

Item: 5.3

Policy and Resources Committee: 21 June 2022.

Orkney Health and Care – Performance Monitoring.

Report by Chief Officer, Orkney Health and Social Care Partnership.

1. Purpose of Report

To advise on the performance of Orkney Health and Care Council delegated services for the reporting period 1 October 2021 to 31 March 2021.

2. Recommendations

The Committee is invited to scrutinise:

2.1.

The performance of Orkney Health and Care Council delegated services for the reporting period 1 October 2021 to 31 March 2022, as set out in Annex 1 of this report.

2.2.

The Social Work and Social Care Services' Experience report for the reporting period 1 April 2021 to 31 March 2022, attached as Annex 2 of this report.

3. Service 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 Annex 1.

3.2.

Although recruitment and retention is measured as Green, it is acknowledged that Orkney Health and Care has reported elsewhere that significant challenges remain in recruitment and retention.

3.3.

The formation of a new Strategic Planning and Performance team within Orkney Health and Care will review areas of concern, such as mandatory training, with a view to identifying improvements within the next 12 months.

4. Complaints and Compliments

4.1.

Annex 2 sets out the number of Social Work and Social Care complaints and compliments made to the Orkney Health and Social Care Partnership in the period 1 April 2021 to 31 March 2022. This is a new reporting style specific to Orkney Health and Care only, which provides more information, and is entitled the Social Work and Social Care Services' Experience Report.

4.2.

When considering the data within Annex 2, it should be noted that the Council has adopted a policy of encouraging staff to record all complaints 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. As a result of this policy, the number of complaints captured by the procedure may increase and that does not necessarily reflect an increase in the number of people contacting the service to express dissatisfaction with the Council.

5. Corporate Governance

This report relates to the Council complying with its performance management policies and procedures and therefore does not directly support and contribute to improved outcomes for communities as outlined in the Council Plan and the Local Outcomes Improvement Plan.

6. Financial Implications

No financial implications arise directly from the recommendations of this report.

7. Legal Aspects

The Council's performance management systems help the Council to meet its statutory obligation to secure best value.

8. Contact Officers

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Maureen Swannie, Head of Strategic Planning and Performance, extension 2601, Email maureen.swannie@nhs.scot

Callan Curtis, Planning and Performance Officer, extension 2604, Email callan.curtis@orkney.gov.uk

9. Appendices

Annex 1: Summary of the performance of Orkney Health and Care against its performance indicator targets.

Annex 2: Orkney Health and Social Care Partnership Social Work and Social Care Services' Experience Report for 2021/22.

Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 31 March 2022



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%	10.25%	6.1%	RED	●														
Comment																		
<p>We are conscious of the ageing workforce, and the sizeable number of physical roles within Orkney Health and Care, which can impact on sickness absence. The COVID-19 pandemic continued to have a significant impact upon all staff, although this measure has improved slightly since the last report. We recognise it has been another very challenging and unusual year, with many impacts on health and wellbeing. To support our staff, several activities continued to be made available and communicated through the training team, to support wellbeing, such as mindfulness sessions and yoga. In-depth work was undertaken, on behalf of the Chief Officer, to provide clarity on reasons for sickness absence and the associated length of absence. Initial findings were shared with senior managers and further work is required to fully understand the data and to identify potential support for employees, in light of the findings.</p>																		
Trend Chart																		
<table border="1"> <caption>Sickness Absence Trend Data</caption> <thead> <tr> <th>Half Year</th> <th>Actual Percentage</th> </tr> </thead> <tbody> <tr> <td>H1 2019/20</td> <td>8.93%</td> </tr> <tr> <td>H2 2019/20</td> <td>6.99%</td> </tr> <tr> <td>H1 2020/21</td> <td>6.09%</td> </tr> <tr> <td>H2 2020/21</td> <td>7.9%</td> </tr> <tr> <td>H1 2021/22</td> <td>10.49%</td> </tr> <tr> <td>H2 2021/22</td> <td>10.25%</td> </tr> </tbody> </table>					Half Year	Actual Percentage	H1 2019/20	8.93%	H2 2019/20	6.99%	H1 2020/21	6.09%	H2 2020/21	7.9%	H1 2021/22	10.49%	H2 2021/22	10.25%
Half Year	Actual Percentage																	
H1 2019/20	8.93%																	
H2 2019/20	6.99%																	
H1 2020/21	6.09%																	
H2 2020/21	7.9%																	
H1 2021/22	10.49%																	
H2 2021/22	10.25%																	

Performance Indicator

CCG 02 – Sickness absence – Of the staff who had frequent and/or long-term sickness absence (that activated the sickness absence triggers), the proportion of these where there was management intervention.

