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Agenda Item:

## **Performance and Audit Committee**

**Date of Meeting: 7 December 2022**

**Subject: Performance Monitoring**

### **1. Purpose**

1.1. To present the quarterly monitoring report on the performance for health and social care delegated services.

### **2. Recommendations**

The Performance and Audit Committee is invited to note:

2.1. The performance for health and social care delegated services for the quarter ending 30 September 2022, attached as Appendix 1 to this report.

2.2. That the data provided is the most recently available information for each measure up to 30 September 2022, where possible.

2.3. That work continues to create a regular business cycle of meaningful reporting linked to the Strategic Priorities of the Orkney Health and Social Care Partnership.

The Performance and Audit Committee is invited to scrutinise:

2.4. The performance for health and social care delegated services for the reporting period 1 January 2022 to 30 September 2022, as set out in Appendix 1 to this report.

### **3. Background**

3.1. Regular performance reporting is an area under development within the Orkney Health and Social Care Partnership. Members have been consulted and feedback sought on which areas of information would be the most insightful.

3.2. Following consultation members have requested data from Health, Social Work, Social Care and Partners should be provided to present a wide array of information and developments throughout. As such, the report provided shares information covering a number of the areas requested and will continue to be developed for future regular reporting needs.

## 4. Key Highlights

4.1. Summaries of “Key Points” have been provided for each section of the performance report, attached as Appendix 1 to this report.

4.2. The available supply of services has met demand for several years. However, there has been a significant increase in demand for services in recent years.

4.3. The increase in demand has resulted in increased waiting list sizes alongside evidence of growth within the Third Sector, where people are accessing services through less conventional means where it is suitable to do so.

4.4. The Third Sector is showing an increase in services being utilised and has evidenced good practice through self-review and audit.

4.5. Health data shows that increased demand on the Emergency Department in recent months has resulted in a reduction of their ability to meet the Core 4-Hour Emergency Department target. Despite this The Balfour Emergency Department remains a top performer in Scotland for this measure.

4.6. Outpatient Services are showing a gradual reduction in waiting list breaches. Although the size of the waiting list remains at similar levels over the last two years, there has been a reduction in the number of breaches.

## 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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10.2. Maureen Swannie (Head of Strategic Planning and Performance), Orkney Health and Social Care Partnership. Email: [maureen.swannie@nhs.scot](mailto:maureen.swannie@nhs.scot), telephone: 01856873535 extension 2601.

10.3. Callan Curtis (Performance and Planning Officer), Orkney Health and Social Care Partnership. Email: [callan.curtis@orkney.gov.uk](mailto:callan.curtis@orkney.gov.uk), telephone 01856873535 extension 2604.

## 11. Supporting documents

11.1. Appendix 1: Performance Monitoring September 2022.

# Performance Monitoring

Orkney Health and Social Care Partnership



# Social Care

Performance Monitoring

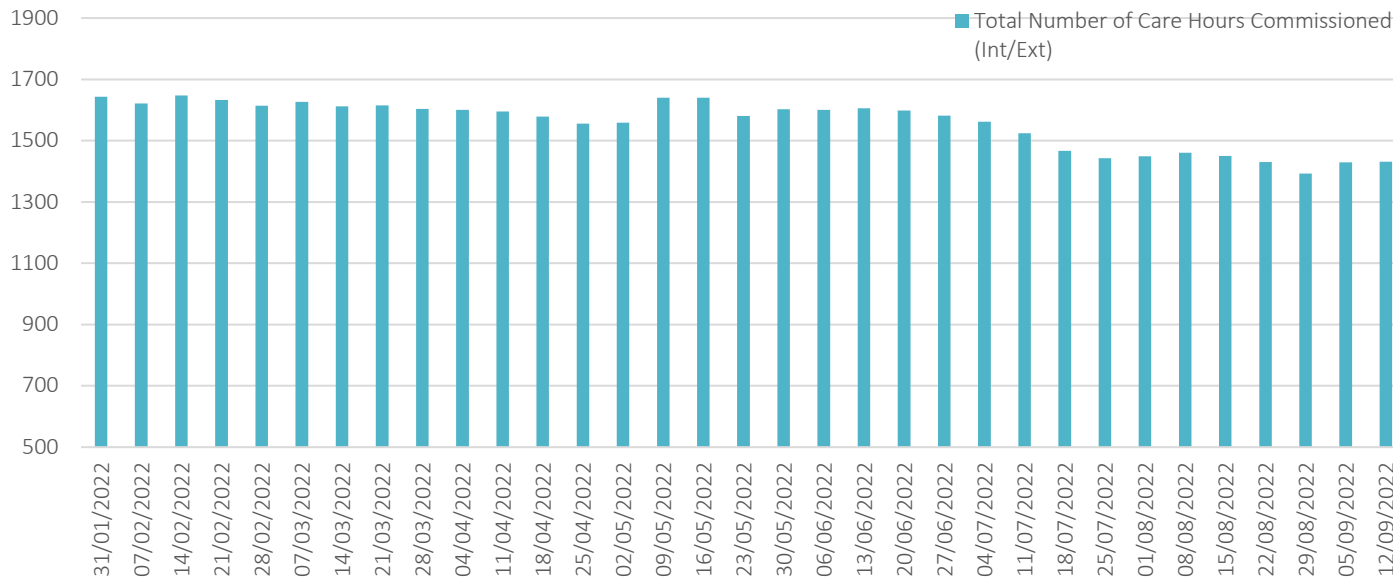


# Key Points within Social Care

1. There are some gaps within charts, where this is seen data was unavailable for those weeks either through staff absence or data access issues.
2. Due to waiting list sizes there is a reduction in those accessing care through in house services, where possible these services are on occasion being provided by the third sector.
3. There are currently 26 people who receive no care who have a combined total of 144.55 hours of care required.
4. Our Care Homes are operating efficiently and to capacity with the variance being in the utilisation of respite beds to meet demands.

# Care Hours Commissioned

Total Number of Care Hours Commissioned (Internal)



## Overview

Commissioned hours are an indication of assessed need within our communities. At a glance it would appear that the need for hours of care has slightly reduced but services are unable to sustain the current demand as per the increase in % of undelivered hours.

Within commissioned hours there is a reduction since recording began from 1,643 to 1,392 hours.

Comparatively the percentage of commissioned hours not delivered has increased from a low of 11% to a high of 32%.

