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Agenda Item: 5

## **Performance and Audit Committee**

**Date of Meeting: 6 July 2022.**

**Subject: Performance Update.**

### **1. Purpose**

1.1. To present the first quarterly performance report to the newly constituted Performance and Audit Committee.

### **2. Recommendations**

The Performance and Audit Committee is invited to note:

2.1. That, this is the first report of this type to be presented to the Performance and Audit Committee.

2.2. That, going forward time will be taken to review and develop a more meaningful reporting in future.

**It is recommended:**

2.3. That members scrutinise the provided performance data within the Orkney Health and Social Care Partnership for the reporting period 1 April 2021 to 31 March 2022, attached as Appendix 1 to this report, and seek assurance.

2.4. That a Development Session be arranged in order to discuss what information would be most beneficial for future reporting.

### **3. Background**

3.1. Performance Management Frameworks are an integral part of an organisation's direction. Through these frameworks, organisations embrace a culture of continual learning and improvement, ensuring long term sustainability and a culture striving to be at the forefront of best practice and quality.

3.2. During the COVID-19 pandemic measuring performance became secondary to ensuring the safe delivery of service and protecting our communities. Moving into the recovery phase of the pandemic, effective performance reporting is a priority for the Orkney Health and Social Care Partnership. In the first of these updates, an

overview of some of the current data gathered across health and care services is provided.

3.3. A development session will be arranged to provide members with further information and to agree what data, alongside contextual information, is required for providing assurance.

## 4. Key Highlights

### 4.1. Performance

4.1.1. Overall performance remains stable across the reported measures within the Orkney Health and Social Care Partnership. Amongst the peer comparator group, Orkney performs highly against national key measures.

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

## 5. Contribution to quality

Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	Yes.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	Yes.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	No.
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	No.

## 6. Resource and financial implications

6.1. There are no resource or financial implications arising directly from this report.

## 7. Risk and equality implications

7.1. The ongoing review of performance and service development is part of the process of identifying, managing and mitigating risks to the Integration Joint Board.

## 8. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 10. Authors and contact information

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## 11. Supporting documents

11.1. Appendix 1: Orkney Health and Social Care Partnership Performance Update Report 2021/22.

# Quarterly Performance Report

## Orkney Health and Social Care Partnership



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## Introduction

The Performance Management Framework 2021 to 2025 was approved by the Integration Joint Board on the 30 June 2021 and provides overarching guidance and direction of the ways in which vital areas of performance can be captured. A link to this document can be found [here](#).

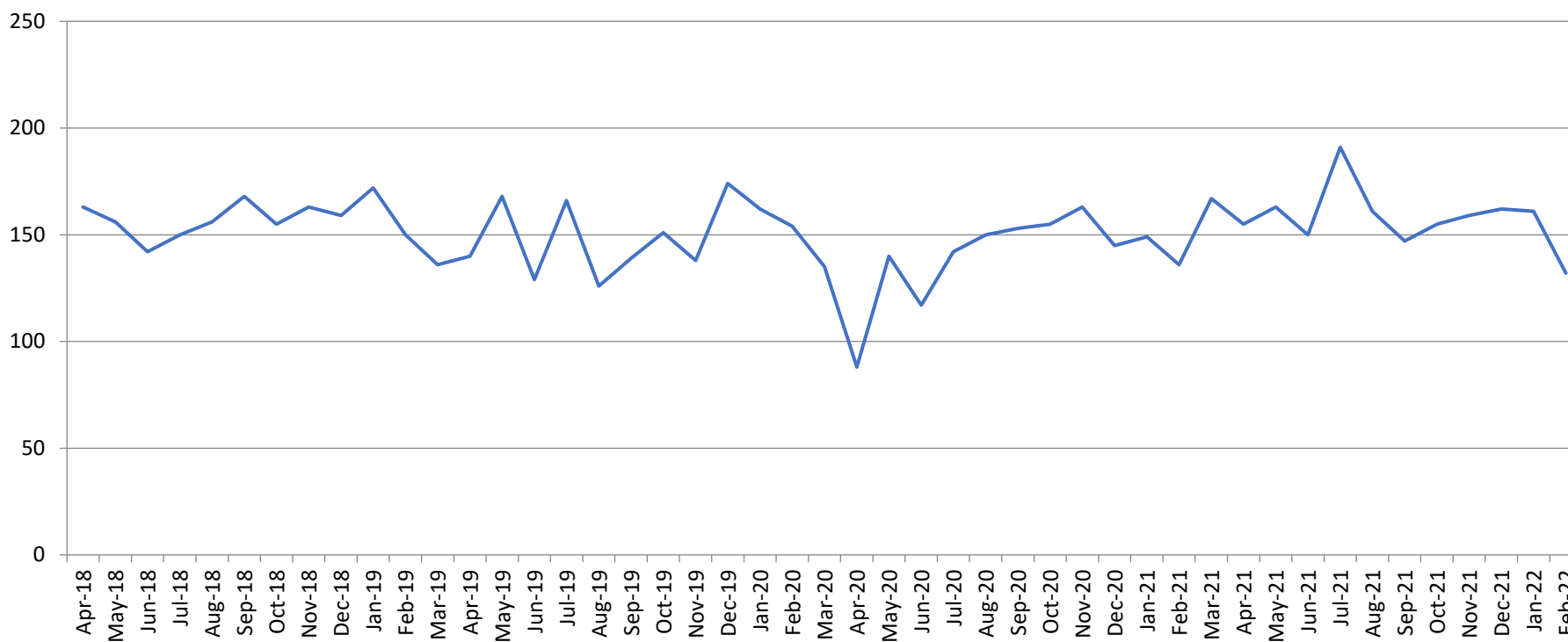
It is recognised that this is the first quarterly performance report to be presented to the newly constituted Performance and Audit Committee. It is the first iteration of an evolving set of measures that will provide detail of existing service provision and outcomes, and also will further evolve to take account of the delivery of the new Strategic Plan 2022 – 2025.

## Ministerial Steering Group Indicators

The Ministerial Steering Group has also identified a set of performance indicators which are intended to provide a view of how Partnerships are progressing against a range of whole system level measures. IJBs are responsible for setting MSG targets on an annual basis.

