



**Item: 4**

**Policy and Resources Committee: 18 June 2024.**

**Performance Monitoring – Orkney Health and Care.**

**Report by Chief Officer – Orkney Health and Social Care Partnership.**

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## **1. Overview**

- 1.1. The Council Plan 2023-28, approved in March 2023, reflects national priorities set by both the Scottish and UK Governments and the core services which the Council provides day to day, as well as taking account of new duties arising from recent legislation.
- 1.2. The Delivery Plan to support the Council Plan contains a number of priority actions listed to indicate the work which will be undertaken to achieve the identified outcomes.
- 1.3. The Council Plan 2023-28 noted that each directorate will have a delivery plan describing the priorities that they will deliver.
- 1.4. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to work together to improve community health and social care services.
- 1.5. Orkney Islands Council and NHS Orkney (NHSO) agreed to adopt a Body Corporate model for their partnership, resulting in the establishment of the Integration Joint Board (IJB).
- 1.6. The Council and NHSO delegate a significant number of health services, and all social care services, to the IJB , as specified in their Integration Scheme.
- 1.7. The IJB’s delivery plan is know as Orkney Health and Social Care Partnership Strategic Plan 2022 – 2025, and was approved by the IJB in June 2022.
- 1.8. The performance indicators that are the subject of this report, along with its appendices, cover those services delivered by Orkney Islands Council on behalf of the IJB.

## 2. Recommendations

- 2.1. It is recommended that members of the Committee:
- i. Scrutinise the performance of those Orkney Health and Social Care Partnership Services delivered by the Council, covering the period 1 October 2023 to 31 March 2024, as set out in Appendices 1 and 2 to this report.

## 3. Performance Indicators

- 3.1. Service performance indicators provide the mechanism through which the performance of aspects of the services, provided year-on-year, are monitored. The monitoring report is attached as Appendix 1.

## 4. Complaints and Compliments

- 4.1. Table 1 below sets out the number of complaints and compliments, made to Orkney Health and Social Care Partnership, in the six-month period covering 1 October 2023 to 31 March 2024, and for the preceding two six-month periods.

Table 1.	Six-months ending 31 March 2023.	Six-months ending 30 September 2023.	Six-months ending 31 March 2024.
Complaints.	20.	31.	15.
Compliments.	56.	72.	64.

- 4.2. When considering the data within Table 1, it should be noted that the Council has adopted a policy of encouraging staff to record all complaints made against the Council through the Complaints Handling Procedure. This includes complaints that are quickly and satisfactorily resolved by the frontline service, thereby enabling the Council to identify any trends that would help to improve the service. Appendix 2 provides further information in relation to complaints and compliments for 2023/24.
- 4.3. As a result of this policy, the number of complaints captured by the procedure may increase, but that does not necessarily reflect an increase in the number of people contacting the service to express dissatisfaction with the Council.

### **For Further Information please contact:**

Stephen Brown, Chief Officer, Orkney Health and Social Care Partnership, extension 2601, Email [stephen.brown3@nhs.scot](mailto:stephen.brown3@nhs.scot).

## Implications of Report

1. **Financial:** none arising directly from this report.
2. **Legal:** none arising directly from this report.
3. **Corporate Governance:** not applicable.
4. **Human Resources:** not applicable.
5. **Equalities:** not applicable.
6. **Island Communities Impact:** not applicable.
7. **Links to Council Plan:** the proposals in this report support and contribute to improved outcomes for communities as outlined in the following Council Plan strategic priorities:
  - Growing our economy.
  - Strengthening our Communities.
  - Developing our Infrastructure.
  - Transforming our Council.
8. **Links to Local Outcomes Improvement Plan:** the proposals in this report support and contribute to improved outcomes for communities as outlined in the following Local Outcomes Improvement Plan priorities:
  - Cost of Living.
  - Sustainable Development.
  - Local Equality.
9. **Environmental and Climate Risk:** not applicable.
10. **Risk:** Risks associated with the services delivered by Orkney Health and Social Care Partnership are overseen by the IJB.
11. **Procurement:** not applicable.
12. **Health and Safety:** not applicable.
13. **Property and Assets:** not applicable.
14. **Information Technology:** not applicable.
15. **Cost of Living :** not applicable.

## List of Background Papers

Orkney Health and Social Care Partnership Strategic Plan 2022 – 2025.

## Appendices.

Appendix 1: Performance Indicators 31.03.23.

Appendix 2: Social Work and Social Care Services Experience Report 2023/24.

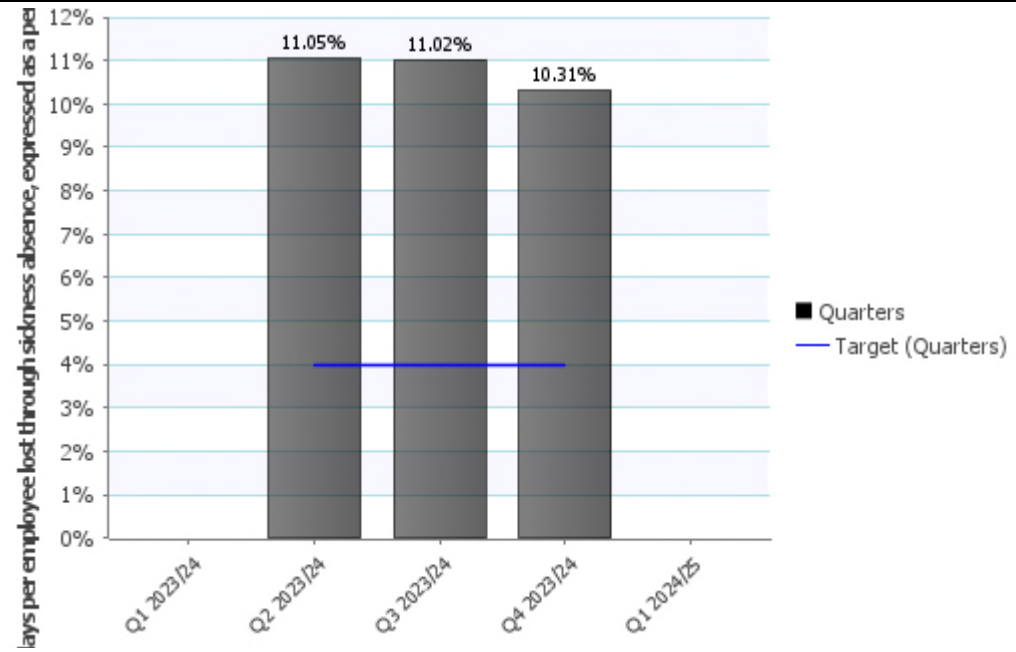
# Orkney Health and Care Performance Indicator Report


Service Performance Indicators at 31 March 2024



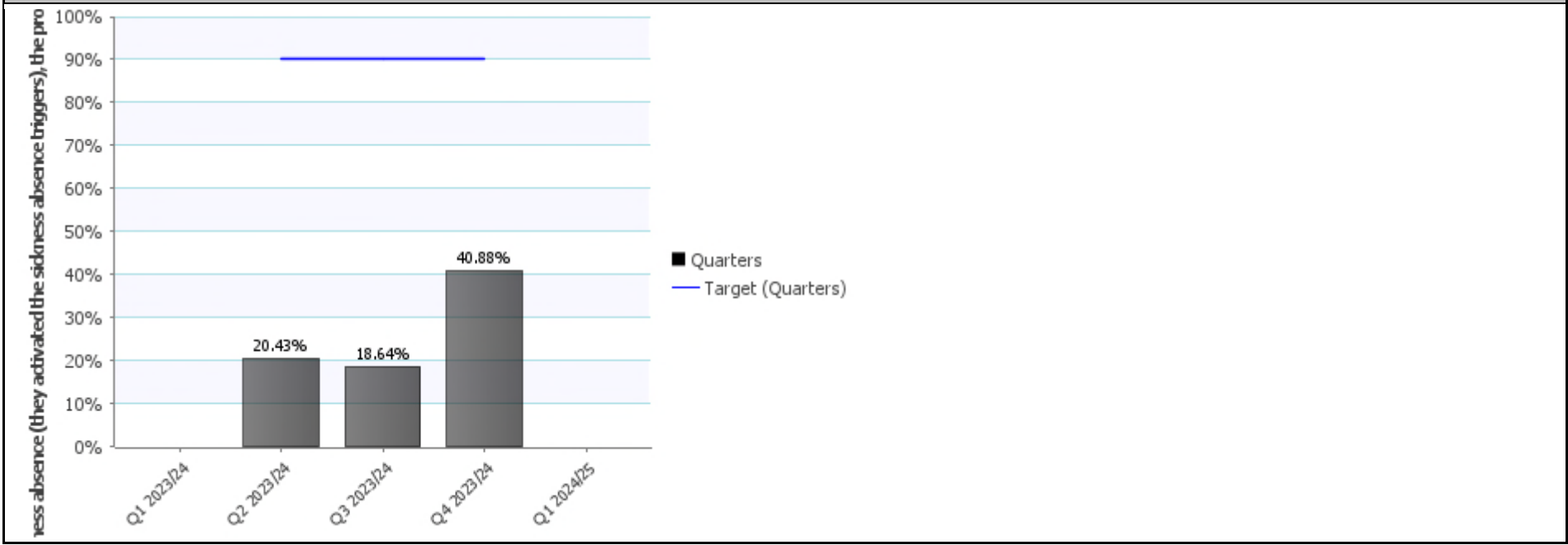
Performance Indicator				
CCG 01 – Sickness absence – The average number of working days per employee lost through sickness absence, expressed as a percentage of the number of working days available.				
Target	Actual	Intervention	RAG	
4%	10.31%	6.1%	RED	●
Comment				
Sickness absence remained high across our services, however there has been a reduction from 11.05% to 10.31% within the last reporting period. Weekly reports are now shared with the Chief Officer for oversight as well as regular reports presented to the Senior Management Team for scrutiny and to identify trends. To support staff across health and social care several activities which encourages health and wellbeing are shared. The Senior Management Team has encouraged staff to include Health, Safety and Wellbeing as standard items on team meeting agendas.				