## Comment from Head of Service

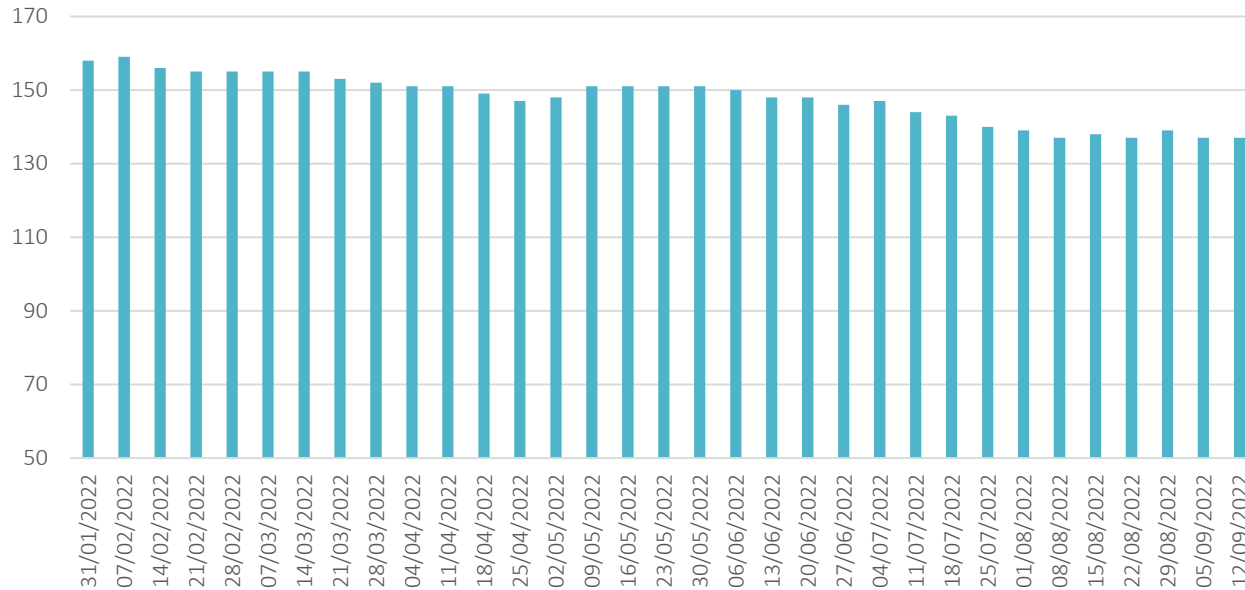
These figures are impacted by available supply and demand upon services. In recent years, there has been a notable change where demand has increased becoming higher than available supply. This has meant that where possible, some people receiving services have been accessing care through alternative routes within the third sector due to increased waiting list size.

## Impact

- Increase in unmet need.
- Higher risk of poorer outcomes.
- Higher risk in reduction of Scot Gov Measures.

# People Receiving Care at Home

Number of Service Users Receiving Care at Home (In House Services)



## Comment from Head of Service

This slide is linked to the previous comment and is impacted by available supply and demand upon services. Where possible, some people receiving services have been accessing care through alternative routes within the third sector, due to increased waiting list size resulting in smaller numbers receiving in house services at home.

## Overview

Number of people receiving care at home has a slight reducing trend since measurement began, at its highest week (07/02/2022) there were 159 people receiving Care at Home the lowest figures were seen throughout August and September at 137.

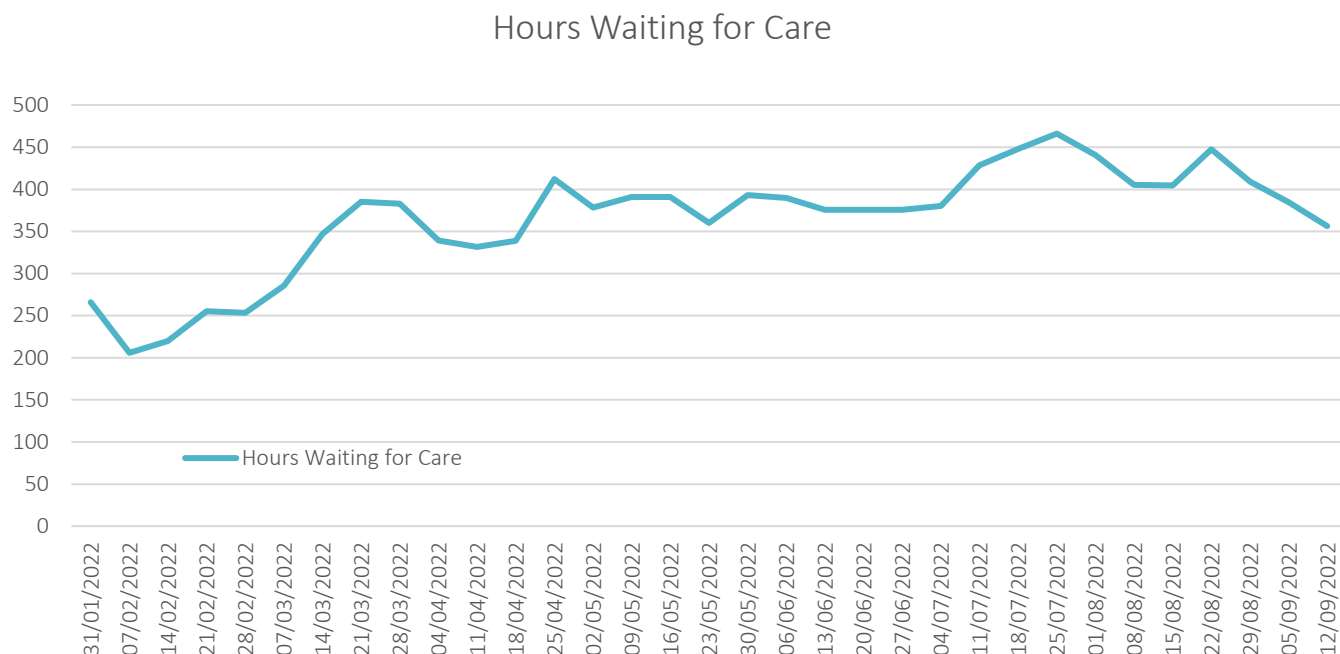
There could be several reasons for a reduction, for example reduction in demand. However when linked to care hours commissioned and commissioned hours undelivered it would appear to support that we are unable to keep up with demand upon services.

## Impact

- Potential for poorer outcomes.
- Higher numbers of those receiving care at homes is linked to higher independence, better long term outcomes and there is some linkage to lower levels of complex health needs with people living more community integrated lives.
- Reduction in Scot Gov outcome measures.



# Hours Waiting for Care



## Overview

Linked to the previous page, this measure is a count of hours which have been assessed but care has not yet been provided.

This has steadily increased since measurement began with the lowest number of hours waiting 205 and the highest 466.

