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

**On:** 18 September 2023

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

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**Heading:** Public Interaction Report for April 2022 – March 2023

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## 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 2022 to 31 March 2023. This includes complaints, enquiries, freedom of information (FOIs) 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.
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## 2. Recommendations

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

- Note the content of this report.
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## 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 full year report for 1 April 2022 – 31 March 2023.

### 3.2 Three-year overview of recorded figures:

	April to March 2023	April to March 2022	April to March 2021
Complaints	228	173	113
Enquiries	398	515	491
SARs	32	34	30
FOIs	133	123	109

- 3.3 There has been a 32% increase in the number of complaints received relating to HSCP services from April to March 2023 compared to the

same period in 2022. However, over a two-year period the increase is 102%.

This 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.

There has been a 28% decrease in the number of enquiries received relating to HSCP services from April 2022 to March 2023 compared to the same period in 2022. This is due to a reduction in the number of enquires relating to COVID / flu vaccinations, of which there were 98 more in the previous period.

The volume of SARs and FOI requests have remained relatively static from the previous year.

#### **4. Complaints**

4.1 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**

##### **4.2.1 Actions and Improvements**

For all upheld or partly upheld complaints, actions are recorded and progressed. All ongoing action plans are tracked by the Public Affairs Team and reviewed at Locality Governance meetings.

From April 2022 to March 2023, 74 of the 228 (32%) complaints were either upheld or partly upheld and actions were taken.

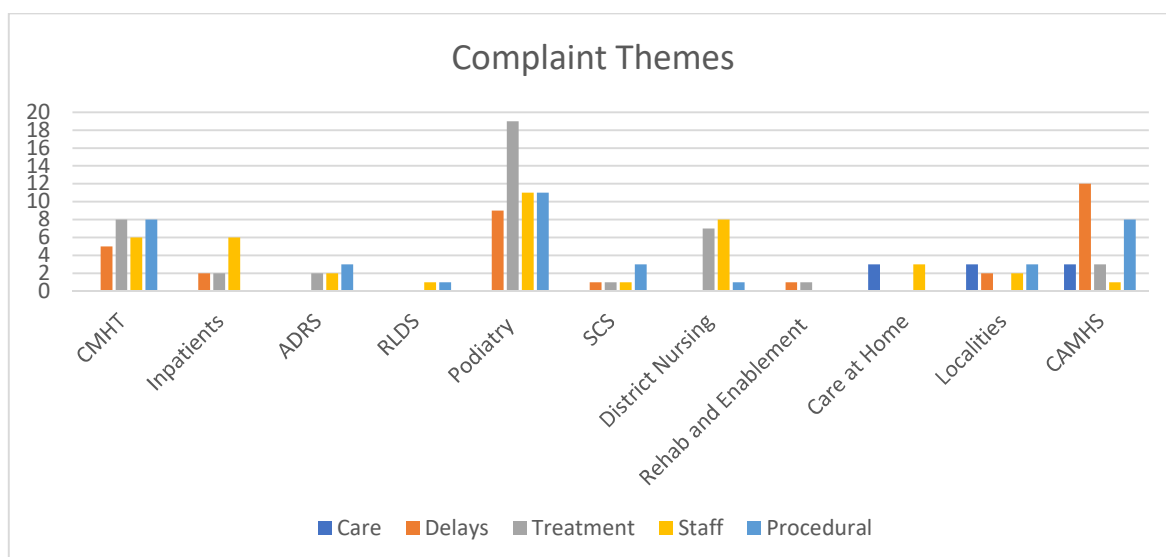
Examples of actions for improvement included:

<b>Area</b>	<b>Summary of Complaint</b>	<b>Action</b>
NHS Community Mental Health	A patient was unhappy with a lack of reasonable adjustments offered in communication with Renfrewshire HSCP Services, particularly in relation to Psychology and Psychiatry.	The Community Mental Health Service created a mailbox which can be used by service users to communicate with our services via email, if that is their preferred option. This mailbox will be monitored daily by duty staff who will then ensure that any messages received are passed to the relevant staff member. This new system will be in place for all Community Mental Health Teams in Renfrewshire to ensure that we are providing an inclusive service.

