

## **Item: 4**

**Orkney Health and Care Committee: 10 June 2021.**

**Performance Monitoring.**

**Report by Chief Officer/Executive Director, Orkney Health and Care.**

### **1. Purpose of Report**

To advise on the performance of Orkney Health and Care for the reporting period 1 October 2020 to 31 March 2021.

### **2. Recommendations**

The Committee is invited to scrutinise:

#### **2.1.**

The performance of Orkney Health and Care for the reporting period 1 October 2020 to 31 March 2021, as set out in sections 3 and 4 and Annex 1 of this report.

### **3. Service Performance Indicators**

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.

### **4. Complaints and Compliments**

#### **4.1.**

Annex 2 sets out the number of complaints and compliments made to Orkney Health and Care in the period 1 January to 31 March 2021. A new reporting style, which provides more information, has been developed. Data for this new format has been available since 1 January 2021.

#### **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.

### **4.3.**

It is important to note that, although 12 complaints were received for the Home Care service, the service delivered in excess of 43,000 visits within the timeframe.

## **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**

There are not anticipated to be any significant financial implications arising as a result of 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 / Executive Director, extension 2601, Email [stephen.brown3@nhs.scot](mailto:stephen.brown3@nhs.scot)

Pat Robinson, Chief Finance Officer, extension 2601, Email [pat.robinson@orkney.gov.uk](mailto:pat.robinson@orkney.gov.uk)

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## **9. Annexes**

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

Annex 2: Complaints for Social Work/Social Care Services.

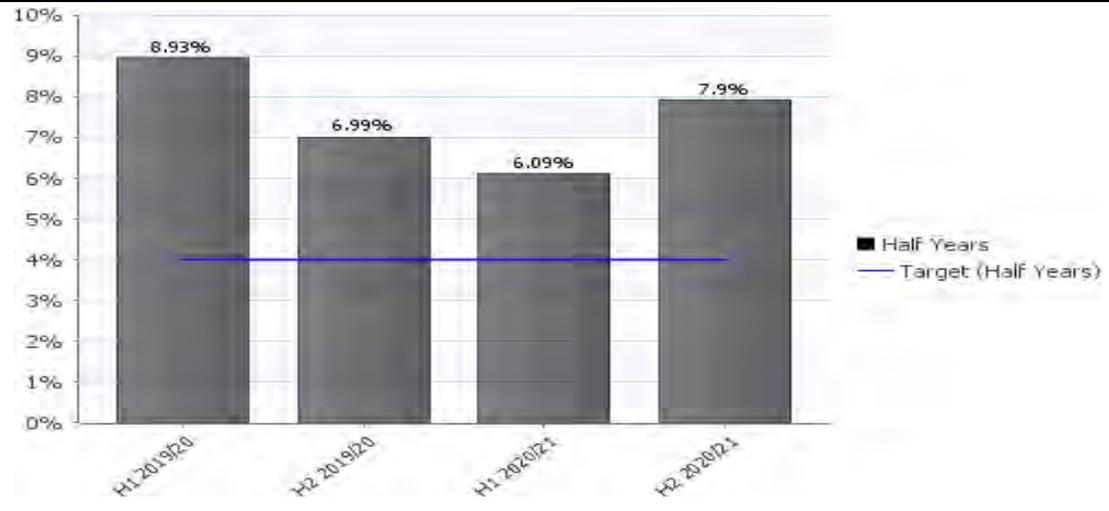
# Annex 1: Orkney Health and Care Performance Indicator Report



## Service Performance Indicators at 31 March 2021

| 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%  | 7.9%   | 6.1%         | AMBER | ⚠ |
| Comment   |        |              |       |   |
| We are aware of the ageing workforce, and significant number of physical roles within OHAC. We will ensure that all policies and procedures are robustly followed in relation to management intervention. The COVID-19 pandemic has had a significant impact upon all staff, we recognise it has been a very challenging and unusual year with many impacts on health and wellbeing. To support our staff, several activities have been made available and communicated through the training team to support wellbeing such as mindfulness sessions and yoga. At this stage it is too early to determine what impact this may have. |        |              |       |   |

