

## To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee

## On: 15 March 2024

#### Report by: Lead Officer, Communications and Public Affairs

#### Heading: Public Interaction Report for April – September 2023

#### 1. Summary

- 1.1 The purpose of this report is to provide an update on public affairs performance, in accordance with statutory requirements, from 1 April 2023 to 30 September 2023.
- 1.2 This includes Complaints, Enquiries, Freedom of Information (FoI) and Subject Access Requests (SARs). The report also includes an update on the performance of our main channels of public communication, as well as examples of compliments received within the period.

#### 2. Recommendation

It is recommended that the IJB Audit, Risk and Scrutiny Committee:

• Note the content of this report.

#### 3. Background

3.1 Public Interaction Reports are presented to the Audit, Risk and Scrutiny Committee twice per year, in March (mid-year report) and September (full year report). This is the mid-year report for 1 April 2023 – 30 September 2023.

#### 3.2 Summary

	April to September 2023	April to September 2022	April to September 2021
Complaints	123	99	80
Enquiries	152	229	309
Fols	70	60	61
SARs	27	19	23

#### 4. Complaints

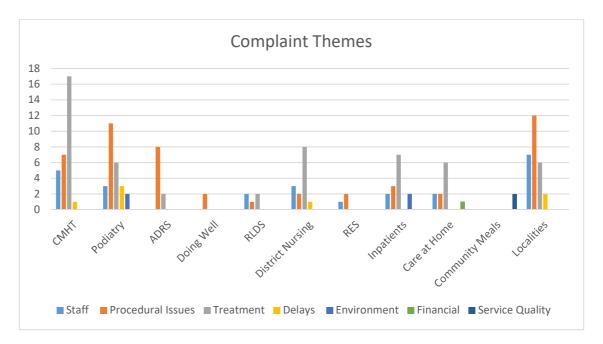
#### 4.1 Total complaints received from April to September 2023, 2022, and 2021

April to September 2023	April to September 2022	April to September 2021		
123	99	80		

- 4.1.1 Between 1 April and 30 September 2023 there was a total of 123 complaints received for services delivered by the HSCP. This is a 24% increase compared to the same period in 2022.
- 4.1.2 However, in the same period last year, we recorded 13 complaints relating to CAMHS, which is now hosted in East Dunbartonshire HSCP. If we remove those figures from the 2022 figures to provide a more accurate comparison, it would mean an equivalent figure of 86 complaints for the same period last year. The increase in complaints compared with last year would therefore be 43%.
- 4.1.3 The increase is due to a combination of factors, including higher demand for HSCP services at the same time as staff capacity challenges resulting from recruitment and retention difficulties and staff absences.
- 4.1.4 This section of the report details performance in reference to each of the nine key performance indicators which were introduced by the Scottish Public Services Ombudsman (SPSO) Model Complaints Handling Procedure.

#### 4.2 Indicator One: Learning from Complaints

- a. Actions and Improvements
- 4.2.1 For all upheld or partly upheld complaints, actions are recorded and progressed. All ongoing action plans are tracked by the Complaints Team and reviewed at Locality Governance meetings.
- 4.2.2 From April to September 2023, 71 complaints (58%) were either upheld or partly upheld and actions were taken.
  - b. Issues and Themes
- 4.2.4 Issues and themes are recorded for each service area and discussed at Service and Locality meetings to highlight areas of concern.



Note: CMHT = Community Mental Health Team; ADRS = Alcohol & Drug Recovery Service; RLDS = Renfrewshire Learning Disability Service; and RES = Rehabilitation and Enablement Service

4.2.5 This distribution follows a similar pattern to recent years, with Podiatry and Community Mental Health complaints remaining most prevalent. However, in this period we have seen an increase in the number of complaints relating to Localities from 10 to 29, which is a 190% increase.

#### 4.3 Indicator Two: Complaint Process Experience

- 4.3.1 We recognise that if a person has taken the time to contact us about their own, or a loved one's, negative experience of our services, we have a duty and responsibility to respond. Effective, efficient and compassionate complaints handling is therefore vitally important.
- 4.3.2 No feedback has been received regarding the complaints process during this reporting period.

#### 4.4 Indicator Three: Staff Awareness and Training

- 4.4.1 Due to departmental staffing shortages no formal training has been carried out across service areas for the year to date regarding complaint handling. The Complaints Support Officer post will be re-advertised in April 2024 following unsuccessful interviews in January 2024.
- 4.4.2 Training materials have been reviewed and updated with training to be provided to staff once the vacant post has been filled.