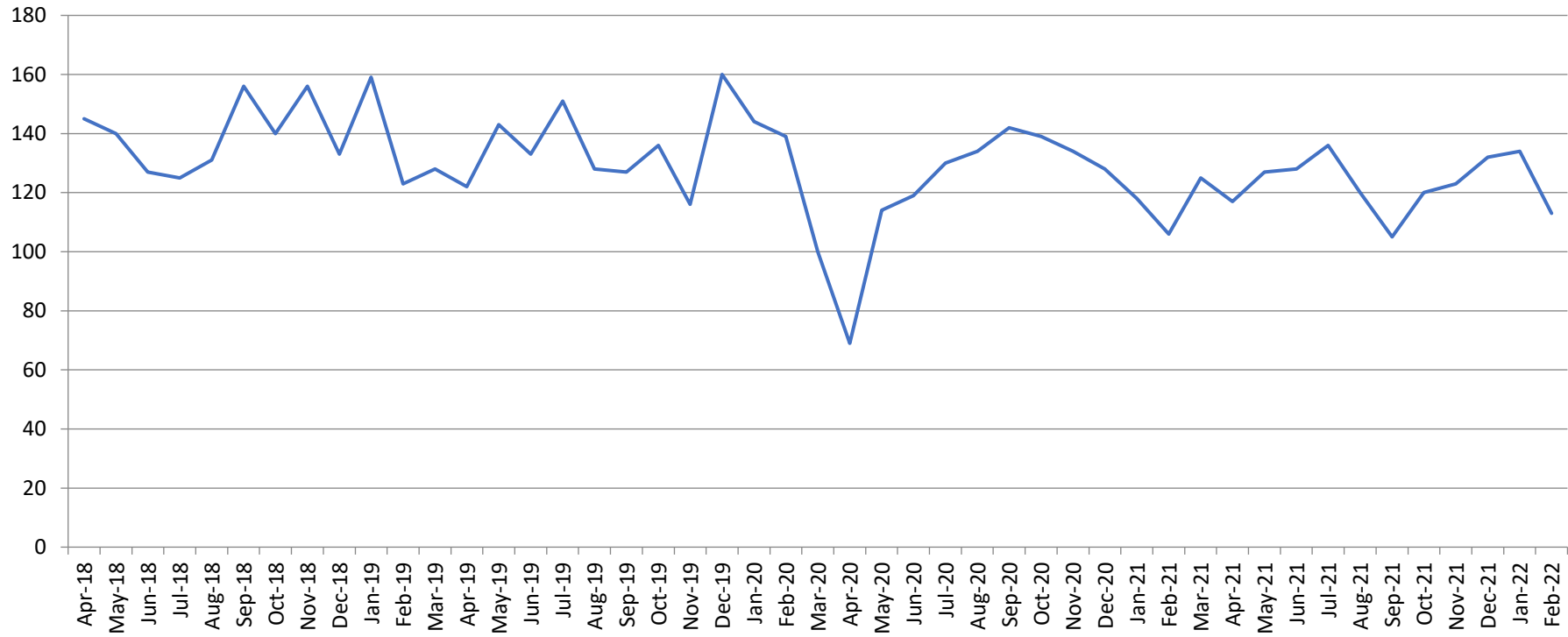
### 1a. Number of Emergency Admissions

#### Emergency Admissions: Orkney Islands, All Ages



## 1b. Admissions From A and E

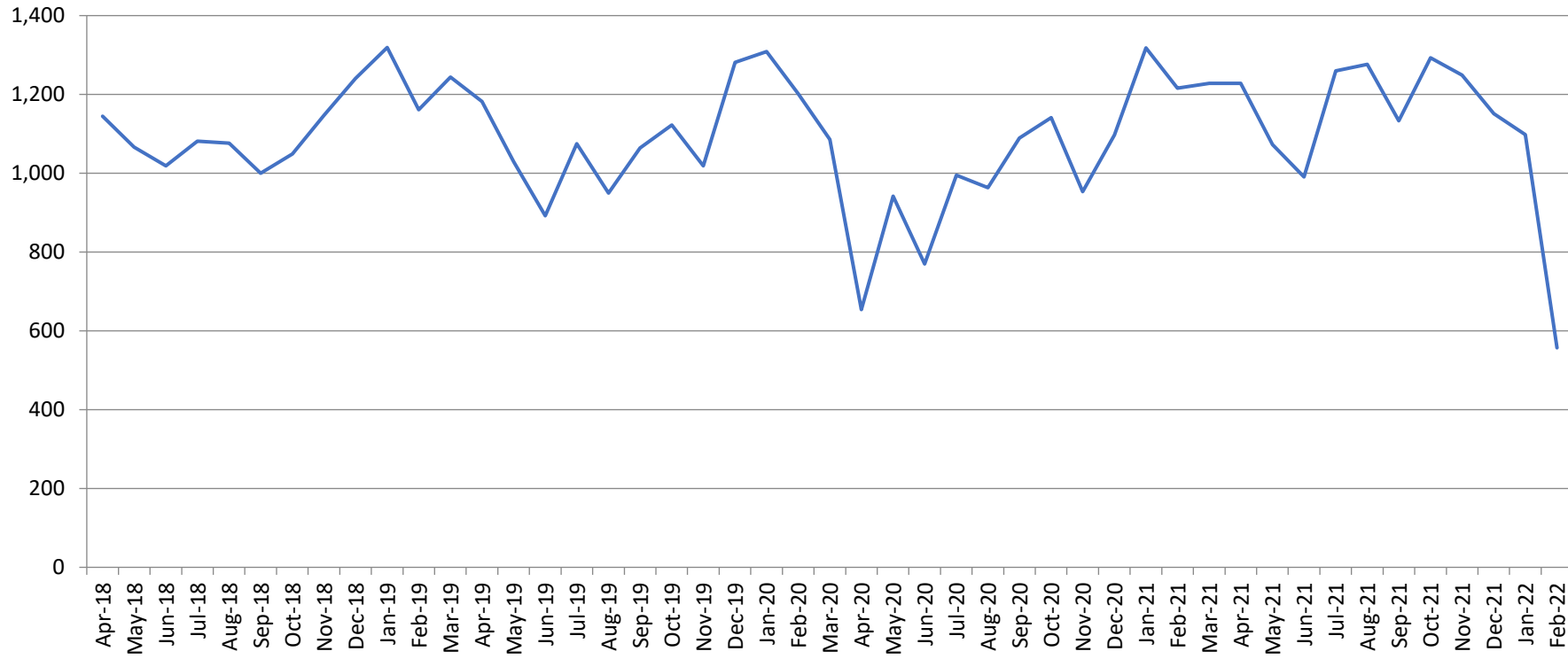
### Number of admissions from A&E: Orkney Islands, All Ages





2a. Number of Unscheduled Hospital Bed Days; Acute Specialities

Unscheduled hospital days, acute specialties: Orkney Islands, All Ages

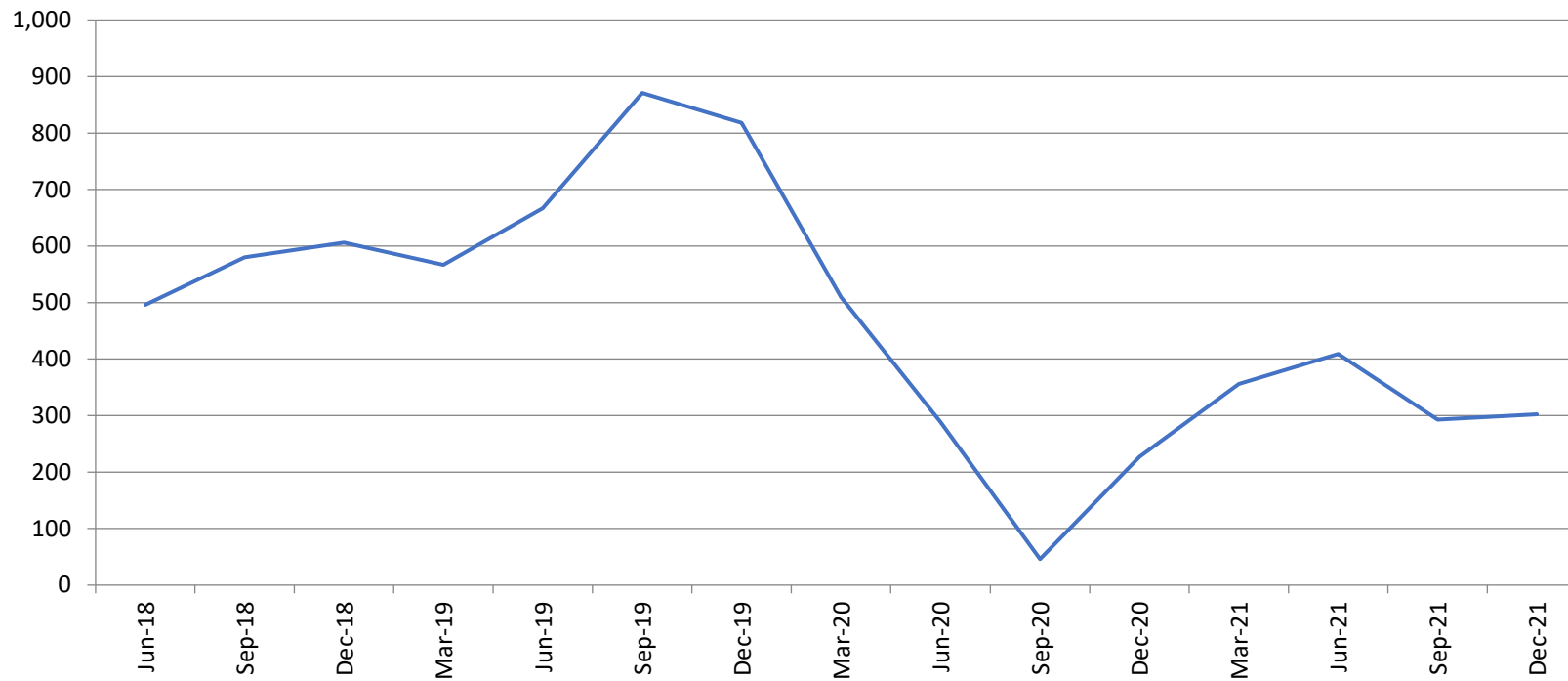


## 2b. Number of Unscheduled Hospital Bed Days; Geriatric Long Stay

In Orkney, there is no geriatric specialist or specialist ward. As such there is no data provided for this measure.

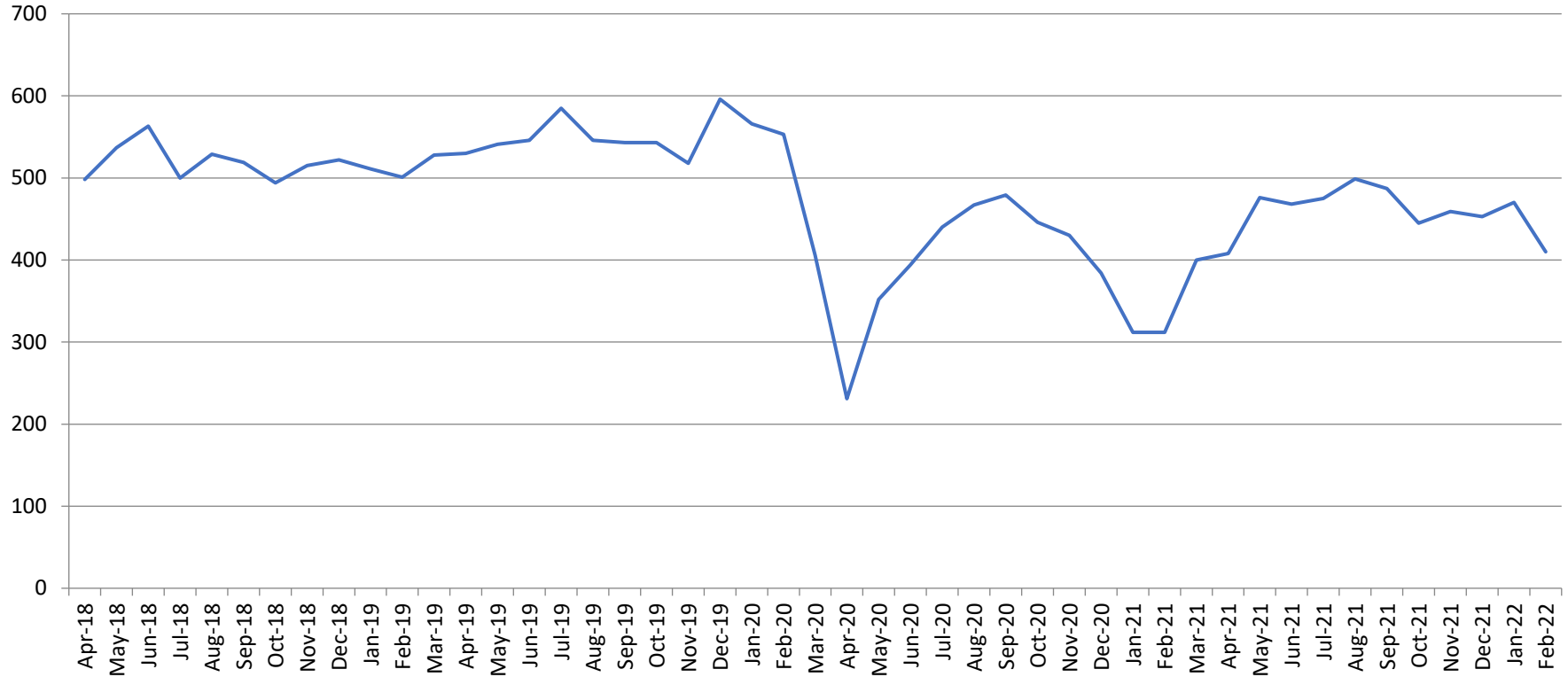
## 2c. Number of Unscheduled Hospital Bed Days; Mental Health Specialties