## Trend Chart




<b>Performance Indicator</b>				
CCG 02 – Sickness absence – Of the staff who had frequent and/or long-term sickness absence (they activated the sickness absence triggers), the proportion of these where there was management intervention.				
<b>Target</b>	<b>Actual</b>	<b>Intervention</b>	<b>RAG</b>	
90%	40.88%	79%	RED	
<b>Comment</b>				
<p>Significant work has been undertaken since the last reporting period with an increase from 20.43% reporting at the last Committee to 40.88%, with the Chief Officer now receiving weekly reports on sickness management intervention and reminders being issued to line managers to encourage compliance. There are challenges across the system on the current recording system for sickness with agency and NHS employed managers being unable to access the system to directly upload sickness and the relevant paperwork. Work arounds have been put in place, however this is dependent on a lone worker within the Strategy, Performance and Business Solutions directorate uploading records on managers' behalf and advise when triggers have been reached. There have been further challenges with line management structures within the recording system being incorrect, work to review and update this has commenced.</p>				

### Trend Chart




Performance Indicator																						
CCG 03 – Staff accidents – The number of staff accidents within the service, per 30 staff per year.																						
Target	Actual	Intervention	RAG																			
1	2.67	2.1	AMBER	⚠️																		
Comment																						
<p>There have only been three reported accidents during this quarter. One of these was a result of service user behaviour arising from distress. Whilst it is well recognised that people with dementia can present challenging behaviours, HSE Guidance nonetheless classify these as acts of violence and must be recorded as such. There was one strike against a fixed object and one other kind of accident. There has been a reduction in the number of incidents resulting from a service users behaviour arising from distress.</p>																						
Trend Chart																						
<p>The chart displays the number of staff accidents per 30 staff per quarter. The y-axis represents the number of accidents, ranging from 0 to 10. The x-axis shows quarters from Q1 2023/24 to Q1 2024/25. A target line is set at 1.0. Actual values for Q2, Q3, and Q4 are 1.41, 2.41, and 2.67 respectively.</p> <table border="1"> <caption>Staff Accidents per Quarter</caption> <thead> <tr> <th>Quarter</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1 2023/24</td> <td>0</td> <td>1.0</td> </tr> <tr> <td>Q2 2023/24</td> <td>1.41</td> <td>1.0</td> </tr> <tr> <td>Q3 2023/24</td> <td>2.41</td> <td>1.0</td> </tr> <tr> <td>Q4 2023/24</td> <td>2.67</td> <td>1.0</td> </tr> <tr> <td>Q1 2024/25</td> <td>2.67</td> <td>1.0</td> </tr> </tbody> </table>					Quarter	Actual	Target	Q1 2023/24	0	1.0	Q2 2023/24	1.41	1.0	Q3 2023/24	2.41	1.0	Q4 2023/24	2.67	1.0	Q1 2024/25	2.67	1.0
Quarter	Actual	Target																				
Q1 2023/24	0	1.0																				
Q2 2023/24	1.41	1.0																				
Q3 2023/24	2.41	1.0																				
Q4 2023/24	2.67	1.0																				
Q1 2024/25	2.67	1.0																				



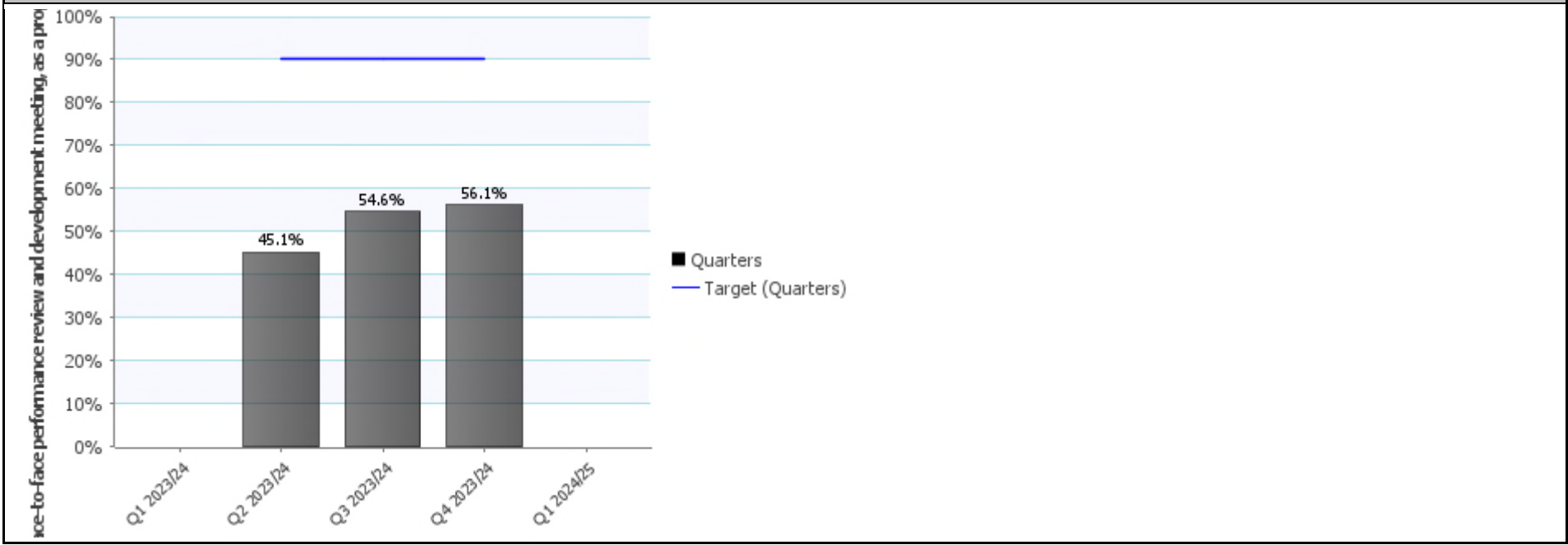
Performance Indicator																						
CCG 04 – Budget control – The number of significant variances (priority actions) generated at subjective group level, as a proportion of cost centres held.																						
Target	Actual	Intervention	RAG																			
15%	73%	31%	RED																			
Comment																						
There are significant over and underspends within various cost centres. This can be due to various factors, such as increased sickness levels requiring backfill or key vacancies, often using locum staff, which causes overspends. At present, there has been no budget movements made, as this will only hide the issues in the short term and the services need to understand the pressures within each of the budgets for the budget setting to be clear for the next financial year. All budget holders have been provided with the recent training material and guidance following the budget holder training.																						
Trend Chart																						
<p>Significant variances (priority actions) generated at subjective group level</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 2023/24</td> <td>0%</td> <td>15%</td> </tr> <tr> <td>Q2 2023/24</td> <td>64%</td> <td>15%</td> </tr> <tr> <td>Q3 2023/24</td> <td>73%</td> <td>15%</td> </tr> <tr> <td>Q4 2023/24</td> <td>73%</td> <td>15%</td> </tr> <tr> <td>Q1 2024/25</td> <td>73%</td> <td>15%</td> </tr> </tbody> </table> <p>Legend: ■ Quarters, — Target (Quarters)</p>					Quarter	Actual (%)	Target (%)	Q1 2023/24	0%	15%	Q2 2023/24	64%	15%	Q3 2023/24	73%	15%	Q4 2023/24	73%	15%	Q1 2024/25	73%	15%
Quarter	Actual (%)	Target (%)																				
Q1 2023/24	0%	15%																				
Q2 2023/24	64%	15%																				
Q3 2023/24	73%	15%																				
Q4 2023/24	73%	15%																				
Q1 2024/25	73%	15%																				

Performance Indicator																						
CCG 05 – Recruitment and retention – The number of advertised service staff vacancies still vacant after six months from the time of advert, as a proportion of total staff vacancies.																						
Target	Actual	Intervention	RAG																			
2%	25.45%	4.1%	RED	<span style="color: red;">●</span>																		
Comment																						
As previously reported recruitment and retention are known issues across all Health and Social Care services. There are significant challenges being faced in relation to recruitment nationally across the Health and Social Care workforce, and Orkney is no exception. Significant progress has been made with the Growing a Sustainable Social Care Workforce Project to look at creative ways of attracting people into a career in care, or encouraging those who are no longer in a career in care to return.																						
Trend Chart																						
<p>The chart displays the percentage of advertised service staff vacancies still vacant after six months from the time of advert for each quarter. The y-axis represents the percentage, ranging from 0% to 55% in 5% increments. The x-axis represents the quarters from Q1 2023/24 to Q1 2024/25. A blue horizontal line indicates the target at 2%. The actual percentages for each quarter are: Q1 2023/24 (0%), Q2 2023/24 (20.1%), Q3 2023/24 (54.5%), Q4 2023/24 (25.45%), and Q1 2024/25 (0%).</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 2023/24</td> <td>0%</td> <td>2%</td> </tr> <tr> <td>Q2 2023/24</td> <td>20.1%</td> <td>2%</td> </tr> <tr> <td>Q3 2023/24</td> <td>54.5%</td> <td>2%</td> </tr> <tr> <td>Q4 2023/24</td> <td>25.45%</td> <td>2%</td> </tr> <tr> <td>Q1 2024/25</td> <td>0%</td> <td>2%</td> </tr> </tbody> </table>					Quarter	Actual (%)	Target (%)	Q1 2023/24	0%	2%	Q2 2023/24	20.1%	2%	Q3 2023/24	54.5%	2%	Q4 2023/24	25.45%	2%	Q1 2024/25	0%	2%
Quarter	Actual (%)	Target (%)																				
Q1 2023/24	0%	2%																				
Q2 2023/24	20.1%	2%																				
Q3 2023/24	54.5%	2%																				
Q4 2023/24	25.45%	2%																				
Q1 2024/25	0%	2%																				


Performance Indicator																						
CCG 06 – Recruitment and retention – The number of permanent service staff who leave the employment of Orkney Islands Council – but not through retirement or redundancy – as a proportion of all permanent service staff.																						
Target	Actual	Intervention	RAG																			
5%	1.36%	10.1%	GREEN	▶																		
Comment																						
Although this indicator is currently at green, work continues to be progressed within the service on retention and ensuring that the actions from the Training Needs Analysis is progressed.																						
Trend Chart																						
<p>the employment of Orkney Islands Council – but not through retirement</p> <table border="1"> <caption>Quarterly Data for Trend Chart</caption> <thead> <tr> <th>Quarter</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 2023/24</td> <td>0%</td> <td>5%</td> </tr> <tr> <td>Q2 2023/24</td> <td>5.42%</td> <td>5%</td> </tr> <tr> <td>Q3 2023/24</td> <td>6.38%</td> <td>5%</td> </tr> <tr> <td>Q4 2023/24</td> <td>1.36%</td> <td>5%</td> </tr> <tr> <td>Q1 2024/25</td> <td>-</td> <td>5%</td> </tr> </tbody> </table> <p>Legend: ■ Quarters, — Target (Quarters)</p>					Quarter	Actual (%)	Target (%)	Q1 2023/24	0%	5%	Q2 2023/24	5.42%	5%	Q3 2023/24	6.38%	5%	Q4 2023/24	1.36%	5%	Q1 2024/25	-	5%
Quarter	Actual (%)	Target (%)																				
Q1 2023/24	0%	5%																				
Q2 2023/24	5.42%	5%																				
Q3 2023/24	6.38%	5%																				
Q4 2023/24	1.36%	5%																				
Q1 2024/25	-	5%																				

