

Item: 7.2

Policy and Resources Committee: 20 June 2023.

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 2022 to 31 March 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 October 2022 to 31 March 2023, as set out in sections 3 and 4 and Appendices 1 to 3 to 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.

Although recruitment and retention (CCG 05 and CCG 06) are measured as Green, Orkney Health and Care has widely reported that significant challenges remain in recruitment and retention, with planning underway to address the issues.

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 October 2022 to 31 October 2023, and for the preceding two six-month periods.

Table 1.	Six months ending 31 March 2022.	Six months ending 30 September 2022.	Six month ending 31 March 2023.
Complaints.	19.	9.	20.
Compliments.	65.	34.	56.

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. These are attached as Appendices 2 and 3 of this report.

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.

4.4.

The number of compliments received by services remains consistently high.

5. Corporate Governance

This report relates to the Council complying with performance management processes 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 31 March 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%	11.04%	6.1%	RED	
Comment				
<p>Sickness absence remained high throughout COVID-19 and this continues into 2023. Regular reports are presented to the Orkney Health and Social Care Partnership's Senior Management Team to provide oversight and trends. Where identified, and where possible, support is provided to staff and managers.</p> <p>We are conscious of the ageing workforce, and the sizeable number of physical roles within Orkney Health and Care. Additionally, there is a national recruitment crisis for qualified Social Workers and Social Care staff, meaning there are significant unfilled vacancies across the service, which can add to feelings of isolation, increased anxiety and burn-out, that can impact on sickness absence. The single most significant reason for absence continues to be stress, anxiety and depression. While we have witnessed a continual decline over the last five years in the rates of absence due to work-related stress, absence due to people's general mental health and wellbeing has continued to rise. 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 Orkney Health and Social Care Partnership's Senior Management Team have encouraged managers to include Health, Safety and Wellbeing as a standing agenda item on team meetings.</p>				

Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 31 March 2023



Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 31 March 2023



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%	15%	79%	RED	
Comment				
<p>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. Following discussion at the Service Manager and Lead Professionals meeting it was agreed that a request be made to colleagues in Human Resources and Organisational Development to provide refresher training on sickness recording within MyView as this was indicated as an area many felt would be beneficial. It has also been identified that there are instances where appropriate management interventions have been made but not recorded. This is partly related to new managers as well as the reliance on agency managers. Three training sessions have been scheduled in April and May.</p>				

Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 31 March 2023



Performance Indicator				
CCG 03 – Staff accidents – The number of staff accidents within the service, per 30 staff per year.				
Target	Actual	Intervention	RAG	
1	1.25	2.1	AMBER	
Comment				
28 adverse events reported to Safety and Resilience during this period. 2 of these accidents were reportable to Health and Safety Executive under RIDDOR legislative requirements. 2 falls from height, 10 handling, lifting and carrying, 3 slip/trip/fall, 5 struck by moving object and 8 "other kinds of accident". Orkney Health and Social Care Partnership's Senior Management Team now receive regular updates on				

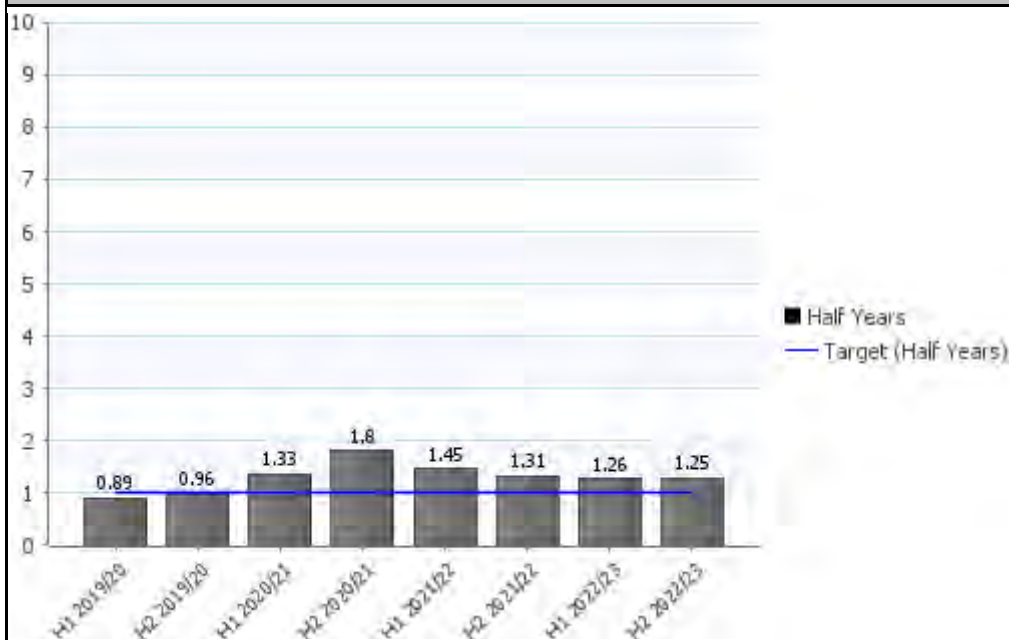
Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 31 March 2023