Social Work Complaint	The wrong medication was delivered to a patient's apartment.	Staff have been reminded of policies and procedures regarding the safe handling of medication. Training refreshers, shadowing exercises, regular observations and reflective discussions have taken place to make sure of better practice.
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#### 4.2.2 Issues and Themes

Issues and themes are recorded for each service area for any upheld or partly upheld complaints and discussed at Service and Locality meetings to highlight areas of concern. There may be more than one issue within each complaint.



This distribution follows a similar pattern to recent years, with podiatry, CAMHS and Community Mental Health complaints remaining most prevalent.

CMHT = Community Mental Health Team  
 ADRS = Alcohol & Drug Recovery Service  
 RLDS = Renfrewshire Learning Disability Service  
 SCS = Specialist Children's Service  
 CAMHS = Child and Adolescent Mental Health Services\*

*\*The CAMHS service is now hosted in East Dunbartonshire HSCP. We have reported CAMHS figures in this year's report as they were recorded while within Renfrewshire's remit. They will not feature in future years and figures will be adjusted to allow accurate comparison in future years.*

### 4.3 **Indicator Two: Complaints Process Experience**

4.3.1 We recognise that if a person has taken the time to contact us about their, or a loved one's, negative experience of our services then we have a duty and responsibility to respond. Effective, efficient and compassionate complaints handling is therefore vitally important.

4.3.2 To date, no negative feedback has been received regarding the complaints process.

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

4.4.1 Due to staffing shortages and the recruitment and induction of a new Public Affairs Manager, no formal training has been carried out across service areas for the year to date regarding complaint handling. The Public Affairs Manager has been delivering training on an individual basis to new investigating managers until formal training sessions can be supported.

4.4.2 However, training materials have been reviewed and updated with training planned over the coming months.

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

<b>April to March 2023</b>	<b>April to March 2022</b>	<b>April to March 2021</b>
228	173	113

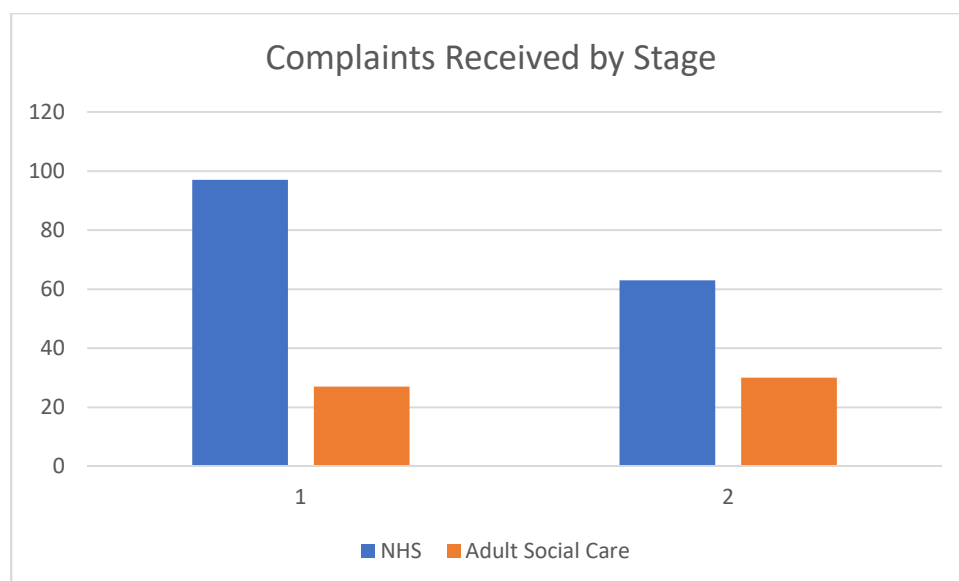
4.5.1 There has been a 32% increase in the number of complaints received relating to HSCP services from April to March 2023 compared to the same period in 2022. However, over a two-year period the increase is 102%.

4.5.2 This 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.

4.5.3 Of the 228 complaints received, 168 (74%) were in relation to NHS Services and 58 (26%) were in relation to Adult Social Care Services.

4.5.4 For NHS Services, 97 complaints were processed as Stage 1 complaints and 63 were processed as Stage 2 complaints. 8 complaints were withdrawn.

4.5.5 For Adult Social Care Services, 27 complaints were processed as Stage 1 complaints and 30 were processed as Stage 2 complaints. 1 complaint was withdrawn.