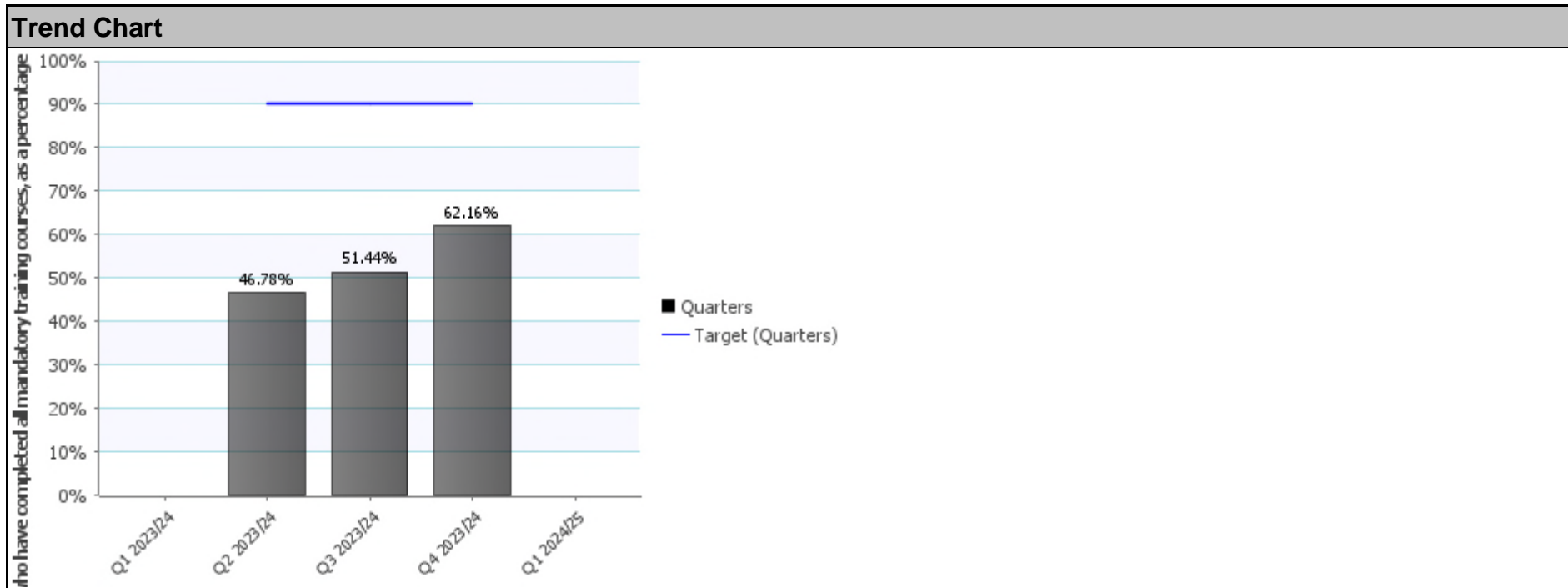
Performance Indicator				
CCG 07 – ERD – The number of staff who receive (at least) an annual face-to-face performance review and development meeting, as a proportion of the total number of staff within the service.				
Target	Actual	Intervention	RAG	
90%	56.1%	79%	RED	
Comment				
As previously highlighted capacity within services is limited due to vacancies across the system. However, there has been an increase from 45.1% to 56.1% since the last report was presented to Committee. Managers are regularly encouraged to ensure Good Conversations are completed. It should be noted that staff within Health and Social Care have routinely scheduled 1:1 or group sessions where they can discuss concerns, areas they feel they would benefit from additional training or support and have the opportunity to check in with how they are feeling, this is additional to Good Conversations and applies solely to the Partnership. The Senior Management Team receive regular reports on completion of Good Conversations for oversight.				

### Trend Chart



Performance Indicator																						
CCG 08 – Invoice payment – The number of invoices that were submitted accurately, and paid within 30 days of invoice date, as a proportion of the total number of invoices paid.																						
Target	Actual	Intervention	RAG																			
90%	87.7%	79%	AMBER	🚩																		
Comment																						
Reminders are regularly shared with administration staff and managers on the importance of progressing invoices as timely as possible to ensure delays are kept at a minimum.																						
Trend Chart																						
<p>The trend chart displays the percentage of invoices submitted accurately and paid within 30 days of invoice date across five quarters. The y-axis ranges from 0% to 100% in 10% increments. The x-axis lists quarters from Q1 2023/24 to Q1 2024/25. A horizontal blue line represents the target at 90%. Three dark grey bars represent actual performance for Q2 2023/24 (87.4%), Q3 2023/24 (86.6%), and Q4 2023/24 (87.7%).</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 2023/24</td> <td>-</td> <td>90%</td> </tr> <tr> <td>Q2 2023/24</td> <td>87.4%</td> <td>90%</td> </tr> <tr> <td>Q3 2023/24</td> <td>86.6%</td> <td>90%</td> </tr> <tr> <td>Q4 2023/24</td> <td>87.7%</td> <td>90%</td> </tr> <tr> <td>Q1 2024/25</td> <td>-</td> <td>90%</td> </tr> </tbody> </table>					Quarter	Actual (%)	Target (%)	Q1 2023/24	-	90%	Q2 2023/24	87.4%	90%	Q3 2023/24	86.6%	90%	Q4 2023/24	87.7%	90%	Q1 2024/25	-	90%
Quarter	Actual (%)	Target (%)																				
Q1 2023/24	-	90%																				
Q2 2023/24	87.4%	90%																				
Q3 2023/24	86.6%	90%																				
Q4 2023/24	87.7%	90%																				
Q1 2024/25	-	90%																				

Performance Indicator				
CCG 09 – Mandatory training – The number of staff who have completed all mandatory training courses, as a percentage of the total number of staff in the service.				
Target	Actual	Intervention	RAG	
90%	62.16%	79%	RED	
Comment				
<p>From the previous reporting period the completion rate has increased significantly from 46.78% to 62.16%. It is worth noting that this measure is subjective as unless an employee completes all training and has all training complete on the day of measurement, they are considered incomplete, which has proved challenging since reporting on this indicator. Weekly reports are presented to the Chief Officer for oversight and managers are being prompted on outstanding courses. As well as the challenges referred to in CCG 002, there have also been challenges across the system, whereby mandatory courses have been completed but are still recording as incomplete. These are being highlighted to the Organisational Development service.</p>				



**Personnel Key:**

**Chief Officer, Orkney Health and Social Care Partnership** – Stephen Brown.

**Interim Chief Finance Officer** – Taiye Sanwo.

**Head of Health and Community Care** – Lynda Bradford.

**Head of Children, Families and Justice Services and Chief Social Work Officer** – Darren Morrow.

**Head of Strategic Planning and Performance** – Maureen Swannie.

**Head of Primary Care Services** – John Daniels.

**Associate Director of Allied Health Professions** – Morven Gemmill.

**Interim Director of Pharmacy** – Wendy Lycett.



**RAG key:**

**Red** – the performance indicator is experiencing significant underperforming, with a medium to high risk of failure to meet its target.

**Amber** – the performance indicator is experiencing minor underperforming, with a low risk of failure to meet its target.

**Green** – the performance indicator is likely to meet or exceed its target.



# Orkney Health and Social Care Partnership Annual Social Work and Social Care Services' Experience Report 2023/24



***“An annual review of data captured, exploring the experiences our services provide”***

## Introduction

Welcome to the Orkney Health and Social Care Partnership's Annual Social Work and Social Care Services' Experience Report. This report discusses and reviews the data captured and gives insight to the experiences of those who access our Social Work and Social Care services.

This report aims to provide a detailed analysis of the information held within the recorded complaints data. Additionally, services were asked to ensure they capture compliments so that a holistic view of the experiences of those who access services is considered. This brings a greater balance to the report, highlighting the learning opportunities from positive and negative experiences of service users.

Regular review of this data is important to ensure we capture areas of learning but also to reflect on where we can celebrate success. As such, the data within this report is shared with the Senior Management Team quarterly throughout the year, to ensure oversight and identify learning periodically, supporting continuous improvement and learning.



## Report Summary

The following report provides information that is currently available on our systems. Please note that issues have been identified in closing the feedback loop regarding complaints and this will be discussed later in this report. The data and information presented is based on the feedback received over this period.

From what is recorded we can summarise the following:

- There was a total of 46 complaints received over this reporting period.
  - 38 are Closed.
  - 12 were Upheld.
  - Seven were Partially Upheld.
  - 19 were Not Upheld.
  - Eight Remain Open.
- The eight open complaints account for 17% of all complaints received.
- The Children and Families Social Work team has received the most complaints, with 30% of the total complaints received across Orkney Health and Social Care Partnership's Social Work and Social Care Services.
- No clear themes have been identified for learning; this is in part due to small figures but also complaints covering a wide variety of categories.
- Where complaints have been closed and feedback received, services have done well to quickly action areas of learning and development.
- Compliment recording has continued to improve over 2023/24 with 136 compliments recorded across Social Work and Social Care services.

The report itself is generally very positive, there is clear evidence of learning being taken and examples captured of where people within our communities are having positive experiences when accessing our services.

A commitment of all management to continually improve the capturing of experience and recording of learning is a positive step towards continual improvement within the Orkney Health and Social Care Partnership.

## Social Work and Social Care Compliance

Period: Annual Report 1 April 2023 – 31 March 2024.

The number of complaints received from 1 April 2023 – 31 March 2024 and compliance with the timescales set by legislation.