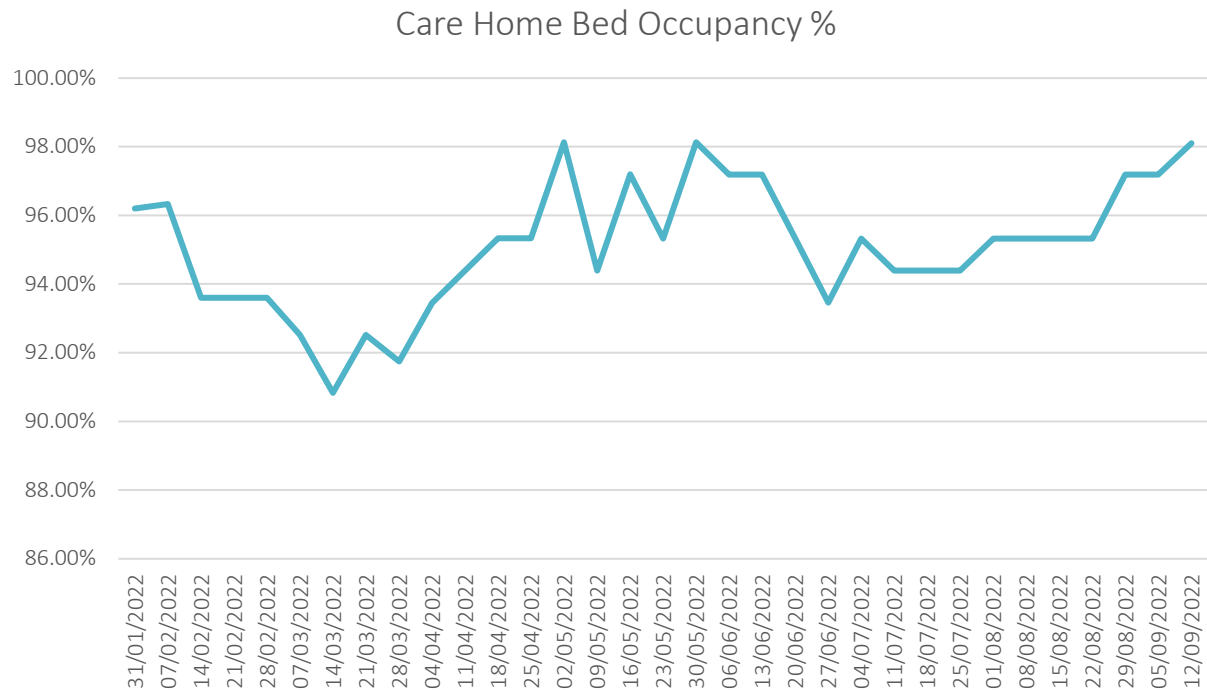
## Impact

- Increase in unmet need.
- Higher risk of poorer outcomes.
- Higher risk of reduced independence.
- Higher risk in reduction of Scot Gov Measures.

## Comment from Head of Service

These measures have multifactorial impacts, recruitment challenges being an example of one of the impacting factors. These figures do include people who receive an element of care but not to the full extent of their assessment. There are currently 26 people who receive no care who have a combined total of 144.55 hours of care required. To support this we continue to work to reduce waiting lists.

# Care Home Bed Occupancy



## Comment from Head of Service

Most of the needs of those within our care homes are long term needs. However, there are those who require respite care which creates variation in the availability of beds. All of our permanent beds being filled equate to 92.5% of that total available beds, anything above is representation of respite variation as is seen in the chart.

## Overview

Orkney has no private residential care providers and as such all care homes are Council run. With an ageing demographic and understanding of increasing complex needs we are likely to continue seeing upwards of 90% Occupancy rates. For context, at times there has been 1 bed available in our care homes.

## Impact

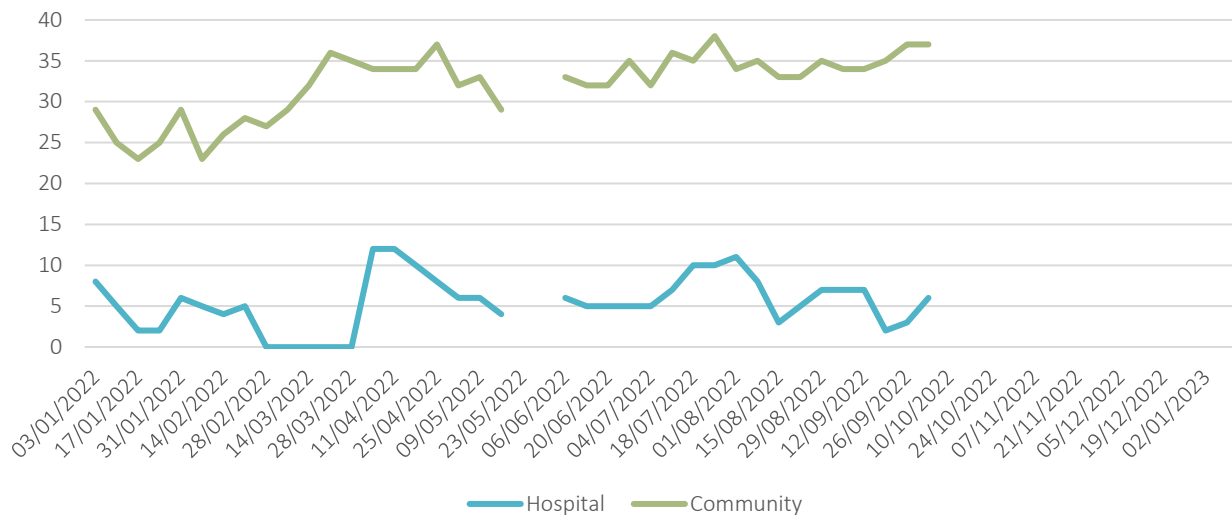
- Potential for an increase in unmet needs.
- With both permanent and short stay beds, flexibility has been applied to make best use of available spaces to meet care needs such as need to use respite areas as long term beds where required.

# Social Care Assessments

Waiting for a Social Care Assessment



Assessed and Waiting for a Package of Care



## Overview

This page has combined those waiting for assessment and those assessed and waiting for a package of care. We can see from the first graph there has been significant increase since June 2022 in those waiting for care within our communities. Those in hospital has remained at 0 throughout.

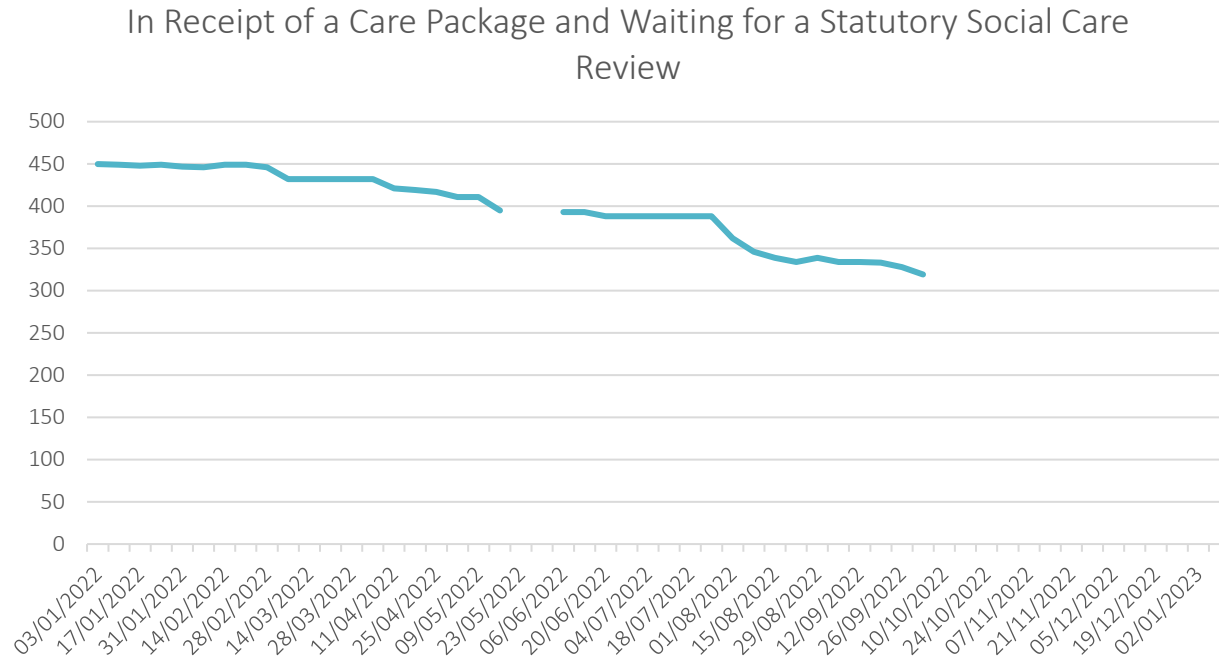
## Impact

- Increased waiting list and backlog size.
- Long term pressure upon service and sustainability.
- Actual increased unmet need.
  - This could lead to reduced independence of service users and increased long term needs.
- Potential for increased dependency on relief or agency staff.