#### 4.6 Indicator Five: Complaints closed at each stage.

Complaints Closed at Each Stage	Stage 1 (5 Working Days)		Stage 2 (20 Working Days)	
	Number	% of total complaints	Number	% of total complaints
NHS	97	43%	63	28%
Adult Social Care	27	12%	30	13%
Combined	124	54%	93	41%

4.6.1 This year, more complaints were completed at stage one (54%) compared with 2022 (42%). This increase is accounted for by a 64% increase in the number of NHS stage one complaints and a 30% increase in Adult Social Care complaints closed at stage one.

#### 4.7 Indicator Six: Complaints Upheld, Partially Upheld and Not Upheld.

Stage 1 Complaint Outcomes						
	Not Upheld	Partly Upheld	Fully Upheld	Resolved	Suggestion / Feedback	Withdrawn
NHS	39 (40.3%)	25 (25.7%)	29 (29.9%)	N/A	0	4 (4.1%)
Adult Social Care	0	0	0	26 (96.3%)	0	1 (3.7%)
Combined	39 (31.5%)	25 (20.2%)	29 (23.4%)	26 (21%)	0	5 (4%)

Stage 2 Complaint Outcomes				
	Not Upheld	Partly Upheld	Fully Upheld	Withdrawn
NHS	9 (33.3%)	6 (22.3%)	8 (29.6%)	4 (14.8%)
Adult Social Care	13 (43.3%)	14 (46.7%)	3 (10%)	0 (0%)
Combined	22 (38.6)	20 (35.1%)	11 (19.3%)	4 (7%)

#### 4.8 Indicator Seven: Average Times

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

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

NHS = 17 Days  
 Adult Social Care = 12 Days  
 Combined = 15 Days


#### 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.

Closed within Timescale	Stage 1 (5 Working Days)	Stage 2 (20 Working Days)
NHS	88 (90.7%)	45 (71.5%)
Adult Social Care	22 (81%)	21 (70%)
Combined	110 (88%)	30 (71%)

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

- The absence of staff members whose input was required to provide an accurate and detailed response to the complainant.
- Patients who required treatment while the complaint investigation was ongoing.
- Complex investigations that required additional time to establish the full circumstances behind the complaint received.

4.9.2 The IJB also measures performance against the percentage of all complaints responded to within 20 working days in the HSCP performance scorecard. Performance for 2022 / 2023 so far is compared against performance for the past two years in the table below.

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Status
% of complaints within HSCP responded to within 20 days (Outcome 8)	82%	90%	84% (March23)	70%	

4.10 **Indicator Nine: Number of cases where an extension was authorised in agreement with the complainant.**

4.10.1 Of the 124 Stage One complaints, 57 were recorded as closed outwith the 5-day target and not authorised. Although these responses were late due to service pressures, this could have been avoided by informing the complainant of the reason for delay and agreeing an extension with them or for more complex issues moving to Stage 2 of the complaints process. This will be addresses as a priority as planned staff training is resumed in the coming months.

4.10.2 Of the 93 Stage Two complaints, all were authorised with a holding letter sent to the complainant advising of the delay.

## 5. Enquiries

### 5.1 Background

5.1.1 Renfrewshire Health and Social Care Partnership receives a large volume of enquiries, which can include requests for information about the services we provide, or elected member casework carried out on behalf of their constituents.

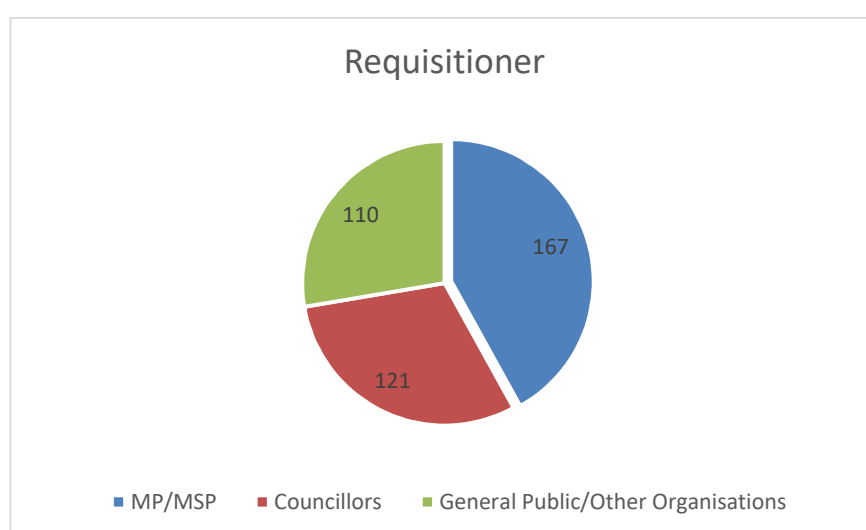
5.1.2 We strive to provide a flexible and responsive enquiry service, which supports a positive relationship with elected members and the public.

