

Item: 5.2

Policy and Resources Committee: 26 November 2024.

Performance Monitoring – Orkney Health and Care.

Report by Chief Officer, Orkney Health and Social Care Partnership.

1. Overview

- 1.1. The Council Plan 2023-28, approved in March 2023, reflects national priorities set by both the Scottish and UK Governments and the core services which the Council provides day to day, as well as taking account of new duties arising from recent legislation.
- 1.2. The Delivery Plan to support the Council Plan contains a number of priority actions listed to indicate the work which will be undertaken to achieve the identified outcomes.
- 1.3. The Council Plan 2023-28 noted that each directorate will have a delivery plan describing the priorities that they will deliver.
- 1.4. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to work together to improve community health and social care services.
- 1.5. Orkney Islands Council and NHS Orkney (NHSO) agreed to adopt a Body Corporate model for their partnership, resulting in the establishment of the Integration Joint Board (IJB).
- 1.6. The Council and NHSO delegate a significant number of health services, and all social care services, to the IJB, as specified in their Integration Scheme.
- 1.7. The IJB's delivery plan is known as Orkney Health and Social Care Partnership Strategic Plan 2022 – 2025 and was approved by the IJB in June 2022.
- 1.8. The performance indicators that are the subject of this report, along with its appendices, cover those services delivered by Orkney Islands Council on behalf of the IJB.

2. Recommendations

- 2.1. It is recommended that members of the Committee:
- i. Scrutinise the performance of Orkney Health and Social Care Partnership services delivered by the Council, for the reporting period 1 April to 30 September 2024, attached as Appendix 1 to this report.
 - ii. Scrutinise the complaints and compliments made to the Orkney Health and Social Care Partnership, in the six-month period 1 April to 30 September 2024, and for the two preceding six-month periods, as set out in section 4 of this report.

3. 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. In February 2024, the Corporate Leadership Team agreed to start monitoring the Cross Council Generic Performance Indicators on a quarterly basis but to remain reporting to committee on a six monthly basis, this is why the indicator charts show statistics for six monthly periods, moving to quarterly periods.

4. Complaints and Compliments

- 4.1. Table 1, below, sets out the number of complaints and compliments, made to Orkney Health and Social Care Partnership, in the six-month period 1 April to 30 September 2024, and for the two preceding six-month periods.

Table 1.	Six-months ending 30 September 2023.	Six-months ending 31 March 2024.	Six-months ending 30 September 2024.
Complaints.	31.	15.	28.
Compliments.	72.	64.	83.

- 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.

- 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. For the period 1 April to 30 June 2024 there were a total of 15 complaints received. This represents an increase of seven compared to the previous quarter. Of the complaints received 46.57% were held by Children and Families Social Work, 33.33% by Care at Home, and 6.67% each by Adult Social Care, the Out of Hours Service, and Adult and Learning Disability Social Work. Of the total complaints in quarter 1, 46.57% have been upheld, 13.33% partially upheld, 6.67% not upheld, with the remaining 33.33% ongoing at the end of quarter 1.
- 4.5. For the period 1 July to 30 September 2024 there were a total of 13 complaints received. This represents an increase of two compared to quarter 1. Of the complaints received 54% were held by Care at Home, 15% by Children and Families Social Work, and 8% each by Adult Social Care, Telecare, Orkney Health and Care Finance, and Adult and Learning Disability Social Work. Of the total complaints in quarter 2, 38% have been upheld, 54% not upheld, and 8% are currently ongoing.

For Further Information please contact:

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Implications of Report

1. **Financial:** None arising directly from this report.
2. **Legal:** None arising directly from this report.
3. **Corporate Governance:** Not applicable.
4. **Human Resources:** Not applicable.
5. **Equalities:** An Equality Impact Assessment is not required for performance monitoring.
6. **Island Communities Impact:** An Island Communities Impact Assessment is not required for performance monitoring.
7. **Links to Council Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Council Plan strategic priorities:
 - Growing our economy.
 - Strengthening our Communities.
 - Developing our Infrastructure.
 - Transforming our Council.

8. **Links to Local Outcomes Improvement Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Local Outcomes Improvement Plan priorities:
 - Cost of Living.
 - Sustainable Development.
 - Local Equality.
9. **Environmental and Climate Risk:** Not applicable.
10. **Risk:** Risks associated with the services delivered by Orkney Health and Social Care Partnership are overseen by the IJB.
11. **Procurement:** Not applicable.
12. **Health and Safety:** Not applicable.
13. **Property and Assets:** Not applicable.
14. **Information Technology:** Not applicable.
15. **Cost of Living:** Not applicable.

List of Background Papers

Orkney Health and Social Care Partnership Strategic Plan 2022 – 2025.

Appendices.

