaints

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

## 11 Care Opinion

11.1 Dundee Health and Social Care Partnership has subscribed to the Care Opinion platform and work is underway to develop and implement the system within all service areas across the partnership. Care Opinion is an independent not-for-profit website which has been backed by the Scottish Government for use across all NHS boards in Scotland since 2013.

11.2 The majority, at least 70%, of stories submitted to Care Opinion are positive pieces of feedback. Care opinion makes it easier for staff to hear how their work has made a difference and is valued by the local community. The online feedback tool contributes towards a culture of openness, fairness, and transparency. All services provided by DHSCP will be available on Care Opinion in due course.

11.3 Currently activities for fully utilising Care Opinion include:

- Finalising the mapping over where services previously sat on the NHST or other Tayside HSCP Care Opinion (negotiating process for delegated services).

- Finalising the identification of responders from each team, adding them to Care Opinion as responders, creating alerts for them and ensuring they have login details and access to training / support.
- Creating bespoke posters using service specific QR code (awaiting a more final service tree).

- Developing a longer-term communication plan to promote the use of Care Opinion to service users and the workforce.

11.6 Regular metrics and reporting of Care Opinion activity will be incorporated into the standing feedback items presented to the IJB and CCPG. Metrics are being considered, but could include items such as:

- No. of stories received

- Positive vs negative feedback %

- Breakdown of services receiving feedback

- Actions or changes taken

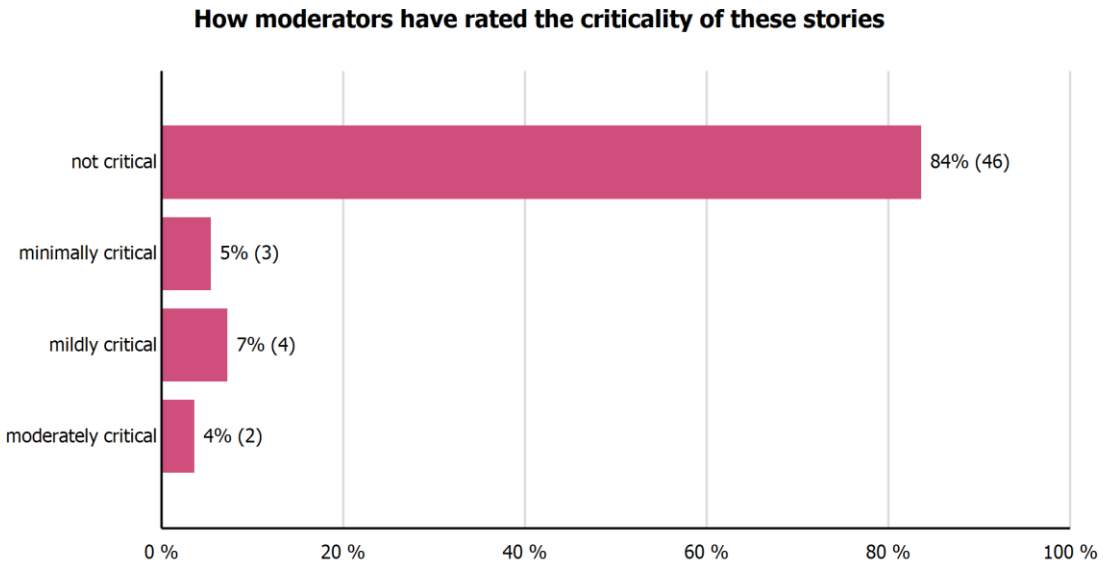
In the meantime, an overview of the activity within Care Opinion for 2025/26 is provided below (noting that this reflects partial information as the system has not yet been fully implemented):

- 55 stories were received, of which 37 had been responded to.

- The majority of responses were made within 5 days of the stories being published.

- The 55 stories had been viewed 3,628 times; the three most frequently viewed stories were:
    - Positive story - impact of Dundee Adult Psychology Service on quality of life.
    - Positive story – impact of MacMillan nurses on the quality of care provided to a patient and support for their family members.
    - Critical story – feedback on challenges making telephone contact with Dundee Community Care and Treatment Services.

- Moderators rated the criticallity of the 55 stories received as follows (criticality scores are assigned by moderators, not the public).




## 12 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 RISK ASSESSMENT

13.1 The content of this report relates to the following risk from the IJB Strategic Risk Register:

| | |
|---|---|
| **Risk** | IJB10 Engagement – There is a risk of the work of the IJB being insufficiently supported and informed by communication and engagement with stakeholders. |
| **Risk Level** | 12 (High) |
| **Risk Appetite** | Within |
| **The report demonstrates:** | |
| | **An increase in risk level** |
| | **A reduction in risk level** |
| | **The effectiveness of current controls** |
| X | **The identification and implementation of additional controls**<br>The implementation of Care Opinion should be considered as an additional planned mitigating control for this risk – significantly enhancing routes to receive and analyse routes for receiving feedback from services users. |
| | **The presence of a new / emerging risk** |

## 14 CONSULTATIONS

The Acting Chief Finance Officer, Acting Head of Strategic Services and the Clerk were consulted in the preparation of this report.

## 15 BACKGROUND PAPERS

None

Dave Berry
Chief Officer

DATE: 21 April 2026

Cheryl Russell
Customer Care & Governance Officer