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

April to March 2023	April to March 2022	April to March 2021
398	515	491

5.2.1 There has been a 28% decrease in the number of enquiries received relating to HSCP services from **April 2022 to March 2023** compared to the same period in 2022. This is due to a reduction in the number of enquires relating to COVID / flu vaccinations that were a frequent theme of enquiry in 2021.

5.3 **Enquiries from April 2022 to March 2023**

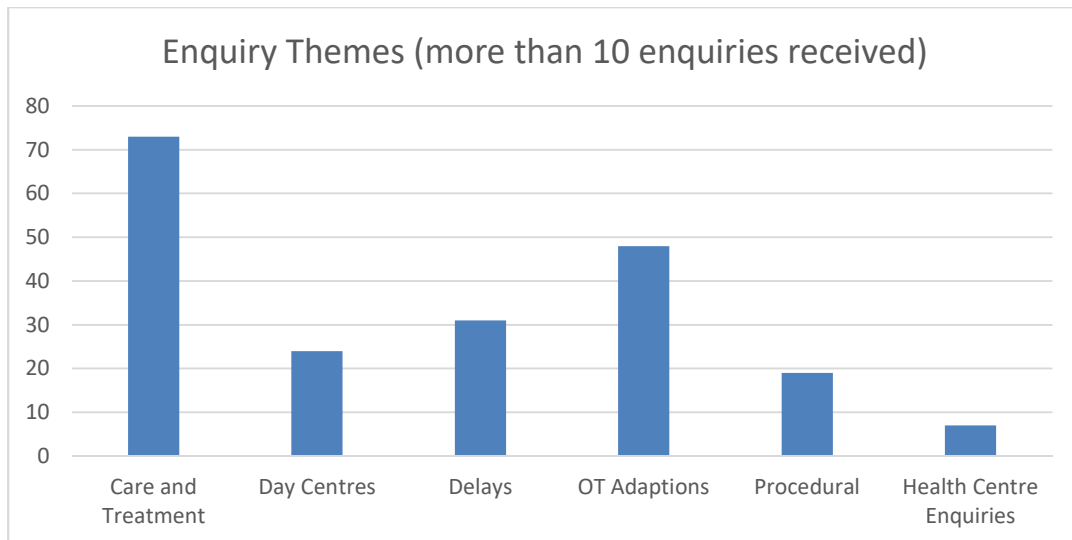


5.3.1 This is a similar split as recent years, with a slight decrease in the number of enquiries from members of the public. Similarly, this is due to a reduction in the number of enquires relating to COVID / flu vaccinations, which accounted for the largest number of enquiries in the previous period.

5.4 **Enquiry Themes**

5.4.1 Each enquiry may have more than one theme





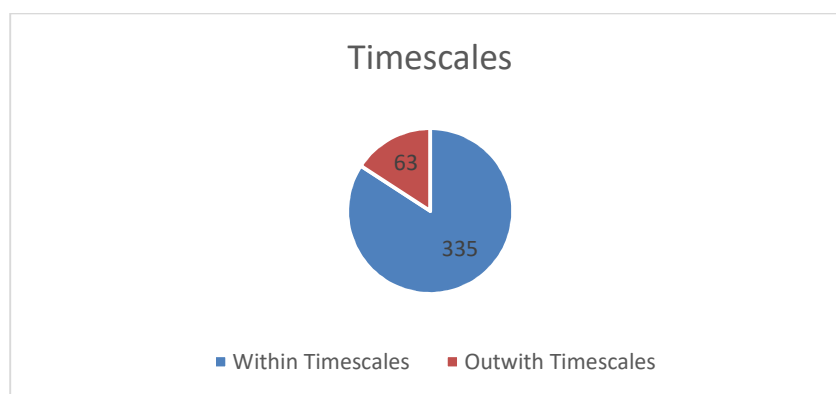
5.4.2 There were 98 enquiries relating to cold / flu vaccinations last year, which has dropped this year. This has reduced the number of enquiries generally. The remaining themes have reduced across the board, apart from enquiries relating to delays to service delivery, or which there were 30