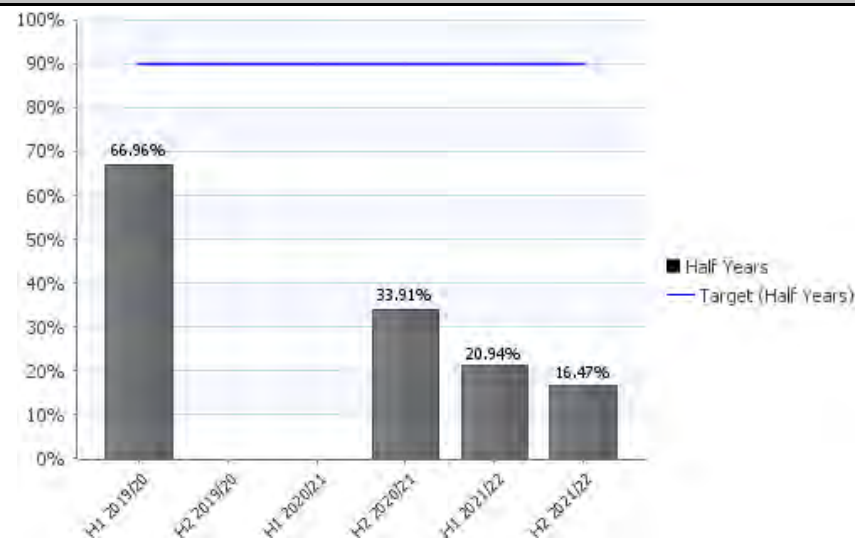
Target	Actual	Intervention	RAG	
90%	16.47%	79%	RED	●

Comment

With staff capacity already an issue pre-pandemic this was further escalated within a small system, where staff can have multiple roles and responsibilities - ensuring the safety and wellbeing of service users throughout the pandemic had to take priority. This measure links to our first measure and has worsened, due to higher levels of long-term sickness.


Reminders have been provided to all Orkney Health and Care managers to reinforce the importance of following policies and procedures in relation to managing sickness absence. These policies support our management and allow Orkney Health and Care to better support staff and improve our performance in this measure. Further information is being sought to try and address these issues, as it is recognised that the organisation must support staff and help them back into the workplace wherever possible. We will work with our HR colleagues to identify any specific areas of concern.

Trend Char



Performance Indicator

CCG 03 – Staff accidents – The number of staff accidents within the service, per 30 staff per year.

Target	Actual	Intervention	RAG
1	1.31	2.1	AMBER 

Comment

35 non-violence at work incidents reported. Overall, 15 Health and Safety Executive (HSE) reports were made - 13 staff members with COVID-19 at St Rognvald House and two over seven days off work, as a result of an accident at work. HSE required that where it was believed staff had contracted COVID-19 in the workplace this became RIDDOR reportable during the pandemic.

Trend Chart



Performance Indicator

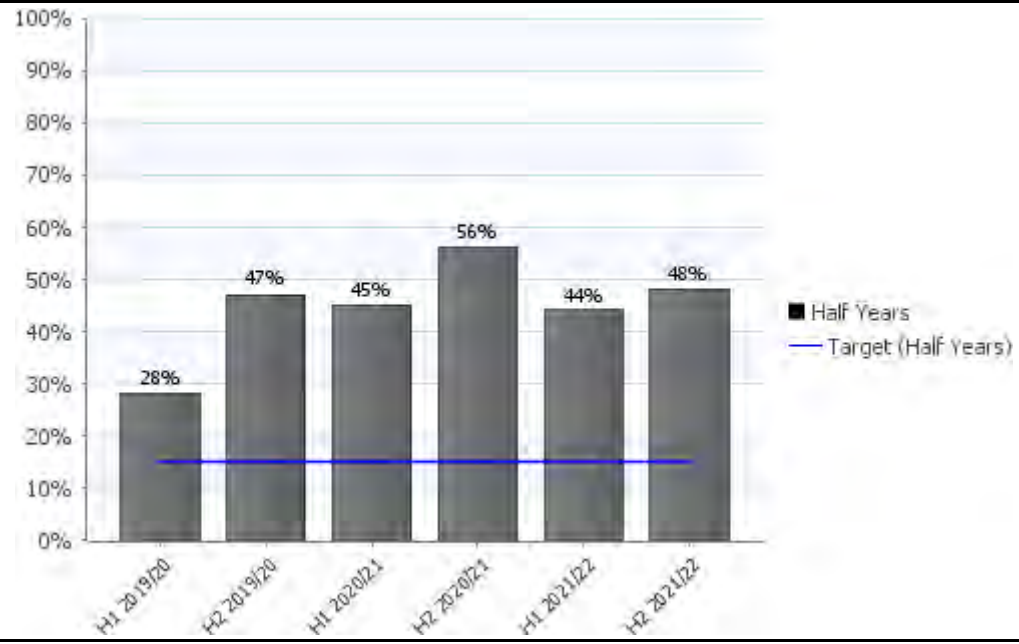
CCG 04 – Budget control – The number of significant variances (priority actions) generated at subjective group level, as a proportion of cost centres held.

Target	Actual	Intervention	RAG
15%	48%	31%	RED ●

Comment

There are significant over and underspends within various cost centres. This can be due to a number of factors, such as increased sickness levels requiring backfill, often using agency staff, which causes overspends. Some services have underspends due to services not being able to return to full capacity, therefore reducing the requirements within relief cover staff. 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.