### Unscheduled hospital days, mental health specialties: Orkney Islands, All Ages



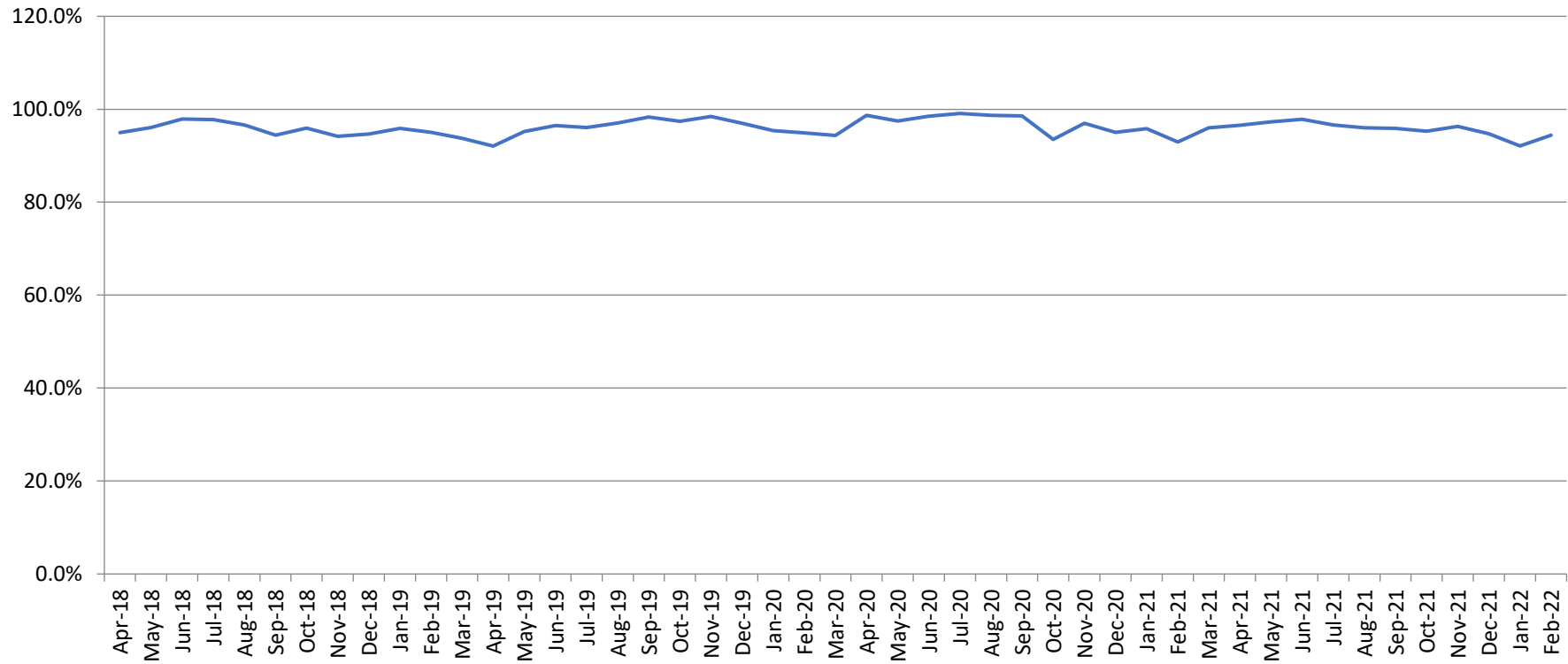
### 3a. Accident and Emergency Attendances

#### A&E Attendances: Orkney Islands, All Ages



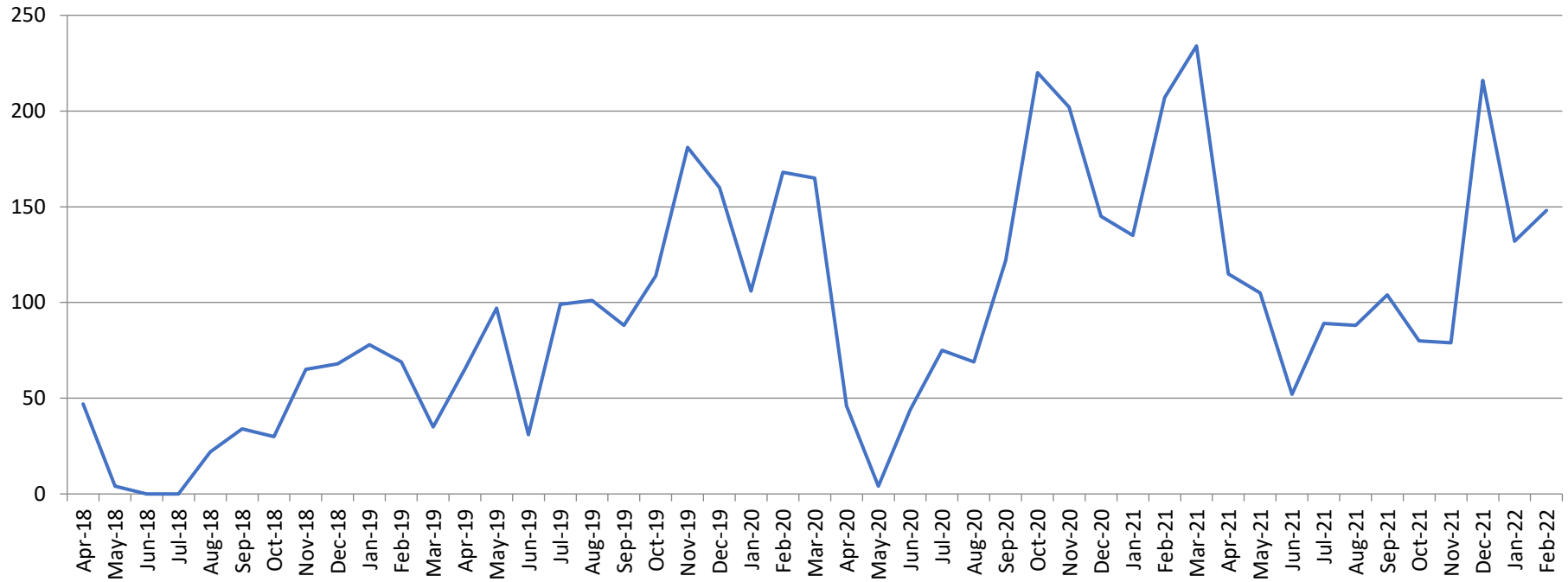
### 3b. Accident and Emergency seen within 4 hours

#### A&E % seen within 4 hours: Orkney Islands, All Ages



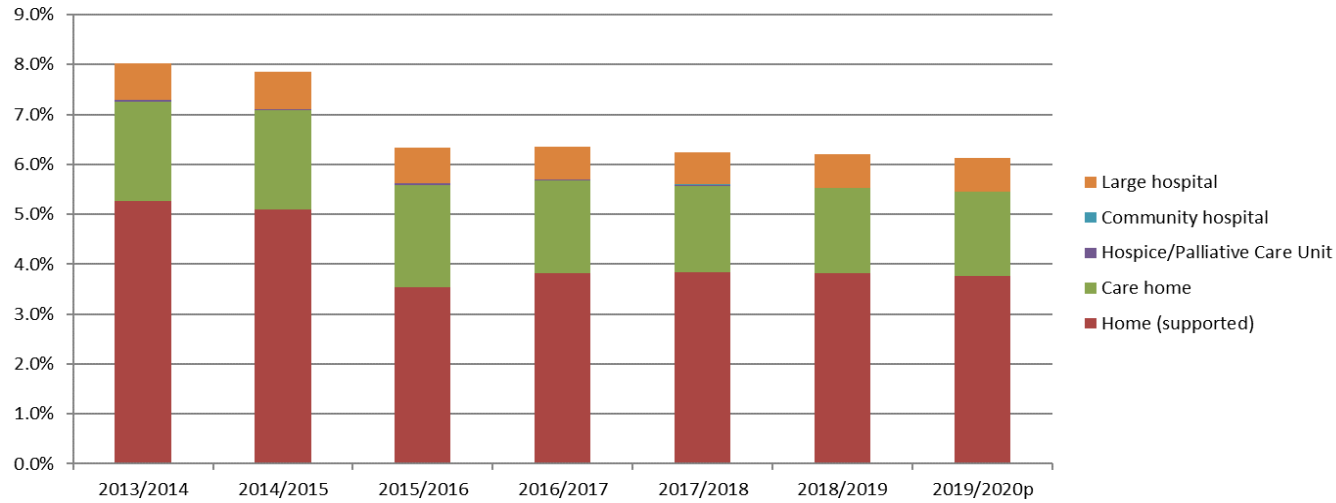
#### 4. Delayed Discharge Bed Days

### Delayed discharge bed days (All reasons): Orkney Islands, 18+

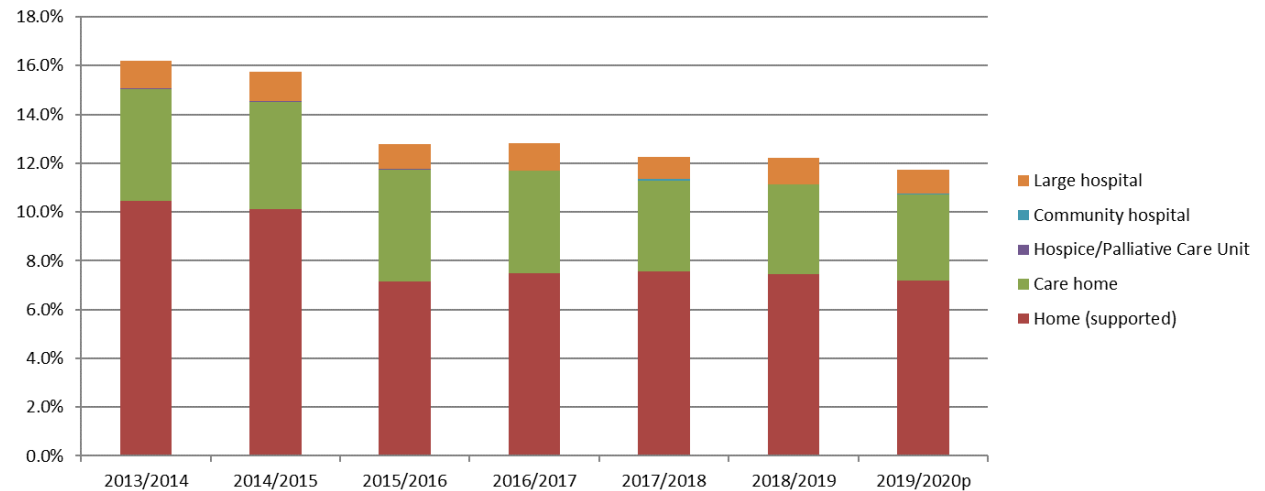


## 6. Balance of Care: Percentage of population in community or institutional settings

Percentage of population in community or institutional settings:  
Orkney Islands, aged 65+