## 5.5 **Total Number Completed within Timescales**

5.5.1 The HSCP target timescale for handling enquiries is 5 working days. **81%** of enquiries received were responded to within 5 working days. However, the average time for all enquiry responses was **6** working days.

5.5.2 The reason for the rise in average completion time was the increase in response time for enquiries completed **within timescales** (4.3 days last year to 5 days this year), as well as a range of more complex enquiries. The absolute number of enquiries responded to outwith timescales has actually dropped by 37%, from 100 outwith timescales last year to 63 this year.

5.5.3 This increase in average response time was down to a combination of factors, in particular the absence of key staff members whose input was required to provide an accurate and detailed response, the rise in the number of complaints, as well as a number of complex enquiries that required additional time to establish the full circumstances.



## 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 FOI requests.

6.1.2 During the period 1 April 2022 to 31 March 2023, the IJB received three requests for information. None of the requests received related to information held by the IJB. Statistical information regarding IJB FOIs are uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis.

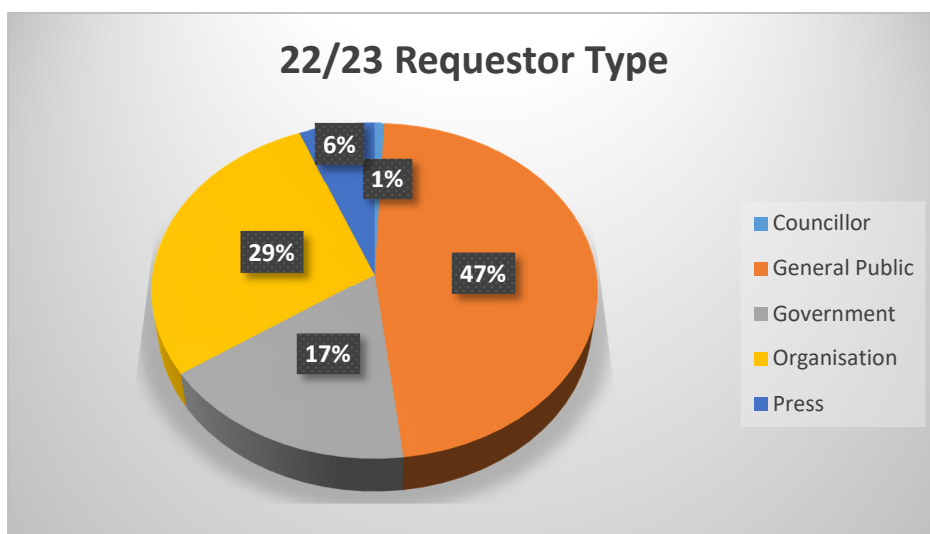
6.1.3 Any FOI relating to the operational delivery of Health and Adult Social Care Services received by the Local Authority or NHS Greater Glasgow & Clyde is also shared with the Health & Social Care Partnership. Information in relation to these requests is included below.

### 6.2 Total FOIs received from April to March 2023; 2022 and 2021.

2022 - 23	2021 - 22	2020 - 21
133	123	109

6.2.1 The number of Fols received for the period April 22 to March 2023 was 8.1% higher compared to the same period in April 2021 to March 22 and was an increase of 22% from April 2020 to March 21.

