

Item: 6.2

Policy and Resources Committee: 28 November 2023.

Performance Monitoring – Orkney Health and Care.

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 April to 30 September 2023.

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 April to 30 September 2023, as set out in sections 3 and 4 and Appendices 1 to 3 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 Appendix 1.

3.2.

There is a decline in the number of completed ERDs (CCG07) done within the time period. All staff are offered regular 1:1 or group supervisions with line managers where there is the opportunity to discuss areas of concern and identify areas where additional support and training can be provided to support staff to do their role.

4. Complaints and Compliments

4.1.

Table 1, below, sets out the number of complaints and compliments, made to Orkney Health and Care, in the six-month period covering 1 April to 30 September 2023, and for the two preceding six-month periods.

Table 1.	Six months ending 30 September 2022.	Six months ending 31 March 2023.	Six months ending 30 September 2023.
Complaints.	9	20	31
Compliments.	34	56	72

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. Appendices 2 and 3 to this report provide further information in relation to complaints and compliments.

4.3.

As a result of this Complaints Handling Procedure, 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.

4.4.

The number of compliments received by services not only remains consistently high but appears to be increasing significantly.

5. Corporate Governance

This report relates to the Council complying with its performance management process 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

Stephen Brown, Chief Officer, Orkney Health and Social Care Partnership, extension 2601, Email stephen.brown3@nhs.scot

Maureen Swannie, Interim Head of Children, Families and Justice Services / Head of Strategic Planning and Performance, extension 2601, Email maureen.swannie@nhs.scot

Shaun Hourston-Wells, Acting Strategic Planning Lead, extension 2414, Email shaun.hourston-wells@orkney.gov.uk

9. Appendices

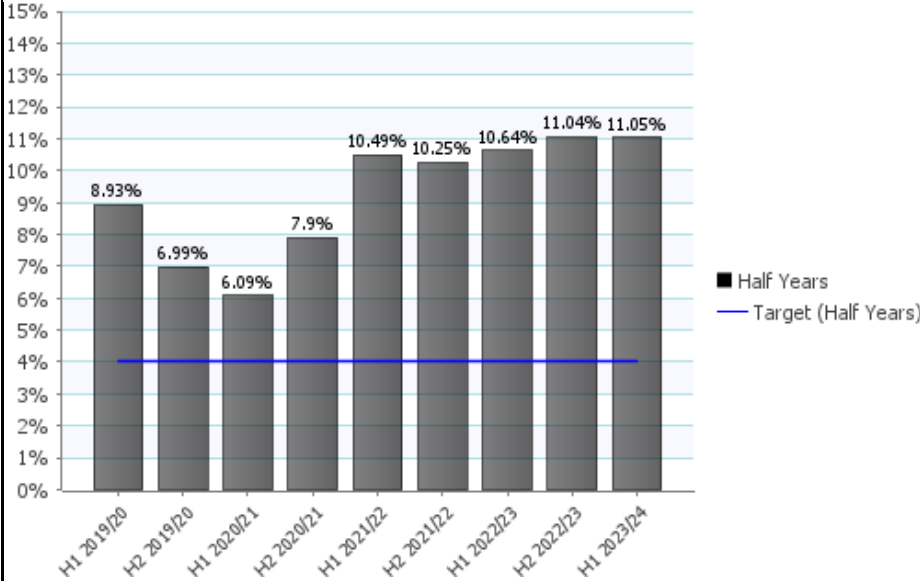
Appendix 1: Summary of the performance of Orkney Health and Care against its 6 monthly performance indicator targets.

Appendix 2: Social Work and Social Care Services Experience Report Q3.

Appendix 3: Social Work and Social Care Services Experience Report Q4.

Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 30 September 2023

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%	11.05%	6.1%	RED	●																				
Comment																								
Sickness absence remained high across our services. Regular reports are presented to the Senior Management Team to provide oversight and trends. Where identified, and where possible, support is provided to staff and managers. To support our staff, several activities continue to be made available and communicated through the training team, to support wellbeing, such as mindfulness sessions and yoga. The Senior Management Team have encouraged managers to include Health, Safety and Wellbeing as a standing agenda item on team meetings.																								
Trend Chart																								
 <p>The chart displays the percentage of sickness absence over time, comparing actual performance against a 4% target. The y-axis ranges from 0% to 15% in 1% increments. The x-axis shows half-year periods from H1 2019/20 to H1 2023/24. A horizontal blue line represents the 4% target. Actual values are shown as dark grey bars with labels above them.</p> <table border="1"> <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> <tr> <td>H1 2022/23</td> <td>10.64%</td> </tr> <tr> <td>H2 2022/23</td> <td>11.04%</td> </tr> <tr> <td>H1 2023/24</td> <td>11.05%</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%	H1 2022/23	10.64%	H2 2022/23	11.04%	H1 2023/24	11.05%
Half Year	Actual Percentage																							
H1 2019/20	8.93%																							
H2 2019/20	6.99%																							
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H2 2021/22	10.25%																							
H1 2022/23	10.64%																							
H2 2022/23	11.04%																							
H1 2023/24	11.05%																							

Performance Indicator

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.