**Trend Chart**



**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.

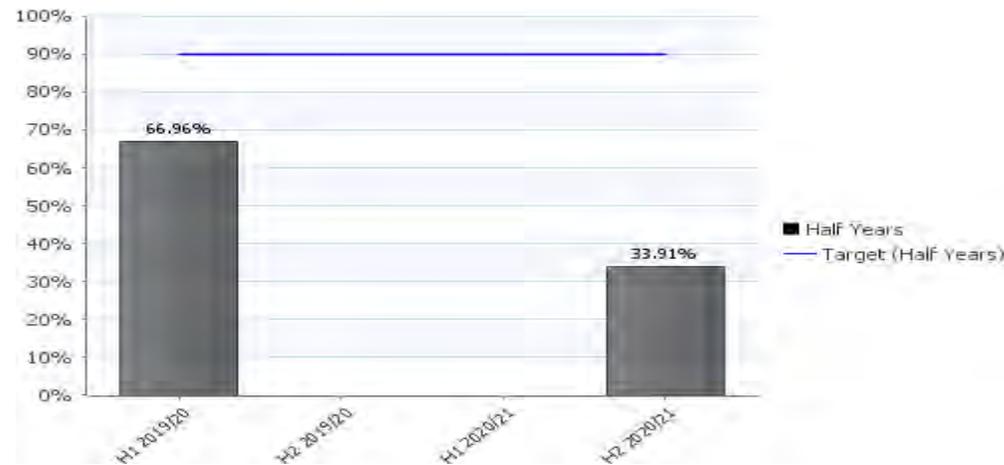
| Target | Actual | Intervention | RAG |                                    |
|--------|--------|--------------|-----|------------------------------------|
| 90%    | 33.91% | 79%          | RED | <span style="color: red;">●</span> |

**Comment**

With staff capacity already an issue pre-pandemic this was further escalated within a small system where staff already have multiple roles and responsibilities; ensuring the safety and wellbeing of service users throughout the pandemic had to take priority. Reminders have been sent to all OHAC managers to reinforce the importance of following policies and procedure in relation to

sickness absence, these policies support our management and allow OHAC to better support staff and improve our performance in this measure.

**Trend Chart**



**Performance Indicator**

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

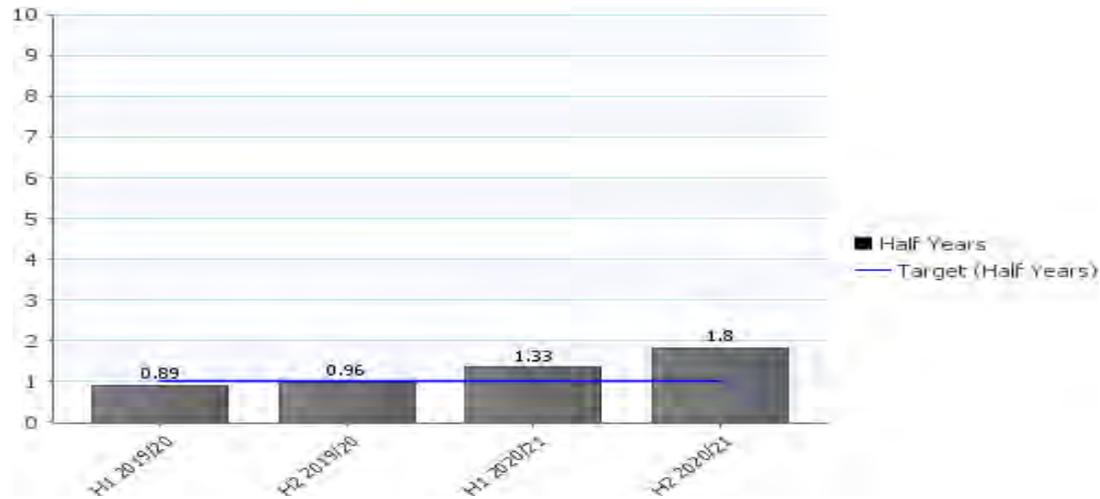
| Target | Actual | Intervention | RAG   |   |
|--------|--------|--------------|-------|---|
| 1      | 1.8    | 2.1          | AMBER | ⚠ |

**Comment**

The number of accidents recorded in this period is 31% higher than the previous period. Over the last year, an increase has been seen in the category of acts of violence which is in part due to the significant complex needs of those within our services. The Health and Safety Officer has been invited to attend all management team meetings and visit premises as necessary. Work is underway to develop quarterly reporting of accident/incidents in the workplace and causes; this will be a standing item on the OHAC SMT

agenda. This will ensure trends are identified early and learnings are taken forward. As a step towards embracing learnings from these incidents we have circulated redacted accident reports for wider learning within OHAC.