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.

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%	65%	31%	RED	●

Orkney Health and Care Performance Indicator Report

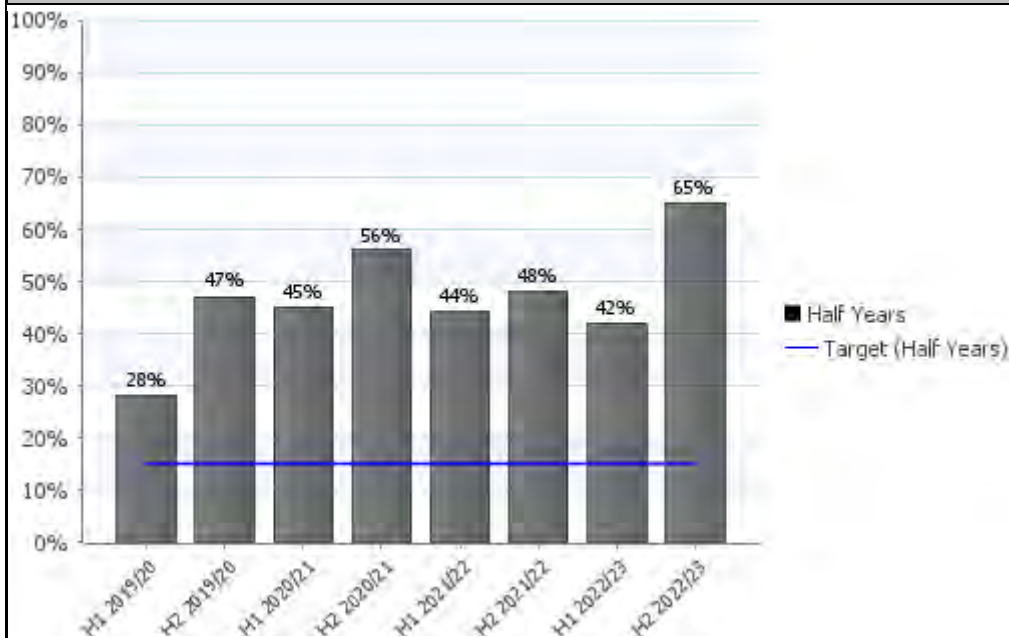
Service Performance Indicators at 31 March 2023



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. 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. Work has been undertaken to reduce the number of cost centres to provide a clearer overview and reduce the extent of the reported variations.

Trend Chart



Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 31 March 2023



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%	6.17%	4.1%	GREEN	
Comment				
<p>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. Every effort is being made locally to address this significant shortfall, for example, the introduction of a sponsored Social Worker partnership with the Open University. This is anticipated to produce qualified Social Worker returns over the next 2, 4 and 6 years, but does not address the immediate crisis nor the national shortage of experience at Social Worker and management levels. These challenges have been raised with the Scottish Government by the Council's previous Chief Executive and with the Chief Social Work Advisor to the Scottish Government by the previous Chief Social Work Officer, seeking a collegiate and joined up response across our local and national systems. Contact has been made with Scottish Social Services Council (SSSC), to register for the 'return to practice' national scheme and we have also made links with the National Care Service directorate at NHS Education for Scotland, who are leading on projects to try to address gaps in social care (Adult Services).</p> <p>Staff continue to recruit timeously to cover vacancies at the earliest possible point in social care. In Summer 2022 the Integrated Health and Social Care three year Workforce Plan was developed and submitted to Scottish Government. This is an iterative Plan which will support recruitment and retention in Health and Social Care, accepting the national recruitment challenge for Social Workers.</p>				

Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 31 March 2023



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%	7.01%	10.1%	GREEN	▶
Comment				
The number of permanent staff who have left between 1 October 2022 to 31 March 2023 has increased. This measure does not take account of locum or temporary staff. Recruitment and retention are known issues to Orkney Health and Care, as identified in CCG 05.				