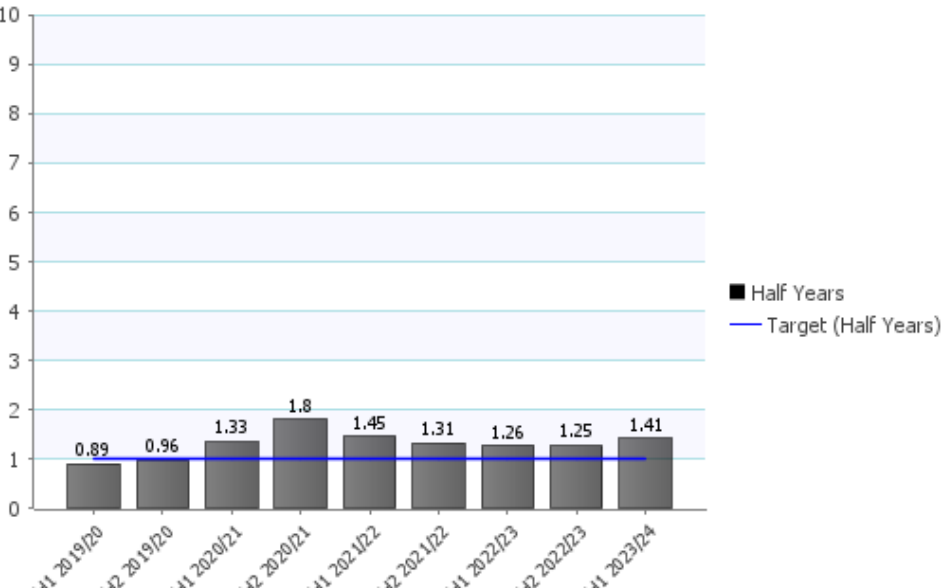
Target	Actual	Intervention	RAG	
90%	20.43%	79%	RED	●


Comment

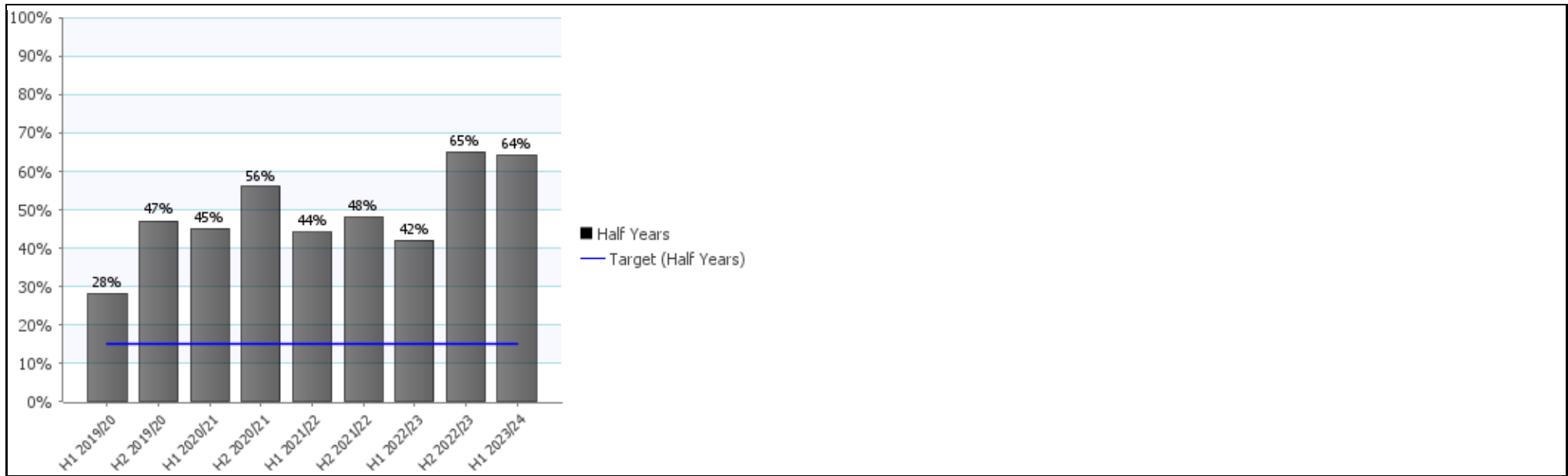
As advised in the previous report, key management vacancies across the system have impacted on capacity to respond timeously to the interventions required. Significant work has been done to recruit to posts and as posts are filled managers will be asked to familiarise themselves with the relevant policies, procedures, guidance and systems. Heads of Services are working with managers to actively manage sickness in line with policy. Reports are presented to the Senior Management Team to review and monitor sickness absence.