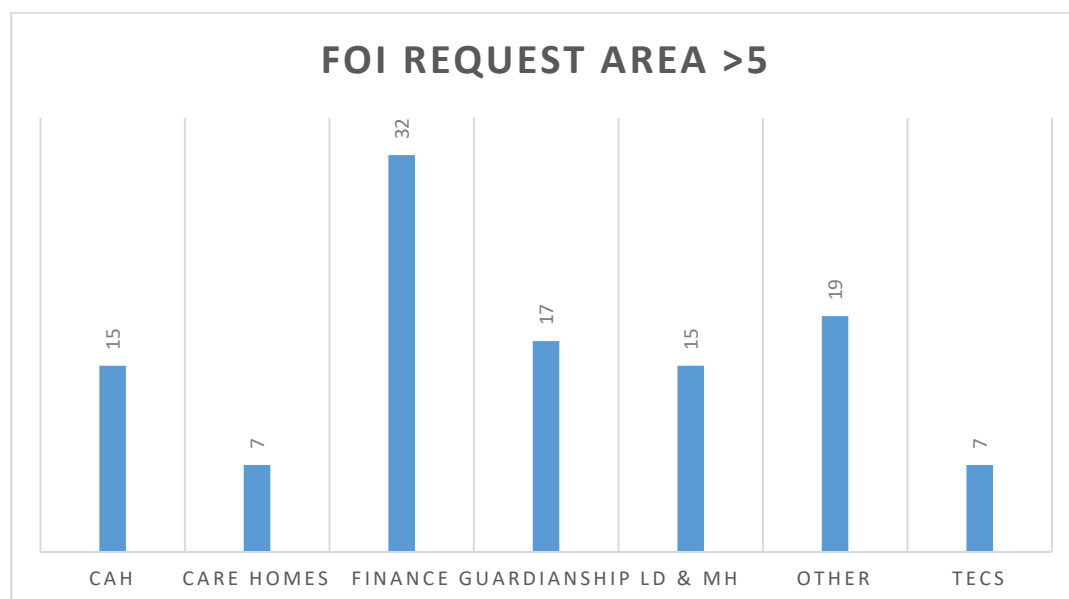
## 6.3

**Freedom of Information requests in April 22 – March 2023**

## 6.3.1

This spread of requests is broadly similar to last year, with a slight variance which is reflected by fewer councillor requests, replaced by an increase in government and press requests.

## 6.4

**FOI Request Areas**

## 6.4.1

This is a mainly similar spread of areas of interest to the previous period, with the biggest change being in the increase in number of requests relating to finances (22 to 32).

## 6.4.2

\*Other category includes FOIs relating to care providers, Occupational Therapy, addiction recovery services, carers, IT, Self-Directed Support, Social Work Management Structure / Staffing.

## 6.4.3

CAH & TECS = Care at Home and Technology Enabled Care Service  
 AP & Guardianship = Adult Protection & Guardianship  
 MH & LD = Mental Health & Learning Disability

## 6.5 FOIs Completed within Timescales

6.5.1 Statutory responsibility for Health and Social Work FOI requests lies with the NHS and Council respectively, although Renfrewshire HSCP provides the information. The target timescale for responding to FOI requests is 20 working days.

6.5.2 Of the 133 FOIs received relating to Health and Social Work services, 117 (88%) were completed on time. In the previous period, 123 were received, with 107 (87%), completed on time. When a response to an FOI 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