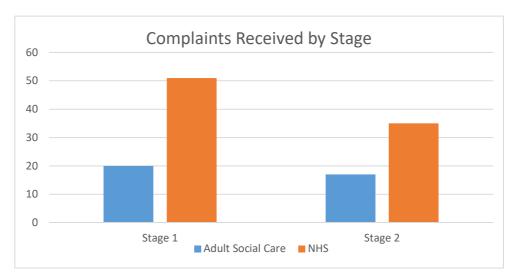
#### 4.5 Indicator Four: The total number of complaints received

4.5.1 Between 1 April and 30 September 2023 there were a total of 123 complaints received regarding HSCP Services. Of this total, 86 (70%) of complaints were

in relation to NHS Services and 37 (30%) were in relation to Adult Social Care Services.

## 4.6 Indicator Five: Complaints closed at each stage

4.6.1 For NHS Services, 51 complaints were processed as stage 1 complaints and 35 were processed as stage 2 complaints. For Adult Social Care Services, 19 were processed as stage 1 complaints and 18 were processed as stage 2 complaints.



Complaints Closed	(5 W	Stage 1 orking Days)	(20 V	Stage 2 Vorking Days)
at Each Stage	No.	% of total complaints	No.	% of total complaints
NHS	51	41.5%	35	28.4%
Adult Social Care	19	15.5%	18	14.6%
Combined	70	57%	53	43%

## 4.7 Indicator Six: Complaints upheld, partially upheld and not upheld.

4.7.1 The following tables provide a breakdown of the outcomes of the various complaints received during the period. These figures show a small increase in the number of complaints resulting in a 'not upheld' outcome from last year in both stage 1 and stage 2 categories. Similarly, those resulting in 'fully upheld outcomes have reduced, and for stage 2 complaints this number has halved.

Stage 1 Complaint Outcomes							
	Not Upheld	Partly Upheld	Fully Upheld	Resolved	Irresolvable	Suggestion / Feedback	Withdrawn
NHS	14 (20%)	21 (30%)	6 (8.6%)	N/A	3 (4.3%)	0	7 (10%)
Adult Social Care	3 (4.3%)	10 (14.3%)	3 (4.3%)	N/A	1 (1.4%)	0	2 (2.9%)
Combined	17 (24.3%)	31 (14.3%)	9 (12.85%)	N/A	4 (5.7%)	0	9 (12.85%)

Stage 2 Complaint Outcomes						
	Not Upheld	Partly Upheld	Fully Upheld	Irresolvable	Withdrawn	
	14	15	2	1	3	
NHS	(26.4%)	(28.3%)	(3.8%)	(1.9%)	(5.7%)	
Adult Social	3	11	3	0	1	
Care	(5.7%)	(20.8%)	(5.7%)		(1.9%)	
	17	26	5	1	4	
Combined	(32%)	(49%)	(9.5%)	(1.9%)	(7.6%)	

#### 4.8 Indicator Seven: Average Times

#### 4.8.1 (i) the average time in working days to respond to complaints at stage 1 (Target 5 working days)

NHS = 3 Days Adult Social Care = 5 Days Combined = 4 Days

# 4.8.2 (ii) the average time in working days to respond to complaints at stage 2 (Target 20 working days)

NHS = 17 Days Adult Social Care = 12 Days Combined = 14 Days

- 4.8.3 Performance against this indicator shows that our average response times are well within targets. Individual circumstances can cause some responses not meeting timescales, which is explained below at 4.9.2.
- 4.9 Indicator Eight: The number and percentage of complaints at each stage that were closed in full within the set timescales of 5 (Stage 1) and 20 (Stage 2) working days (Target 70%)
- 4.9.1 With a target of 70%, the following table provides a breakdown of performance against this indicator for stage 1 and stage 2 complaints. The target was achieved in all areas apart from stage one adult social care complaints.

4.9.2 Some of the reasons for complaint responses not meeting the timescale include:

- The absence of staff members whose input was needed to provide an accurate and detailed response to the complainant.
- Complex investigations that required additional time to establish the full circumstances behind the complaint received.
- Patients too unwell to participate fully in the complaints process.

Closed within Timescale	Stage 1 (5 Working Days)	Stage 2 (20 Working Days)
NHS	45 (88.2%)	28 (80%)
Adult Social Care	13 (68.4%)	17 (72.7%)
Combined	58 (82.8%)	45 (84.9%)

#### 4.10 **Indicator Nine: Number of cases where an extension was authorised.**

- 4.10.1 Of the 12 stage one complaints that were outwith the 5-day target, two were authorised. The responses were late due to delays in the complaints being actioned by the relevant service areas.
- 4.10.2 Of the eight stage 2 complaints, five were authorised with a holding letter sent to the complainant advising of the delay. Where an extension was not authorised, this was due to delays in awaiting clarification on whether the correspondence should be treated as a complaint and a delay in the response being sent to the Complaints Team.