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	1.41	2.1	AMBER																					
Comment																								
<p>35 adverse events reported to Safety and Resilience during this period. 19 of these were 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. The other adverse events recorded are 5 handling, lifting or carrying, 3 other kinds of accidents, 5 slip, trip or fall on same level, 2 strike against something fixed or stationary and 1 struck by moving object. The Senior Management Team receive regular updates on Accidents/Incidents to monitor any trends and to ensure appropriate systems are in place to ensure safety of staff and we are actively looking for ways to make reporting easier for our staff.</p>																								
Trend Chart																								
 <p>The trend chart displays the number of staff accidents per 30 staff per year across nine half-year periods. The y-axis ranges from 0 to 10. A horizontal blue line represents the target at 1.0. The data points are as follows:</p> <table border="1"> <thead> <tr> <th>Half Year</th> <th>Actual Value</th> </tr> </thead> <tbody> <tr> <td>H1 2019/20</td> <td>0.89</td> </tr> <tr> <td>H2 2019/20</td> <td>0.96</td> </tr> <tr> <td>H1 2020/21</td> <td>1.33</td> </tr> <tr> <td>H2 2020/21</td> <td>1.8</td> </tr> <tr> <td>H1 2021/22</td> <td>1.45</td> </tr> <tr> <td>H2 2021/22</td> <td>1.31</td> </tr> <tr> <td>H1 2022/23</td> <td>1.26</td> </tr> <tr> <td>H2 2022/23</td> <td>1.25</td> </tr> <tr> <td>H1 2023/24</td> <td>1.41</td> </tr> </tbody> </table>					Half Year	Actual Value	H1 2019/20	0.89	H2 2019/20	0.96	H1 2020/21	1.33	H2 2020/21	1.8	H1 2021/22	1.45	H2 2021/22	1.31	H1 2022/23	1.26	H2 2022/23	1.25	H1 2023/24	1.41
Half Year	Actual Value																							
H1 2019/20	0.89																							
H2 2019/20	0.96																							
H1 2020/21	1.33																							
H2 2020/21	1.8																							
H1 2021/22	1.45																							
H2 2021/22	1.31																							
H1 2022/23	1.26																							
H2 2022/23	1.25																							
H1 2023/24	1.41																							

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%	64%	31%	RED	
Comment				
<p>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. 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. The Senior Management Team have been discussing possible ways to address vacancy issues which will help assist some areas which are heavily reliant on locum services. All budget holders have been reminded of the importance of attending budget holder training, following a request from the Service Managers and Lead Professionals earlier in the year for training. The Finance team within the service are now able to audit who has completed their BMRs to help target assistance where required and issuing reminders if required. The Chief Officer and the Chief Finance Officer have commenced meeting with the Heads of Services on budget variances which will progress.</p>				
Trend Chart				



Performance Indicator

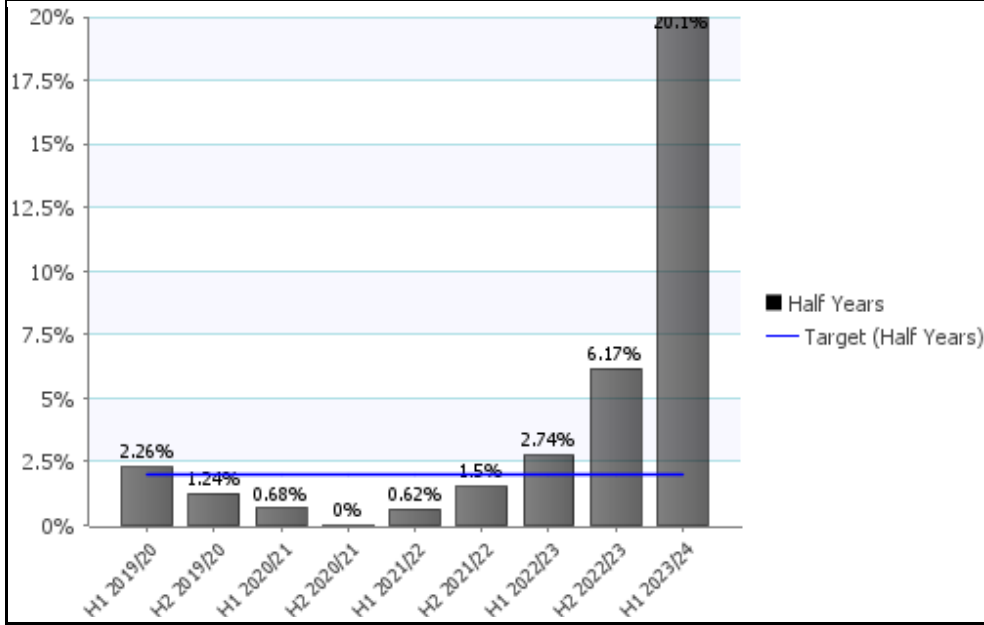
CCG 05 – Recruitment and retention – The number of advertised service staff vacancies still vacant after six months from the time of advert, as a proportion of total staff vacancies.

Target	Actual	Intervention	RAG	
2%	20.1%	4.1%	RED	

Comment

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 work has been done, in liaison with HR and Communications, on how to promote jobs within health and social care. The Senior Management Team are considering how best to attract, and retain staff and working with colleagues in Human Resources to explore more innovative approaches to recruitment.