Trend Chart



Performance Indicator

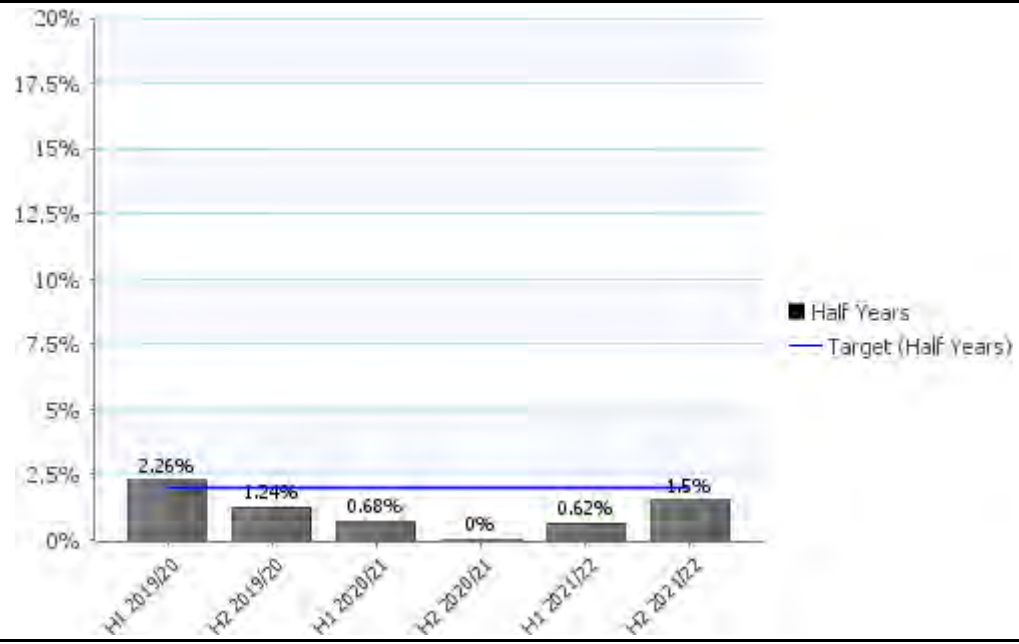
CCG 05 – Recruitment and retention – The number of advertised service staff vacancies still vacant after six months from the time of advert, as a proportion of total staff vacancies.

Target	Actual	Intervention	RAG
2%	1.5%	4.1%	GREEN 

Comment


Staff continue to recruit timeously due to the need to cover the staffing vacancies at the earliest possible point in social care. While this indicator currently reports as green for this measure, we acknowledge there are significant pressures in the area of recruitment and retention. Work continues on the national Health and Social Care Workforce Plan, which will cover a 3-year period. The deadline for this plan is 31 July 2022 and once formulated it is anticipated that this plan will support recruitment and retention in Health and Social Care.

Trend Chart



Performance Indicator

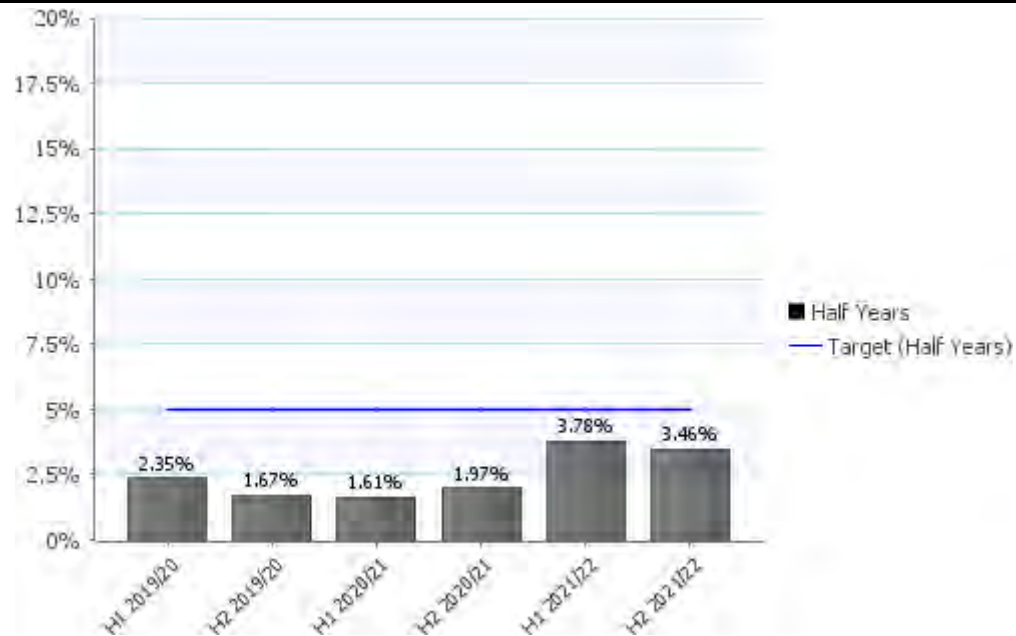
CCG 06 – Recruitment and retention – The number of permanent service staff who leave the employment of Orkney Islands Council – but not through retirement or redundancy – as a proportion of all permanent service staff.

Target	Actual	Intervention	RAG
5%	3.46%	10.1%	GREEN 

Comment

Staff retention is currently reporting as green and has improved following the last report. Orkney Health and Care is in the process of recruiting to a number of vacancies within services. One of the areas of increased focus will relate to the process of exit interviews so that feedback can inform and improve our recruitment and retention of staff. As mentioned in CCG 05, it is hoped that further support for this measure will be provided through our Health and Social Care Workforce Plan.