## Comment from Head of Service

Following the pandemic there has been an increase in referrals to Adult Social Work hence the rising wait for assessments to take place. This coupled with a successful recruitment campaign by Social Security Scotland has led to staffing movement within the Adult Social Work sector. We seek to address any new vacancies as soon as possible.

# Those Awaiting Statutory Review



## Overview

The trend within this chart is a decrease which would suggest the service is coping and working through backlog.

## Impact

- Reducing pressure in this service area.
- Potential for increased unmet need.
- Impact upon service sustainability for frequent or long term sickness.
- Potential for increased dependency on relief or agency staff.

## Comment from Head of Service

Funding was agreed to enable a Locum Social Worker to specifically work through the pandemic backlog. However, in light of the previous slide that work has currently been diverted to Social Work and Care Assessments.

# Commissioned Services

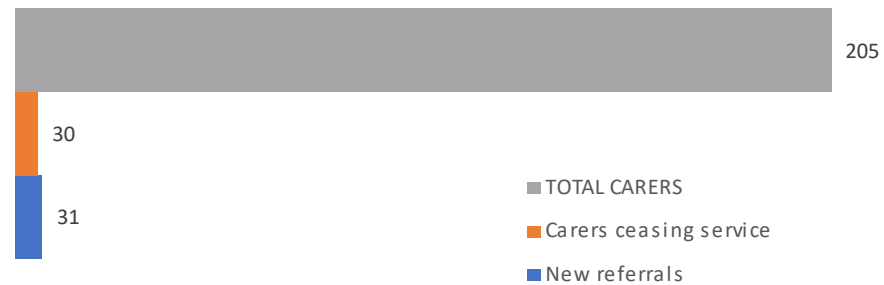
Activity Reporting



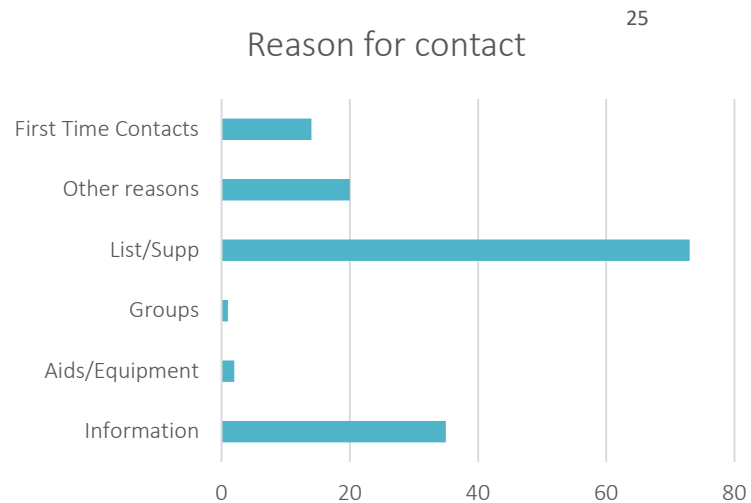
# Key Points within Commissioned Services

1. Activity within the third sector has shown growth.
2. High numbers of calls seeking additional information in service is showing there is increased awareness of available support.
3. There is evidence of high levels of quality care being provided within the third sector with supporting audit and continual review of best practice.
4. At present, the supply and demand ratio within the third sector is sustainable for example Crossroads Care Orkney service have as many new clients starting as they do ceasing services.

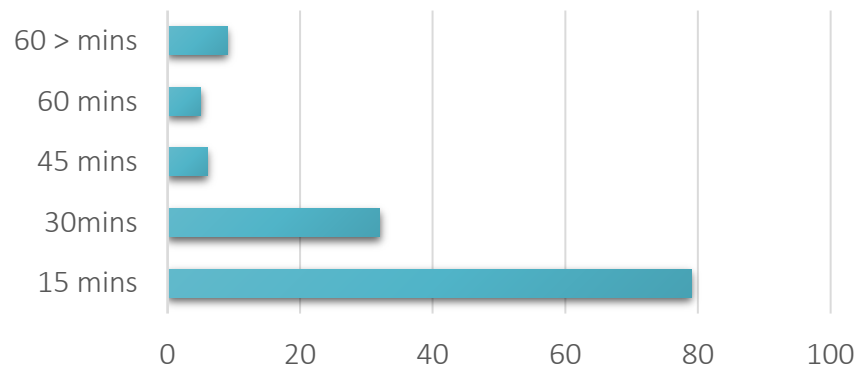
### Activity



### Reason for contact



### Time Spent with Contacts



# Crossroads

1 April 2022 – 30 June 2022

## Overview

- Crossroads has a total of 205 people utilising their services.
  - 30 Carers have ceased using the service.
  - 31 new referrals have been received.
- In most cases contact has been in relation to additional support for caring arrangements. As shown, the second most common reason for contact is for information regarding services.
- Time spent with contacts has varied although as can be seen Crossroads has been efficient and supported most enquires within 30 mins of contact.

# Orkney Young Carers

April-June 2022

Young Carer Numbers	
Juniors	Seniors
10	9

Events	
Senior 1	Senior 2
5	4
Junior 1	Junior 2
Cancelled	5

Joint Event

10



## Overview

As of the June 2022, 19 Young Carers were registered with the service, 10 Juniors and 9 Seniors.

Over this quarter the young carers took part in a number of events. The Seniors took part in a Pottery Group hosted by Robin Palmer in the old Ortak Building on the 2 April 2022 and again on the 16 April 2022.

The Juniors had two events arranged, however the needlecraft event was cancelled due to lack of numbers. On the 4 May 2022 the Juniors played Lawn bowls before going to Lucano's Italian Restaurant.

On the 23 May 2022 a joint event was held at the Orkney Youth Café where juniors and seniors came together with local company box'd pizza which was a great success.

## Impact

Barnardo's explain that "most kids take their downtime for granted" and as such when they become young carers this time can be lost, having a significant long term impact upon the child as they are more tired and tend to struggle to keep up academically, additionally they are higher risk of being bullied for being "different" or for having lower interactions amongst their peers.

By supporting these young people we reintroduced down time, supported their development and provided them with a safe place to discuss their concerns. This supports their long term development and provides a break from their caring responsibilities.



# Post Diagnostic Support

December 2021- May 2022

Number of people currently accessing Post Diagnostic Support (PDS) as of May 2022 - 33 people

Audits conducted	10
Positive Practice Identified	16
Areas for development	3

Data recorded from	Dec 21-May 22
PDS referrals	15
Wait time from Diagnosis to ref (Days)	0
Average time from referral to first contact (Days)	2
Average No. Contacts per year	36
Evaluations completed	7
Rated service "very good" in evaluation	7
Identified development from Evaluation	1
People self managing %	62.5%
People who moved into Care home %	37.5%

## Overview

Age Scotland provide Orkney with specialist post diagnostic support for those living with dementia.