Trend Chart



Performance Indicator

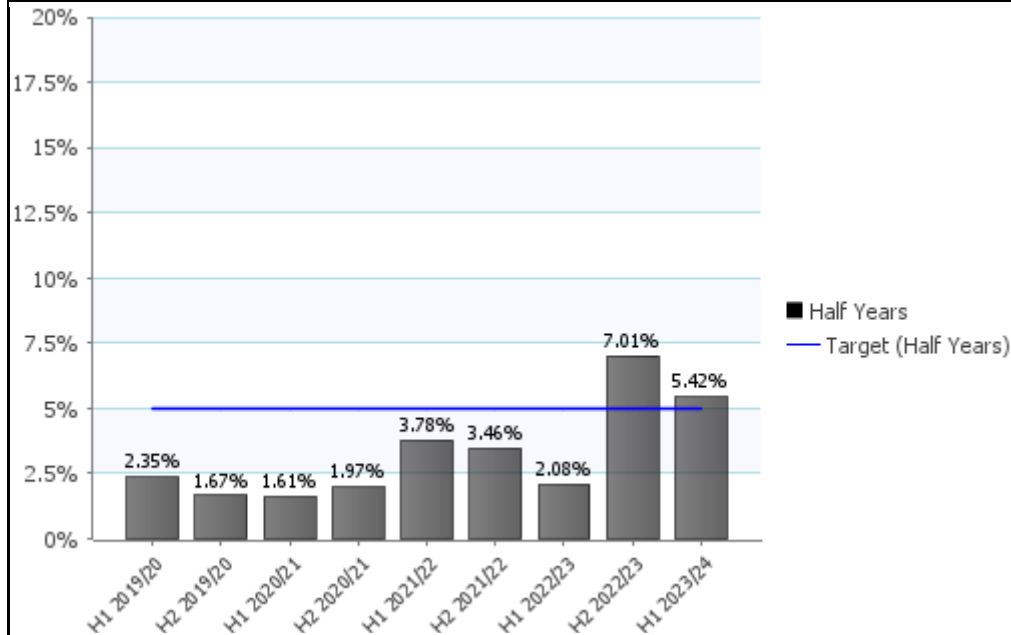
CCG 06 – Recruitment and retention – The number of permanent service staff who leave the employment of Orkney Islands Council – but not through retirement or redundancy – as a proportion of all permanent service staff.

Target	Actual	Intervention	RAG	
5%	5.42%	10.1%	AMBER	▲

Comment

The number of permanent staff who have left between 1 April and 30 September has reduced. However, it is to be noted that this measure does not take into account locum or temporary staff. Actions from the external Training Needs Analysis are being progressed as well as an options appraisal being developed for submission for Spring 2023 which identifies training needs and gaps.

Trend Chart



Performance Indicator

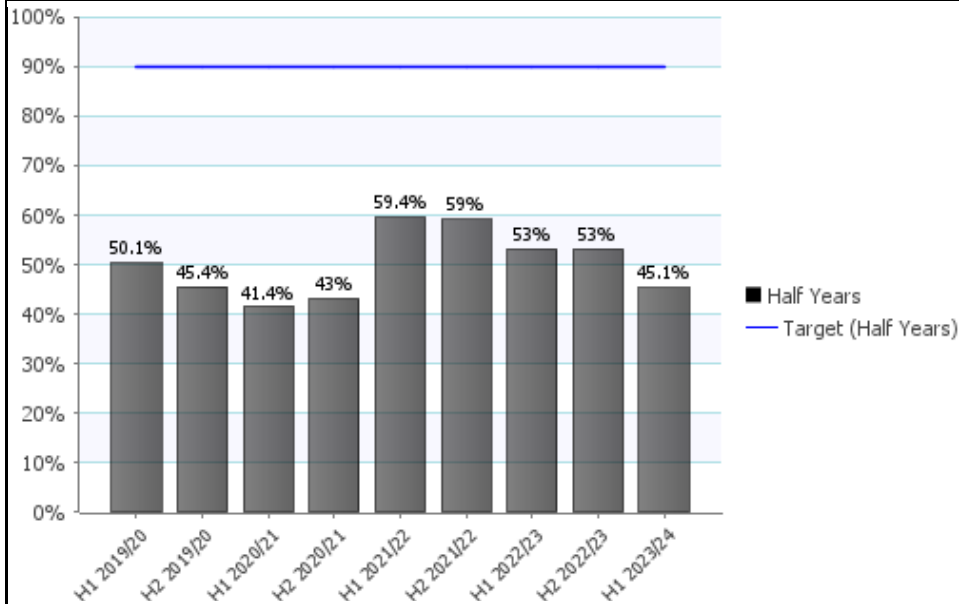
CCG 07 – ERD – The number of staff who receive (at least) an annual face-to-face performance review and development meeting, as a proportion of the total number of staff within the service.

Target	Actual	Intervention	RAG	
90%	45.1%	79%	RED	●

Comment

As previously highlighted, capacity within the service is limited due to vacancies across the system. 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 ERDs and applies solely to the Partnership. With the recent soft roll out of Good Conversations, which is more aligned to supervision practice across the service, it is anticipated that this will assist meeting the standard, should Good Conversations be adopted by Council.

