



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE –26 NOVEMBER 2025
REPORT ON: QUARTERLY FEEDBACK REPORT – 1st and 2nd QUARTER 2025/2026
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC46-2025

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 and second quarters 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.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

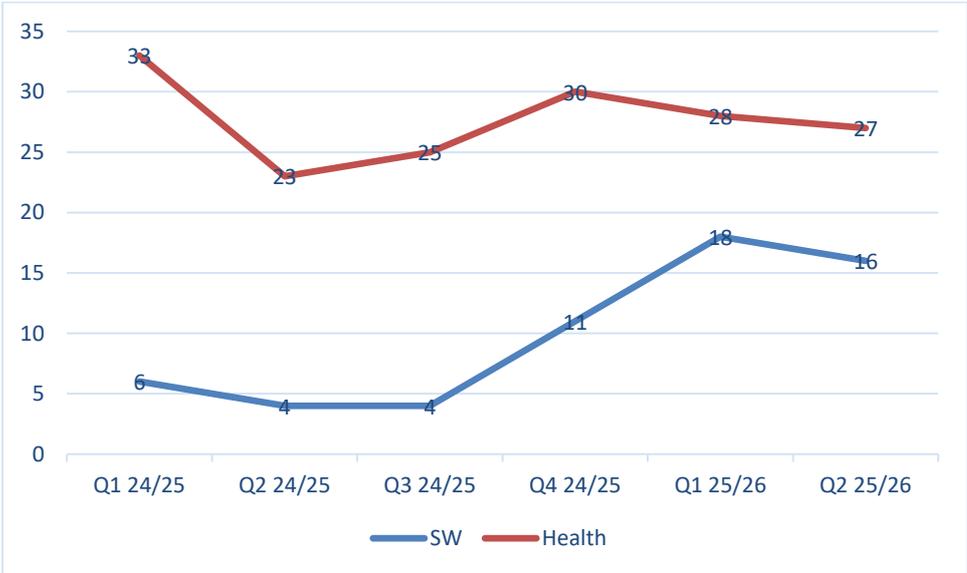
- 4.1 Since the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying 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 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 data quality issues within the data provided from the corporate complaints systems (for example, missing fields or complaints received but transferred to a non-DHSCP service) .
- 4.5 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

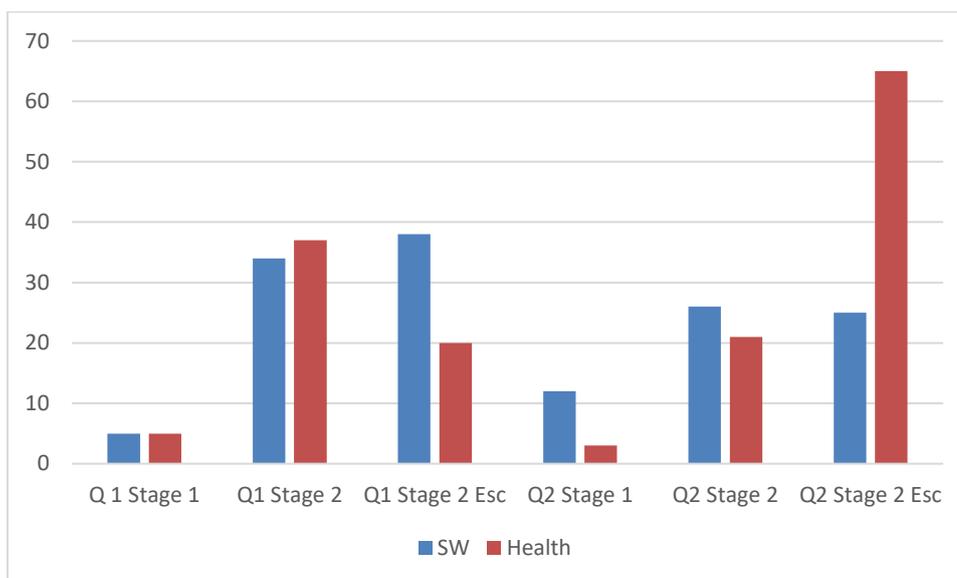
- 5.1 In the first quarter of 2024/25 a total of 17 complaints were received about social work or social care services, which is the highest within quarterly number within the last year. In the second quarter 16 complaints were received.
- 5.2 Health received 28 complaints for Q1 within in the Dundee Health and Social Care Partnership. In the second quarter 27 complaints were received.

Number of complaints received quarterly



The graph shows that social work complaints have seen a sustained increase received over quarter one and two, compared to the previous year.

5.3 Average Days to Respond



The graph indicates that Stage 1 complaints are being responded to within timescales (Stage 1 – 5 days with potential to extend to further 10 days). However Stage 2 Complaints are not being responding to within timescales (Stage 2 – 20 days with potential to extend further).

5.4 Complaints Stages – Closed within Timescale

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

Stage 1	Q1 2024/25		Q2 2024/25		Q3 2024/25		Q4 2024/25		Q1 2025/26		Q2 2025/26	
	Social Care	2	67%	1	33%	0	0%	4	44%	4	57%	3
Health	16	89%	9	90%	11	79%	8	62%	9	100%	6	100%

For the past two quarters all Stage One Health complaints have been closed within timescales.