The tables provide information based upon their second audit since services have began and provide insight into the difference the service is making in Orkney.

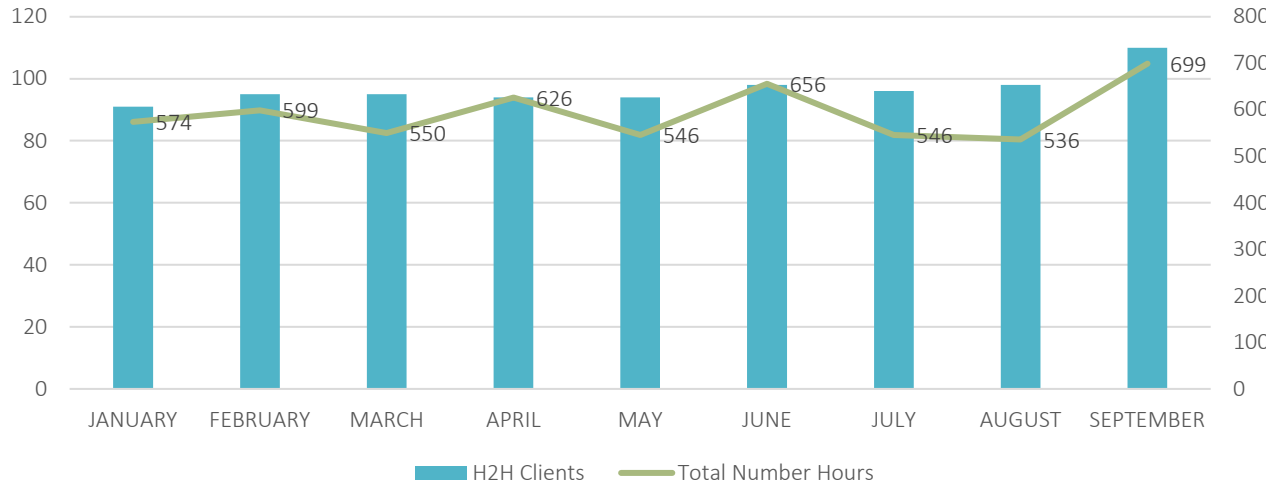
## Impact

Audits by the manager of the service have evidenced a variety of good practices (16), which are linked to positive outcomes. The audits clearly evidenced staff were well informed, integrated well between health and social care and captured the views, wants and needs of people who accessed services.

This has allowed the service to provide high quality care plans which support independence and self management. Opportunity to develop has also been captured with 3 areas identified for improvement from the audits.

# Here2Care Service

Domestic/Friendship Service



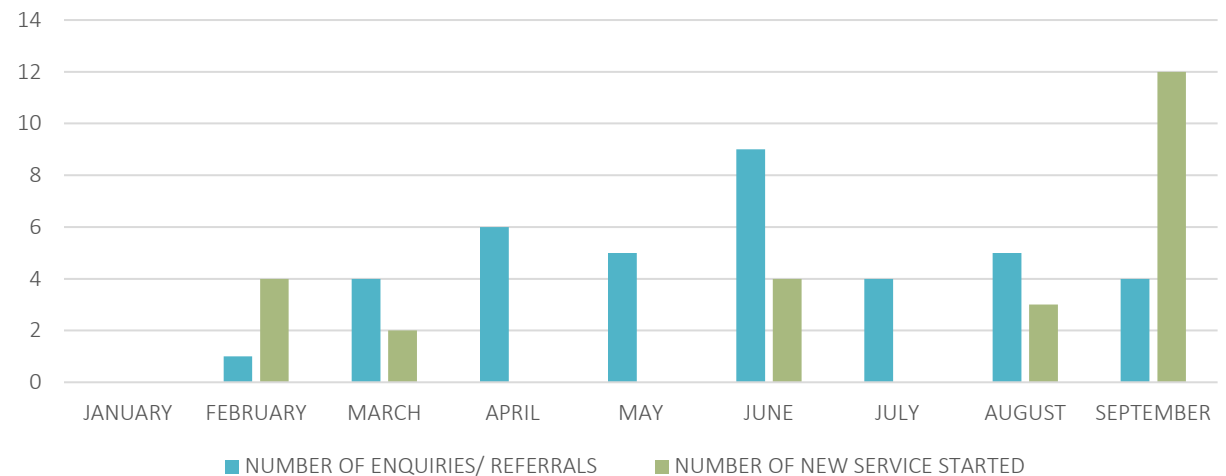
## Overview

The Here2Care service assists with tasks such as cleaning, tidying, laundry, ironing, changing bedding and preparing meals, including stocking up the freezer with home cooked dinners and also offers assistance by taking people out shopping. This is a popular service which now has over 100 clients and in September provided 699 hours of support.

## Overview

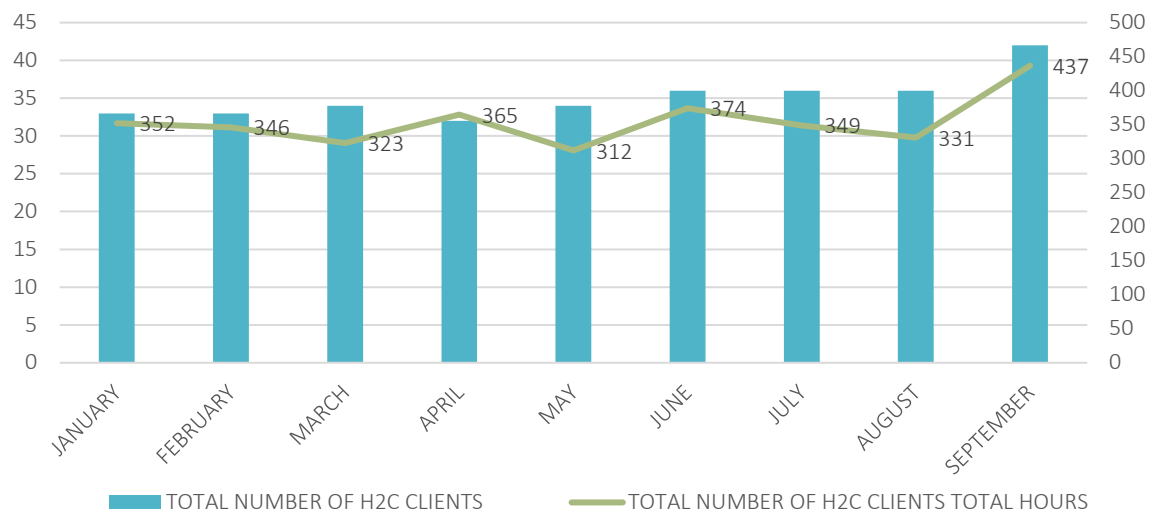
The service has grown over the year. As can be seen referrals are received regularly with the number of new starts to the service being highest in September with 12. Since January 2022 a total of 25 people have accessed this service supporting them to live independently and tackling issues such as loneliness and isolation.