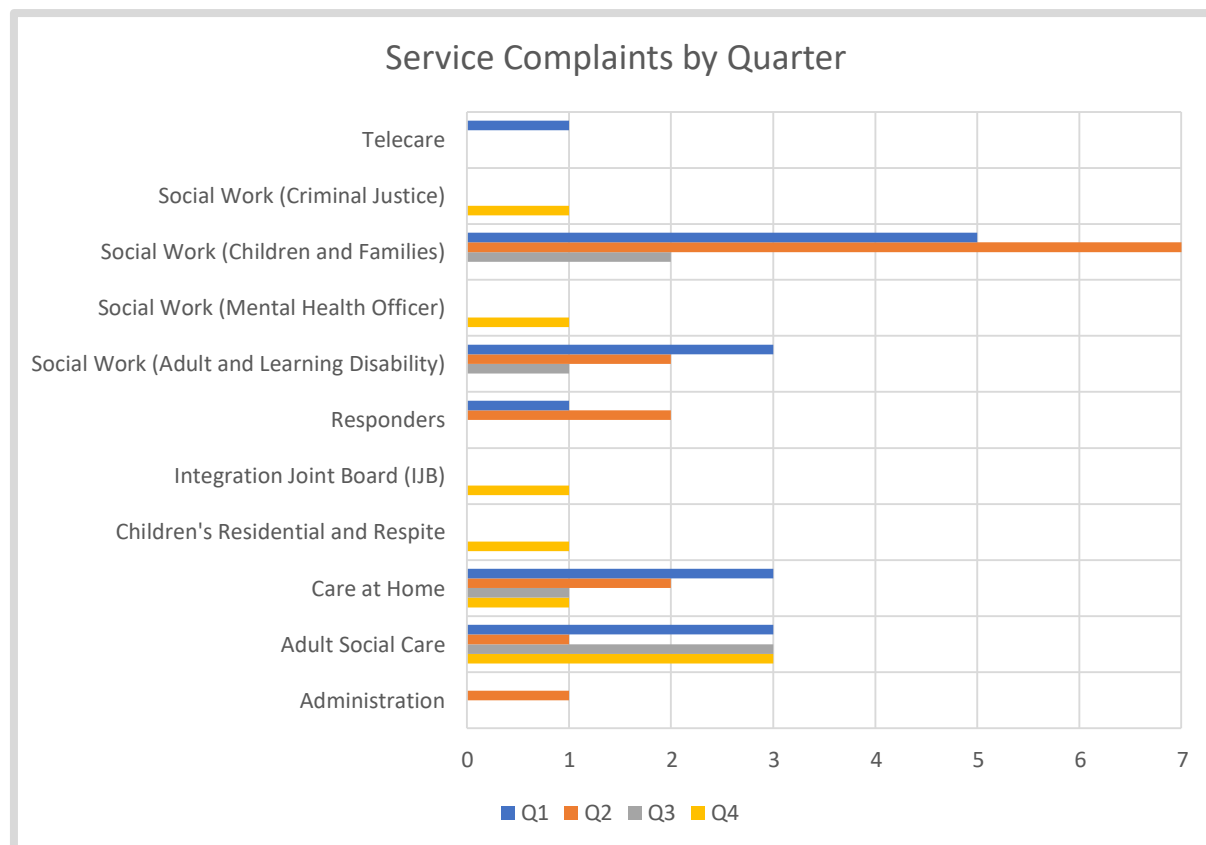
Complaints	Total	Percentage
<b>INDICATOR 1: Number of complaints received</b>		
Complaints Received	46	N/A
By email	28	61%
By telephone	13	28%
By letter	4	9%
Face-to-face	1	2%
By Customer Services Platform	0	N/A
Elected Member involvement	0	N/A
<b>INDICATOR 2: Number of complaints closed at stage 1 and stage 2 as a percentage of all complaints closed</b>		
Complaints Closed	38	N/A
Closed at stage 1 *	14	37%
Closed at stage 2 **	24	63%
Closed at stage 2 after escalation	0	N/A
<b>INDICATOR 3: Number of complaints upheld/partially upheld/not upheld at each stage as a percentage of complaints closed in full at each stage</b>		
Upheld at stage 1 *	6	43%
Not upheld at stage 1 *	5	36%
Partially upheld at stage 1 *	3	21%
Upheld at stage 2 **	6	25%
Not upheld at stage 2 **	14	58%
Partially upheld at stage 2 **	4	17%
Upheld at stage 2 after escalation **	0	N/A
Not upheld at stage 2 after escalation **	0	N/A
Partially upheld at stage 2 after escalation **	0	N/A
<b>INDICATOR 4: The average time in working days for a full response to complaints at each stage</b>		
Stage 1 *	3	N/A
Stage 2 **	34	N/A
After escalation	0	N/A
<b>INDICATOR 5: Number and percentage of complaints at each stage which were closed in full within the set timescales of 5 and 20 working days</b>		
At stage 1 within 5 working days *	12	86%
At stage 2 within 20 working days **	10	42%
After escalation within 20 working days	0	N/A
<b>INDICATOR 6: The number of complaints closed at each stage where an extension to the 5 or 20 working day timeline had been authorised</b>		
Stage 1 *	0	N/A
Stage 2 **	13	61%
Escalated	0	N/A

\* Stage 1 – Informal investigation, dealt with by officers involved in delivering that service within five working days.

\*\* Stage 2 - Formal investigation, allocated to a trained investigator and a detailed report produced within 20 working days.

## Complaints by Social Work and Social Care Service

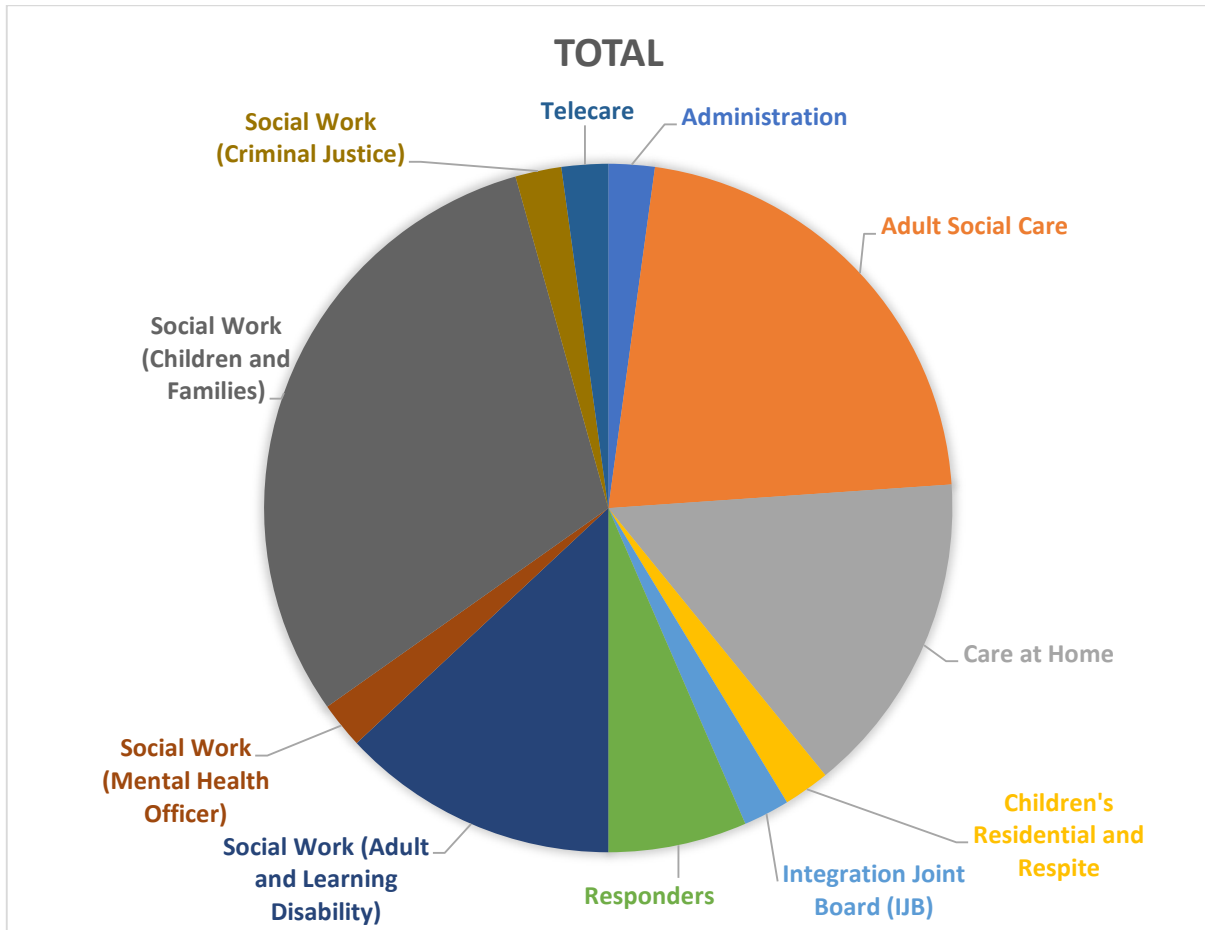
Over the last reporting year there have been a total of 46 complaints across Orkney Health and Social Care Partnership Social Work and Social Care Services. These are shown below, split into the number of complaints received by financial quarter:



Service	Q1	Q2	Q3	Q4	Total
Administration	-	1	-	-	1
Adult Social Care	3	1	3	3	10
Care at Home	3	2	1	1	7
Children's Residential and Respite	-	-	-	1	1
Integration Joint Board (IJB)	-	-	-	1	1
Responders	1	2	-	-	3
Social Work (Adult and Learning Disability)	3	2	1	-	6
Social Work (Children and Families)	5	7	2	-	14
Social Work (Criminal Justice)	-	-	-	1	1
Social Work (Mental Health Officer)	-	-	-	1	1
Telecare	1	-	-	-	1
<b>TOTAL</b>	<b>16</b>	<b>15</b>	<b>7</b>	<b>8</b>	<b>46</b>



Of our services, the Children and Families Social Work team have received the most complaints with 14 (30.4%) followed by Adult Social Care 10 (21.7%), Care at Home seven (15.2%), Adult and Learning Disability Social Work six (13%), and Responders three (6.5%). The remaining services who reported complaints had one (2.2%) each.