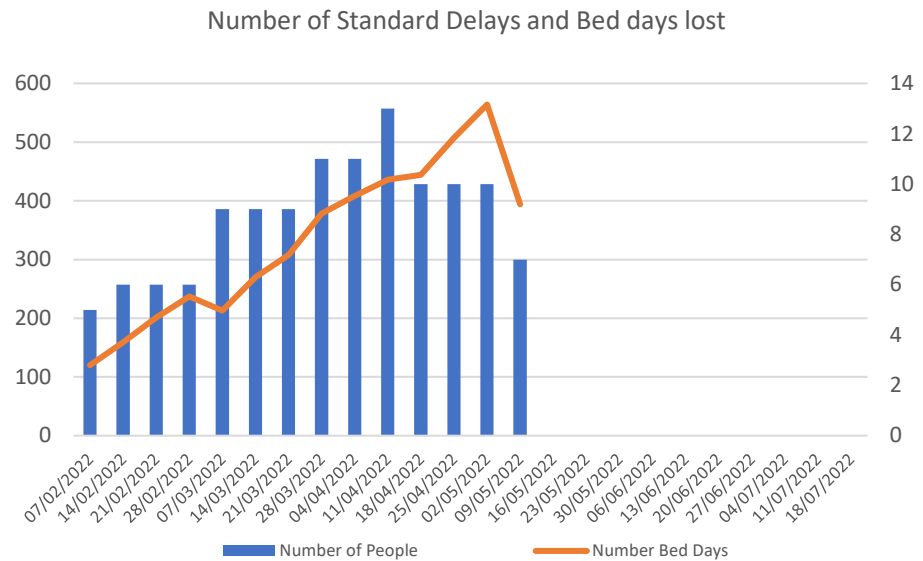
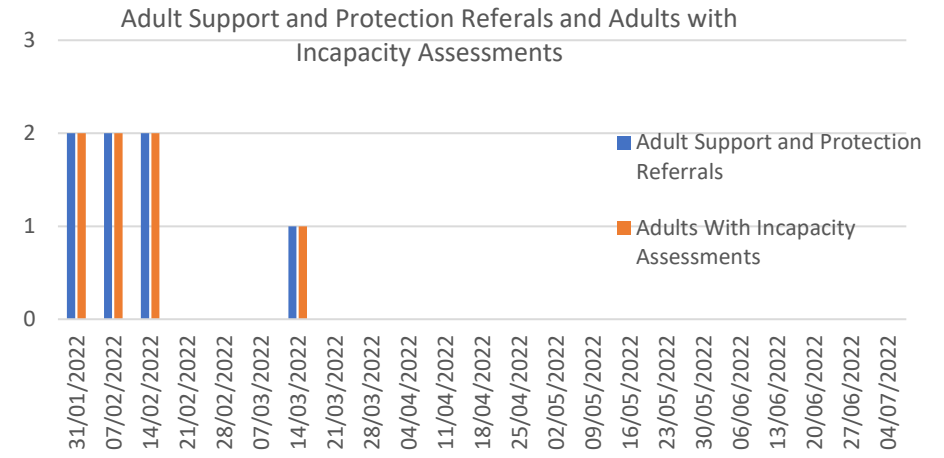
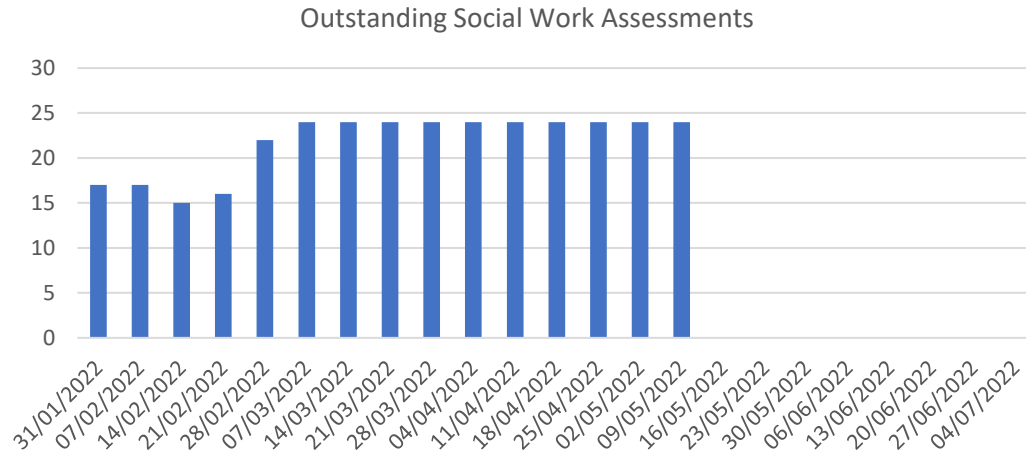


Percentage of population in community or institutional settings:  
Orkney Islands, aged 75+

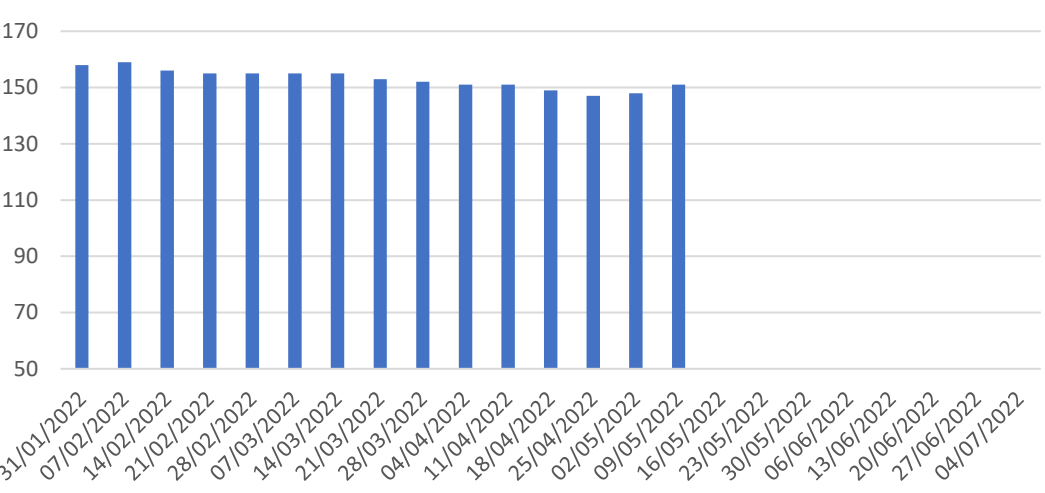


## Social Work and Social Care

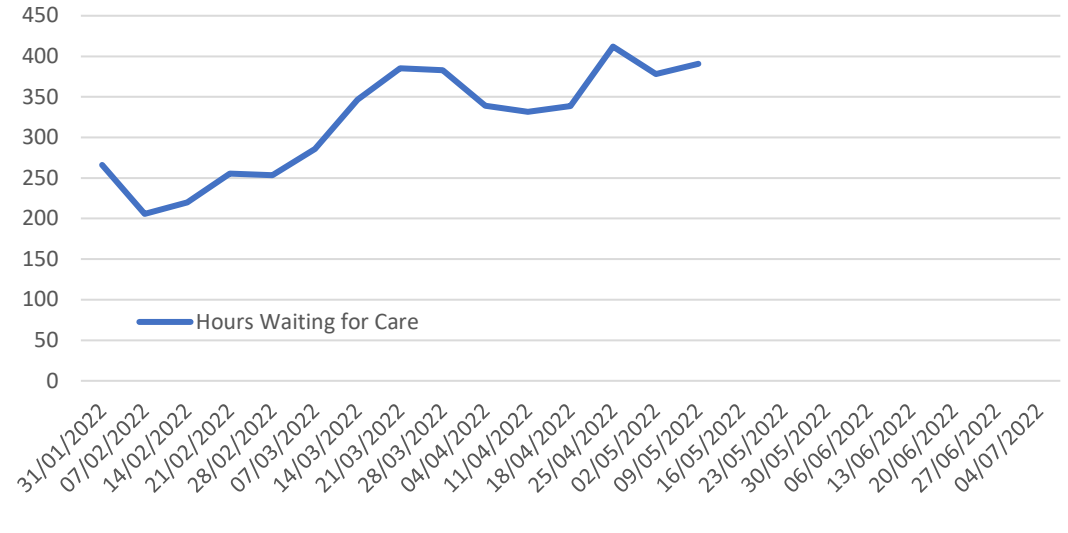
There are several areas recorded within social work and social care which are provided to the Scottish Government on a weekly basis. The aim of collecting this data is to support identification of areas of pressure within Health and Social Care.



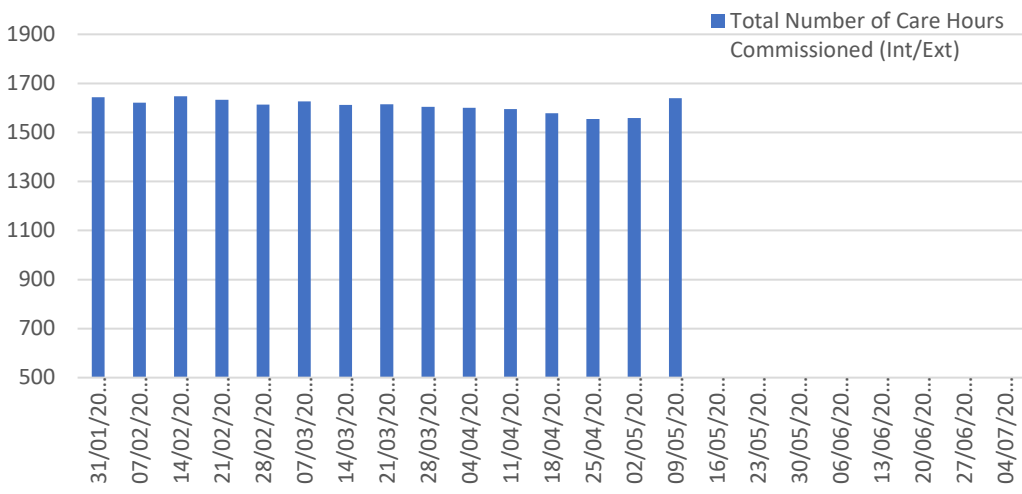
Number of Service Users Receiving Care at Home