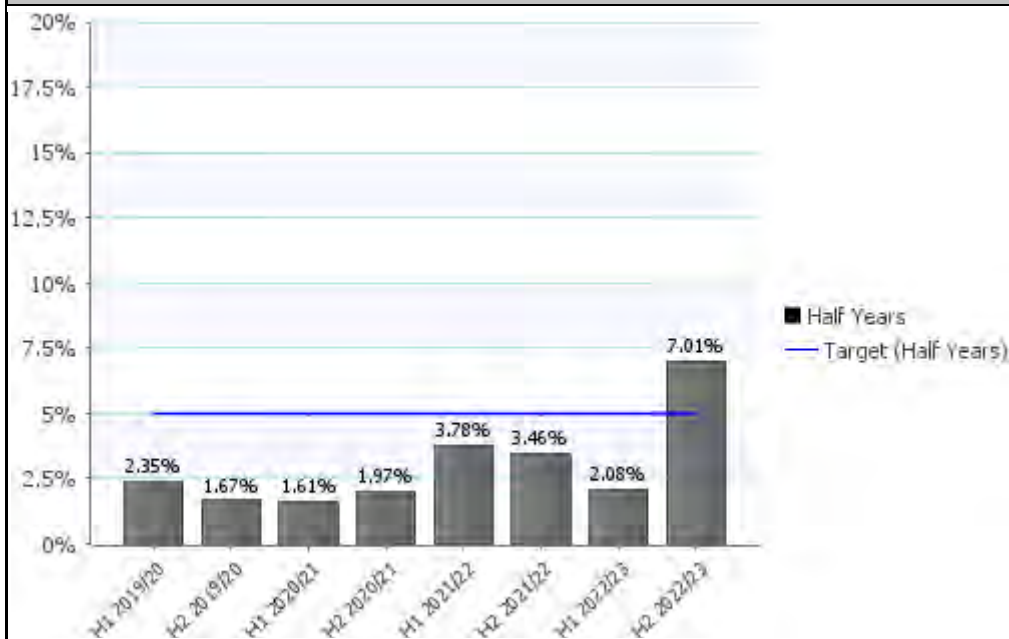
Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 31 March 2023



Orkney Health and Care is in the process of recruiting to various vacancies within services. One of the areas of increased focus relates to the process of exit interviews so feedback can inform and improve recruitment and retention of staff. As mentioned in CCG 05, it is hoped progress on this measure will be delivered through our Health and Social Care Workforce Plan, while we await response from the Scottish Government on the Social Worker recruitment crisis. An external Training Needs Analysis has been undertaken and recommendations relating to recruitment and retention are being identified as part of that.

Trend Chart



Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 31 March 2023



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%	53%	79%	RED	●
Comment				
<p>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 24 months has been impacted. We acknowledge that we continue to be far from the target of 90%. The current picture is exacerbated by the number of management vacancies across services, impacting on the ability of the service to successfully deliver ERDs annually to all.</p> <p>Support will be sought 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, wherever possible. 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. The proposed new ERD procedure aligns more with the Supervision Practice embedded in Social Work which should assist meeting the standard.</p>				

Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 31 March 2023



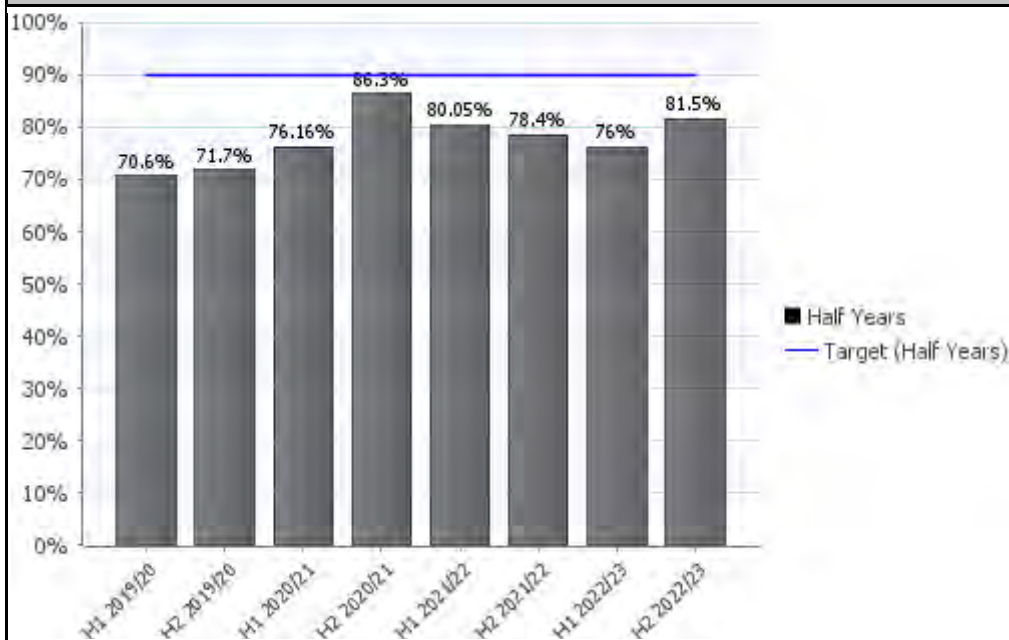
Performance Indicator				
CCG 08 – Invoice payment – The number of invoices that were submitted accurately, and paid within 30 days of invoice date, as a proportion of the total number of invoices paid.				
Target	Actual	Intervention	RAG	
90%	81.5%	79%	AMBER	⚠
Comment				
It is acknowledged that invoices should be paid as quickly as possible. Orkney Health and Care Finance receive regular reports of all invoices outstanding and pursue the authorising manager, or reassign invoices, if there are any issues, to ensure invoices are paid in a timely manner.				

Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 31 March 2023

The Chief Finance Officer will be commencing a piece of work to look at statistics as a better way to understand any issues in the process. Work is being done to encourage both administration staff and managers to process invoices in a timely manner.

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%	50.14%	79%	RED	●

Orkney Health and Care Performance Indicator Report

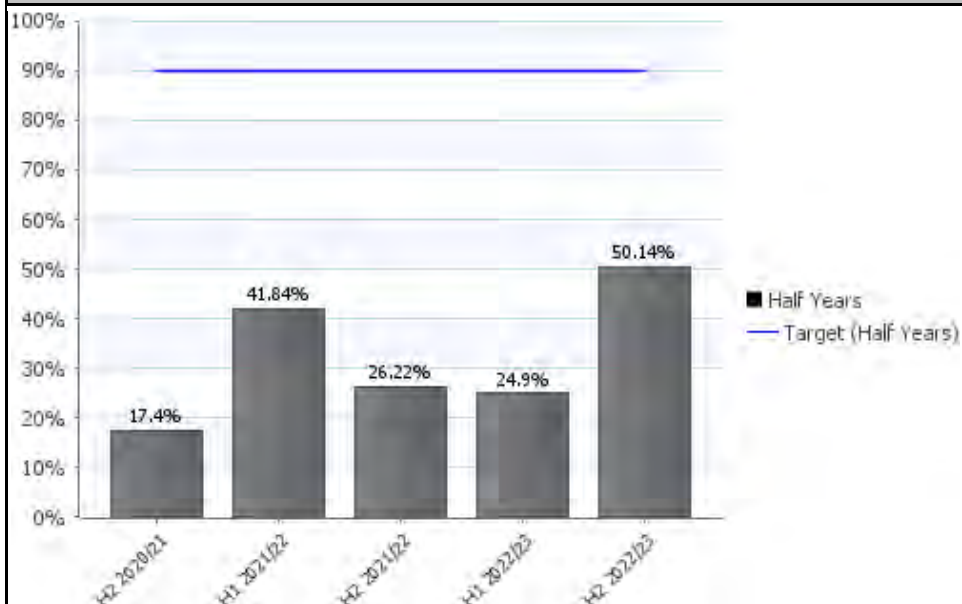
Service Performance Indicators at 31 March 2023

Comment

This measure is subjective as unless an employee completes all training and has all training complete upon the day of measurement, they are considered incomplete, which has proved challenging since reporting on this indicator. Looking closer at available data we are aware that 349 employees (of 700) have outstanding courses. The analysis indicates that in totality most staff are almost entirely up to date with their training but have a singular course which has expired.