### Trend Chart



### Performance Indicator

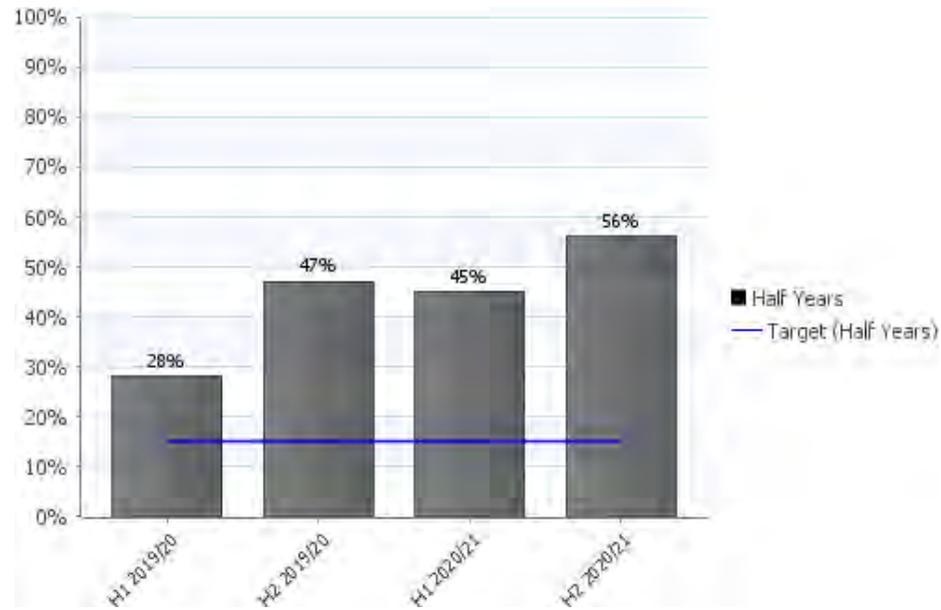
CCG 04 – Budget control – The number of significant variances (priority actions) generated at subjective group level, as a proportion of cost centres held.

| Target | Actual | Intervention | RAG |   |
|--------|--------|--------------|-----|---|
| 15%    | 56%    | 31%          | RED | ● |

## Comment

The number of priority actions increased due to budgets not being transferred throughout the year which highlights the true financial issues within services. However, this will be discussed with the new Chief Officer once in post and the wider OHAC SMT in regard to the identified variances.