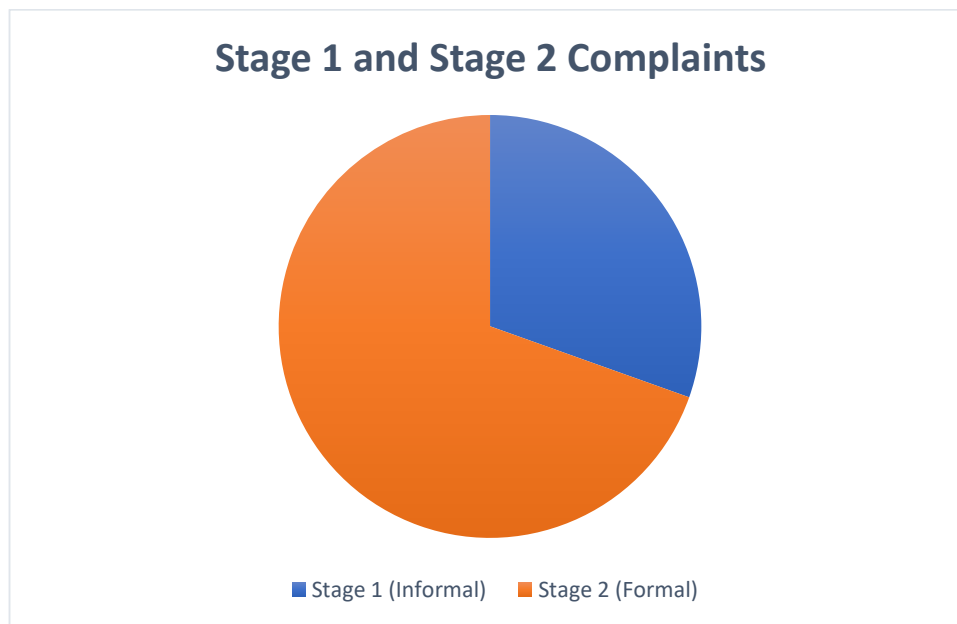
## Complaints by Stage

Following feedback from the 2022/23 Social Work and Social Care Services' Experience Annual Report, a short analysis of complaints by stage has been added.

Complaints are divided into two categories, namely Stage 1 and Stage 2 complaints. Stage 1 complaints are informal, and also referred to as 'Frontline Response' complaints, with a response given to the complainant within five working days. Stage 2 are formal, also referred to as 'Investigation' complaints, with an aim of providing a response within 28 working days.

The breakdown of complaints in each stage is given below:

Complaint Stage	Number of complaints
Stage 1 (Informal)	14
Stage 2 (Formal)	32



There were more than twice the number of Stage 2 complaints than Stage 1 complaints, which is contrary to what would be expected. This is recognised as an issue across Orkney Islands Council. Conversations with managers show this is because many people are not aware that an on-the-spot apology, and explanation, should be considered a Stage 1 complaint; that employees believe it would take too much time to report on these complaints, or that managers believe reporting such complaints would affect the image of their team, rather than seeing them as an indicator of learning needs. As a result, services are more likely to report Stage 2 complaints than they are those at Stage 1.

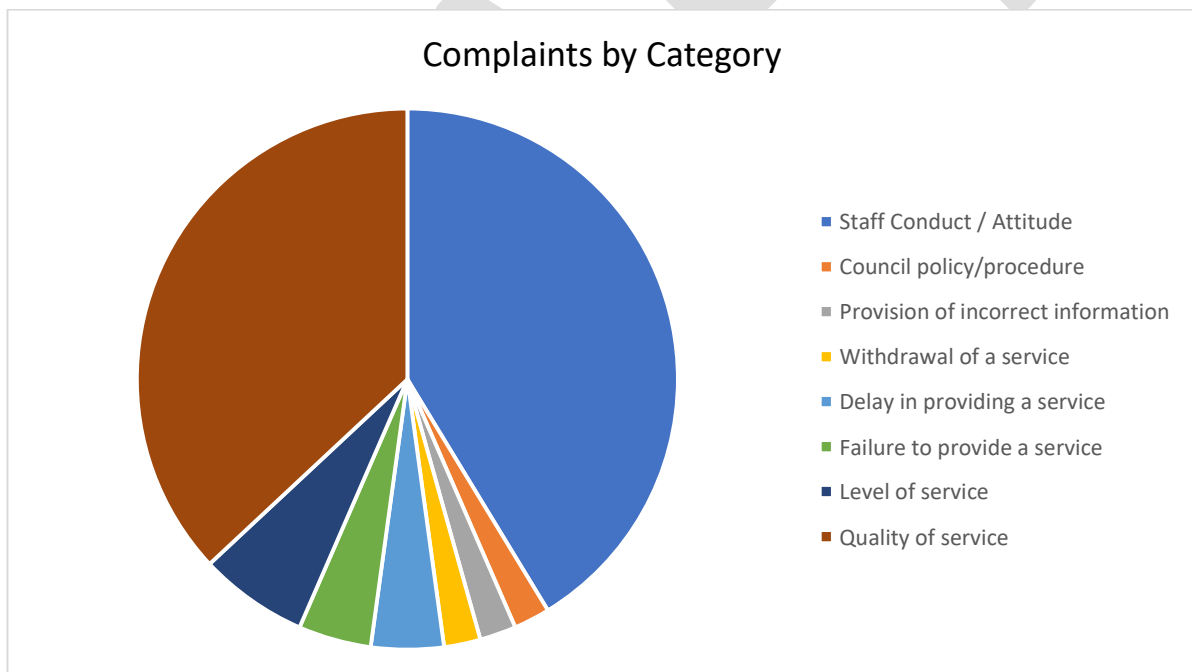
The Service Experience Officer (SEO) is working with the Council's Information Governance Team to raise awareness of what constitutes a Stage 1 complaint.



## Complaints by Categorisation

Complaints are categorised to identify themes within services, shown below:

Category	Q1	Q2	Q3	Q4	TOTAL
Council policy/procedure	-	-	-	1	1
Delay in providing a service	2	-	-	-	2
Failure to provide a service	2	-	-	-	2
Level of service	1	-	2	-	3
Provision of incorrect information	-	-	-	1	1
Quality of service	8	4	2	3	17
Staff conduct/attitude	2	11	3	3	19
Withdrawal of a service	1	-	-	-	1



The most common complaints raised within our services relate to staff conduct and attitude 19 (41%) and quality of service 17 (37%), with the next closest being level of service three (7%).

These themes can be aligned to individual services, to highlight any specific issues within individual services over the reporting period, as shown below.

Category	Count
<b>Administration = 1 complaint</b>	
Quality of service	1
<b>Adult Social Care = 10 complaints</b>	
Council policy / procedure	1
Level of service	1
Quality of service	6
Staff conduct/attitude	2
<b>Care at Home = 7 complaints</b>	
Failure to provide a service	1
Quality of service	4
Staff conduct/attitude	2
<b>Children's Residential and Respite = 1 complaint</b>	
Staff conduct/attitude	1
<b>Integration Joint Board = 1 complaint</b>	
Provision of incorrect information	1
<b>Responders = 3 complaints</b>	
Quality of service	2
Staff conduct/attitude	1
<b>Social Work (Adult and Learning Disability) = 6 complaints</b>	
Delay in providing a service	2
Level of service	1
Staff conduct/attitude	2
Withdrawal of a service	1
<b>Social Work (Children and Families) = 14 complaints</b>	
Failure to provide a service	2
Level of service	1
Quality of service	3
Staff conduct/attitude	8
<b>Social Work (Criminal Justice) = 1 complaint</b>	
Staff conduct/attitude	1
<b>Social Work (Mental Health Officer) = 1 complaint</b>	
Quality of service	1
<b>Telecare = 1 complaint</b>	
Quality of service	1

Thematic analysis is challenging owing to our small numbers, even for those services with higher numbers of complaints. However, we have drilled down as far as possible to identify key learning points.

## Key Learning

In 2023/24 the Children and Families Social Work team received the highest number of complaints, with Staff Conduct/Attitude being the most common category, with eight complaints. Conduct and attitude are difficult categories to assess, as it often relates to personal behaviours of staff and their relationships with service users. Given the sensitivity of the work the members of the team undertake, this is not considered unusual. Additionally, communication methods and personalities vary from person to person and these types of complaints relate to individual views, feelings, and expectations.

The second most common complaint theme relates to Quality of Service. The key learning here is:

- Staff ensure that foster carers and families are supported by being aware of the process for requesting additional support and who to contact.
- Where communication was identified as an area of learning, staff were asked to communicate with the family periodically, to ensure satisfaction with care provided.
- Staff supported to ensure care is taken in regard to documentation and consistency.

Care at Home (who hold the second highest number of complaints) saw similar complaint themes.

Key learning from the Quality of Service category for the Care at Home team relates to:

- Ensuring timeous communication with families when changes occur.
- A need for improvement in internal communications.
- A need for improvement in focussed training, supervisions and observed practices.

Staff Conduct/Attitude was the most common complaint and, as explained above, it is difficult to pinpoint learning from staff attitude and conduct events. However, we will endeavour to rectify this going forward.

Where these complaints have been upheld or partially upheld, practice has been amended to reflect this, with staff being provided with guidance on effective listening and enhancing effective communication,

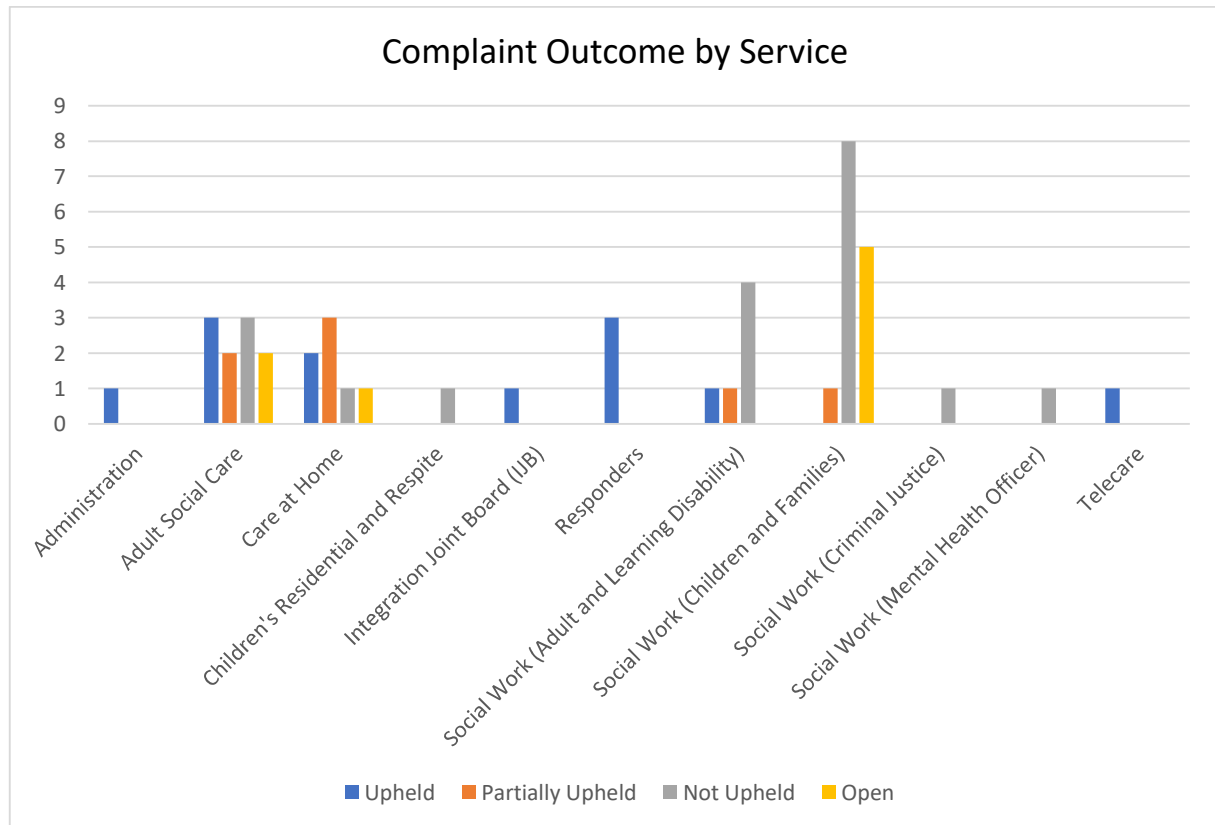
Work continues with Social Workers and other relevant staff within the service to remind them of the importance of strength-based and relational practice.