Appendix 1: Performance Indicators.



Orkney Health and Care Performance Indicator Report

Service Performance Indicators at 30 September 2024

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%	9.57%	6.1%	RED	●																				
Comment																								
Sickness absence remained high across our services, however there has been a reduction from 10.31% to 9.57% within the last Committee reporting period. Weekly reports are now shared with the Chief Officer for oversight as well as regular reports presented to the Senior Management Team for scrutiny and to identify trends. To support staff across health and social care several activities which encourages health and wellbeing are shared. The Senior Management Team has encouraged staff to include Health, Safety and Wellbeing as standard items on team meeting agendas.																								
Trend Chart																								
<p>The trend chart displays the percentage of sickness absence over time. The y-axis represents the percentage from 0% to 12%. The x-axis shows quarters from Q2 2021/22 to Q2 2024/25. A horizontal blue line indicates the target at 4%. The actual values for each quarter are: Q2 2021/22 (10.49%), Q4 2021/22 (10.25%), Q2 2022/23 (10.64%), Q4 2022/23 (11.04%), Q2 2023/24 (11.05%), Q4 2023/24 (11.02%), Q4 2023/24 (10.31%), Q1 2024/25 (9.79%), and Q2 2024/25 (9.57%).</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr> <td>Q2 2021/22</td> <td>10.49%</td> </tr> <tr> <td>Q4 2021/22</td> <td>10.25%</td> </tr> <tr> <td>Q2 2022/23</td> <td>10.64%</td> </tr> <tr> <td>Q4 2022/23</td> <td>11.04%</td> </tr> <tr> <td>Q2 2023/24</td> <td>11.05%</td> </tr> <tr> <td>Q4 2023/24</td> <td>11.02%</td> </tr> <tr> <td>Q4 2023/24</td> <td>10.31%</td> </tr> <tr> <td>Q1 2024/25</td> <td>9.79%</td> </tr> <tr> <td>Q2 2024/25</td> <td>9.57%</td> </tr> </tbody> </table>					Quarter	Actual (%)	Q2 2021/22	10.49%	Q4 2021/22	10.25%	Q2 2022/23	10.64%	Q4 2022/23	11.04%	Q2 2023/24	11.05%	Q4 2023/24	11.02%	Q4 2023/24	10.31%	Q1 2024/25	9.79%	Q2 2024/25	9.57%
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Performance Indicator

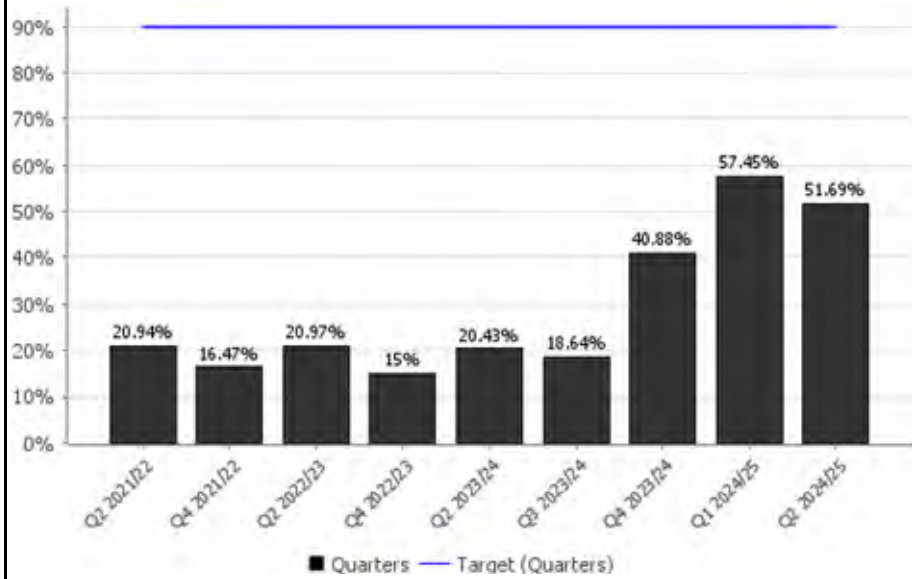
CCG 02 – Sickness absence – Of the staff who had frequent and/or long-term sickness absence (they activated the sickness absence triggers), the proportion of these where there was management intervention.

Target	Actual	Intervention	RAG	
90%	51.69%	79%	RED	●

Comment

Significant work has been undertaken since the last Committee reporting period with an increase from 40.88% reporting at the last Committee to 51.69%, with the Chief Officer now receiving weekly reports on sickness management intervention and reminders being issued to line managers to encourage compliance. There are challenges across the system on the current recording system for sickness with agency and NHS employed managers being unable to access the system to directly upload sickness and the relevant paperwork. Work arounds have been put in place, however this is dependent on a lone worker within the Strategy, Performance and Business Solutions directorate uploading records on managers’ behalf and advise when triggers have been reached. There have been further challenges with line management structures within the recording system being incorrect, work to review and update this has commenced.