## Trend Chart



**Performance Indicator**

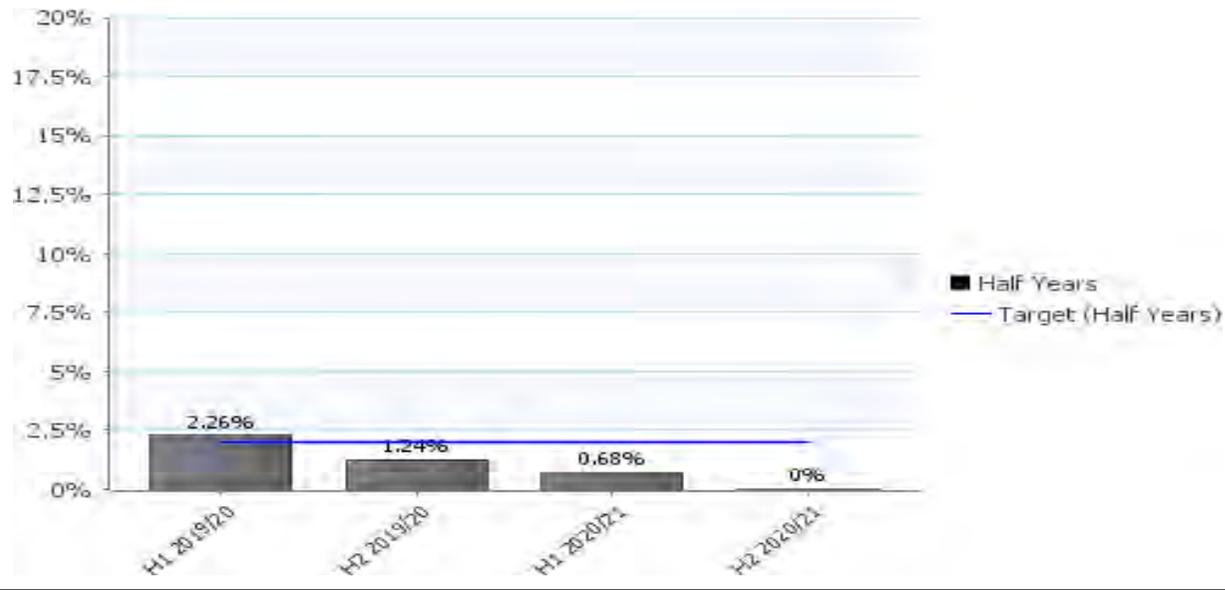
CCG 05 – Recruitment and retention – The number of advertised service staff vacancies still vacant after six months from the time of advert, as a proportion of total staff vacancies.

| Target | Actual | Intervention | RAG   |   |
|--------|--------|--------------|-------|---|
| 2%     | 0%     | 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. This indicator will be monitored as the impacts of the pandemic may have contributed.

**Trend Chart**



**Performance Indicator**

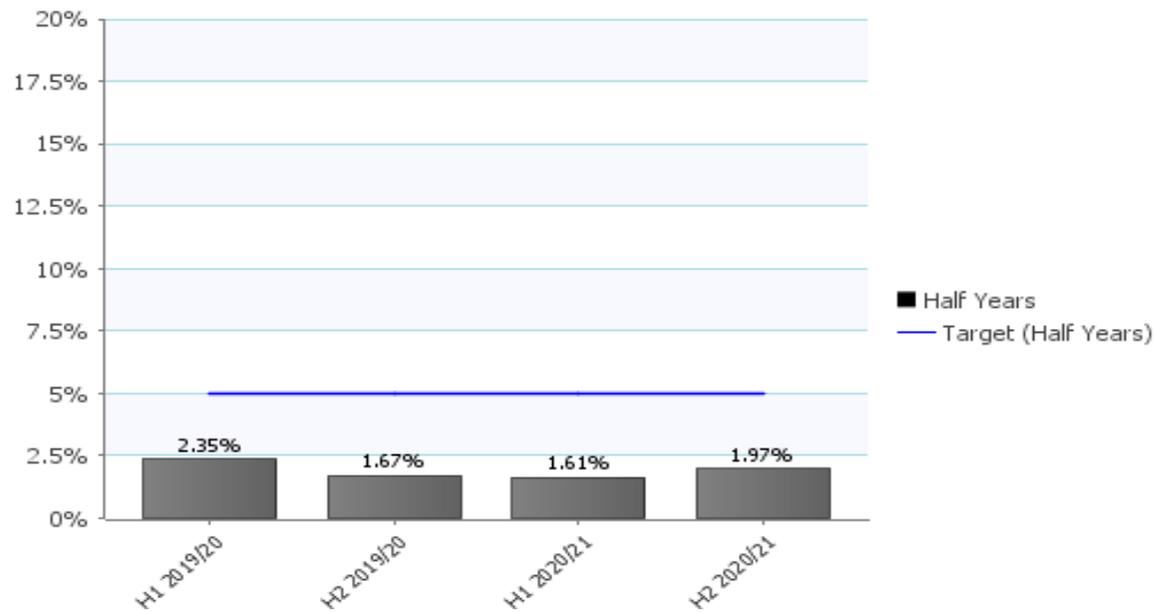
CCG 06 – Recruitment and retention – The number of permanent service staff who leave the employment of Orkney Islands Council – but not through retirement or redundancy – as a proportion of all permanent service staff.

| Target | Actual | Intervention | RAG   |   |
|--------|--------|--------------|-------|---|
| 5%     | 1.97%  | 10.1%        | GREEN | ▶ |

**Comment**

Retention of staff is currently positive.