Trend Chart



Performance Indicator

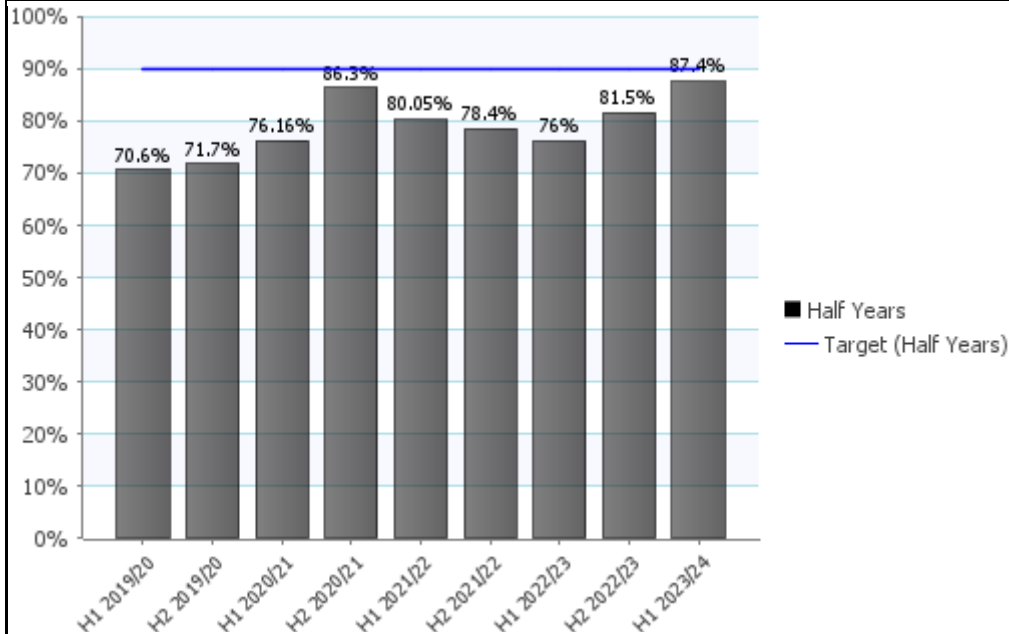
CCG 08 – Invoice payment – The number of invoices that were submitted accurately, and paid within 30 days of invoice date, as a proportion of the total number of invoices paid.

Target	Actual	Intervention	RAG	
90%	87.4%	79%	AMBER	▲

Comment

There have been some improvements in the last 6 months. Work continues to encourage administration staff and managers to process invoices as timely as possible to ensure delays are kept to a minimum.

Trend Chart



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%	46.78%	79%	RED	●																					
Comment																									
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. Looking closely at the data, out of 699 employees, 372 of those have outstanding courses. It is also noted that within this figure are individuals who are on long term absence/leave.																									
Trend Chart																									
<table border="1"> <caption>Trend Chart Data</caption> <thead> <tr> <th>Half Year</th> <th>Actual Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>H2 2020/21</td> <td>17.4%</td> <td>90%</td> </tr> <tr> <td>H1 2021/22</td> <td>41.84%</td> <td>90%</td> </tr> <tr> <td>H2 2021/22</td> <td>26.22%</td> <td>90%</td> </tr> <tr> <td>H1 2022/23</td> <td>24.9%</td> <td>90%</td> </tr> <tr> <td>H2 2022/23</td> <td>50.14%</td> <td>90%</td> </tr> <tr> <td>H1 2023/24</td> <td>46.78%</td> <td>90%</td> </tr> </tbody> </table>					Half Year	Actual Performance (%)	Target (%)	H2 2020/21	17.4%	90%	H1 2021/22	41.84%	90%	H2 2021/22	26.22%	90%	H1 2022/23	24.9%	90%	H2 2022/23	50.14%	90%	H1 2023/24	46.78%	90%
Half Year	Actual Performance (%)	Target (%)																							
H2 2020/21	17.4%	90%																							
H1 2021/22	41.84%	90%																							
H2 2021/22	26.22%	90%																							
H1 2022/23	24.9%	90%																							
H2 2022/23	50.14%	90%																							
H1 2023/24	46.78%	90%																							

Personnel key

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

Chief Finance Officer – Peter Thomas

Head of Health and Community Care – Lynda Bradford.

Interim Head of Children, Families and Justice Services – Maureen Swannie.

Head of Strategic Planning and Performance – Maureen Swannie.

Head of Primary Care Services – Maureen Firth.

Principal Pharmacist – Wendy Lycett.

Lead Allied Health Professional – Morven Gemmill.

RAG key

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

Amber - the performance indicator is experiencing minor underperformance, with a low risk of failure to meet its target.

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

Social Work and Social Care Services' Experience Report – Q1, 2023

Period: 1 April to 30 June 2023

The number of complaints received from 1 April to 30 June 2023 and compliance with the timescales set by legislation.

	Total	%
INDICATOR 1: Number of complaints received		
Complaints Received	16 ***	
By email	8	50%
By telephone	7	44%
By letter	1	6%
Face-to-face	0	N/A
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	12	
Closed at stage 1 *	7	58%
Closed at stage 2 **	5	42%
Closed at stage 2 after escalation	N/A	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 *	2	16.7%
Not upheld at stage 1 *	3	25%
Partially upheld at stage 1 *	2	16.7%
Upheld at stage 2 **	2	16.7%
Not upheld at stage 2 **	2	16.7%
Partially upheld at stage 2 **	1	8.3%
Upheld at stage 2 after escalation **	N/A	N/A
Not upheld at stage 2 after escalation **	N/A	N/A
Partially upheld at stage 2 after escalation **	N/A	N/A
INDICATOR 4: The average time in working days for a full response to complaints at each stage		
Stage 1 *	1	N/A
Stage 2 **	24	N/A
After escalation	N/A	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 *	7	100%
At stage 2 within 20 working days **	1	20%
After escalation within 20 working days	N/A	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 *	N/A	N/A
Stage 2 **	3	33.3%
Escalated	N/A	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.