Trend Chart



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.

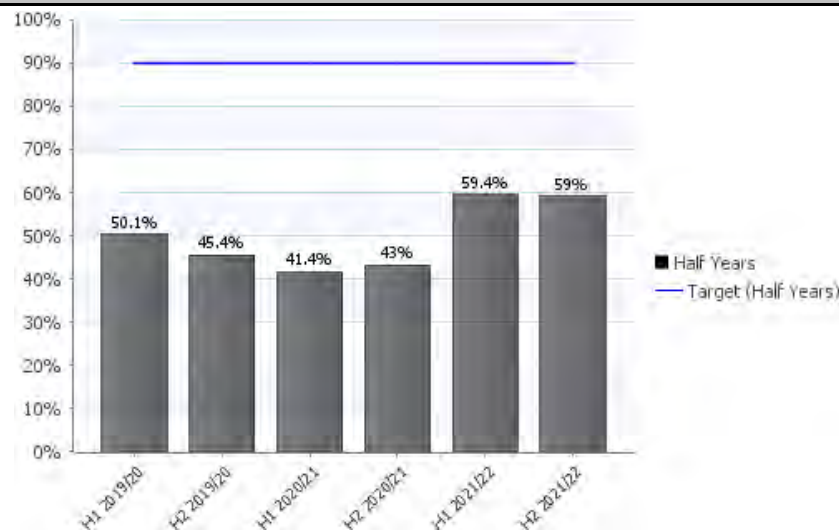
Target	Actual	Intervention	RAG	
90%	59%	79%	RED	●

Comment

As highlighted in the last performance report, staff capacity was an existing issue pre pandemic and due to the need to ensure the safety and wellbeing of service users throughout the pandemic, the priority of undertaking ERDs throughout the service within the last 18 months has been impacted. Although this figure has remained consistent since the last reporting period, we acknowledge that we continue to be far from the target of 90%. Support will be sought from HR colleagues to identify any specific service areas where the score for ERDs remain low.

To support this measure, ERD figures continue to be reported to the Orkney Health and Social Care Partnership’s Senior Management Team routinely, with the aim of encouraging accountability within services and ensuring that staff ERDs are undertaken on a timely basis. This will continue to be monitored and it is anticipated this will continue to improve over the next six-month reporting period. Our front line professional and care staff receive supervision throughout the year, although not an ERD by definition, this continuous support is available to staff at regular intervals throughout the year.

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%	78.4%	79%	AMBER	🚩																					
Comment																									
<p>One of the issues highlighted within this period is that when the authorising signatory is not available it can cause delays in the authorisation of these payments, which affects this measure.</p> <p>It is acknowledged that invoices should be paid as quickly as possible. Orkney Health and Care Finance will receive regular reports of all invoices outstanding and shall pursue the authorising manager, or reassign invoices, if there are any issues, to ensure invoices are paid in a timely manner.</p>																									
Trend Chart																									
<table border="1"> <caption>Invoice Payment Performance Trend Chart Data</caption> <thead> <tr> <th>Half Year</th> <th>Actual Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>H1 2019/20</td> <td>70.6%</td> <td>90%</td> </tr> <tr> <td>H2 2019/20</td> <td>71.7%</td> <td>90%</td> </tr> <tr> <td>H1 2020/21</td> <td>76.16%</td> <td>90%</td> </tr> <tr> <td>H2 2020/21</td> <td>86.3%</td> <td>90%</td> </tr> <tr> <td>H1 2021/22</td> <td>80.05%</td> <td>90%</td> </tr> <tr> <td>H2 2021/22</td> <td>78.4%</td> <td>90%</td> </tr> </tbody> </table>					Half Year	Actual Performance (%)	Target (%)	H1 2019/20	70.6%	90%	H2 2019/20	71.7%	90%	H1 2020/21	76.16%	90%	H2 2020/21	86.3%	90%	H1 2021/22	80.05%	90%	H2 2021/22	78.4%	90%
Half Year	Actual Performance (%)	Target (%)																							
H1 2019/20	70.6%	90%																							
H2 2019/20	71.7%	90%																							
H1 2020/21	76.16%	90%																							
H2 2020/21	86.3%	90%																							
H1 2021/22	80.05%	90%																							
H2 2021/22	78.4%	90%																							

Performance Indicator

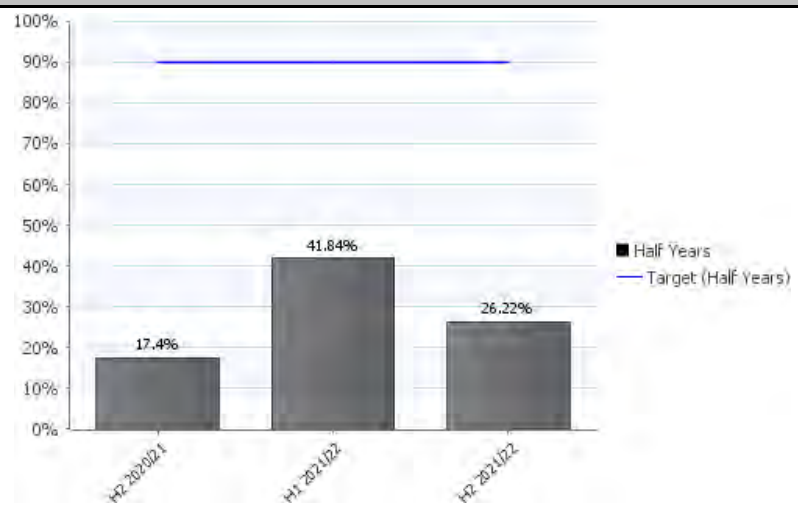
CCG 09 – Mandatory training – The number of staff who have completed all mandatory training courses, as a percentage of the total number of staff in the service.