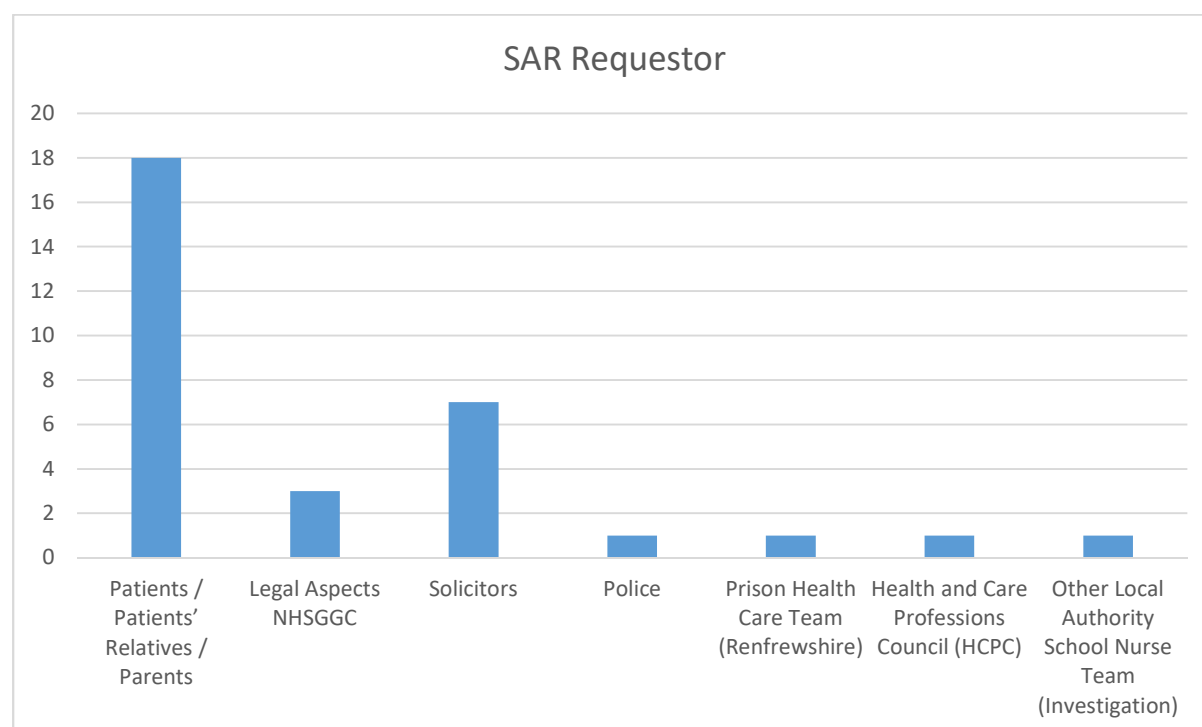
Individuals have the right to access and receive a copy of their personal data, and other supplementary information. This is commonly referred to as a Subject Access Request (SAR). Individuals can make SARs verbally or in writing, including via social media. A third party can also make a SAR on behalf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

### 7.2 Total SARs received and actioned from April to March 2023, 2022 and 2021.

2023	2022	2021
32	34	30

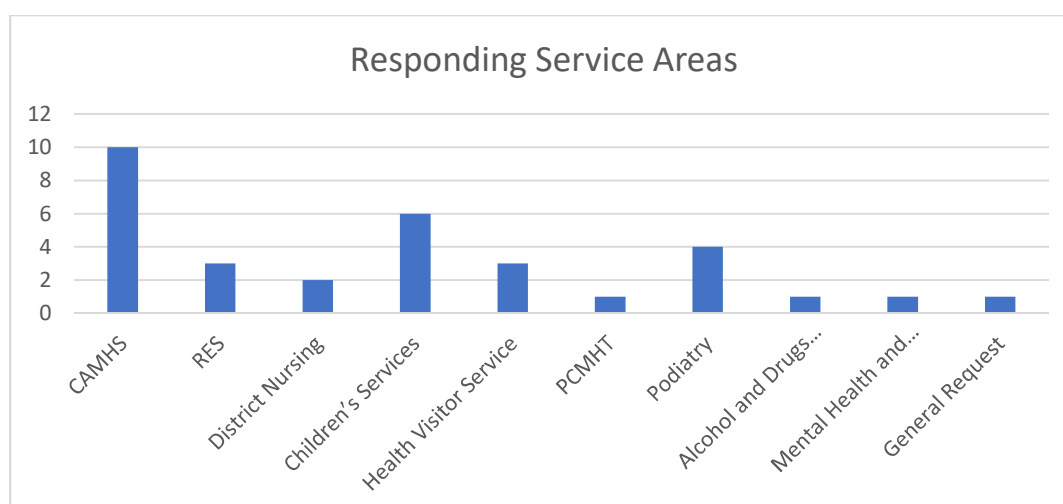
7.2.1 The number of SARs received for the period April – March 2023 was relatively static with 32 recorded for the year – a decrease of 6% compared to the same period in the previous year (1 of these was subject to a Court Order and 2 were requests for deceased patients' records as per the Access to Health Records Act 1990).

### 7.3 Subject Access Requests (SARs): April – March 2023



7.3.1 This is a very similar split of requestors as the previous year.

### 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, although a SAR which is requested by a court order should be responded to within 7 days.

**7.5.2 From April 22 to March 2023:**

7.5.3 10 of the 32 SARs were unable to be completed as information requested by the HSCP was not provided by the requisitioners.

7.5.4 20 of the remaining 22 SARs were completed on time.

7.5.5 The 2 remaining SARs were late in being responded to as they had not been forwarded to the HSCP timeously by other departments. The requisitioners of these 2 SARs agreed to extended timescales in which to respond.