## 5. Enquiries

## 5.1 Background

- 5.1.1 Renfrewshire Health and Social Care Partnership receives a variety of enquiries, which can include requests for information about the services we provide, or elected member casework carried out on behalf of their constituents.
- 5.1.2 We strive to provide a flexible and responsive enquiry service which supports a positive relationship with elected members and the public.

## 5.2 **Total Enquiries received from April to September 2023, 2022 and 2021.**

April to September 2023	April to September 2022	April to September 2021
152	229	309

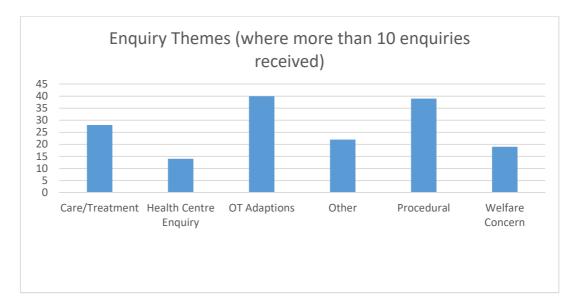
5.2.1 There has been a 34% decrease in the number of enquiries received relating to HSCP services from April to September 2023 compared to the same period in 2022. This is due to a further reduction in the number of enquires relating to vaccinations that were a frequent theme of enquiry in 2021 and 2022.

## 5.3 Enquiries from April to September 2023



5.3.1 There was also a 53% decrease in the number of enquiries from MP / MSPs for the same period last year. However, enquiries from other areas remained relatively consistent.

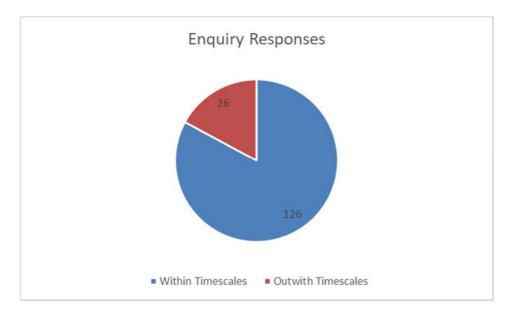
## 5.4 Enquiry Themes



- 5.4.1 Enquiries relating to care / treatment have halved since the last period. There has also been a reduction in enquires around day services and OT adaptations.
- 5.4.2 These have been offset by a threefold increase in procedural enquiries. Common themes for this increase include people requesting adaptions or funding that they are not eligible for - and restrictions around registering at chosen GP practices.

#### 5.5 Total Number Completed within Timescales

- 5.5.1 The HSCP target timescale for handling enquiries is 5 working days.
- 5.5.2 Of the **152** enquiries received, **126** were closed within timescales (83%, up from 81% from the last full year). The average time for all enquiry responses was **3** working days.



## 6. Freedom of Information (Fol)

## 6.1 Background

- 6.1.1 The Freedom of Information (Scotland) Act 2002 (FoISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to the Act as a public authority within its own right, however, receives very few Fol requests.
- 6.1.2 During the period 1 April 2022 to 30 September 2022, the IJB received two requests for information. Neither of the requests received related to information held by the IJB. Statistical information regarding IJB Fols are uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis.
- 6.1.3 Any Fol relating to the operational delivery of Health and Adult Social Care Services received by the Local Authority or NHS Greater Glasgow & Clyde is also shared with the Health & Social Care Partnership. Information in relation to these requests is included below.

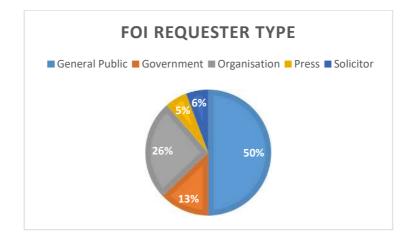
## 6.2 Total Fols received from April to September 2023, 2022 and 2021.

2023	2022	2021	2020
70	60	61	60

The number of Fols received for the period April to September had been static over the last three years. However, there has been an uplift of Fol requests during the period of April to September 2023 of 16.6%. The increase was due to a number of requests from solicitors relating to claims against our services.