Guidance and support continue to be offered to staff, ensuring they follow procedures and make best use of guidance throughout departments.

## The Outcomes

The end product of a complaint should seek to rebuild the relationship with the complainant, where possible. As such, complaints can be “Upheld”, “Partially Upheld”, or “Not Upheld”.

Managers will conduct their investigations and address each point within a complaint individually when providing their response. The chart and data table below shows the outcomes of the complaints received:



Service	No. of Complaints	Upheld	Partially Upheld	Not Upheld	Open
Administration	1	1	-	-	-
Adult Social Care	10	3	2	3	2
Care at Home	7	2	3	1	1
Children's Residential and Respite	1	-	-	1	-
Integration Joint Board (IJB)	1	1	-	-	-
Responders	3	3	-	-	-
Social Work (Adult and Learning Disability)	6	1	1	4	-
Social Work (Children and Families)	14	-	1	8	5
Social Work (Criminal Justice)	1	-	-	1	-
Social Work (Mental Health Officer)	1	-	-	1	-
Telecare	1	1	-	-	-

<b>TOTAL</b>	<b>46</b>	<b>12</b>	<b>7</b>	<b>19</b>	<b>8</b>
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38 of the 46 complaints are recorded as closed. Of those 38 closed complaints, 12 (32%) have been Upheld, seven (18%) have been Partially Upheld, and 19 (50%) recorded as Not Upheld.

Of the total complaints received, eight (17%) remain open. A breakdown of open complaints by quarter is provided below.

Service	Q1	Q2	Q3	Q4
Adult Social Care	-	-	1	1
Care at Home	-	-	-	1
Social Work (Children and Families)	-	5	-	-

It should be noted that while the Children and Families Social Work team hold the highest number of open complaints (five), these were all complex, and were received from a single complainant within the space of a week. Further complaints from this complainant were not accepted as they repeated points made in previous complaints.

Recognising the importance of keeping this data current, the SEO is actively communicating with complaint investigators throughout the complaints process.

## Compliments

Compliments are an important factor when discussing the experience of those who access our services. Often, the focus of such reports is where things have gone wrong and it is important to learn from that; however, it is also important to highlight where there are examples of good practice and where we can see services are helping to make a difference to the lives of people within our communities. As such, compliments are included in the Services' Experience Report.

It must be highlighted that the Orkney Health and Social Care Partnership Social Work and Social Care services receive many more compliments, expressions of gratitude, and well-wishes to our services, than complaints.

During 2023/24 there were a total of 136 reported compliments across services. This means there were nearly twice as many compliments recorded as there were complaints. With quarterly reporting and continued encouragement from management to support services to record compliments, celebrate their success, and share their "Good News Stories", we can share some examples of the compliments received:

### **Administration and Training**

- 'Thank you, Cheryl, for your assistance in printing and sending an urgent letter out for me when I needed to work from home so couldn't do it myself.'
- 'PJ has settled in well, everyone finds her very friendly and approachable.'
- Administration Assistant Adele Watt and Training Coordinator Eve Hourston-Wells received an email thanking them for their work on a major training event, "Without both of your help and assistance beyond the call of duty it would never have, not only been not as successful as it was, but equally it would also unlikely to have been staged at all".
- A guest trainer who came to Orkney to deliver training in October thanked Eve for her support and ensuring the training went smoothly. The trainer also expressed thanks for booking a suitable venue and arranging accommodation and transport.

### **Care at Home**

- Call from a service user saying she would like to thank her carer – 'carer went above and beyond and didn't complain once' when her visit took longer than usual.
- Service user called to say she is so grateful for getting someone to her so quickly to help and wanted to say a huge thank you.
- Compliment passed on after a review at service user that they were very pleased with the care she receives from both carers.

- Family members were very complimentary about the carers attending to service user and stated they have gone above and beyond and wished for this to be noted.
- A service user called to say she is, 'very grateful for the service ... the carers make a massive difference in her life... the carers are very helpful and supportive'.
- The Care at Home team received a letter from the son of a service user thanking the staff for their help with his mother during heavy snowfall. He was off-island at the time, and was very impressed that not a single visit was missed. He said this was a 'tremendous achievement' and a 'huge blessing' to himself and his mother. He also thanked the office staff, whom he found to be 'very friendly and understanding during those hectic days'.

### **Gilbertson Day Centre**

- Wife of a service user wrote in his communication book, 'Thank you for making his birthday even more fun.'
- A service user's brother visiting from off Orkney wanted to pass onto everyone, 'it was lovely to see her so bright, it was a very welcoming place and the staff were very good.' He added that his sister was more responsive whilst she was at Gilbertson.
- During a review, the husband of a service user said, 'Staff care second to none. Always arrives home so bright.'
- Many positive comments were made by service users and their families following Gilbertson's July Outings, for example, "You have done so much organizing for this as the day has gone so smooth. You have all made this such a good day. I can't thank you enough" and, "X had a fantastic day, this has given her a total boost. She has told her Age Orkney carer about it and was totally animated, it has perked her up and she is so much brighter, this has done her the world of good."
- Another compliment was received from a wife of a service user at review, "X always looks forward to going and watches out for the blue bus. He is always very pleased when he comes home, this is worth a lot to me".

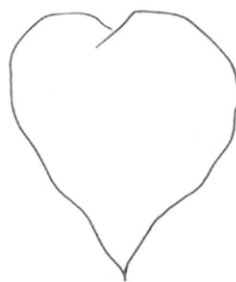
### **Kalisgarth Care Centre**

- In February, Kalisgarth had a visit from the Westray Chapter of Cycling without Age. They were treated to Tri-shaw rides which everyone enjoyed, even though it was a bit chilly.
- A health professional visiting Kalisgarth praised the staff for their excellent care of frail and vulnerable clients, especially their skin care.

- The Friends of Kalisgarth group and the Orkney Rotary Club organised some 'potting' days where the Day Centre attendees potted up bare rooted trees ready for them to await a suitable time to be planted out in their final location.



- Another of their many compliments was in the form of a thank you card from a family of a service user.



With grateful  
thanks to  
everyone at  
Kalisgarth.

- A card received from the family of a service user thanked everyone at Kalisgarth for looking after their Granny so well, and how highly their Granny spoke of them all.
- With their tenants meetings now restarted, one of the residents commented that this made them feel valued and listened to, giving them the chance to air their views.



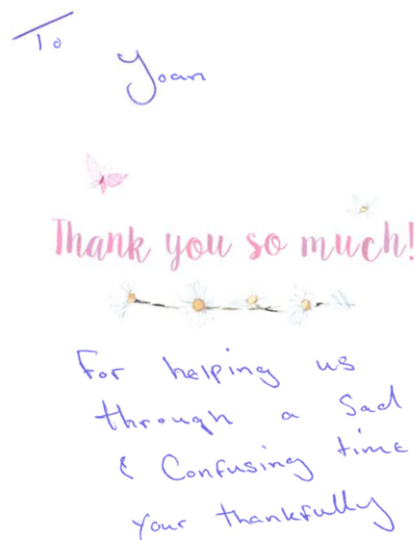
- At a care review, a family member commented that everything was 'all excellent as far as I'm concerned'.

### Lifestyles Service

- Lifestyles had an unannounced Care Inspection in October and November in which they scored 5 - Very Good for how well they support people's wellbeing and for leadership.

### OHAC Finance

- Our Finance Officer, Joan Jones, received a lovely thank you card after assisting a service user's family.



- Joan also received a thank you email after explaining the charging process for residential care in Orkney, 'Thank you so much for your help. You were very kind which I really appreciate and I feel much more in control of the situation now I know what I need to do and what I need to face.'

### Orkney Islands Council Values In Practice (VIP) Award Finalists

- This year saw the creation of the Orkney Islands Council (OIC) VIP awards, aimed at recognising work with reflects and embodies the values of the OIC: People, Unity, Trust, Ownership, and Creativity, with around twenty Orkney Health and Care employees nominated to date. Several have already been announced as award finalists, and will be recognised officially at the annual award celebration later this year:

- One Care at Home assistant has been recognised as a finalist twice in the Customer Focus category
- PJ Dewar, our Team Manager (Administration Support); Alison Stewart, Senior Administrative Officer, and Marcel Holdinga, our Database and Information Analyst, in the Creative category
- The team at Glaitness Centre in the Working Together category

### Selbro Resource Centre, including Occupational Therapy and Telecare

- The Telecare team received a Bronze Award from Digital Telecare for Scottish Local Government to recognise meeting their first major milestone in the transition to digital telecare. They are now working towards their next award and are aiming to transition all service users from analogue to digital alarms before the end of 2025.
- The Occupational Therapy and Telecare teams both received thank you notes from grateful service users:

Dear Steve

As requested I have completed the Request form correctly I hope. I have also signed the service user agreement with [redacted] as a witness.