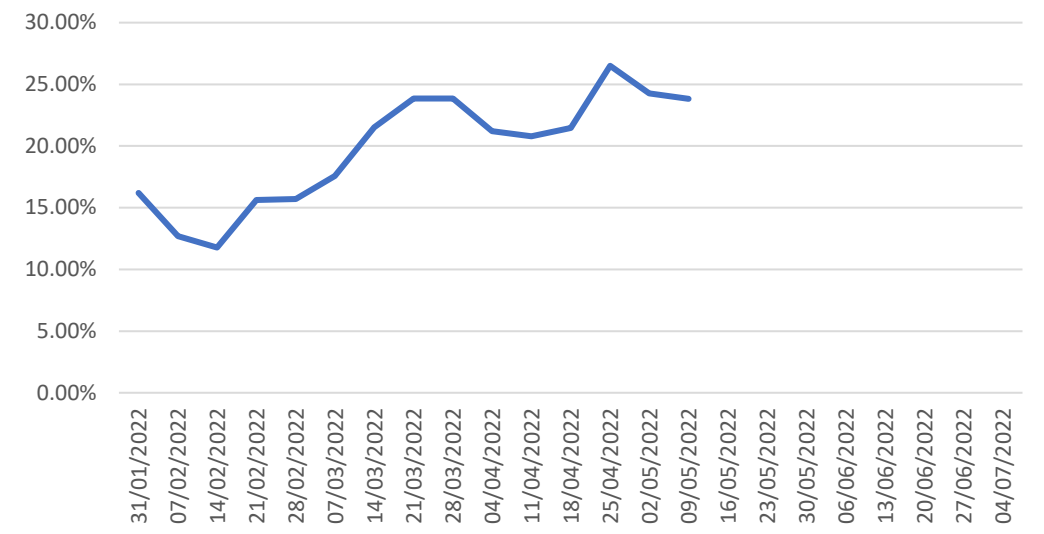
Hours Waiting for Care



Total Number of Care Hours Commissioned (Int/Ext)

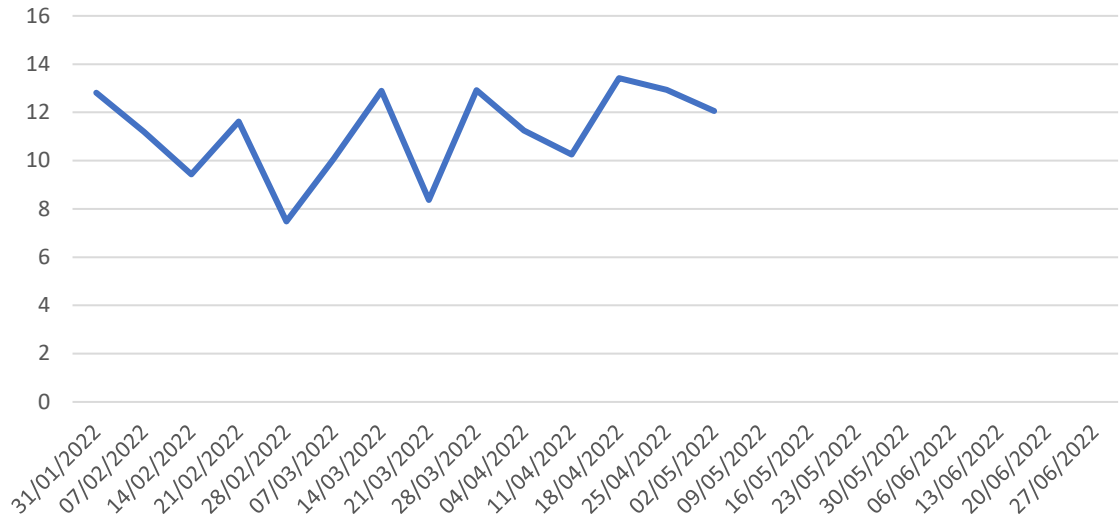


Commissioned Hours Not Delivered

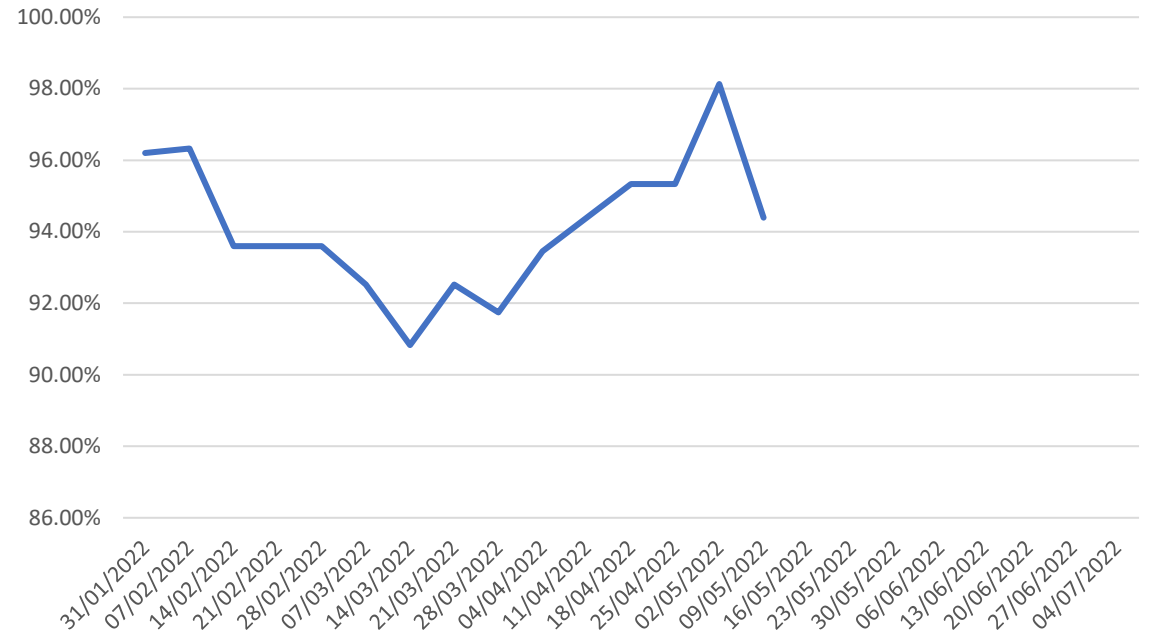




### Staff Absence (Int/Ext)



### Care Home Bed Occupancy %

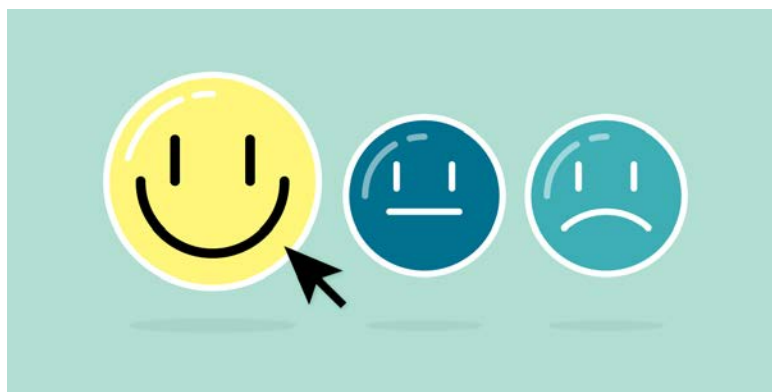


## Services' Experience Report

The experiences of the people who use our services are important to us. The public and those who use our services provide a considerable level of feedback on how well an area operates. It is important that we capture both positive and negative feedback to allow us to act on that and improve.

To help support our understanding and gain a sense of how our services interact with the public, the Social Work and Social Care "Services' Experience Report" contains an evaluation of the complaints and compliments that services and staff receive. This provides us with a holistic picture of areas where improvement is needed, as well as providing examples of where we are meeting the needs of those within our community.

The Social Work and Social Care "Services' Experience Report" is continually under review to find ways in which we can better capture the views and opinions of the general public and users of our services. The report compares previous quarters to the current quarter and plans are in place to further develop this to support the identification of long-term trends in areas of both satisfaction and dissatisfaction. This will allow us to identify areas where additional support / training is required and also capture learning from what is working well and can be replicated in other areas to increase satisfaction across services.



The following pages provides some information from the report. The performance summary is abbreviated to ensure that confidentiality of people is maintained, with a fuller version of this report shared internally with senior management to delve deeper into learning opportunities.

Following the Services' Experience report information, NHS Orkney has shared data relating to Orkney Health and Care Services commissioned to NHS Orkney, this has been listed under "Health Complaints" within the report. It is hoped that closer linkages will be created over 2022/23 to create a singular report upon the experiences across all services.

## Social Work and Social Care Report Summary

The following report provides information that is currently available on our systems. The data and information presented is based on the feedback received over this period.

From what is recorded we can summarise the following:

- There has been a total of 36 complaints received over this reporting period:
  - 28 are closed.
  - 17 were upheld.
  - 5 were partially upheld.
  - 6 were not upheld.
  - 8 Remain open.
- The 8 open complaints account for 29% of all complaints received:
  - The span of these open complaints is across all quarters of the year. This required further investigation, but initial indications suggest this is due to process errors, resulting in the feedback loop and recording not being fully completed.
- To support the challenges within the feedback process a proposal is being developed to support staff and managers.
- A longer-term solution has been identified with approval granted for an additional member of staff to support Service Experience, Freedom of Information Requests and Subject Access Requests.
- Care at Home and Children and Families have received the most complaints, combined they make up 84% of the total complaints received across the Orkney Health and Social Care Partnership Social Work and Social Care Services.
- No clear themes have been identified for learning; this is in part due to small figures but also complaints covering a wide variety of categories.
- Where complaints have been closed and feedback received, services have done well to quickly action areas of learning and development
- Compliment recording has improved significantly over 2021/22 with 82 compliments recorded across services.

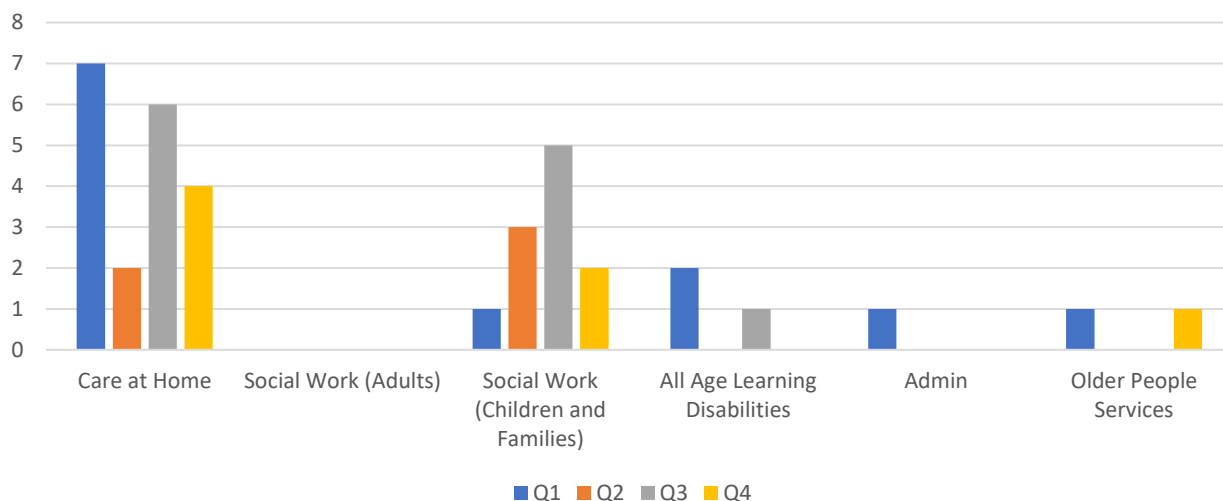
The report itself is generally very positive, there is clear evidence of learning being taken and examples captured of where people within our communities are having positive experiences when accessing our services.