Domestic/Friendship Service



# Here2Care Service

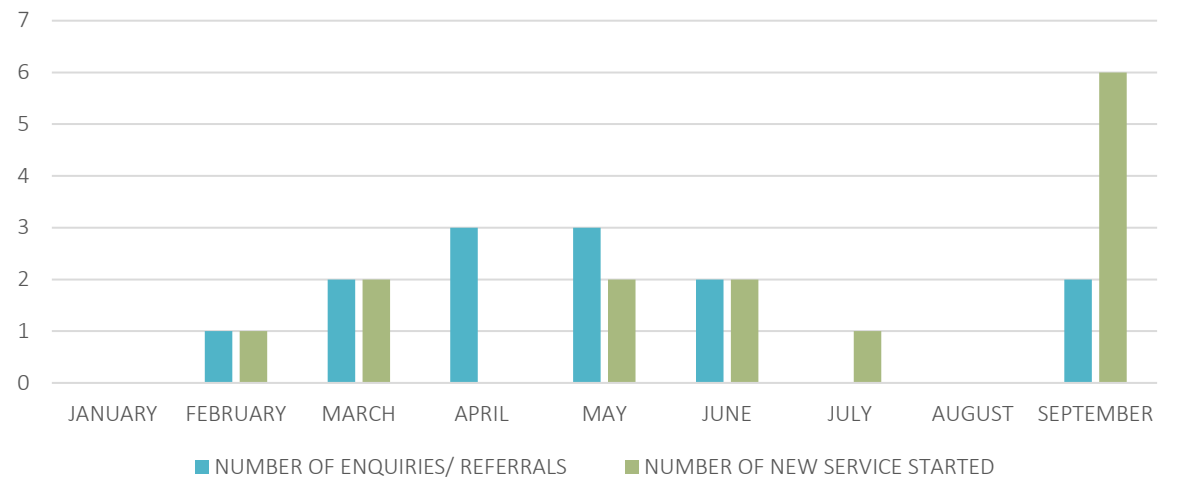
Home Care Registered Service



Overview  
 Age Scotland also provide a registered Home Care Service. This has also grown over the year to a portfolio of 42 clients who use this service, at the lowest point 312 hours of care were provided with the highest number in September of 437.

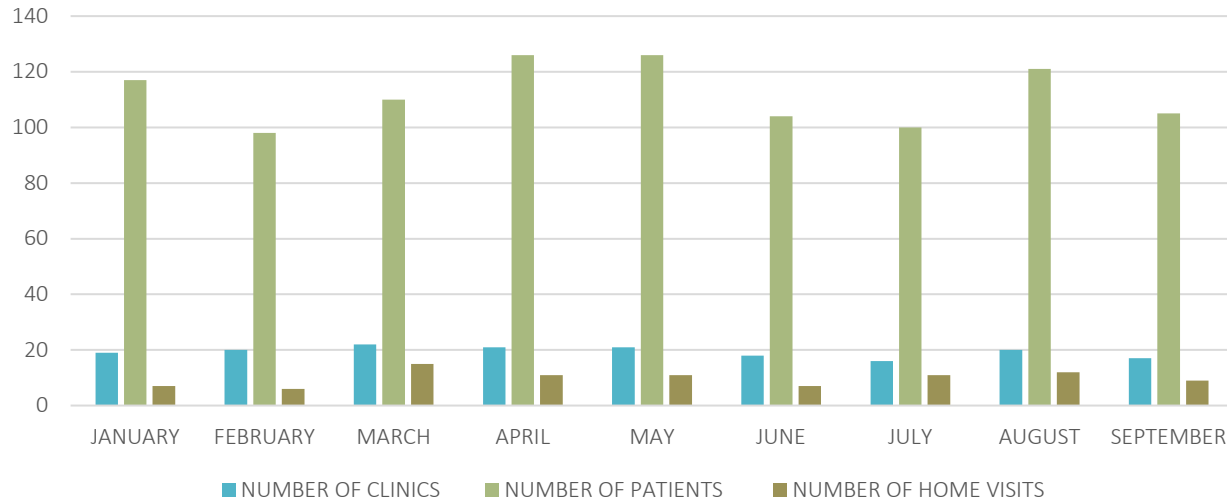
Overview  
 As with the domestic/friendship service enquires and referrals are received, this has been fairly consistent over the year with only 2 months where there were no enquires and new services started. In September the greatest number of people started service with 6 bringing the total so far this year to 14.

Home Care Registered Service



# Podiatry / Good Day Calls

Podiatry



Overview

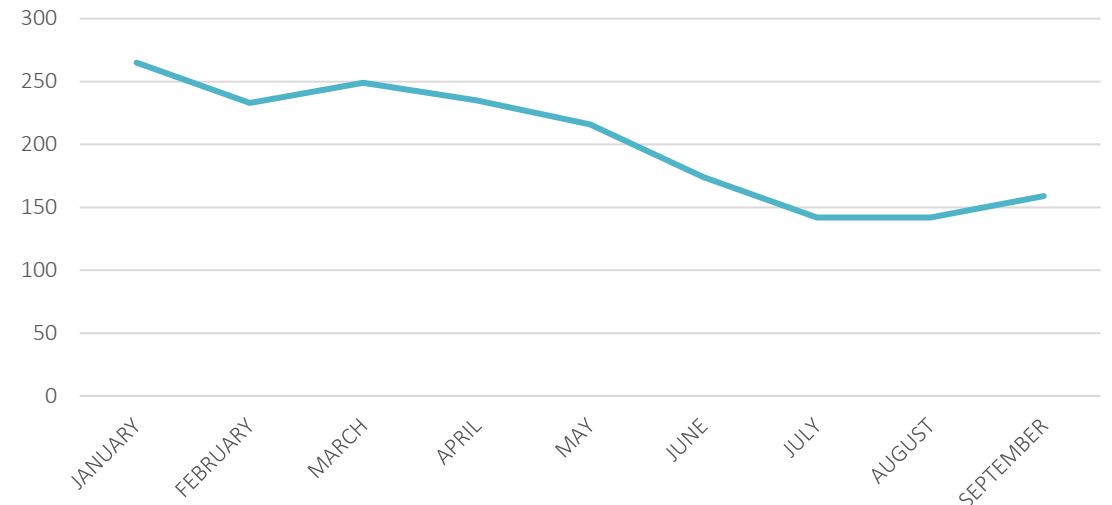
The Podiatry service has successfully ran with Age Scotland for a number of years. The data shows a number of clinics have been provided and every month 100 patients or more are cared for. As an average, between 5 and 7 people are seen per clinic.

Overview

Good day calls are a “check in” with known clients to Age Scotland. This is arranged call to support those who are vulnerable, lonely or live alone and provides much needed support to those living in isolation.

Age Scotland make a considerable number of calls a month with the lowest number of calls being 142 in July and August.