Target	Actual	Intervention	RAG	
90%	26.22%	79%	RED	●

Comment

Due to the pressures within the Health and Social Care system, some elements of mandatory training were not a priority throughout the COVID-19 pandemic. Regardless of this, the Orkney Health and Social Care Partnership’s Senior Management Team recognised that within the last report the figure was disappointing. Subsequently, managers made a concerted effort to remind staff of the importance of mandatory learning and staff were also encouraged to make every effort to ensure their mandatory learning is completed. There are still challenges with a significant proportion of staff within the service who do not have access to IT facilities as part of their duties. Since the last reporting period there has been a reduction in the completion of mandatory training of 15%. Changes have been made to the training system iLearn to support simpler access to the system across Orkney Islands Council. The Strategic Planning and Performance team will review the position of Orkney Health and Care’s mandatory learning and will aim to find solutions to improve this measure over the following 12 months.

Trend Chart





Orkney Health and Social Care Partnership Annual Social Work and Social Care Services' Experience Report 2021/22



***“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 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.

During the period 2021/21 amendments to the presentation of this report have been made. The report is now named the "Social Work and Social Care Services' Experience Report" and the purpose of this change is to provide a more detailed analysis of the information held within the recorded 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. It also 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 in regard to 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 have been a total of 36 Complaints received over this reporting period.
 - 28 are Closed.
 - 17 were Upheld.
 - 5 were Partially Upheld.
 - 6 were Not Upheld.
 - 8 Remain Open.
- The 8 open complaints account for 29% of all complaints received:
 - The span of these open complaints is across all quarters of the year. This required further investigation, but initial indications suggest this is due to process errors, resulting in the feedback loop and recording not being fully completed.
- To support the challenges within the feedback process a proposal is being developed to support staff and managers.
- A longer-term solution has been identified with approval granted for an additional member of staff to support Social Work and Social Care Services' Experience, Freedom of Information Requests and Subject Access Requests.
- Care at Home and Children and Families have received the most complaints, combined they make up 84% of the total complaints received 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 improved significantly over 2021/22 with 82 compliments recorded across 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.

Although an area has been identified that requires improvement, a solution has been found and work is underway to continually improve the capturing of experience and recording of learning, which is a positive step towards continual learning within the Orkney Health and Social Care Partnership.

Social Work and Social Care Compliance

Period: Annual Report 1 April 2021 – 31 March 2022.

The number of complaints received from 1 April 2021 – 31 March 2022 and compliance with the timescales set by legislation.

Complaints	Total	Percentage
INDICATOR 1: Number of complaints received		
Complaints Received	36	N/A
By email	13	36%
By telephone	19	53%
By letter	1	3%
Face-to-face	3	8%
By Customer Services Platform	0	N/A
Elected Member involvement	0	N/A
INDICATOR 2: Number of complaints closed at stage 1 and stage 2 as a percentage of all complaints closed		
Complaints Closed	28	77.78%
Closed at stage 1 *	12	100.00%
Closed at stage 2 **	16	66.67%
Closed at stage 2 after escalation	0	N/A
INDICATOR 3: Number of complaints upheld/partially upheld/not upheld at each stage as a percentage of complaints closed in full at each stage		
Upheld at stage 1 *	10	83%
Not upheld at stage 1 *	2	17%
Partially upheld at stage 1 *	0	N/A
Upheld at stage 2 **	7	44%
Not upheld at stage 2 **	4	25%
Partially upheld at stage 2 **	5	31%
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
INDICATOR 4: The average time in working days for a full response to complaints at each stage		
Stage 1 *	1.7	N/A
Stage 2 **	11.2	N/A
After escalation	0	N/A
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		
At stage 1 within 5 working days *	12	100%
At stage 2 within 20 working days **	14	87.5%
After escalation within 20 working days	0	N/A
INDICATOR 6: The number of complaints closed at each stage where an extension to the 5 or 20 working day timeline had been authorised		
Stage 1 *	0	N/A
Stage 2 **	0	N/A
Escalated	0	N/A