The Orkney Health and Social Care Partnership's Senior Management Team recognised that within the last report the figure was disappointing but there has been significant improvement from the previous period. Managers will continue to make a concerted effort to remind staff of the importance of mandatory training and staff will be encouraged to make every effort to ensure their mandatory training 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. The Strategic Planning and Performance team will review the position of Orkney Health and Care's mandatory training and will aim to find solutions to improve this measure over the following 12 months.

Trend Chart



Social Work and Social Care Services' Experience Report – Q3

Period: 1 October to 31 December 2022

The number of complaints received from 1 October to 31 December 2022 and compliance with the timescales set by legislation.

	Total	%
INDICATOR 1: Number of complaints received		
Complaints Received	11	
By email	6	55%
By telephone	4	36%
By letter	1	9%
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	73%
Closed at stage 1 *	5	62.5%
Closed at stage 2 **	3	37.5%
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 *	2	25%
Partially upheld at stage 1 *	1	12.5%
Upheld at stage 2 **	2	25%
Not upheld at stage 2 **	1	12.5%
Partially upheld at stage 2 **	N/A	N/A
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 **	15	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 *	5	62.5%
At stage 2 within 20 working days **	1	12.5%
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 **	N/A	N/A
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 October to 31 December 2022

Complaint	Improvement notes
84	<p>Training</p> <p><i>Complaint regarding employee turned away from epilepsy training</i></p> <p>Stage 1: Upheld under refusal to provide a service</p> <p>Lessons learnt: Policy has been reviewed regarding the procedure when participants without a booking have turned up for training.</p>
85	<p>Care at Home</p> <p><i>Complaint regarding conduct of carer.</i></p> <p>Stage 1: Partially upheld under staff conduct/attitude</p> <p>Lessons learnt: Staff to be aware and take into consideration when family members of service users are stressed with the situation in which they find themselves at home.</p>
86	<p>Care at Home</p> <p><i>Complaint regarding disagreement between family member and home care assistant.</i></p> <p>Stage 1: Not upheld under staff conduct/attitude</p> <p>Lessons learnt: N/A not upheld.</p>
87	<p>Care at Home</p> <p><i>Complaint regarding staff moving and handling and general attitude.</i></p> <p>Stage 1: Upheld under staff conduct/attitude</p> <p>Lessons learnt: Reminder to staff regarding Codes of Practice and treating others with dignity and respect.</p>
88	<p>Care at Home</p> <p><i>Complaint regarding staff conduct and having a male care worker.</i></p> <p>Stage 1: Not upheld under staff conduct/attitude</p> <p>Lessons learnt: N/A not upheld.</p>
89	<p>Children and Families</p> <p><i>Complaint regarding costs associated with parental travel after client contacted by social work</i></p> <p>Stage 2: Upheld under costs/billing/finance</p> <p>Lessons learnt: None.</p>

90	<p>Children and Families</p> <p><i>Complaint regarding parent asking for information in respect of their child</i></p> <p>Stage 2: Under investigation under quality of service</p> <p>Lessons learnt: Ongoing.</p>
91	<p>Older People Services</p> <p><i>Complaint regarding insufficient staff; waiting to be supported by staff; and being overmedicated</i></p> <p>Stage 2: Not upheld under level of service</p> <p>Lessons learnt: Service offered reassurance that the service will endeavour to continue to support client and address any concerns that the client may have. The service would also welcome any feedback the client may wish to offer that will support the progress, quality and shared understanding of the level of support that the client receives.</p>
92	<p>Out of Hours Duty</p> <p><i>Complaint regarding staff conduct/attitude</i></p> <p>Stage 2: Under investigation under staff conduct/attitude</p> <p>Lessons learnt: Ongoing.</p>
93	<p>Adult Social Work</p> <p><i>Complaint regarding insufficient caring staff</i></p> <p>Stage 2: Under investigation under disputed assessment of the need for a service</p> <p>Lessons learnt: Ongoing.</p>
94	<p>Children and Families</p> <p><i>Complaint regarding Subject Access Request not being produced timely</i></p> <p>Stage 2: Upheld under delay in providing a service</p> <p>Lessons learnt: Internal communications by all persons involved in future cases to be improved.</p>

Service	No. Complaints	Upheld	Partially Upheld	Not Upheld	Open
Care at Home	4	1 (25%)	1 (25%)	2 (50%)	0
Social Work (Adults)	1	0	0	0	1 (100%)
Social Work (Children and Families)	3	2 (67%)	0	0	1 (33%)
Training	1	1 (100%)	0	0	0
Adult Services	1	0	0	1 (100%)	0
Out of Hours Duty	1	0	0	0	1 (100%)
	11	4 (37%)	1 (9%)	3 (27%)	3 (27%)

For the period 1 October to 31 December 2022 there were a total of 11 complaints received by Orkney Health and Care. This is an increase of 3 complaints compared to the last reporting period.