## **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**

- 8.2.1 *The Podiatrist at Possilpark Health Centre is excellent. He has a very pleasant and polite manner, and gives good care. I am very pleased with the foot care I have received. Please convey my thanks.*

- 8.2.2 *I can advise Natalie Don MSP has been contacted by her constituent who has explained to Natalie that her health has deteriorated over the last few years due to diabetic complications and Charcot foot. The constituent has asked Natalie to write to you and express her thanks for the NHS services and treatment she receives. She has requested that special thanks be passed to the Podiatry Team at Renfrew Health Centre who have been wonderful.*

### **8.3 Inpatient Mental Health**

- 8.3.1 *"I recently received inpatient treatment at South ward, Dykebar Hospital for my mental health. I would just like to say a big thank you to all the nurses, healthcare assistants and the occupational therapy team, for the part they played in giving me my life back. Although I'm not 100% better, I am certainly on the right track (and medication) thanks to them. I feel that staff in mental health hospitals are often overlooked and do not receive the recognition that they truly deserve, as they often work under highly stressful circumstances and deal with patients with all sorts of illnesses and complex needs-who are often very mentally unwell.*

*I would also like to praise the staff for advocating for myself and undoubtedly other patients; for listening and really taking on board how the patient feels. What a great team, thank you so much."*

### **8.4 District Nursing**

- 8.4.1 *"My Mother came out of hospital following a major operation and District Nurse care had been arranged to administer her daily injection.*

*"Without exception, all nursing staff were extremely friendly, chatty, helpful and empathetic - and all displayed a high degree of professionalism in their work. In addition, the nurses were able to provide support and guidance, which helped build her overall confidence in adapting to her condition.*

*"Thank you again to all District Nurses for their care, empathy and support".*

## 9. Public 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 includes our careers page, which was implemented in Summer, 2021. Since its inception we have had over 18,000 page views.
- 9.3 Also included is an overview of our social media channel activity. There has been significant engagement with our ongoing recruitment campaigns, content has included videos, photos and stories about our staff as well as targeted paid adverts on Facebook to expand our recruitment efforts, particularly for Care at Home posts.

### Communications Evaluation: April 2022 - March 2023

#### Website



80,733 (98% new)

Users 44.8%\*



331,107

Page Views 35.7%\*

\*previous year comparison - % change

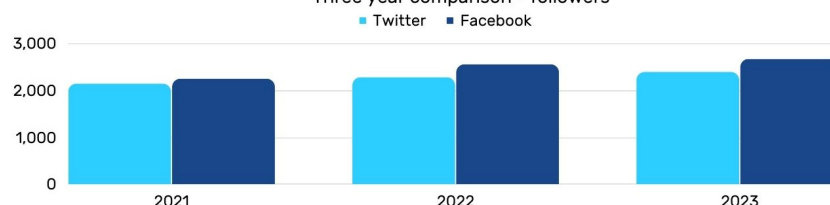
#### Top visited pages

1.	14,268	Community Mental Health Team
2.	11,531	Careers
3.	9,709	CIRCLE*
4.	7,207	Adults and Older People's Services
5.	2,877	Contact us

\*new to top 5

#### Social media

Three year comparison - followers



Overall reach - number of times people seen content

Twitter 107.8k 44.5%\*

Facebook 244.1k 216.8%\*

\*previous reporting year comparison - % change

#### Successful Campaigns

Launch of Youth Health Service

Job adverts

CAH Recruitment Event

Launch of Paediatric Advice Line

Change in way contact HV

Odd socks - Down Syndrome Awareness Day

Recovery Walk



## Implications of the Report

1. **Financial** – Sound financial governance arrangements are in place to support the work of the Partnership.
2. **HR & Organisational Development** - There are no HR and OD implications arising from the submission of this paper
3. **Strategic Plan and Community Planning** - 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 Scotland Duty** – there are no implications arising from this paper.
10. **Health & Safety** – there are no implications arising from this paper.
11. **Procurement** - There are no procurement implications arising from the submission of this paper.
12. **Privacy Impact** - There are no privacy implications arising from the submission of this paper.
13. **Risk** – none.

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## List of Background Papers – None

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**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 ( <a href="mailto:Frances.Burns@renfrewshire.gov.uk">Frances.Burns@renfrewshire.gov.uk</a> )
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