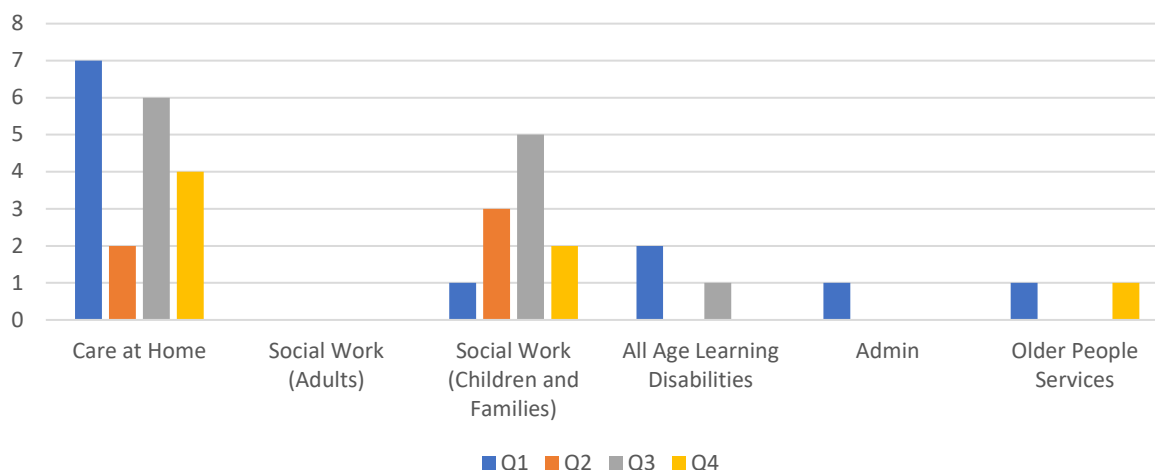
* Stage 1 – informal investigation, dealt with by officers involved in delivering that service within 5 working days.

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

Complaints to Social Work and Social Care Services

Over the last reporting year there have been a total of 36 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:

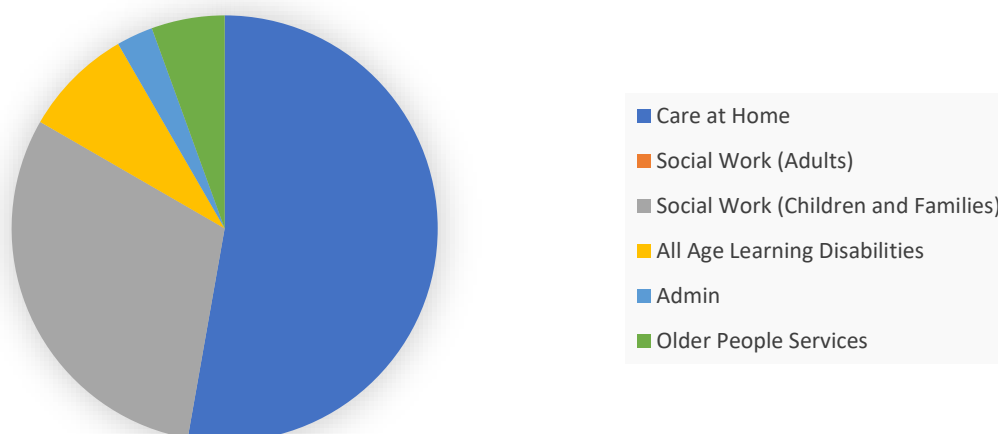
Service Complaints by Quarter



	Q1	Q2	Q3	Q4	Total
Care at Home	7	2	6	4	19
Social Work (Adults)	-	-	-	-	-
Social Work (Children and Families)	1	3	5	2	11
All Age Learning Disabilities	2	-	1	-	3
Admin	1	-	-	-	1
Older People Services	1	-	-	1	2

Of our services, the Care at Home team have received the most complaints with 19 (53%) followed by Children and Families Social Work (31%), All Age Learning Disabilities received 3 (8%), Older Peoples Services 2 (6%), Admin 1 (3%) and Adult Social Work reported no complaints over this period.

Percentage of Complaints by Service



It should be noted that while the Care at Home team received the highest number of complaints, they also have a far greater number of interactions with members of the public, compared to other services. Over the last financial year, the Care at Home team provided 160,642 visits. Breaking this down, we can assess that of the total interactions only 0.0019% result in a complaint being raised.

Complaints by Categorisation

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

	Q1	Q2	Q3	Q4	Total
Missed Visit	1	-	-	-	1
Quality of Care	3	-	-	-	3
Communication	1	-	-	-	1
Inappropriate use of Social Media	1	-	-	-	1
Availability of Service	2	-	-	-	2
Quality of Service	1	4	6	2	13
Staff Conduct/Attitude	3	1	4	4	12
Discrimination	0	-	-	1	1
Level of Service	0	-	1	-	1
Delay in Providing a Service	0	-	1	-	1
Total	12	5	12	7	36

The most common complaint raised within our Social Work services relates to the Quality of Service 13 (36.7%) and Staff Conduct and Attitude 12 (33.3%), with the next closest being Quality of Care 3 (8.3%).

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

Category	Count
Care at Home = 19 Complaints	
Missed Visit	1
Staff Conduct/Attitude	8
Quality of Care	2
Quality of Service	6
Communication	1
Inappropriate use of Social Media	1
Social Work (Adults) = 0 Complaints	
Social Work (Children and Families) = 11 Complaints	
Staff Conduct/Attitude	6
Quality of Service	3
Delay in Providing a Service	1

Discrimination	1
All Age Learning Disabilities = 3 Complaints	
Availability of Service	1
Quality of Care	1
Level of Service	1
Admin = 1 Complaint	
Availability of Service	1
Older People Services = 2 Complaints	
Quality of Service	1
Staff Conduct/Attitude	1

Thematic analysis is challenging due 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

The Care at Home service received the highest number of complaints, with Staff Conduct/Attitude being the most common category, with 8 complaints. Conduct and attitude is often a difficult category to assess, as it often relates to personal behaviours of staff and their relationships with service users. Additionally, communication methods and personalities vary from person to person and these types of complaints relate to individual views, feelings and expectations. 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, setting expectations of the service that will be provided and enhancing effective communication, by providing an introduction to the people who access our services, as well as timekeeping improvements and ensuring people are informed of any delays.