Number Of Good Day Calls Made



# Health Services

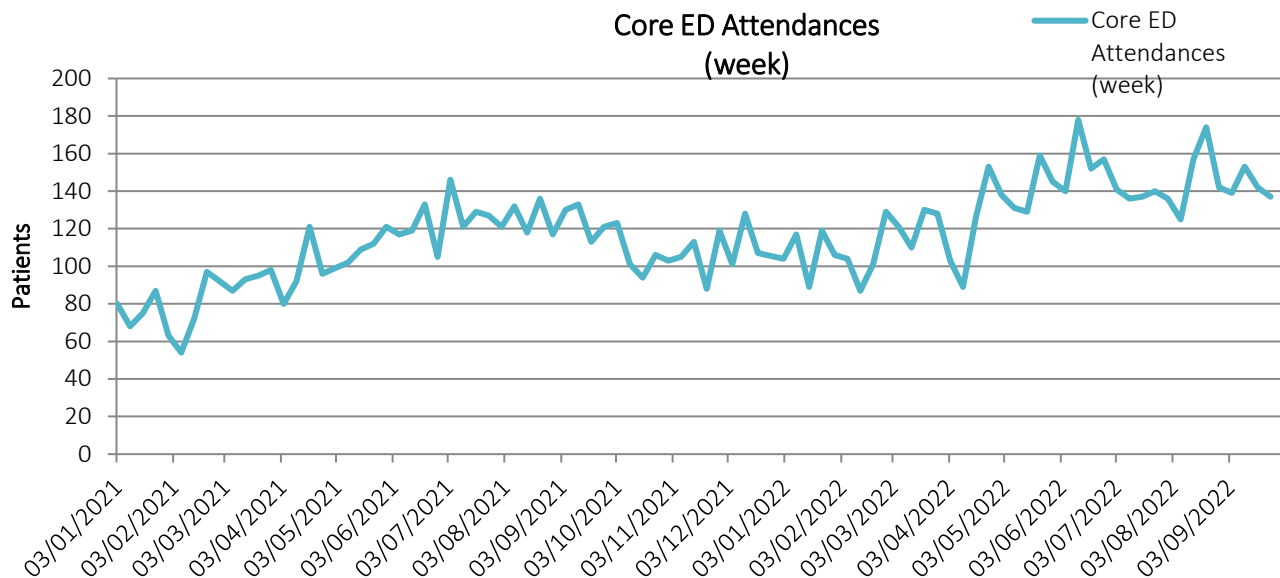
Activity Reporting



# Key Points within Health Data

1. Emergency Department attendances have increased significantly over the last two years, although this is more so a return to pre-pandemic levels.
2. Core 4-hour treatment time target at the Emergency Department remains good although there is a reducing trend in meeting this target.
3. Outpatients waiting list size is mostly sustained with a continual demand from the community.
4. Performance is improving with a reducing number of people waiting beyond Scottish Government target waiting times.
5. The number of people considered in breach of waiting times targets has reduced from 52% to 39% over what appears to be long term sustainable changes within Outpatient Services.

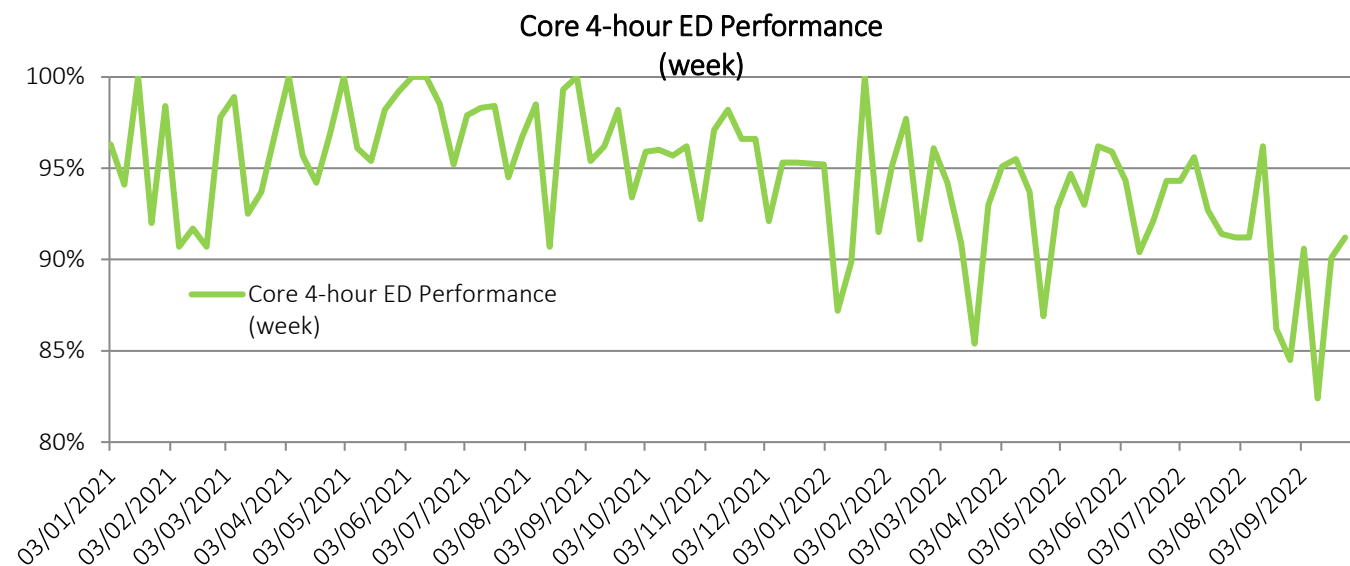
# Emergency Department



## Overview

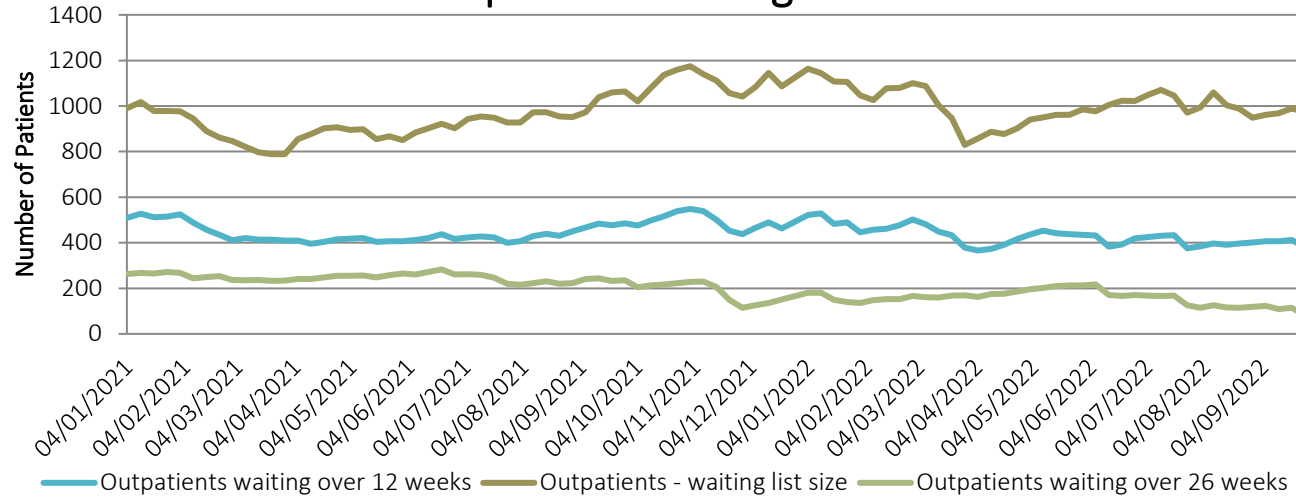
Weekly attendances at the Emergency Department are measured at NHS Orkney. As can be seen attendances have increased, this in part is a result of the easing of COVID-19 restrictions over time as attendances return to similar levels of those seen before COVID-19.