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

## Complaints to Social Work and Social Care Services

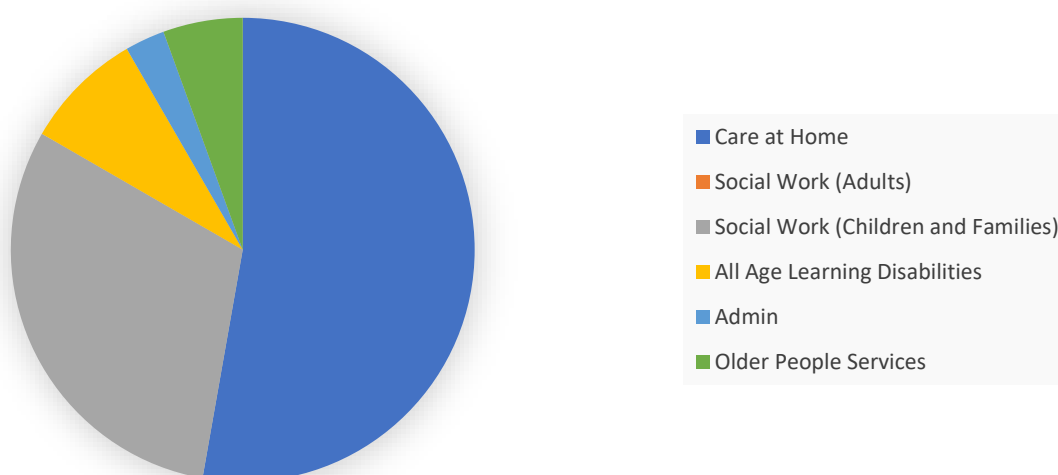
Over the last reporting year there have been a total of 36 complaints across Orkney Health and Social Care Partnership Social Work and Social Care services. These are shown below, split into the number of complaints received by financial quarter:

Service Complaints by Quarter



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

Percentage of Complaints by Service



## Complaints by Categorisation

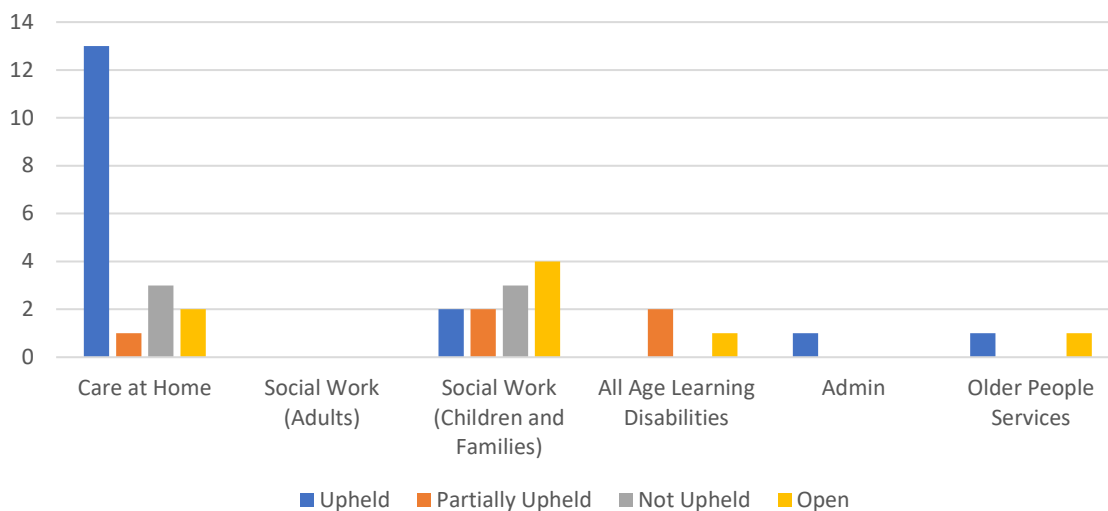
Complaints are categorised to identify themes within services. These themes can be aligned to individual services to highlight any specific issues within individual services over the reporting period, as shown below and continuing on the following page.

Category	Count
<b>Care at Home = 19 Complaints</b>	
Missed visit	1
Staff Conduct/Attitude	8
Quality of Care	2
Quality of Service	6
Communication	1
Inappropriate use of social media	1
<b>Social Work (Adults) = 0 Complaints</b>	
<b>Social Work (Children and Families) = 11 Complaints</b>	
Staff Conduct/Attitude	6
Quality of Service	3
Delay in Providing a Service	1
Discrimination	1
<b>All Age Learning Disabilities = 3 Complaints</b>	
Availability of Service	1
Quality of Care	1
Level of Service	1
<b>Admin = 1 Complaint</b>	
Availability of Service	1
<b>Older People Services = 2 Complaints</b>	
Quality of Service	1
Staff Conduct/Attitude	1

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

## The Outcomes

Complaint Outcome by Service



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

28 of the 36 complaints are recorded as closed and of those 28 closed complaints, 17 (61%) have been Upheld, 5 (18%) have been Partially Upheld and 6 (21%) recorded as Not Upheld. Of the total complaints received 8 (29%) remain open. A breakdown of open complaints is provided on the following page.

## Social Work and Social Care Compliments

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

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

Since asking services to ensure compliments are recorded, there have been a total of 82 recorded compliments across services. With quarterly reporting and continued encouragement from management to support services to record compliments, celebrate their success and share their “Good News Stories”.

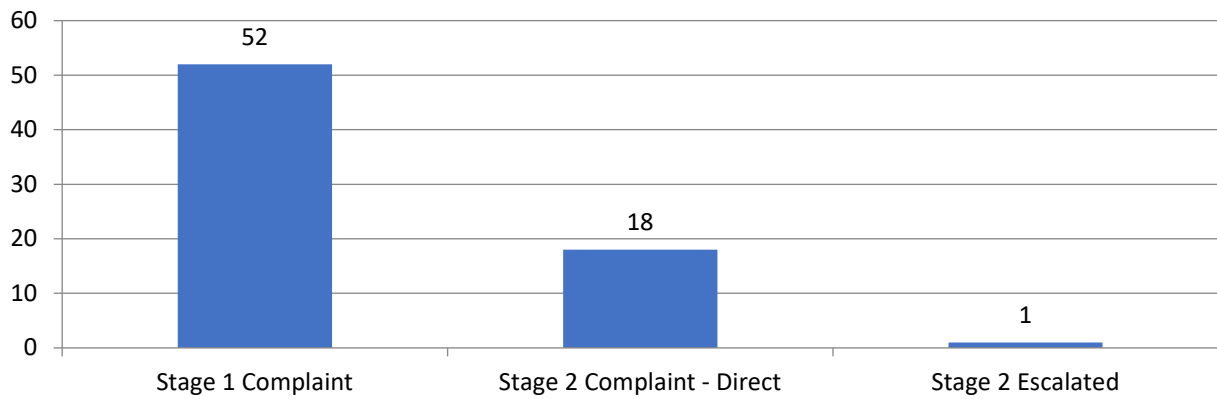
## Health Complaints

The following report provides information that is currently available on our systems. The data and information presented is based on the feedback received over this period. From what is recorded we can summarise the following:

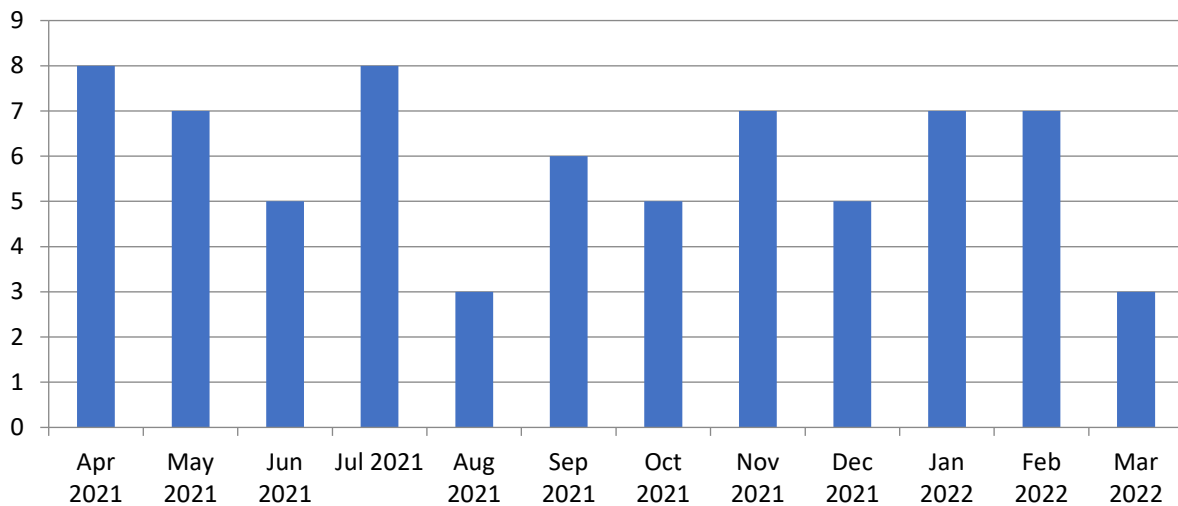
- 71 complaints were received in total which related fully or in part to Orkney Health and Social Care Partnership services.
- Over half those complaints received were handled as a Stage 1 (Early Resolution) complaints in order to resolve the issue as quickly and effectively as possible for the patient, family or service user.
- Of the Stage 1 complaints performance was considered reasonable with:
  - 62% were answered within the national 5-day timescale (32 of 52).
    - 35% of these were answered on the same day.
- Stage 2 investigations had a poorer performance:
  - 42% were responded to within the 20-day timescale (8 of 19).
  - 5 of the 19 complaints took over double the 20-day timescale.
  - The longest response time was 61 days.
- The outcomes of the complaints were as follows:
  - 38% of all complaints were fully upheld.
  - 32% of complaints were partially upheld.
  - 28% of complaints were not upheld.
- The majority of complaints were received by Mental Health, 20%, followed by Primary Care with 13%.
- The largest number of complaints where the concerns were not upheld were found to be in Primary Care, those fully upheld were also within the Primary Care service

**Number of Health Complaints Received:**

**Complaints by Type**



**Complaints by date received (Month and year)**



**2. Response Times**

	Complaints responded to <b>within</b> national timescales	Complaints responded <b>outwith</b> timescales	Average No. of Days to respond
Stage 2/Stage 2 escalated	8	11	26 days
Stage 1	32	20	6 days



## Mental Health Assurance

Additional reporting is provided to the Joint Clinical and Care Governance Committee which provides assurance of Mental Health Services within Orkney. In summary the following improvements were highlighted in April 2022 to the Committee:

- A permanent part time Adult Consultant Psychiatrist has been recruited who will take up post on 06 June 2022.
- A small service agreement has been made between NHS Orkney and NHS Shetland for the provision of 1 consultant session per week for urgent cases.
- The IJB have agreed a short-term waiting list initiative to assist with the back log of people awaiting a dementia diagnosis due to the lack of a consultant.
  - This will reduce the numbers and enable people to receive post-diagnostic support whilst a longer-term sustainable model is developed, and funding stream identified.
- On the 01 March 2022 CAMHS appointed a new Clinical Director - CAMHS who will provide 3 sessions of Clinical Director and 3 sessions of CAMHS Consultant Psychiatry each week. Plans are underway to recruit to the remainder of the posts approved by the IJB.
- A Service Manager has commenced in the role on the 04 April 2022.
- Two Support Workers began in post in November/December 2021.
- Four agency Community Mental Health Nurses continue to support the team due to staff vacancies.