The table below sets out the category of each complaint.

Category	No. Complaints	Upheld	Partially Upheld	Not Upheld	Open
Quality of Service	1	0	0	0	1 (100%)
Staff Conduct/attitude	5	1 (20%)	1 (20%)	3(60%)	0
Refusal to provide a service	1	1 (100%)	0	0	0
Costs/billing/finance	1	1 (100%)	0	0	0
Level of Service	1	0	0	1 (100%)	0
Insufficient caring staff	1	0	0	0	1 (100%)
Delay in providing a service	1	1 (100%)	0	0	0
Total	11	4 (36%)	1 (9%)	4 (36%)	2 (18%)

With small figures like these it is difficult to draw conclusions from the information available. The most common category relates to Staff conduct/attitude (5). Within the identified learning, much of the qualitative information provides evidence to suggest that we need to find ways better to communicate within internal and external customers.

Category	Upheld	Partially Upheld	Not Upheld	Open
Care at Home = 4 Complaints				
Staff Conduct/Attitude	1	1	2	0
Social Work (Adults) = 1 Complaint				
Insufficient caring staff	0	0	0	1
Social Work (Children and Families) = 3 Complaints				
Costs/billing/finance	1	0	0	0
Quality of service	0	0	0	1
Delay in providing a service	1	0	0	0
Training = 1 Complaint				
Refusal to provide a service	1	0	0	0
Out of Hours Duty = 1 Complaint				
Staff conduct/attitude	0	0	0	1
Older People Services = 1 Complaint				
Level of service	0	0	1	0

Service Compliments and 'Good News Stories'

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

Between 1 October to 31 December 2022 our services received 26 compliments and some examples of the compliments we have collected are provided here, together with some photos of recent festive celebrations in the services:

Frozen Meals

'Thank you for being so thoughtful and caring, though, it's very much appreciated.'

West Mainland Day Centre

'Thank you all for giving my Dad a fabulous day out once a week. He so loved his day with yous [sic] all.'

Hamnavoe House

'I hope you all know just how important a role you all play in caring for people like ... and families like mine. You offer a glimmer of light in what can otherwise be disconcertingly dark times.'

Training section

'Just a quick note to remind you that we really appreciate everything you do'

Gilbertson Day Centre

'We held a lovely Christmas Party for all the attenders. We had a lovely Christmas meal together ... The Kirkjuvagr Ceilidh Band entertained us in the afternoon with lovely music.'

Kalisgarth

'It's heaven; I love my little apartment'

'The Community Council organise for our community Christmas tree to be outside Kalisgarth and we were glad to welcome the community back again this year for the switching on of the lights.'



Braeburn Court

The service received some lovely Christmas cards from the bairns at Burray School.



Social Work and Social Care Services' Experience Report – Q4

Period: 1 January to 31 March 2023

The number of complaints received from 1 January to 31 March 2023 and compliance with the timescales set by legislation.

	Total	%
INDICATOR 1: Number of complaints received		
Complaints Received	9	
By email	4	44%
By telephone	4	44%
By letter	1	11%
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	7	
Closed at stage 1 *	5	71%
Closed at stage 2 **	2	29%
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 *	3	42.86%
Not upheld at stage 1 *	2	28.57%
Partially upheld at stage 1 *	0	0%
Upheld at stage 2 **	2	28.57%
Not upheld at stage 2 **	0	0%
Partially upheld at stage 2 **	0	0%
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 *	7	N/A
Stage 2 **	26	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	80%
At stage 2 within 20 working days **	1	50%
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 *	1	20%
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 January to 31 March 2023