The Scottish Government have set a target of 95% of patients who attend an Emergency Department are to be seen within 4 hours. Orkney benefits from a smaller population and in league tables places very highly, often within the top 5. Generally performance is good however it would appear that from Jan 2022 onwards patients appear to be waiting slightly longer with a low of 82% of patients seen within the target time for the worst week in Sept 2022.



# Outpatient Services

## Outpatients Waiting Times



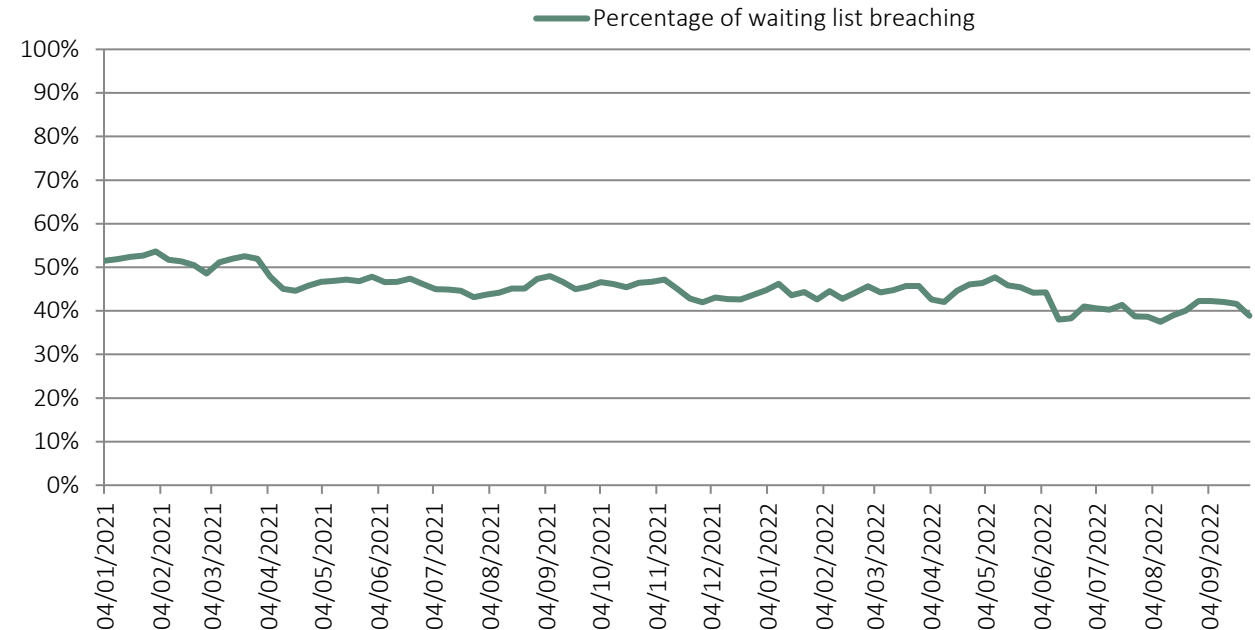
## Overview

Scottish Government set targets upon outpatient services, many of which are commissioned by the IJB. The primary target for outpatients are that 95% of patients upon a waiting list should receive an appointment within 12 weeks and 100% of patients should receive their treatment within 26 weeks.

These targets are set with the intention to reduce patient anxiety, improve the quality of life of patients, improve clinical outcomes and improve the timeliness of treatments.

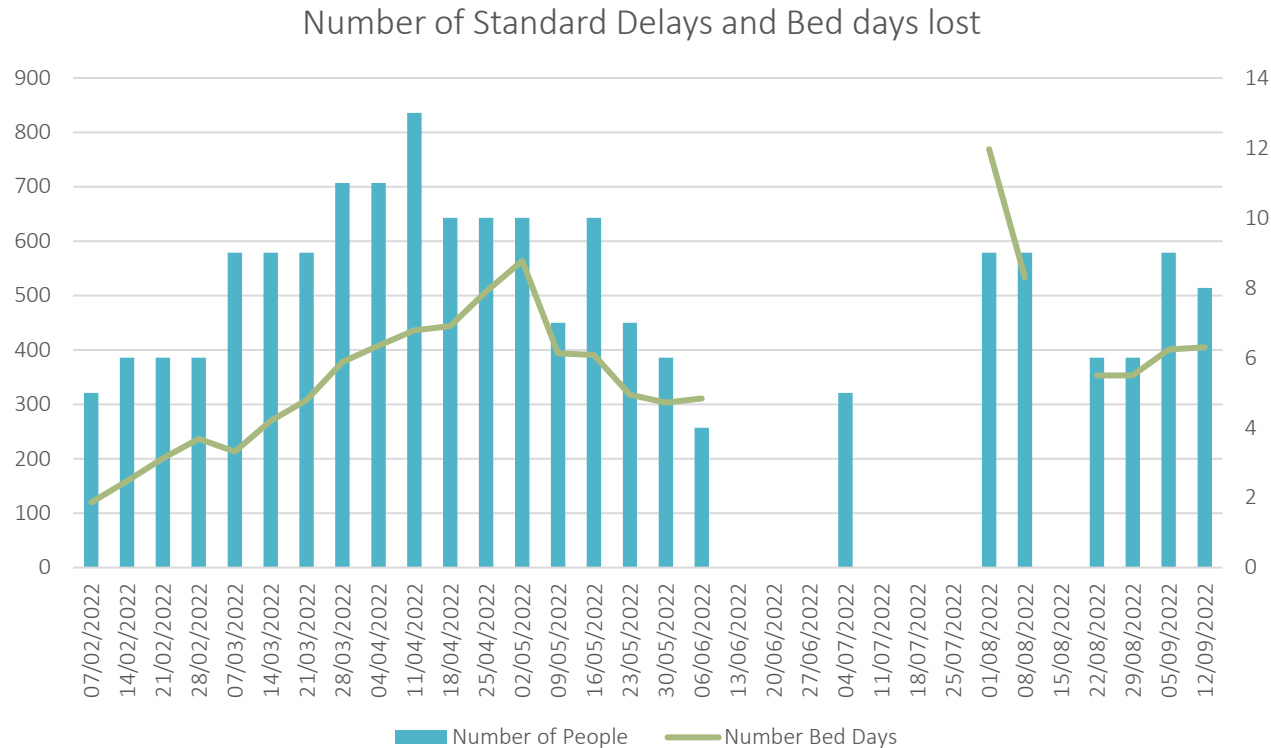
Where a patient is not seen within these timescales it is considered a breach. As can be seen NHS Orkney has worked tirelessly to reduce the number of breaches over these high demand services and has seen the % of breaches reduce from 52% in Jan 2021 to 39% in Sept 2022 with a gradual reducing trend.

## Outpatients: Percentage of Breaches





# Number of delayed discharges and bed days lost



## Overview

Delayed discharge data is received from the NHS. Due to some data difficulty there are some weeks where data was unavailable.

Over this period the highest number of people who were fit to leave hospital but unable to be discharged was 13, the lowest 4. Highest number of bed days lost was 769 and the lowest 120.

## Impact

- Higher risk of poorer outcomes for people – in a sample of 35 international studies findings showed 1 additional medical complication, on average, as a result of a prolonged delayed discharge, leading to increased need.
- Higher running costs.
- Increase demand on hospital services.