I have been so impressed with the efficiency and speed in response to my initial phone call. Please thank Christine for bringing me the equipment, it is perfect for me to use.

So, thank you very much, I am very grateful

Your sincerely [redacted]

### THANK YOU

To Chris, Steve, Karen and everyone else who have helped us out...

Thank you so much for what you do, it makes the world of difference. The equipment you've put in place for us has improved dad's quality of life and allowed us to cope.

Hope you all have a well earned break over Christmas & New Year

## Smiddybrae House

- Smiddybrae House held a special coronation afternoon tea for their volunteers in May, with some lovely feedback in their guestbook from those who attended:

‘Superb. Well organised, very enjoyable’

‘What a lovely gathering! So nice to see so many all together (sic) having fun’.

‘Great afternoon. Lovely to see friends so happy’.

- An NHS colleague visiting Smiddybrae House commented, ‘You have a lovely facility here – very homey’.
- A resident’s husband remarked, ‘I’m so pleased she’s with you as she gets to go to all the music and entertainment you have and would never have that at home’.
- The daughter of a resident commented that she wanted everyone to know that Smiddybrae House is ‘the best care home in Orkney’.
- An agency worker commented on how they could go work at another care home, but because they really love it Smiddybrae, and that everyone is so friendly, that they hope to return.
- The husband of a resident commented that he is impressed that when his wife needed assistance, the manager didn’t ‘stand back and get someone else’ but ‘got stuck in’ themselves.
- Another comment was that ‘everyone here is so caring and shows it is not just a job’.
- Smiddybrae House held a ‘Great Smiddybrae Reindeer Hunt’ as part of their Christmas festivities:

*Our Handyman made 2 wooden trees and residents along with volunteers from Harray Young Farmers painted the Christmas trees and baubles. The trees were decorated in preparation for our Great Smiddybrae Reindeer Hunt.*

*It’s all about keeping fun and movement in our lives and we certainly have had fun. So much so that our filming was a bit rubbish because the person filming was having too much fun throwing the snowballs too.*

*It didn’t take long for the event to descend into a proper snowball fight and I can tell you now that some of our residents have excellent aim!*



### Social Work (Adult and Learning Disability)

- Teri Wood achieved her First-Class Honours Degree in Social Work. She said she could not have done this without the exceptional support she received from her husband, family, and her line managers within the Adult Social Work team. Teri’s achievement has been recognised in the Orkney Islands Council news.



- Sarah McGuire, Social Worker in Training, received several thank you emails from service users’ family members.

From the family of a service user for whom Sarah arranged respite at St Rognvald House, ‘thank you so much for arranging the respite care for Mum at St Rognvalds (sic) House last month. She really enjoyed her stay there and the staff were amazing.’

From another family she assisted, ‘*Huge thanks for this and for the time you spent talking with us all... I felt what you said was delivered with compassion and empathy and a real sense of care and concern for mum came through.*’

## Social Work (Children and Families)

- There was a special thanks in the Women's Aid Orkney Spring Newsletter for the team, and in particular, Emma, 'for their dedication and commitment to creating better outcomes for women and children impacted by the abusive behaviours of domestic abuse perpetrators.'
- Feedback from the mother of a child who talked about the challenges she had experienced with social workers in the past, wanting to share that she felt that recently she is having a totally different experience with everyone she has encountered, and that she has faith in the network around her now. She mentioned Alanna specifically, saying she was very happy working with her.
- Darren Morrow received a Kirkwall Grammar School award for going 'above and beyond' to support pupils, families, school staff, and the community.



- A professional working passed on that a family she was working with said the following of social worker, Alanna Burns, 'They speak very highly of you and are very grateful for what you are doing.' Furthermore, the work Alanna has done with a member of the family was acknowledged, "X is able to find a small moments (sic) of joy and gratitude in a day at the moment which was missing when I first met her and she appears emotionally stronger and in a less reactive state. X spoke highly of your support being significant to this change".
- The Fostering and Adoption Team also received recognition of their work with an adoptive family's journey, with Diane Petrie thanked for her support, "She

was (and remains) our guide for when we need it, and we cannot even begin to put into words her impact on us all. How do you possibly thank the person who led you to your daughter? Who completed your family with such compassion and understanding.... During a time when the fostering and adoption team have experienced such turbulent change and media coverage, we feel it is important that all of the positive qualities our team have on lives need to be shouted out loud and proud, because they deserve it. Even now, we are part of a supportive group, organised and pioneered the amazing people’.

- Parents of a young person passed on some positive feedback about social worker Esther Stephen to another social worker, advising ‘they had really got on with Esther and that they found her approach helpful and friendly, and they agreed that they were comfortable with her coming to see them’.

### **Social Work (Criminal Justice)**

- A letter of appreciation was received thanking the Community Payback team: “Thanks to you and all your team for the excellent work you have carried out this year painting and repairing various benches throughout Stromness”.
- Another thank you was received by email from one of the Isles schools: “I just wanted to say thank you SO much - the playpark looks so much better and we are very grateful 😊’

### **Team Orkney Awards**

The Orkney Health and Care Social Care Partnership was well-represented in NHS Orkney’s Team Orkney Awards, with category nominations as follows:

- Clinical Team of the Year: Child and Adolescent Mental Health Services (CAMHS) and Orkney Mental Health Services
- Non-Clinical Team of the Year: The CAMHS/Community Mental Health Team’s administration team
- Outstanding Care Award: Jenna Graham (Social Worker and Mental Health Officer)
- People’s Choice Award: Kenneth Gogarty (Smiddybrae House), Smiddybrae House, Hamnavoe House, Care at Home, Karl Kemp (Glaitness Centre), Orkney Health and Social Care Partnership Senior Management Team

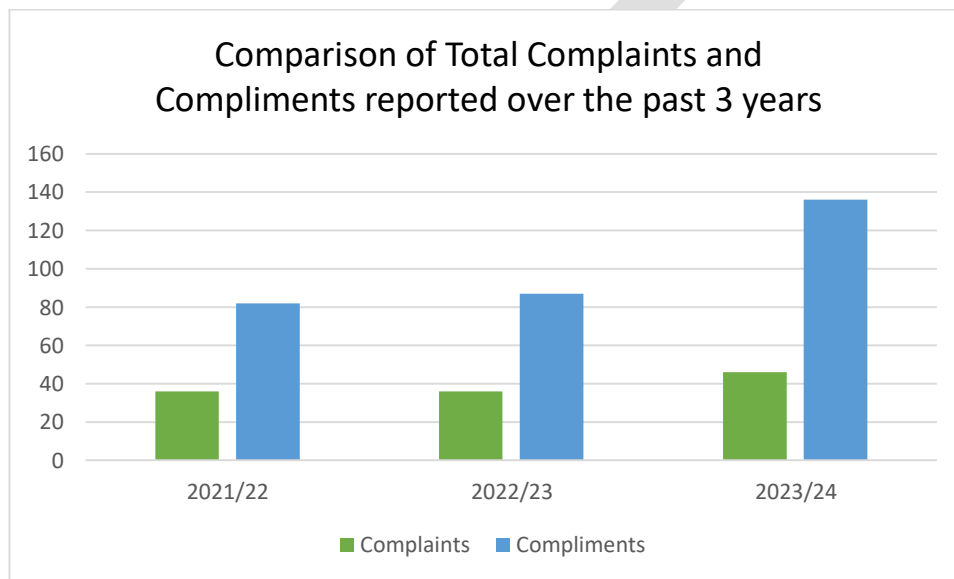
In March, Jenna Graham and Hamnavoe House were recognised as finalists in their categories.



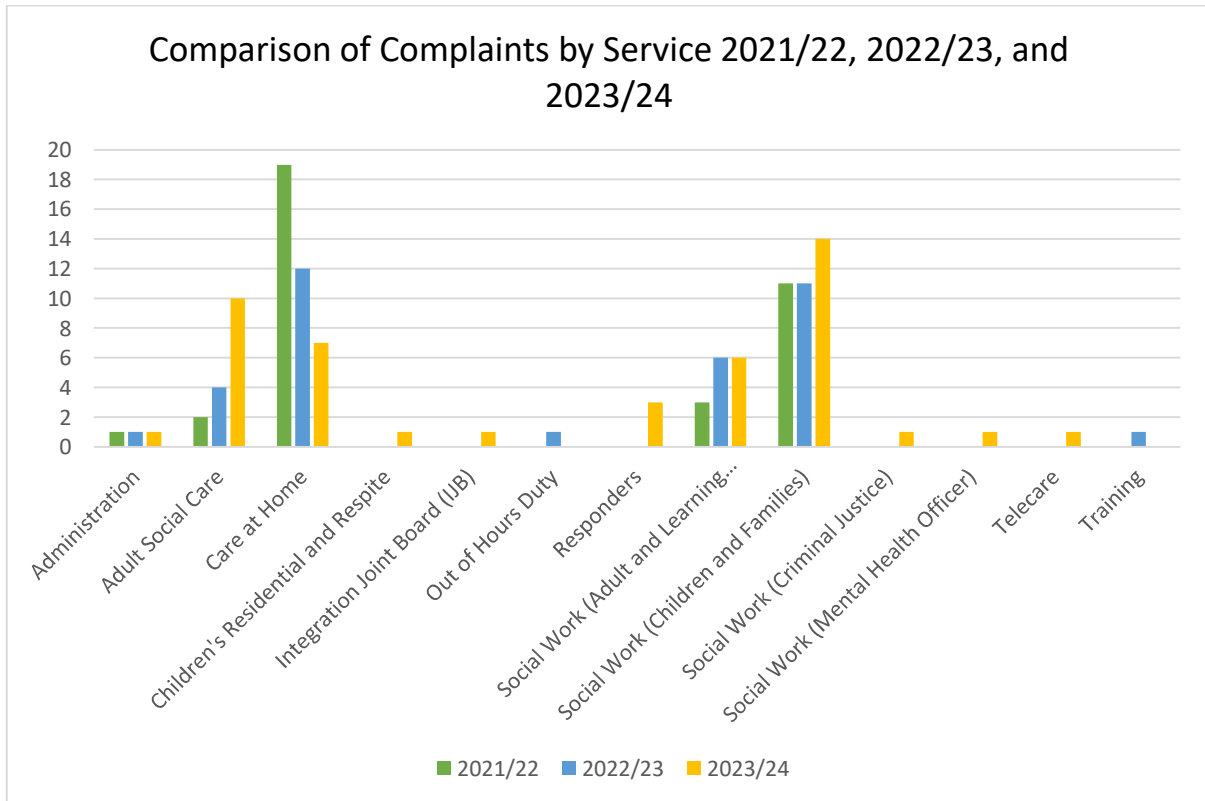
## Comparison with Previous Years' Services' Experience Reports

Both 2021/22 and 2022/23 recorded a total of 36 complaints. With 46 complaints recorded in 2023/24, this represents an increase of 10. The compliments reported by the services have continued to increase, with 82 in 2021/22, 87 in 2022/23, and 136 in the current year.