Complaint	Improvement notes
95	<p>Children and Families Social Work</p> <p><i>Complaint regarding staff attitude</i></p> <p>Stage 2: Ongoing under staff conduct/attitude</p> <p>Lessons learnt: None - ongoing</p>
96	<p>Adult Services</p> <p><i>Complaint regarding closure of day care centre</i></p> <p>Stage 2: Upheld under failure to provide a service.</p> <p>Lessons learnt: Further notice to be given if Day Centre needs to be closed or service reduced.</p>
97	<p>Adult Services</p> <p><i>Complaint regarding closure of day care centre</i></p> <p>Stage 2: Upheld under failure to provide a service.</p> <p>Lessons learnt: Further notice to be given if Day Centre needs to be closed or service reduced. SEO to be more proactive in following up with Managers when there has not been a response forwarded.</p>
98	<p>Children and Families Social Work</p> <p><i>Complaint regarding lack of sensitivity when contacting client and insufficient notice of cancelled meeting</i></p> <p>Stage 1: Upheld under quality of service.</p> <p>Lessons learnt: If further appointments are to be cancelled a letter to be sent.</p>
99	<p>Administration</p> <p><i>Complaint regarding omission of a social work document in a 2022 Subject Access Request (SAR)</i></p> <p>Stage 1: Upheld under quality of service.</p> <p>Lessons learnt: Care to be taken to ensure all required documents are included in Subject Access Requests.</p>
100	<p>Adult Services</p> <p><i>Complaint regarding quality of care received in care home</i></p> <p>Stage 2: Ongoing under quality of service.</p> <p>Lessons learnt: None – ongoing.</p>

101	<p>Care at Home</p> <p><i>Complaint regarding staff handling of service user's catheter.</i></p> <p>Stage 1: Upheld under quality of service.</p> <p>Lessons learnt: Reminder to staff regarding Codes of Practice and treating others with dignity and respect. Also, before leaving this service user's home, the second carer will double check first carer has closed the catheter.</p>
102	<p>Care at Home</p> <p><i>Complaint regarding staff conduct.</i></p> <p>Stage 1: Not upheld under quality of service.</p> <p>Lessons learnt: N/A not upheld.</p>
103	<p>Adult Social Work</p> <p><i>Complaint regarding social work acting on concerns received</i></p> <p>Stage 1: Not upheld under staff conduct/attitude.</p> <p>Lessons learnt: N/A – not upheld.</p>

Service	No. Complaints	Upheld	Partially Upheld	Not Upheld	Open
Care at Home	2	1 (50%)	0	1 (50%)	0
Social Work (Adults)	1	0	0	1 (100%)	0
Social Work (Children and Families)	2	1 (50%)	0	0	1 (50%)
Adult Services	3	2 (67%)	0	0	1 (33%)
Administration	1	1 (100%)	0	0	0
	9	5 (56%)	0	2 (22%)	2 (22%)

For the period 1 January to 31 March 2023 there were a total of 9 complaints received by Orkney Health and Care. This represents a decrease of 2 complaints compared to the last reporting period.

Below the category of each complaint has been counted.

Category	No. Complaints	Upheld	Partially Upheld	Not Upheld	Open
Quality of service	5	3 (60%)	0	1 (20%)	1 (20%)
Staff conduct/attitude	2	0	0	1 (50%)	1 (50%)
Failure to provide a service	2	2 (100%)	0	0	0
Total	9	5 (56%)	0	2 (22%)	2 (22%)

With small figures like these it is difficult to draw conclusions from the information available. The most common category relates to Quality of service (5). Within the identified learning, much of the qualitative information provides evidence to suggest that we need to find ways better to communicate within internal and external customers.

Category	Upheld	Partially Upheld	Not Upheld	Open
Care at Home = 2 Complaints				
Quality of service	1	0	1	0
Social Work (Adults) = 1 Complaint				
Staff conduct/attitude	0	0	1	0
Social Work (Children and Families) = 2 Complaints				
Staff conduct/attitude	0	0	0	1
Quality of service	1	0	0	0
Admin = 1 Complaint				
Quality of service	1	0	0	0
Adult Services = 3 Complaints				
Quality of service	0	0	0	1
Failure to provide a service	2	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 January to 31 March 2023 our services received 30 compliments and some examples of the compliments we have collected are provided here.

Smiddybrae House

'We are all much comforted in our loss having seen the loving care X received at Smiddybrae.'

'X is cosy, loves her room and loves all of you and we appreciate so much everything you do for X every day and night... It helps me hugely when I can't be here to know that X can ask for help when needed and you will always be there for her.'

Care at Home

Service user's daughter expressed her thanks and appreciation to carer who noticed that her mother required medical attention and acted quickly on this.

Gilbertson Day Centre

'Thank all the young ones at the centre for keeping us independent'

Kalisgarth Care Centre

One resident expressed their gratitude to everyone by sending them Valentine's greetings