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

Stage 2	Q1 2024/25		Q2 2024/25		Q3 2024/25		Q4 2024/25		Q1 2025/26		Q2 2025/26	
	Social Care	1	100%	1	33%	0	0%	0	0%	2	29%	2
Health	7	39%	9	47%	13	45%	7	25%	5	31%	9	60%

5.6 For the second quarter Stage 2 Health complaints saw an increase in being completed within timescales..

5.7 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.

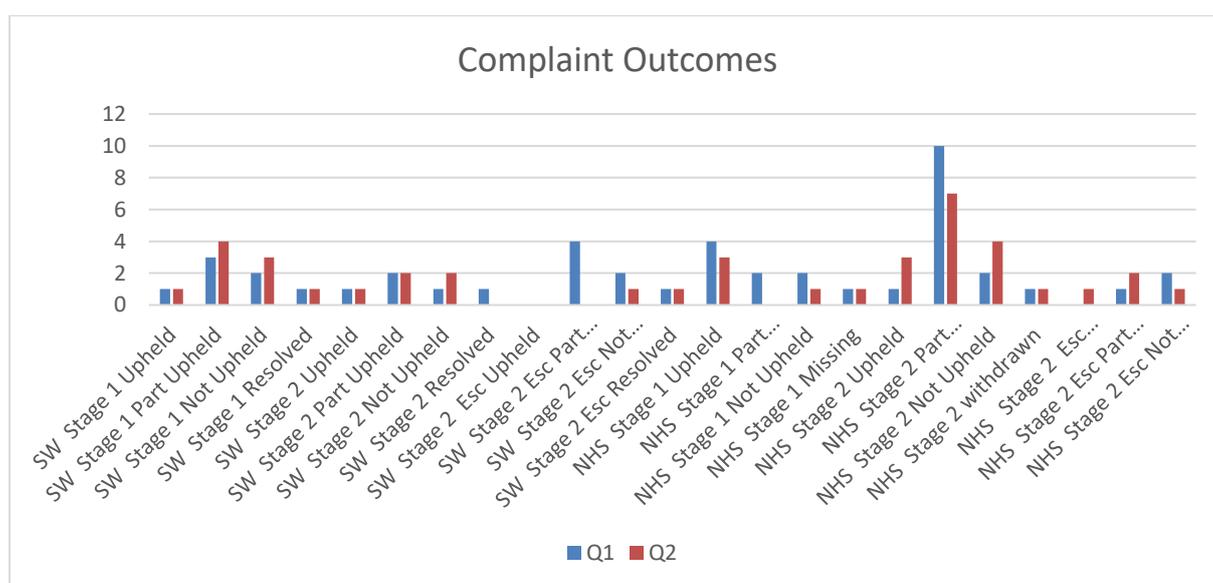
5.8 Regular communication with staff working on complaints, especially the overdue responses has been ongoing and are aware that where possible timeous responses should be sent.

5.9 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.

6 Complaint Outcomes

6.1 Over quarters One and Two there is a wide range of complaint outcomes recorded for completed complaints.

This wide range of complaint outcomes suggests that all complaints are investigated fully and 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 Over Quarters One and Two there were 52 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 An example of this is complaints which were received regarding changes to allocated social worker to be communicated in writing, including details of any interim arrangements and a multi-disciplinary annual review of service provision.

8 Open Complaints

8.1 On the 5th November there were a total of 59 open health and social care complaints.

	Total Open	20 days or less	21-39 days	40-99 days	100 days +	180 days +	Average Days
Social Care	5	2	1	2	0	0	39
Health	16	9	5	2	0	0	20

8.2 Fifteen 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 were currently four Health complaints which are under consideration by the Scottish Public Services Ombudsman. Two of which have come back with no further action required from the service. One complaint we were required to provide the complainant with a further response and one complaint is still under review awaiting further information from the Mental Health service.

9 Compliments

9.1 We are receiving compliments on Care Opinion. One received was about the Macmillan Nurses based at Stracathro Hospital and the care they gave to a patient with a palliative diagnosis. Another compliment was about the Dundee Enhanced Care At Home Team following a patient's anaemia diagnosis.

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 with a small team to develop and implement the system within all service areas across the partnership.

11.2 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.

11.3 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.

11.4 Currently DHSCP are identifying Teams to add to the 'service tree' and working with National Care Opinion team to have these teams added to Care Opinion.

11.5 Currently activities for fully utilising Care Opinion include:

- Mapping over where services previously sat on the NHST or other Tayside HSCP Care Opinion (negotiating process for delegated services)
- Identifying who will respond 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
- Ordering materials (included in subscription)
- Creating bespoke posters using service specific QR code (awaiting a more final service tree)
- Communication Plan

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 may include:

- No. of stories received
- Positive vs negative feedback %
- Breakdown of services receiving feedback
- Actions or changes taken

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 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 CONSULTATIONS

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

15 BACKGROUND PAPERS

None

Christine Jones
Acting Chief Finance Officer

DATE: 5 November 2025

Clare Lewis-Robertson
Lead Officer