Several comparisons between the current report and the data from the previous two years have been included below, but the low numbers means that it will take at least several more years of data before any real trends can be determined.



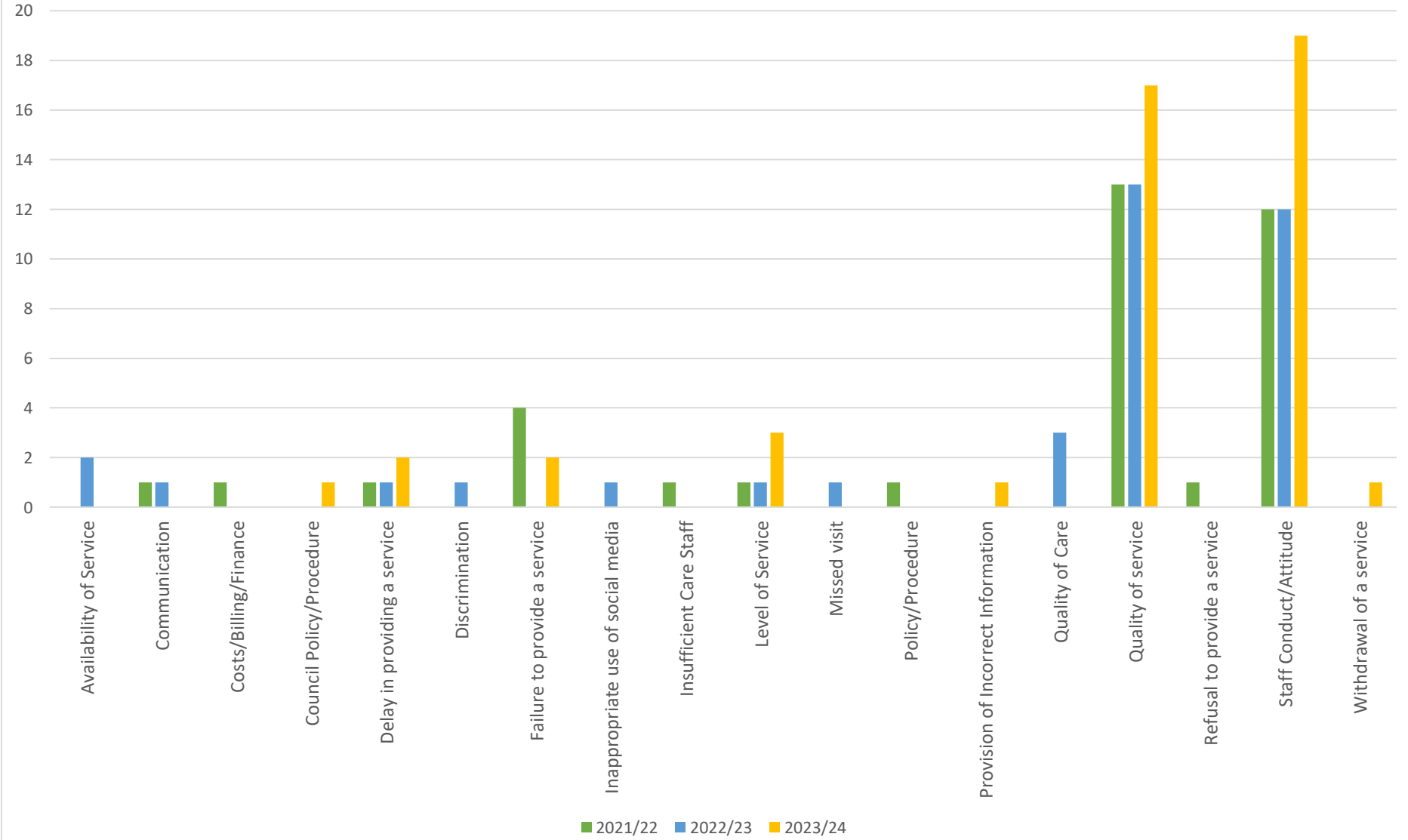
Few services have exhibited a noticeable change in the number of complaints over the past three years. Of note is that Care at Home has continued to show a decrease in complaints, since 2021/22, through to the present reporting period. Adult Social Care and the Children and Families Social Work team show a small increase over the three years. However, as mentioned above, with such small numbers these do not necessarily identify any trends. A comparison of the complaints by service is below.



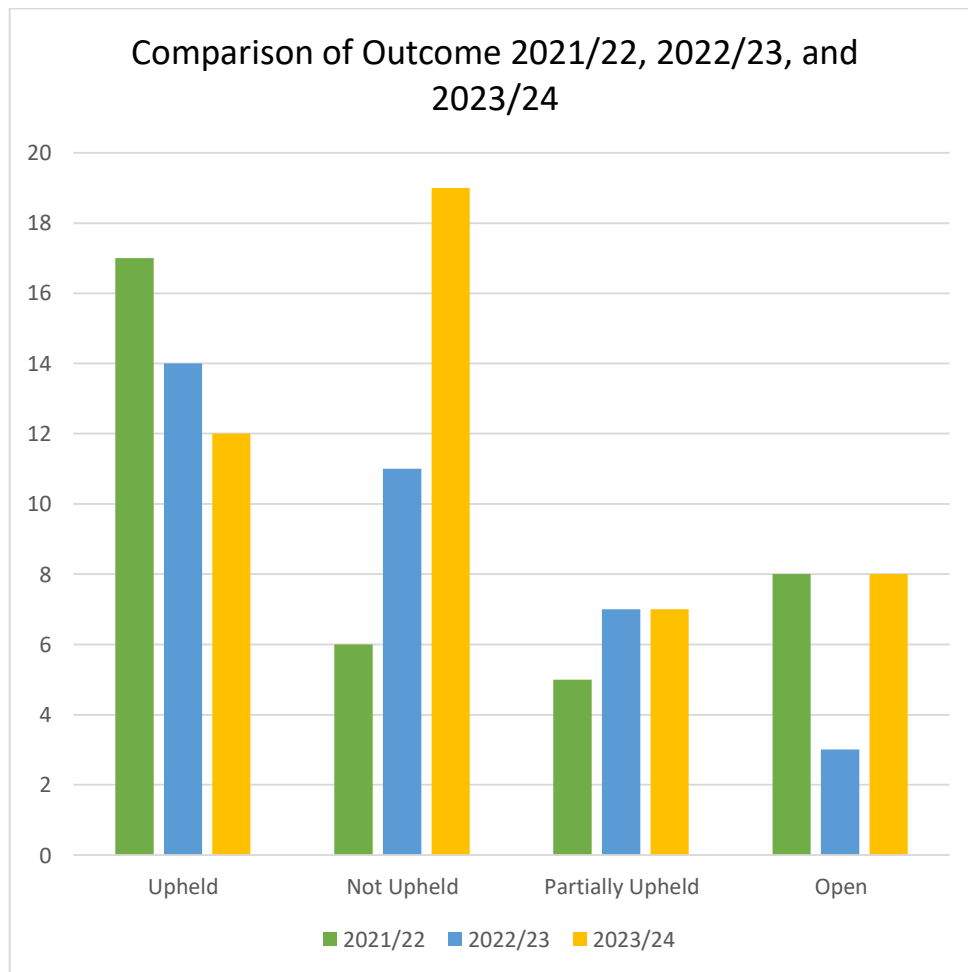
On the following page, the graph demonstrates that complaints by category were comparable over 2021/22, 2022/23, and 2023/24. Across the three years, the two highest categories have been Quality of Service and Staff Conduct/Attitude.



Comparison by Category of Complaint



A comparison of the outcomes of complaints for the three years has been included below. Compared to 2022/23, there was a small decrease in the number of upheld complaints, an increase in open and not upheld complaints, while partially upheld complaints remained steady. However, with small numbers it is too soon to infer anything from this.



## Limitations of Report Analysis

Although this report has provided a clear overview of the complaints received over the last financial year, there are some limitations to the information provided.

1. The level of each complaint has not been reported upon:
  - a. Stage 1 complaints are handled in a shorter timescale (five days). These complaints are less severe and often are a result of human error and minor mistakes, which require learning, but no in-depth investigation or analysis.
  - b. Stage 2 complaints, known as investigations, have a longer timescale (28 days). These complaints are often complex and have a higher level of severity. The additional time allows an in-depth investigation to be conducted, with learning captured and shared.
2. As highlighted earlier in the report, an issue has been identified in closing the feedback loop within the complaints process. Continued improvements will be made so that a fully accurate representation of the complaints is provided in future.
3. Small numbers make trend analysis difficult to identify.

## Conclusion

The following conclusions, based upon the available data, have been made:

- 46 complaints over a 12-month period shows a very small number given the high numbers of interactions and the complexities involved in the services provided. This, coupled with the much higher number of compliments recorded, would suggest that the experiences of most people are generally positive. Within the compliments, examples can be seen of where positive differences are being made to the lives of the those within our communities.
  - Work should continue to capture positive outcomes and share with services quarterly to replicate success where possible.
  - It may be beneficial to review all services to ensure that complaints are recorded accurately. For example, there are services where no complaints have been recorded over the reporting period. This is good news; however, it should be ensured that where dissatisfaction is raised, and an improvement change has been made, this is recorded.
  - Discussions between the SEO and services have indicated that some services are unaware of what constitutes a complaint and how this is recorded at partnership level. The SEO will continue to work with services to address this.
- Within services who have received one or two complaints, there are no clear themes. Complaints are variable in topic and although the categories have shown certain areas of improvement required, in these cases learning has been taken and recorded well, with actions swiftly taken to resolve issues.
  - Orkney Health and Social Care Partnership should continue to record and monitor where actions have been taken to resolve issues.

- It is a positive measure that although a complaint has occurred clear learning is recorded.
- Management should continue to monitor complaints to ensure identification of any themes is captured.

Overall, this report should be considered positively, in effectively capturing the experiences people have had within our services, and the data therein to be used as a tool that can assist in delivering Social Work and Social Care services across the Orkney Health and Social Care Partnership.

DRAFT