## Referral and Waiting List Data

Overall Referrals to service:

	2015	2016	2017	2018	2019	2020
Urgent Duty	N/A	N/A	N/A	N/A	N/A	126
CAAP	34	69	80	68	81	8
CAMHS	4	57	108	94	95	71
CBT	49	50	51	80	58	41
cCBT	N/A	6	56	51	133	125
Adult	169	151	192	172	208	53
Older Adult	77	105	91	112	106	76
EDRM	N/A	N/A	N/A	N/A	N/A	7
Psychiatry	71	50	73	185	112	85
Psychology	55	61	73	128	122	103
Substance Misuse	101	70	96	87	70	50
Not Specified	N/A	N/A	N/A	N/A	N/A	71
<b>Total</b>	<b>560</b>	<b>619</b>	<b>820</b>	<b>935</b>	<b>986</b>	<b>816</b>

2020 referrals are not of the magnitude of 2019 however it is clear that there will be a significant impact of lockdown during that calendar year. It is anticipated that 2021 referral volumes will be in line with 2018 and 2019.

The table below details the number of referrals which came into the Community Mental Health Team and Psychological Therapies from October 2021 through to February 2022, compared to the previous year:

<b>Month</b>	<b>2020</b>	<b>2021</b>	<b>Month</b>	<b>2021</b>	<b>2022</b>
Oct	88	69	Jan	45	47
Nov	81	82	Feb	84	71
Dec	78	70			
<b>Total</b>	<b>247</b>	<b>221</b>	<b>Total</b>	<b>129</b>	<b>118</b>

Current waiting list for first assessment:

<b>Service</b>	<b>Waiting List</b>
Adult	31
Older Adult	27
Psychology	31
CAMHS	<5

The current wait to be seen by the Adult Mental Health Team is estimated to be 6 months. The team has been sending letters to the patient and their referrers, to inform them that they are now on the waiting list.

### **Mental Health Officer (MHO) Activity**

Social Work is crucial in delivering and maintaining excellent Mental Health services. Good quality Social Work can transform the lives of people with mental health conditions and is an essential part of multi-disciplinary and multi-agency working. In collaboration with our partners in Health, Social Care, Housing, Employment and others, Social Workers play a key role in identifying and accessing local services that meet people’s needs at an early stage, helping to improve overall mental health outcomes and reducing the risk of crisis and more costly demands on acute health services.

For many reasons, not least of which is the worldwide COVID-19 health pandemic, mental health and Mental Health services have been in national focus and there would appear to be heightened public awareness and interest.

Whilst it might be expected, due to restrictions of activity related to COVID-19 lockdown measures in 2019/20 and during a large part of 2020/21, there was an impact on the amount of MHO activity. Towards the end of the current reporting period, we saw an increase in other MHO assessment activity, as we might have expected, due to easing of lockdown measures.

Table 1 below shows activity levels for Intervention and Guardianship from 2019/2021.

**Table 1: Intervention and Guardianship Orders 2019/2021**

Type of Order/Intervention (Guardianship)	2019/20.	2020/21.
New welfare guardianship orders where the Chief Social Work Officer (CSWO) is the Guardian.	<5.	6.
<b>Total</b> orders for which the CSWO is the Guardian.	15.	22.
Number of assessments made by Mental Health Officers in relation to applications for welfare guardianship including private and CSWO.	40.	62.
Number of private Guardians being supervised by Officers of the Local Authority.	63.	32.

- Compulsory Treatment Orders are intended to create individual measures for the care and treatment of a patient who requires a degree of compulsion to accept these, done by means of a care plan, which may specify detention.
- Short Term detentions follow an assessment undertaken by a Psychiatrist, to which a MHO must consent.
- Emergency detentions are intended to secure the immediate safety of a patient when there is no Psychiatrist available to undertake an assessment for short term detention. They are undertaken by hospital Doctors or GPs with consultation with a MHO.

Table 2 below provides activity levels for mental health intervention and orders from 2019-2021.

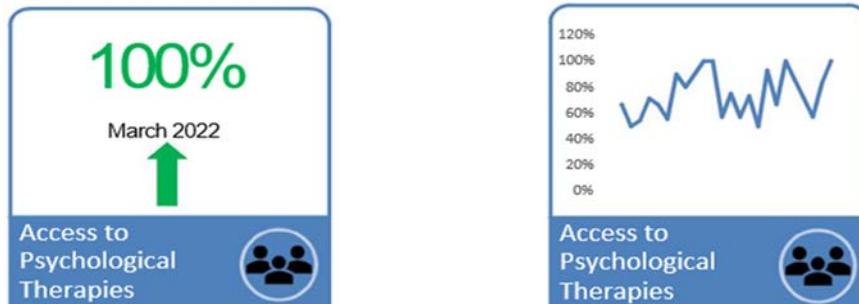
**Table 2: Intervention and Mental Health Orders 2019-2021**

Type of Order and Intervention (Adults).	2019/20	2020/21.
Mental Health Compulsory Treatment.	0.	6.
Short-term detentions.	<5.	<5.
Emergency detentions.	7.	7.
Other Mental Health Officer assessments (those not leading to detentions, assessments to extend or vary orders, and social circumstances reports).	7.	23.
Mental Health Tribunals.	<5.	6.

One of the key challenges faced by our MHO team include the absence of a permanent Adult Consultant Psychiatrist. This has meant that detentions under the

Mental Health Act are more often emergency detentions rather than short term detentions.

**Standard** - 90% of patients to commence Psychological therapy-based treatment within 18 weeks of referral.



**Update - Psychological Therapy** - Unpublished figures from March 2022, details 20 referrals (1 of these aged 65 and over). 6 patients (one of these over 65 years old) were seen during the month. All had waited less than 18 weeks. At the end of March, there were 36 patients waiting from referral to treatment; of these 31 were waiting less than 18 weeks.

### Young People's Mental Health

Scottish Government has provided additional funding to expand the Child and Adolescent Mental Health Service in Orkney, and the Integration Joint Board subsequently agreed the detail of the spend. As mentioned above, work is underway to recruit to the additional practitioner roles. The capacity created by these posts provides an opportunity for the service to be more responsive and provide enhanced advice and guidance to a range of professionals supporting young people.

At the time of writing, however, the team's capacity continues to be stretched. The tables below provide details on activity over the last year.

Total Number on CAMHS Case Load (as of April 2022)
121 (81+40)
Active caseload of 81 children divided between 3 CAMHS practitioners and consultant psychiatrist (40 on waiting list)

Figure 1

Referral Numbers to CAMHS						
Dates	Routine		Urgent		Combined	
	Total	Average Weekly	Total	Average Weekly	Total	Average Weekly
April 2021 – March 2022	80	1.7	34	0.7	123	2.4

Figure 2

Routine Referral Allocation 01/04/21 – 24/03/2022							
CAMHS	Adult Team	Learning Disability and Autism Nurse	No further Action*	Onward Referral	Psychology	Rejected**	Total
76	<5	<5	<5	<5	<5	<5 (did not meet referral criteria)	89

**No further Acton\*** - at time of initial contact to make arrangements for assessment appointment telephone information from the practitioner to the child/parent/carer was sufficient and the child was discharged from the service or the individual refused input from the CAMHS services.

**Rejected\*\*** - CAMHS has a comprehensive referral criteria and referrals rejected do not meet this. The referring individual is sent a letter by the service to inform them of this and the specific reason and other options are recommended.

Figure 3

CAMHS Initial Assessment Wait Times			
Date	Average	Shortest	Longest
April 2021 – March 2022	7.6 weeks	1 day	38 weeks

Figure 4

CAMHS Treatment Guarantee Compliance				
Date	Average Wait time referral to assessment	Average Wait time assessment to treatment	Total number of breaches	Average time length of breach
April 2021 – March 2022	7.6 weeks	0.4 weeks	<5	4 weeks