The second most common complaint theme relates to Quality of Service and Quality of Care, which often overlap. The key learning here is:

- Staff ensure that families are supported by being aware of the process for requesting additional support and who to contact.
- Staff have been given additional support and guidance in relation to end of life care and where communication was identified as an area of learning, staff were asked to communicate with the family periodically, to ensure satisfaction with care provided.
- Use of Personal Protective Equipment (PPE) was a theme identified in early 2021/22 and staff revisited training, covering PPE requirements and the process of donning and doffing (the wearing and removing of these articles of equipment).

Children and Families Social Work (who hold the second highest number of complaints) saw similar complaint themes. Staff Conduct/Attitude was the most common complaint and given the sensitivity of the work they undertake this is not considered unusual and as explained above, it is difficult to pinpoint learning from staff attitude and conduct events.

Key learning from the Quality of Service category relates to:

- Timely responses to requests.
- Ensuring documentation is shared with families.

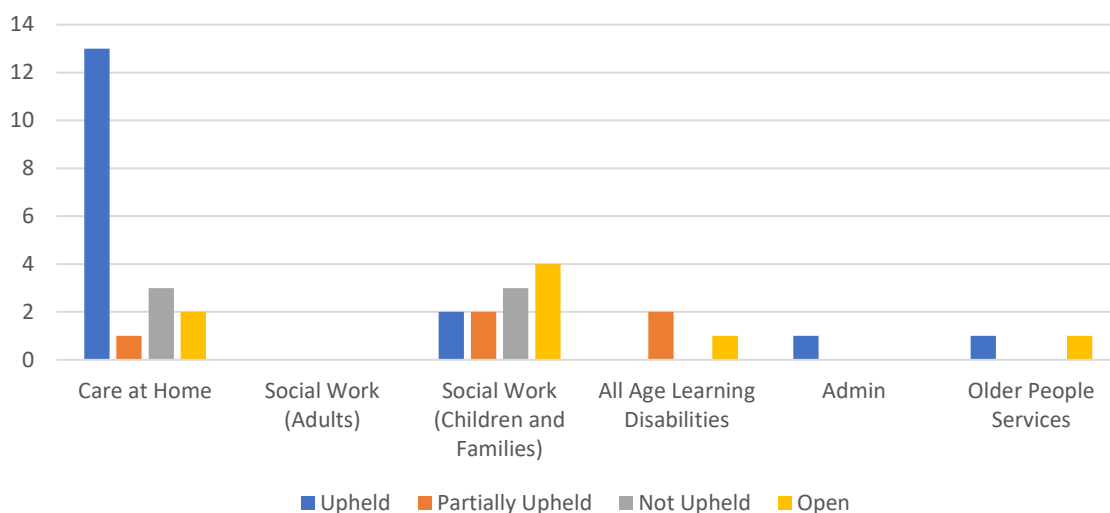
Guidance and support were offered to staff to ensure they follow procedures and make best use of guidance throughout departments.

The Outcomes

The end product of a complaint should seek to rebuild the relation 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:

Complaint Outcome by Service



Service	No. of complaints	Upheld	Partially Upheld	Not Upheld	Open
Care at Home	19	13	1	3	2
Social Work (Adults)	0	0	0	0	0
Social Work (Children and Families)	11	2	2	3	4
All Age Learning Disabilities	3	0	2	0	1
Admin	1	1	0	0	0
Older People Services	2	1	0	0	1
	36	17	5	6	8

28 of the 36 complaints are recorded as closed and of those 28 closed complaints, 17 (61%) have been Upheld, 5 (18%) have been Partially Upheld and 6 (21%) recorded as Not Upheld.

Of the total complaints received 8 (29%) remain open. A breakdown of open complaints is provided on the following page.

Open Complaints				
	Q1	Q2	Q3	Q4
Care at Home	-	-	2	-
Social Work (Adults)	-	-	-	-
Social Work (Children and Families)	1	1	1	1
All Age Learning Disabilities	1	-	-	-
Admin	-	-	-	-
Older People Services	-	-	-	1

This data shows that 6 of the 8 complaints are now outside the required timescale and there is no record of authorised extension requests, which highlights a key issue in our record keeping and feedback process.

A proposal is being developed to provide a solution to this key issue, which will support staff, management and improve the experience for those raising concerns.

Approval has been granted for an additional member of staff to support Social Work and Social Care Services' Experience, Freedom of Information Requests and Subject Access Requests.

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 a new addition to the Social Work and Social Care Services' Experience Report.

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

Since asking services to ensure compliments are recorded, there have been a total of 82 recorded compliments across services. 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:

Gilbertson Day Centre

“I like the folk that is here and I enjoy coming. I look forward to coming here and never want to leave”.