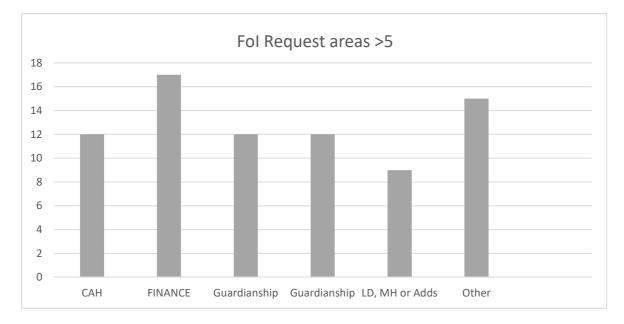
## 6.3 Freedom of Information requests in April – September 2023

6.3.1 The following chart provides a breakdown of the source of Fols received within the period. This shows that 50% were received from the general public. This is consistent with the same period last year.



## 6.4 Fol Request Areas

6.4.1 The following chart provides a breakdown of which services most Fols asked about. There is a fairly evenly distributed range, with enquiries relating to finance and care at home services accounting for the largest proportions.



#### Notes:

- \*Other category includes Fols related to Care Providers, Care Homes, Addiction Recovery Services, Carers, IT, Self-Directed Support, Social Work Management Structure.
- CAH =Care at Home; LD, MH or Adds = Learning Disability, Mental Health and Addiction Services

## 6.5 Fols Completed within Timescales

- 6.5.1 Statutory responsibility for Health and Social Care Fol requests lies with the NHS and Council respectively, although Renfrewshire HSCP provides the information required. The target timescale for responding to FOI requests is 20 working days.
- 6.5.2 Of the 70 Fols received relating to Health and Social Care services 64 were completed on time (91%). When a response to a Fol request is expected to be late, an email is sent to the requester advising the reason for delay.

## 7. Subject Access Requests

## 7.1 Background

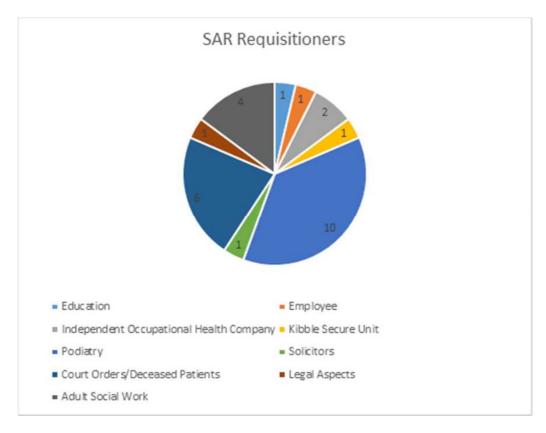
Individuals have the right to access and receive a copy of their personal data, and other supplementary information. This is commonly referred to as a Subject Access Request (SAR). Individuals can make SARs verbally or in writing, including via social media. A third party can also make a SAR on behalf of another person.

## 7.2 Total SARs received from April to September 2023, 2022 and 2021

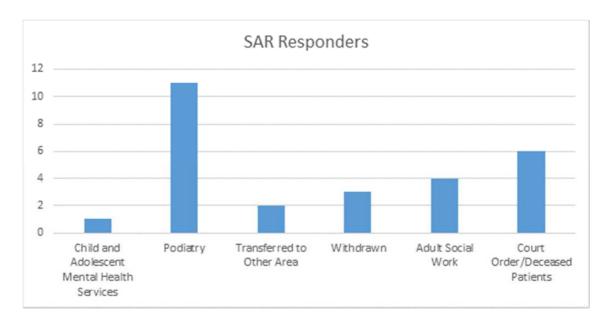
2023	2022	2021
27	19	23

7.2.1 The number of SARs received for the period April - September 2023 increased by 42% compared to the same period in the previous year. This is more in line with previous years as we had seen a reduction over the past two years.

## 7.3 Subject Access Requests (SARs): April - September 2022



## 7.4 Subject Access Requests per Service Area



## 7.5 Total Number of SARs Completed within Timescales

7.5.1 A SAR should be responded to within one calendar month. A request subject to a Court Order should be responded to within 7 days. From April to September 2023 all SARs were completed within the timescales.

## 8. Compliments

8.1 As well as complaints and enquiries, we also record any positive feedback we receive from those who interact with our services. These are regularly shared back to HSCP staff through communication channels to provide staff recognition where it is deserved. We have included a small selection of compliments received below:

## 8.2 **Podiatry**

"I am writing to inform you of the excellent treatment I received from your podiatrist at Kirkintilloch H.C. I attended the clinic early February, suffering with ingrown toenails on both big toes. The decision was taken that both nails needed removed, but as I had other medical conditions, it wasn't straightforward. The podiatrist then contacted the relevant department to confirm my procedure could proceed and called me back to tell me I would receive an appointment very soon. As promised, I got a phone call and had both nails removed the next week. I am now pain free and extremely grateful for her caring and prompt attention. I feel it's only right to acknowledge great treatment when all some people can do is criticise."