*** 17 complaints received, however one was withdrawn

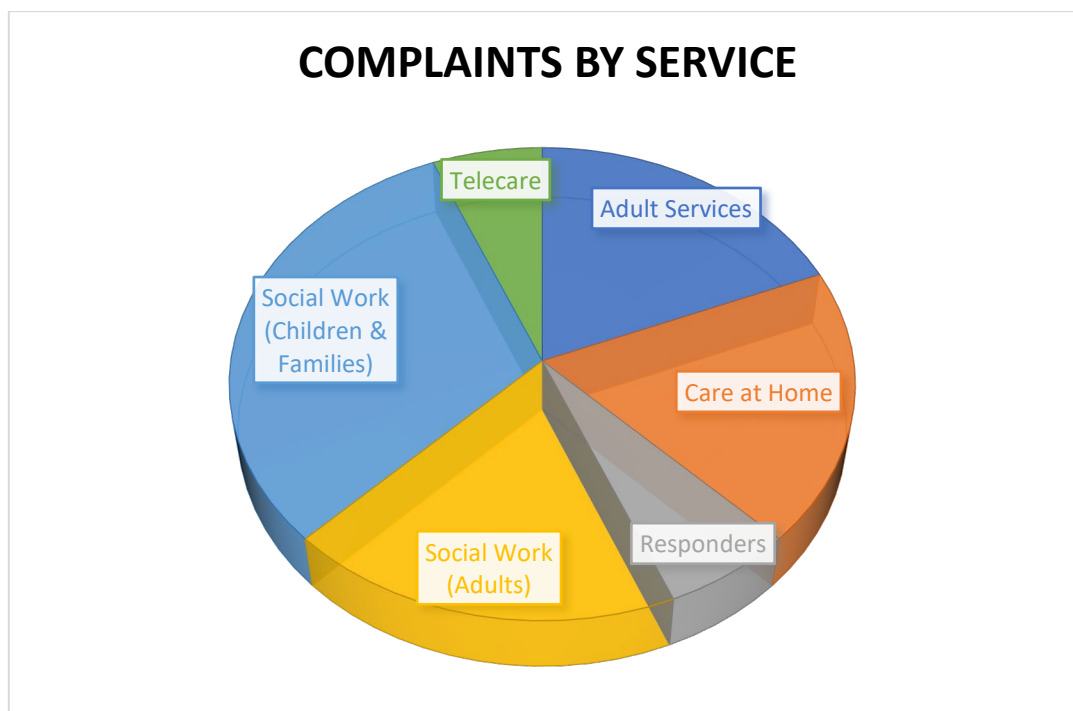
Complaints – 1 April to 30 June 2023

Service	No. Complaints	Upheld	Partially Upheld	Not Upheld	Open
Adult Services	3	1 (33%)	0	1 (33%)	1 (33%)
Care at Home	3	1 (33%)	1 (33%)	1 (33%)	0
Responders	1	1 (100%)	0	0	0
Social Work (Adults)	3	0	1 (33%)	2 (67%)	0
Social Work (Children and Families)	5	0	1 (20%)	1 (20%)	3 (60%)
Telecare	1	1 (100%)	0	0	0
Total	16	4 (25%)	3 (19%)	5 (31%)	4 (25%)

For the period 1 April to 20 June 2023 there were a total of 17 complaints received by Orkney Health and Care, although one was withdrawn, bringing the overall number of complaints for the quarter down to 16. This represents an increase of 8 complaints compared to the last reporting period. Of the complaints received 5 (31.3%) are held by the Children and Families Social Work team, 3 (18.8%) are held each by Adult Services, Care at Home, and the Adult Social Work Team, and 1 (6.2%) each for Responders and Telecare.

Of these complaints, so far, 4 (25%) have been upheld, 3 (19%) partially upheld, 5 (31%) not upheld, with the remaining 4 (25%) currently open and under investigation.

The chart below shows a comparison of complaints by service.



Below the category of each complaint has been counted.

Category	No. Complaints	Upheld	Partially Upheld	Not Upheld	Open
Delay in providing a service	2	0	0	2 (100%)	0
Failure to provide a service	2	0	1 (50%)	0	1 (50%)
Level of service	1	1 (100%)	0	0	0
Quality of service	8	3 (37.5%)	1 (12.5%)	3 (37.5%)	1 (12.5%)
Staff Conduct / Attitude	2	1 (50%)	0	0	1 (50%)
Withdrawal of a service	1	0	1 (100%)	0	0

With small figures like these it is difficult to draw conclusions from the information available. The most common category relates to quality of service (8). Within the identified learning, much of the qualitative information provides continuing evidence to suggest that we need to find ways better to communicate with internal and external customers.

Below the category of each complaint has been counted for each service.