Trend Chart



Performance Indicator

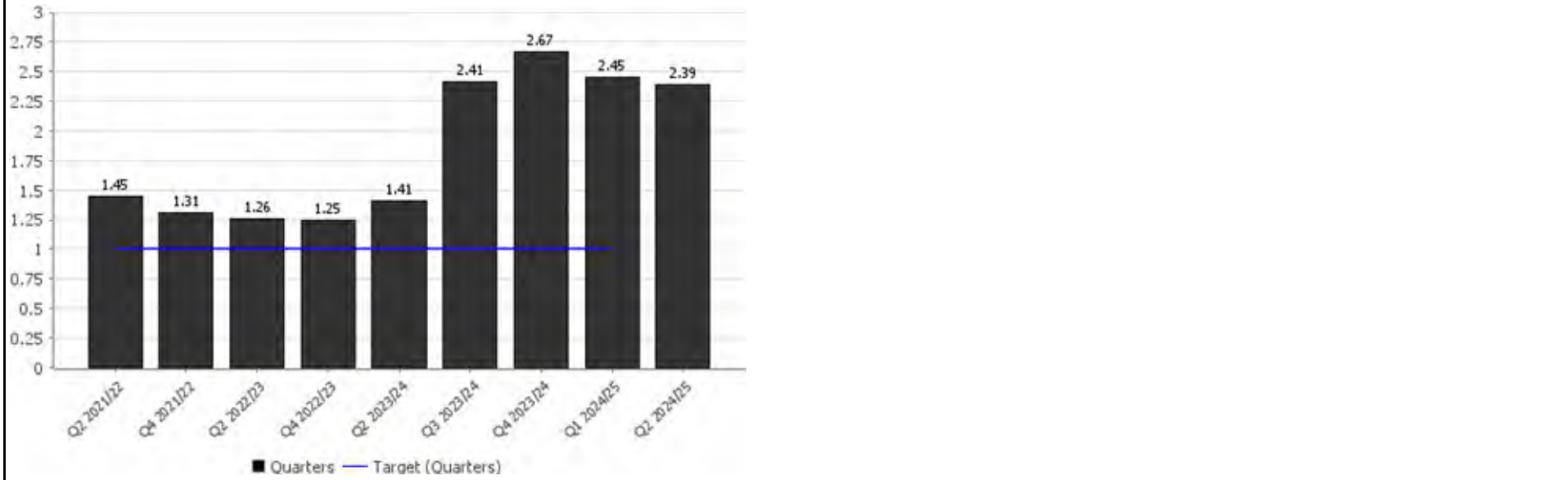
CCG 03 – Staff accidents – The number of staff accidents within the service, per 30 staff per year.

Target	Actual	Intervention	RAG	
1	2.39	2.1	AMBER	⚠️

Comment

Work within the service has been done to improve reporting processes with an increased awareness of reporting acts of violence. The terminology of ‘Acts of Violence’ is the description used by HSE guidance and includes events which are as a result of the medical conditions of service users, which causes them to behave in a manner that is out of their control when they are in distress. Safety and Resilience are investigating alternative terms and ways of recording acts of violence to separate those with intent and those that are not. They will still require to be recorded as acts of violence, however there will be the ability to separate intentional violence. There have been 40 acts of violence recorded this year so far, three falls from height, five handling, lifting and carrying, three other kinds of accident, one slip, trip and fall on the same level and one struck by moving object. There has been one RIDDOR for a fracture which has been investigated.