## 8.3 District Nursing

"I had a wonderful district nurse and I can't praise her highly enough. She was so kind and gentle and nothing was any bother. Within days I had a special mattress which helped my bed sores and for the first time in months I was able to sleep. My bed sores have almost gone, and I can sit down now without being in constant pain. She was an absolute gem, and I was sorry to see her go. We could do with more nurses like her. A big thank you. I can't thank you enough for looking after me and making me smile again."

## 8.4 Home First Response Team

"On discharge from hospital I received this service. All my needs were met by physiotherapists, dietician and Occupational Therapists. I was happy with all the provisions including handrails etc".

Another respondent said: "It gives me great pleasure to respond to the care, skills and service rendered to me by the team for their excellent service in enabling me to literally get back on my feet and restore my confidence. After six weeks in hospital, it was like starting all over again – only weaker. Words are inadequate to express our gratitude to each and every one of you. God bless you as you continue the work of the great physician".

## 8.5 Charleston Centre – Community Mental Health

"I think the intensive home treatment team for mental health based in Paisley Charleston centre should get a mention for all their hard work and input 7 days a week. They are all super stars and have helped a lot of people."

## 9. Communications

- 9.1 An overview of some of our communication work is captured below. This includes visitor numbers and page views on our website, with percentage comparison to the previous reporting period. Year on year we see these numbers increase, as we use our website as an important communications channel, for publications, good news stories and important service information.
- 9.2 A breakdown of our most visited webpages features our Community Mental Health Team. A review of traffic to this page shows a high proportion of people searching for information regarding mental health support. ADRS has become a new addition to our top 5 most visited pages. This follows an increase in communication for these services, which has driven new people to our website looking for information.
- 9.3 Also included is an overview of our social media channel activity. The data shows a decrease in the amount of people engaging with our content, compared to the previous reporting period. However, this is a result of not using paid adverts to boost our reach. Non-paid engagement on Facebook continues to rise significantly, which is now our main platform for a range of content and awareness raising. We use LinkedIn for job posts and professional engagement. We use Twitter (X) less as more people move away from the platform. This is in parallel with our parent organisations and other partners.

## Communications Evaluation: April 2023 - September 2023

Website





\*previous year comparison - % change

#### Top visited pages

	7 5 / 7	•			
1.	7,567	Communi	ty Mental H	lealth Tear	n
2.	6,638	Alcohol, D	orug and R	ecovery Se	rvices*
3.	3,739	Adults and	<mark>d Older</mark> Peo	ople's Serv	ices
4.	3,663	CIRCLE			
5.	2,872	Careers			
*new to t	op 5				
(a)					
Social med	lia	Three	ear comparis	on - followers	
				cebook	
3000 2500 2000 1500 1000 500 0					
-	2021		2022		2023
Overall reac	h - number o	f times peop	le have seer	content	
	31.3k 🔸	<b>54.8%*</b>		acebook 6 wer as no paid a	0.7k 👽 39%* Idverts were used
Successfu	l Campaigns	Over	dose Aware	ness Day	Nurses Day
Youth Hea	alth Service	Pae	diatric Advid	ce Line	Learning Disability Week
Job a	Job adverts Breastfeeding Week Winter vaccination				

## Implications of the Report

- **1. Financial** There are no financial implications arising from the submission of this paper.
- 2. HR & Organisational Development There are no HR and OD implications arising from the submission of this paper
- **3. Community Planning and Strategic Plan -** There are no Community Planning implications arising from the submission of this paper
- 4. Wider Strategic Alignment there are no implications arising from the submission of this paper.
- **5.** Legal The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 6. **Property/Assets -** There are no property/ asset implications arising from the submission of this paper.
- 7. **Information Technology -** There are no ICT implications arising from the submission of this paper.
- 8. Equality and Human Rights No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
- **9. Fairer Duty Scotland** there are no implications arising from the submission of this paper.
- **10. Procurement Implications -** There are no procurement implications arising from the submission of this paper.
- **11. Privacy Impact** There are no privacy implications arising from the submission of this paper.
- **12. Risk** There are no risk implications arising from the submission of this paper.

## List of Background Papers – None

Author: John Millar, Lead Officer, Communications and Public Affairs

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (<u>Frances.Burns@renfrewshire.gov.uk</u>)