Category	Upheld	Partially Upheld	Not Upheld	Open
Adult Services = 3 complaints				
Quality of service	1	0	1	1
Care at Home = 3 complaints				
Failure to provide a service	0	1	0	0
Quality of service	1	0	1	0
Responders = 1 complaint				
Staff conduct/attitude	1	0	0	0
Social Work (Adults) = 3 complaints				
Delay in providing a service	0	0	2	0
Quality of service	0	0	0	0
Withdrawal of a service	0	1	0	0
Social Work (Children & Families) = 5 complaints				
Failure to provide a service	0	0	0	1
Level of service	0	0	0	1
Quality of service	0	1	1	0
Staff Conduct / Attitude	0	0	0	1
Telecare = 1 complaint				
Quality of service	1	0	0	0

Service Compliments and ‘Good News Stories’

When considering service user experience a holistic view of service is necessary. This includes reviewing learning opportunities and equally considering areas where success can be celebrated.

Between 1 April and 30 June 2023 our services received 36 compliments and some examples of the compliments we have collected are provided here.

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’.

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.

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.’

Kalisgarth

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.

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.



Administration

'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.'

Children and Families Social Work

There was a special thanks in the Womens' 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 recently, 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.

Above and Beyond Nominations



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 Darren Morrow

You've been nominated because:

"we know she often goes above and beyond but this week he went above and beyond for one of our young people - thank you so much, Darren."

Thank you from the whole KGS community!

9th June 2023



Adult Social Work

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.



Report completed July 2023

Jane-Anne Denison

Service Experience Officer, Orkney Health and Care

Social Work and Social Care Services' Experience Report – Q2, 2023

Period: 1 July to 30 September 2023

The number of complaints received from 1 July to 30 September 2023 and compliance with the timescales set by legislation.

	Total	%
INDICATOR 1: Number of complaints received		
Complaints Received	15	
By email	11	73%
By telephone	4	27%
By letter	0	N/A
Face-to-face	0	N/A
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	8	
Closed at stage 1 *	4	50%
Closed at stage 2 **	4	50%
Closed at stage 2 after escalation	N/A	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 *	2	25%
Not upheld at stage 1 *	1	12.5%
Partially upheld at stage 1 *	1	12.5%
Upheld at stage 2 **	1	12.5%
Not upheld at stage 2 **	2	25%
Partially upheld at stage 2 **	1	12.5%
Upheld at stage 2 after escalation **	N/A	N/A
Not upheld at stage 2 after escalation **	N/A	N/A
Partially upheld at stage 2 after escalation **	N/A	N/A
INDICATOR 4: The average time in working days for a full response to complaints at each stage		
Stage 1 *	1.5	N/A
Stage 2 **	17.25	N/A
After escalation	N/A	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 *	4	100%
At stage 2 within 20 working days **	3	75%
After escalation within 20 working days	N/A	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 *	N/A	N/A
Stage 2 **	1	25%
Escalated	N/A	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 – 1 April to 30 June 2023

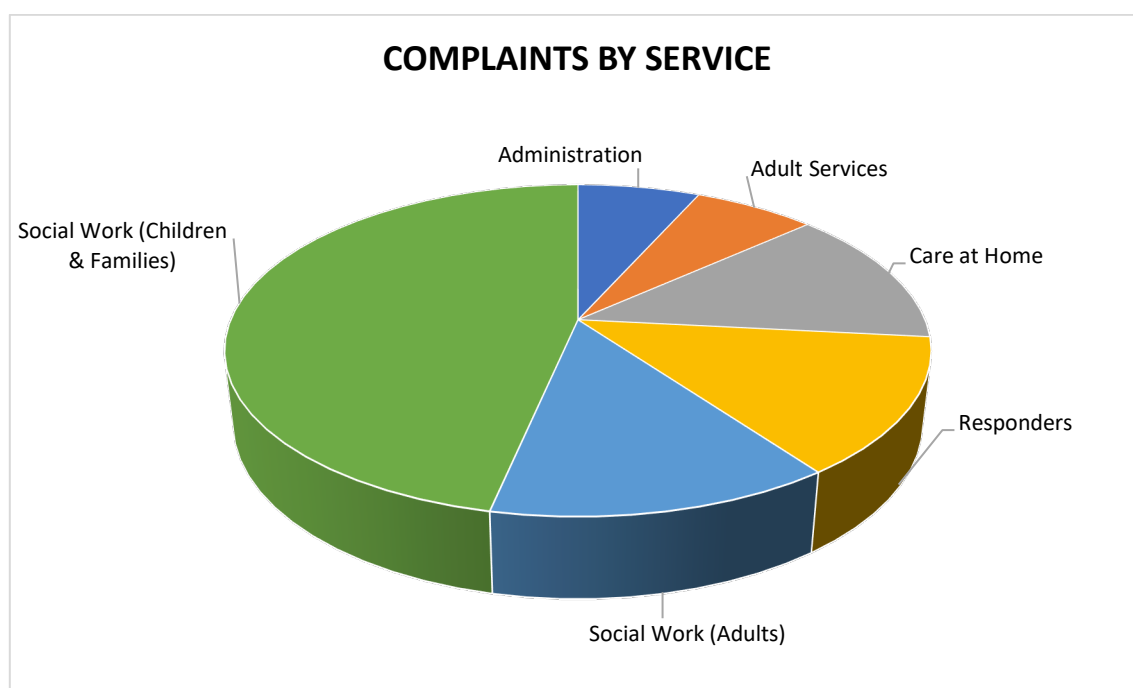
Service	No. of Complaints	Upheld	Partially Upheld	Not Upheld	Open
Administration	1	1 (100%)			
Adult Services	1			1 (100%)	
Care at Home	2		2 (100%)		
Responders	2	2 (100%)			
Social Work (Adults)	2			2 (100%)	
Social Work (Children and Families)	7				7 (100%)
TOTAL	15	3 (20%)	2 (13%)	3 (20%)	7 (47%)