Figure 5

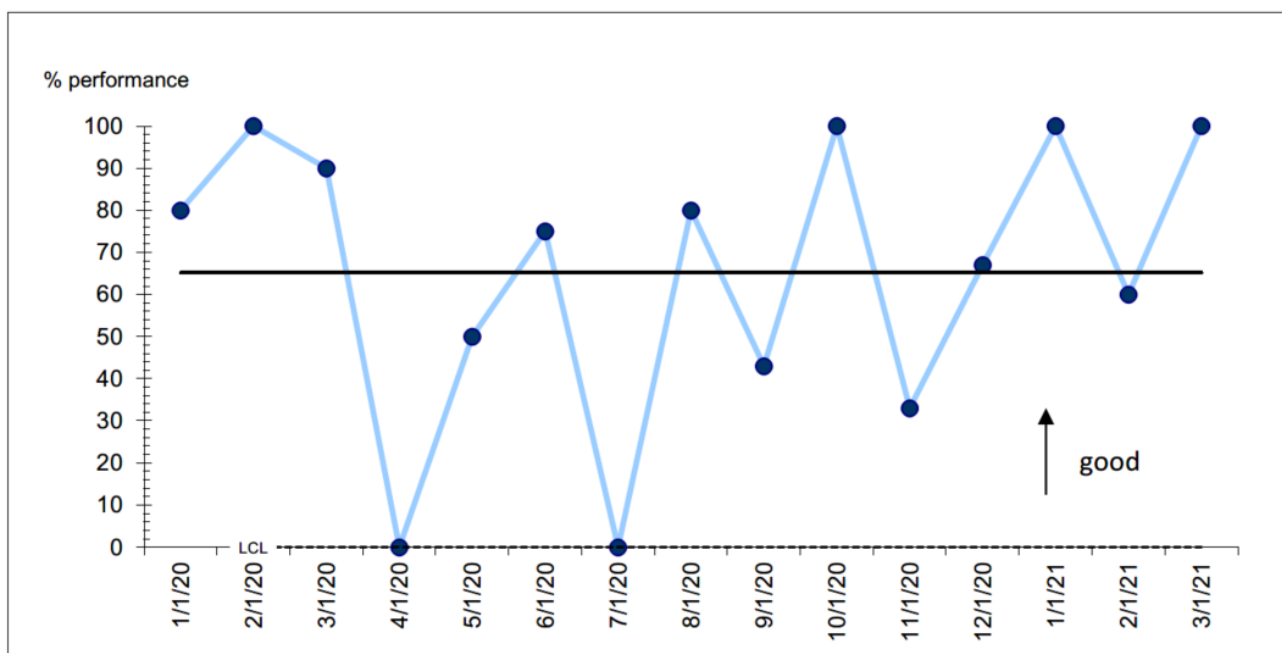
Although these figures help to quantify the most significant mental health needs across the population of young people in Orkney, it is important to recognise the substantial input of other statutory and third sector providers. Across Orkney, there is a continuum of support provision available from pastoral support and counselling services in schools through to organisations like Right There (previously called YPeople), Relationship Scotland Orkney and Action for Children. In addition, many young peoples' mental health needs are supported by School Nurses, Social Workers, and Educational Psychologists.

**Standard** - 90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.



Update – **Child and Adolescent Mental Health** - Unpublished figures from March 2020/21, shows 100% of patients waited less than 18 weeks from referral to treatment, with performance over time up until March 2021, shown in Figure 10. The development of data submissions for 2021/22 is in progress with work to populate clinical systems ongoing within the clinical team. Once this is complete the Health Intelligence team will undertake analysis and reporting to Public Health Scotland.

**Figure 7: CAMHS 18 week access standard performance, NHS Orkney – Jan 2020 – March 2021**



**Drug and Alcohol Referral**

**Standard** - 90% of Clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery

**Update** – During all quarters of 2021/22, 100% of people who started their first drug or alcohol treatment waited three weeks or less. This is an area where NHS Orkney continues to perform well.

**Alcohol Brief Interventions (ABIs)**

**Standard** - NHS Boards to sustain and embed alcohol brief interventions in the three priority settings of primary care, A and E and antenatal and to broaden delivery in wider settings

**Update** – Whilst ABI activity and delivery is not being reported nationally this year, the ADP have continued to deliver to the previous year’s LDP target. At the end of year a total of 358 ABIs have been delivered achieving the target within the LDP and of those 243 were delivered within the priority settings achieving the 80% target. ABI Delivery in 2021/22 has increased slightly from last year by 41. ABI training is continued to be promoted both via online LearnPro modules as well as bespoke training via Microsoft Teams.

Public Health Scotland have put a national ‘pause’ on delivery and reporting against ABIs nationally however locally we continue to deliver ABIs. A training programme to support delivery is being provided by the ADP via Microsoft Teams where face-to-

face is not possible as well as an online module for NHS Orkney staff. Three GP practices have signed up to the Local Enhanced Services Contract.

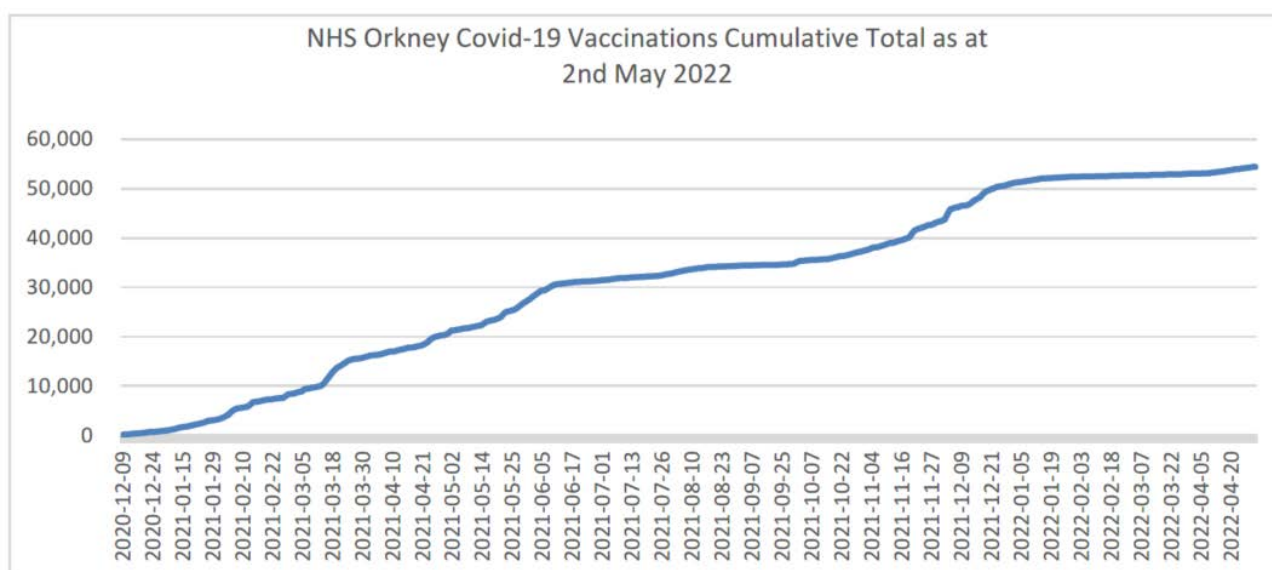
### **COVID-19 Vaccinations**

As of 2 May 2022, the total number of vaccines administered in Orkney is 54,441. There have been 18,764 first doses, 18,172 second doses, 304 third doses and 17,201 boosters given. There have been 37,363 Pfizer vaccines undertaken; 10,148 first dose, 9,723 second dose, 304 third dose and 17,188 boosters. There have also been 150 Pfizer children's vaccines administered; 136 first dose and 14 second dose. 16,928 AstraZeneca vaccines undertaken; 8,480 first dose and 8,435 second dose. The below table shows the number of doses administered by eligibility group:

<b>Eligibility Group</b>	<b>Vaccine</b>
<b>Age 15 and under</b>	<b>1,530</b>
<b>Age 16-17</b>	<b>795</b>
<b>Age 18-29</b>	<b>5,305</b>
<b>Age 30-39</b>	<b>5,230</b>
<b>Age 40-49</b>	<b>5,067</b>
<b>Age 50-54</b>	<b>3,350</b>
<b>Age 55-59</b>	<b>3,514</b>
<b>Age 60-64</b>	<b>3,206</b>
<b>Age 65-69</b>	<b>4,010</b>
<b>Age 70-74</b>	<b>3,772</b>
<b>Age 75-79</b>	<b>3,376</b>
<b>Age 80+</b>	<b>4,157</b>
<b>Care at Home</b>	<b>546</b>
<b>Care Home Resident</b>	<b>362</b>
<b>Care Home Staff</b>	<b>635</b>
<b>Clinically at Risk 16-65</b>	<b>4,245</b>
<b>Clinically Extremely Vulnerable</b>	<b>1,548</b>
<b>Healthcare Worker</b>	<b>2,558</b>
<b>Social Care Worker</b>	<b>797</b>
<b>Unpaid Carer</b>	<b>438</b>



**Figure 8 COVID-19 Vaccinations Totals, December 2020 to April 2022**



### Performance Measures with No Update to Report

#### Access to Musculoskeletal (MSK) Services

No further update to report - In regard to Allied Health Professionals (AHP) MSK Services and the target set by the Scottish Government that from 1 April 2016 the maximum wait for access to MSK services from referral to first clinical outpatient appointment will be 4 weeks (for 90% of patients) performance in relation to MSK Podiatry and MSK Physiotherapy, as per the most recent published quarterly report is provided in Tables 1 and 2 below.

Additional outpatient clinic capacity continues to be provided through the use of the old Health Centre to reduce the impact of COVID-19 related constraints on service provision however increased appointment times and the impact of social distancing within healthcare services continues to impact adversely on capacity.

**Table 1: Waiting times for patients waiting in Orkney to receive a first clinical outpatient AHP MSK appointment.**

	Total number of patients waiting	Number of patients waiting within 0- 4 weeks
<b>As at December</b>	436	26 (6%)
<b>As at September</b>	462	43 (9.3%)
<b>As at June 2021</b>	508	68 (13.4%)

**Table 2: Number of adult AHP MSK patients seen in Orkney for first clinical outpatient appointment (Source: ISD).**

	Total Number of Patients Seen	Number of Patients Seen, Who Waited 0-4 Weeks
<b>As at December</b>	240	168 (70%)
<b>As at September</b>	256	151 (59%)
<b>As at June 2021</b>	312	194 (62.2%)

**Internal data at 2 May 2022 shows that the current waiting time for new patients referred to the general physiotherapy service is:**

- 28 weeks for a routine appointment and 3 weeks for an urgent appointment.
- 90% of new routine referrals are seen within 69 weeks and 90% of new urgent referrals are seen within 40 weeks.

The waiting list position at 2 May 22 for MSK Physio and MSK Podiatry is presented in below:

<b>MSK Physio</b>	<b>0-7 Days</b>	<b>8-14 Days</b>	<b>15-21 Days</b>	<b>22-28 Days</b>	<b>&gt;28 days</b>	<b>Urgent</b>	<b>Total</b>
<b>Appointed</b>	2	2	4	3	8	6	<b>19</b>
<b>Unappointed</b>	1	1	1	4	262	6	<b>269</b>
<b>Total</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>7</b>	<b>270</b>	<b>12</b>	<b>288</b>

<b>MSK Podiatry</b>	<b>0-7 Days</b>	<b>8-14 Days</b>	<b>15-21 Days</b>	<b>22-28 Days</b>	<b>&gt;28 days</b>	<b>Urgent</b>	<b>Total</b>
<b>Appointed</b>	0	0	0	0	0	0	<b>0</b>
<b>Unappointed</b>	2	1	2	6	74	0	<b>85</b>
<b>Total</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>74</b>	<b>0</b>	<b>85</b>