“Everyone continues to be very nice to me. I appreciate it.” Her husband added
“Place is dead right. I think it is grand”.

“There are no staff here, we are all family”.

“Friday is my favourite day of the week. I look forward to coming here”.

Two further compliments were received from the daughters of service users:

“Good communication during reviews and mum’s communication book”.

“Very happy with the service provided, I do not have to worry about mum for the day she is at the centre and I know she eats well and gets fresh food. Everyone is so helpful”.

Husband of service user said that the communication book is very helpful – “I take a photograph of the book and send it to her family and they can see what she has been up to”.

Service user said “the domestic explains my meals to me very thoroughly and I very much appreciate this and what she does for me regarding my lunch”.

Service user said “that was the best Christmas dinner I have had and I’m 92!”.

Service user said “this was a beautiful meal – it was delicious”.

Husband of service user put in a donation to the Gilbertson Comfort Fund – he wrote he was very grateful for everything we do for his wife.

Service user said of his Christmas lunch “I only have one complaint – there was too much – I’m very full” – It was a compliment he wanted to make.

Service user said “what a tasty meal you do spoil us here. You are all so kind and very helpful to an old wife of 81”.

One service user said “I always look forward to a Monday as I enjoy my day out so much. You are all so obliging and nothing is a problem to you. As the week decreases I know that Monday is approaching again.”

A service users niece said “Aunty is enjoying coming to the Centre very much. After I visit her it’s all she can speak about – the lovely meals and snacks she gets and all that she has been doing.”

A service users’ husband said “thank you for the lovely photo of, the whole family have been wowed by it.” – this was said after having our Valentines themed afternoon teas at the Centre.

Hamnavoe House

“I would like to thank everyone at Hamnavoe House - cleaners, cooks, carers, the receptionist and the manager and any other staff for their tireless efforts. I feel humbled at their dedication and very privileged that my Mum is in such a wonderful place.”

“Just a small thank you to all the staff at Hamnavoe for your care of mum”.

“Thank you so, so much for the wonderful care you took of... during his stay with you. He was comfortable and happy throughout, which was a comfort to me”.

“We would like to thank you all very much for the care has received during nearly 5 year stay in St Peters/Hamnavoe House. It was never wish ever to go into a care home but because of the circumstances this quickly changed.had a full and very active life and one we'd like you to celebrate with a small drink and cake! Best wishes and thank you”.

Smiddybrae House

“I just wanted to say a **very heartfelt thank you** for everything you did for my mother. I know she was very well looked after and for that I am very grateful”.

“Thank you so much for looking after...”

“On behalf of... the whole family would like to say a big thank you for the **wonderful care and attention** you gave her on her short stay at Smiddybrae House with you”.

Kalisgarth Care Centre

“Food good, have my own food if I don't like what's offered”.

“Always adhered to guidelines” (regarding PPE).

“very good as far as I can see” (re atmosphere in centre).

“Staff carried out daily exercises as per physio care plan so that relative could gain their own independence”.

“I feel Kalisgarth has been a very safe + happy place throughout this difficult time. Credit to the efficient team of staff. Be good to see it up and running at full capacity again! Well done all.”

“My friends view is that she is in the best of care facilities.”

“I don't believe my relative would be better cared for anywhere other than Kalisgarth. It is a home from home. 10 out of 10 to the manager and staff.”

“Kalisgarth is a professionally run care centre with dedicated and caring staff.”

Children and Families

The team received flowers and chocolates for Social Work Day on 15 March 2022. They were from a mystery person to 'recognise and thank' the C and F team for all their hard work and dedication to the Children of Orkney.

Above and Beyond Nominations

Welcome to Kirkwall Grammar School



We know that all KGS staff work exceptionally hard to support our pupils, our parents, our community and each other. These nominations give us the opportunity to say thank you to a colleague who has done something special – truly above and beyond! 😊

Dear Vicky Mackinnon

You've been nominated because:

"We know it's your job, but you chaired a recent multi-agency meeting so well and made it so much better for the child - thank you."

Thank you from the whole KGS community! 18th February 2022



OHAC Training

"You're a star"; "You really are a superwoman!"

"Much appreciated all the work done in getting the new starters onto training so quickly".

"Very polite"; "Thank you for helping even though under a lot of pressure".

"Really appreciate this Jane-Anne - well done in taking it on - and thanks".

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 (5 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. 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.
4. Due to reporting challenges comparison to previous years has not been provided. As a longer-term report format and structure has now been agreed, comparison with previous years will be available in future reporting.

Conclusion

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

- A review of the process and procedures should be undertaken to ensure communication and feedback flows more freely within the complaints process. This will support the rebuilding of relationships between complainants and services and will provide consistency in the recording of information and the capturing of data.
 - Orkney Health and Social Care Partnership has taken steps to do this with the development of a draft proposal.
- 36 complaints over a 12 month period is a small number of complaints given the high numbers of interactions and the complexities involved in the services provided. This, coupled with the 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 captured.
- Within services who have received several 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. COVID-19 has presented the greatest challenge in a generation, which added additional pressures in an ever-changing environment, where the safety of our community was paramount. Services

coped well and low numbers of complaints support that view, and although, on occasion, experiences could have been better, learning has been taken to support a better experience.