For the period 1 July to 30 September 2023 there were a total of 15 complaints received by Orkney Health and Care. This represents a decrease of 2 complaints compared to the last reporting period. Of the complaints received 7 (47%) are held by the Children and Families Social Work team, 2 (13%) are held each by Care at Home, Responders, and the Adult Social Work team, and 1 (7%) each for Administration and Adult Services.

Of the total complaints this quarter, 3 (20%) have been upheld, 2 (13%) partially upheld, 3 (20%) not upheld, with the remaining 7 (47%) currently open.

It must be noted that 5 of the complaints received for the Children and Families Social Work team were from a single complainant, and due to the nature of the complaints and difficulty in finding suitable investigators, 1 is in the early stages of investigation, while the remaining 4 are on hold at the time this report was prepared.

The chart below shows a comparison of complaints by service:



Below the category of each complaint has been counted.

Category	No. Complaints	Upheld	Partially Upheld	Not Upheld	Open
Quality of service	6	3 (50%)	2 (33%)	1 (17%)	0
Staff Conduct / Attitude	9	0	0	2 (22%)	7 (78%)

With small figures like these it is difficult to draw conclusions from the information available. The most common category relates to staff conduct/attitude (9). Within the identified learning, much of the qualitative information provides continuing evidence to suggest that we need to find ways better to communicate with internal and external customers.

Below the category of each complaint has been counted for each service.

Category	Upheld	Partially Upheld	Not Upheld	Open
Administration = 1 complaint				
Quality of service	1	0	0	0
Adult Services = 1 complaint				
Quality of service	0	0	1	0
Care at Home = 2 complaints				
Quality of service	0	2	0	0
Responders = 2 complaints				
Quality of service	2	0	0	0
Social Work (Adults) = 2 complaints				
Staff conduct/attitude	0	0	2	0
Social Work (Children & Families) = 7 complaints				
Staff Conduct / Attitude	0	0	0	7

Service Compliments and ‘Good News Stories’

When considering service user experience a holistic view of service is necessary. This includes reviewing learning opportunities and equally considering areas where success can be celebrated.

Between 1 July and 30 September 2023 our services received 36 compliments and some examples of the compliments we have collected are provided here.

Care at Home

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.

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*

Gilbertson Day Centre

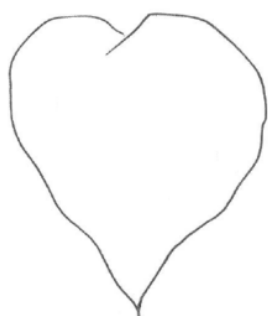
Many positive comments were made by service users and their families following Gilbertson's July Outings, for example, *"You have done so much organizing for this as the day has gone so smooth. You have all made this such a good day. I can't thank you enough"* and, *"X had a fantastic day, this has given 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

A health professional visiting Kalisgarth praised the staff for their excellent care of frail and vulnerable clients, especially their skin care.

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,

Administration & Training

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”*.

Children and Families Social Work

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’*.

Freedom of Information (FOI) Requests

A request has been made to include an overview of the Freedom of Information and Subject Access Requests for the SMT. This has been added to this quarterly report.

Month	Total due this month	Number completed on time	Number completed late	Number on hold/closed (excluded from calculations)¹	% Completed on time
July 2023	16	15	0	1	100%
Aug 2023	10	8	0	2	100%
Sep 2023	16	14	1	1	87.50%
TOTAL	42	37	1	4	88%

Between 01/07/23 and 31/09/23, a total of 42 FOI requests were received. Of these, 37 (88%) were completed on time.

The time spent on FOI requests by the SEO for the quarter was approximately 50 hours. This does not include the time taken by services to obtain the information.

Subject Access Requests (SAR)

Between 01/07/23 and 31/09/23, a total of 11 Subject Access Requests were received. Of these, 9 requests were received from Service Users and 2 requests were received from the Police.

Of the requests from service users, 1 was withdrawn and 2 were not valid requests.

Of the 8 remaining requests, 7 were completed on time. 1 is ongoing with a due date of 04/12/23.

The time spent on preparing and redacting SARs by the SEO during the quarter was approximately 150 hours. This does not include the time spent by social workers checking redactions.

Report completed October 2023

Jane-Anne Denison

Service Experience Officer, Orkney Health and Care

¹ FOI requests can be put on hold while the SEO waits on clarification from the requester whenever the details of the request are unclear. If clarification is not received, the request is closed.