**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%    | 43%    | 79%          | RED | <span style="color: red;">●</span> |

**Comment**

With staff capacity an existing issue pre pandemic and 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 twelve months has been impacted. ERD figures are now reported to OHAC Senior Management Team routinely, the aim of this is to encourage accountability within service and ensure staff ERDs are undertaken on a timely basis. This will continue to be monitored and we expect to improve over the next 12 months.

**Trend Chart**



**Performance Indicator**

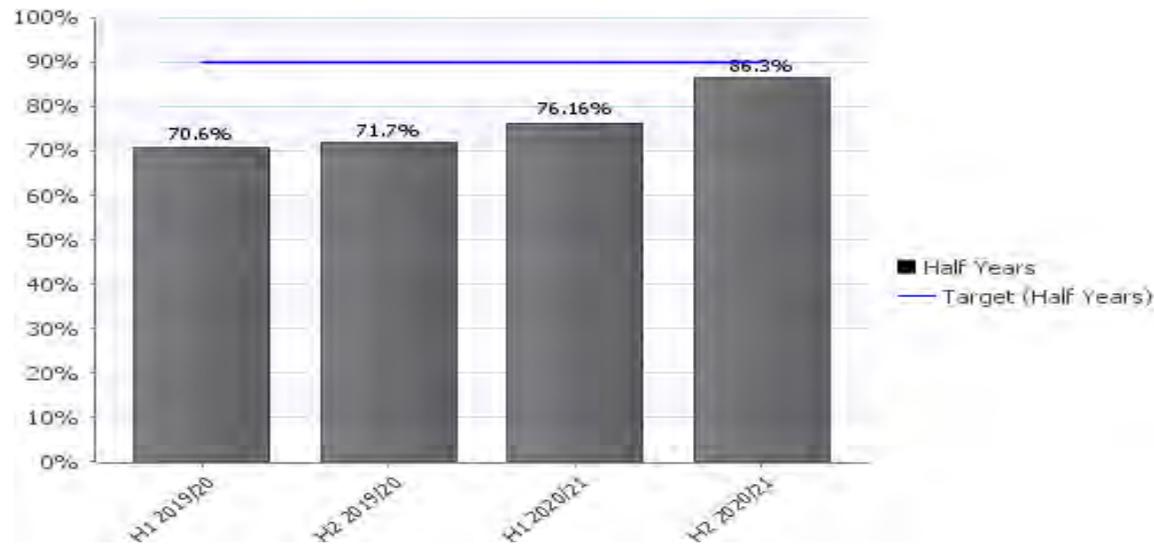
CCG 08 – Invoice payment – The number of invoices that were submitted accurately, and paid within 30 days of invoice date, as a proportion of the total number of invoices paid.

| Target | Actual | Intervention | RAG   |    |
|--------|--------|--------------|-------|----|
| 90%    | 86.3%  | 79%          | AMBER | ⚠️ |

**Comment**

OHAC was the first service to trial Purchase to Pay. This ensures that invoices, once on the system, are routinely flagged electronically to mitigate the risk of misplaced or lost invoices. This has significantly increased the efficiency of the process. The trend illustrates the benefits of the system and has shown a steady improvement since implementation.

**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%   | 17.4%  | 79%          | RED |  |
| Comment   |        |              |     |   |
| <p>Due to the pressures with the Health and Social Care system, mandatory training was not a priority throughout the COVID-19 pandemic. However, regardless of this OHAC SMT has recognised the figure is disappointing. All staff have been reminded of the importance of mandatory learning for best practice and the purpose of training, staff have been encouraged to make every effort to ensure their mandatory learning is completed and up to date. OHAC SMT has committed to ensure that staff are given dedicated time to complete their mandatory learning which should improve this measure over the next 6 months. In addition, there are some queries regarding the accuracy of this measure which are being investigated as well as a significant proportion of staff within the service do not have access to IT facilities as part of their duties.</p> |        |              |     |   |

## Trend Chart



## Annex 2:

### Complaints received for social work / social care services

Period: 1 January - 31 March 2021

The Number of complaints received from 1 January - 31 March 2021 and compliance with the timescales set by legislation.

|  | Total | %     |
|--|-------|-------|
| <b>INDICATOR 1: Number of complaints received</b>  |       |       |
| Complaints Received  | 15    |       |
| By email   | 3     | 20%   |
| By telephone   | 12    | 80%   |
| By letter  | N/A   | N/A   |
| Face-to-face   | N/A   | N/A   |
| By Customer Services Platform  | N/A   | N/A   |
| Elected Member involvement   | N/A   | N/A   |
| <b>INDICATOR 2: Number of complaints closed at stage 1 and stage 2 as a percentage of all complaints closed</b>                                      |       |       |
| Complaints Closed  | 15    | 100%  |
| Closed at stage 1  | 4     | 26.5% |
| Closed at stage 2  | 11    | 73.5% |
| Closed at stage 2 after escalation   | N/A   |       |
| <b>INDICATOR 3: Number of complaints upheld/partially upheld/not upheld at each stage as a percentage of complaints closed in full at each stage</b> |       |       |
| Upheld at stage 1  | 3     | 75%   |
| Not upheld at stage 1  | 1     | 25%   |
| Partially upheld at stage 1  | N/A   | N/A   |
| Upheld at stage 2  | 9     | 82%   |
| Not upheld at stage 2  | 2     | 18%   |
| 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   |
| <b>INDICATOR 4: The average time in working days for a full response to complaints at each stage</b>   |       |       |
| Stage 1  | 1     | N/A   |
| Stage 2  | 3.7   | N/A   |

|  | <b>Total</b> | <b>%</b> |
|--|--------------|----------|
| After escalation   | N/A          |          |
| <b>INDICATOR 5: Number and percentage of complaints at each stage which were closed in full within the set timescales of 5 and 20 working days</b> |              |          |
| At stage 1 within 5 working days   | 4            | 100%     |
| At stage 2 within 20 working days  | 10           | 82%      |
| After escalation within 20 working days  | N/A          |          |
| <b>INDICATOR 6: The number of complaints closed at each stage where an extension to the 5 or 20 working day timeline had been authorised</b>       |              |          |
| Stage 1  | N/A          | N/A      |
| Stage 2  | N/A          | N/A      |
| Escalated  | N/A          | N/A      |

| <b>Complaint number</b> | <b>Improvement notes</b>  |
|-------------------------|---|
| 13.                     | <p><b>Children's Services</b><br/>Clients complained about the service they have received and voiced concerns about the work being done to support their child.</p> <p><b>Stage 2:</b> Not upheld under quality of service.<br/><b>Lessons learnt:</b> Encouraging the parents to continue to work with the professionals in the team who are ensuring that their child is safe and well cared for.</p> |
| 14.                     | <p><b>Home Care</b><br/>Complaint regarding care worker travelling off-island to collect puppy.</p> <p><b>Stage 2:</b> Upheld under staff conduct/attitude.<br/><b>Lessons learnt:</b> Care workers to be reminded of obligations in regard to Covid-19 regulations and travel.</p>   |
| 15.                     | <p><b>Home Care</b><br/>Complaint regarding care worker not wearing PPE correctly.</p> <p><b>Stage 2:</b> Upheld under staff conduct/attitude.<br/><b>Lessons learnt:</b> Care worker shown Health Protection Scotland video explaining PPE use.</p>  |
| 16.                     | <p><b>Home Care</b><br/>Complaint regarding care worker wearing shoe grips in service user's home</p> <p><b>Stage 1:</b> Upheld under staff conduct/attitude.<br/><b>Lessons learnt:</b> Staff advised to remove shoe grips inside service user homes.</p>  |

| Complaint number | Improvement notes   |
|------------------|---|
| 17.              | <p><b>Home Care</b><br/>Complaint regarding care worker arriving late and unable to operate moving and handling equipment.</p> <p><b>Stage 2:</b> Upheld under quality of service.</p> <p><b>Lessons learnt:</b> note put on Staffplan to stop particular worker attending here, at service user's request. Discussion to be had between Coordinator and worker about their knowledge of moving and handling equipment; a training need has been identified.</p>  |
| 18.              | <p><b>Home Care</b><br/>Complaint regarding staff attending without appropriate PPE (FFP3 masks and visors are required at this site).</p> <p><b>Stage 2:</b> Upheld under quality of service.</p> <p><b>Lessons learnt:</b> it was agreed to keep a small supply of FFP3 masks on premises should another worker be diverted to step in (who had been face fit tested) to enable them to attend more quickly should they not have their own supply of masks.</p> |
| 19.              | <p><b>Home Care</b><br/>Complaint regarding PPE – service user concerned that care workers not changing PPE in between service user homes.</p> <p><b>Stage 2:</b> Not upheld under quality of service.</p> <p><b>Lessons learnt:</b> complainants have been advised that if a carer comes in to home already wearing PPE, they can ask the carer to leave and don fresh PPE.</p>  |
| 20.              | <p><b>Home Care</b><br/>Complaint regarding care worker removing PPE before leaving the room.</p> <p><b>Stage 1:</b> Upheld under quality of service</p> <p><b>Lessons learnt:</b> Coordinator reminded care worker of Health &amp; Safety Guidelines and to adhere to these.</p>   |
| 21.              | <p><b>Home Care</b><br/>Complaint regarding staff member donning PPE inside house rather than at threshold.</p> <p><b>Stage 2:</b> Upheld under staff conduct/attitude.</p> <p><b>Lessons learnt:</b> Comment put on Staffplan for all carers to see and text sent out to regular team, asking them to don PPE at front porch.</p>  |
| 22.              | <p><b>Home Care</b><br/>Complaint regarding night worker who had not completed all tasks.</p> <p><b>Stage 2:</b> Upheld under quality of service.</p>   |

| <b>Complaint number</b> | <b>Improvement notes</b>   |
|-------------------------|--|
|                         | <b>Lessons learnt:</b> Note added to Staffplan to remind carers of duties.   |
| 23.                     | <p><b>Home Care</b><br/>Complaint regarding service user not being informed of time change for visit.</p> <p><b>Stage 1:</b> Upheld under quality of service.</p> <p><b>Lessons learnt:</b> Note put on Staffplan that service user would like to be notified of time changes.</p>   |
| 24.                     | <p><b>Home Care</b><br/>Complaint regarding care worker not wearing PPE properly.</p> <p><b>Stage 2:</b> Upheld under staff conduct/attitude.</p> <p><b>Lessons learnt:</b> In future care worker will twist the straps before around their ears and they will ensure they press in the wire at the nose.</p>  |
| 25.                     | <p><b>Home Care</b><br/>Complaint regarding unguarded comments made by care workers in front of service user, with reference to other OHAC services.</p> <p><b>Stage 2:</b> Upheld under staff conduct/attitude.</p> <p><b>Lessons learnt:</b> carer workers have been told to be very careful what they say in front of all service users in future.</p>  |
| 26.                     | <p><b>Children's Services</b><br/>Complaint regarding the lack of communication between Children's Services, the child and parent.</p> <p><b>Stage 1:</b> Not upheld under quality of service.</p> <p><b>Lessons learnt:</b> The Social Worker will continue to work with the parent and communication levels will remain at weekly, home visits to parent's home with continued regular communication with parent to ensure parent is aware of care planning and child's views. Regularly review child's plan. Consider current level/frequency of family time - if this in the child's best interests. If deemed this is not, then consideration given to refer back to the Scottish Children's Reporter Administration.</p> |
| 27.                     | <p><b>Adult Social Work</b><br/>Complaint regarding the discharge and care of the complainants parent from the Balfour Hospital to their home.</p> <p><b>Stage 2:</b> Upheld under failure to provide a service.</p> <p><b>Lessons learnt:</b> The staff involved were taken through the outcome and the actions were reviewed. This complaint will be used as an example in a broader team meeting so the learning can be shared. OHAC has recently commissioned an external review on the Adult Support and Protection process which shows room for improvement and a suite of recommendations has been suggested going forward.</p>   |