Trend Chart



Performance Indicator

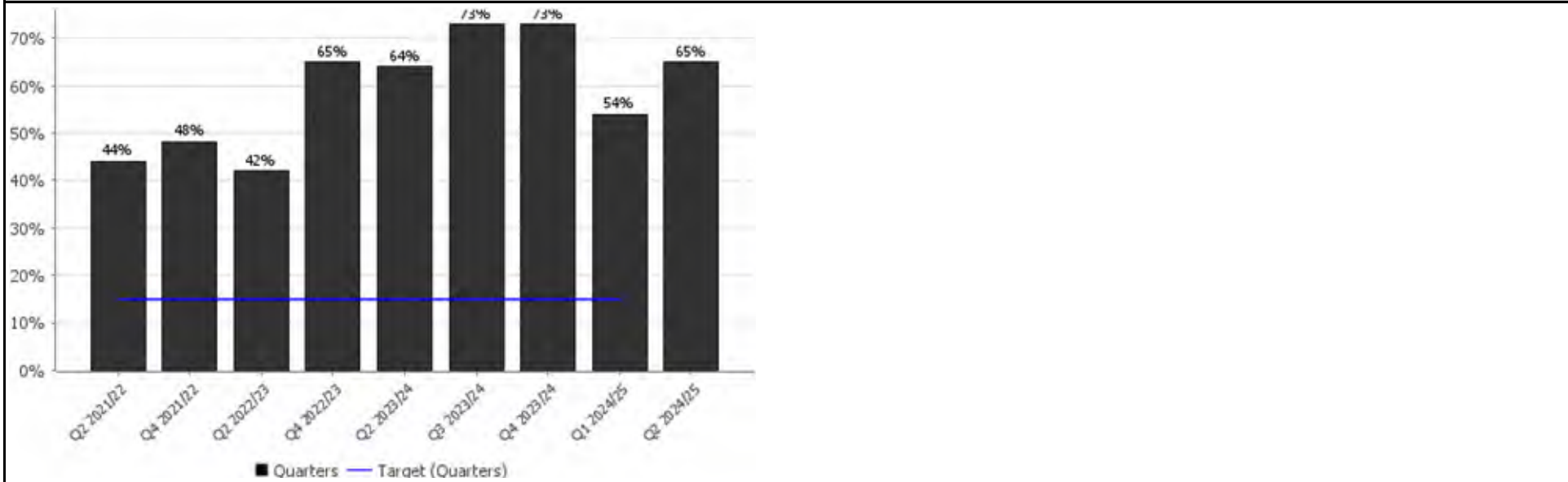
CCG 04 – Budget control – The number of significant variances (priority actions) generated at subjective group level, as a proportion of cost centres held.

Target	Actual	Intervention	RAG	
15%	65%	31%	RED	●

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 agency staff, which causes overspends. 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. However, work has been done to improve the budget profiles to reflect the actual area of spend within the budget as well as tidying up subjective coding discrepancies. All budget holders have been provided with the recent training material and guidance following the budget holder training.

Trend Chart



Performance Indicator

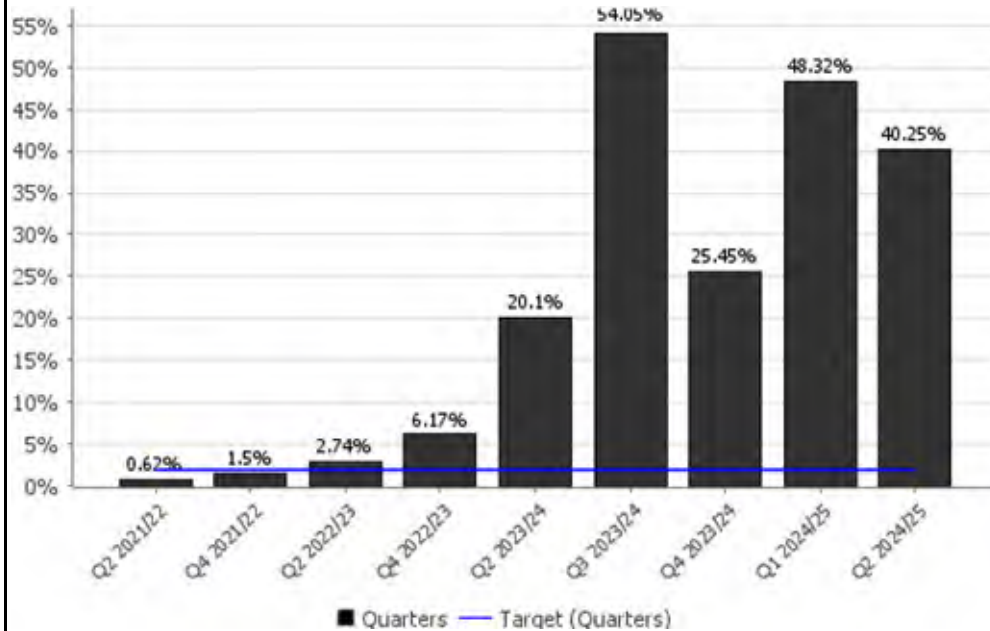
CCG 05 – Recruitment and retention – The number of advertised service staff vacancies still vacant after six months from the time of advert, as a proportion of total staff vacancies.

Target	Actual	Intervention	RAG	
2%	40.25%	4.1%	RED	●

Comment

As previously reported recruitment and retention are known issues across all Health and Social Care services. There are significant challenges being faced in relation to recruitment nationally across the Health and Social Care workforce, and Orkney is no exception. Significant progress has been made with the Growing a Sustainable Social Care Workforce Project to look at creative ways of attracting people into a career in care, or encouraging those who are no longer in a career in care to return.

Trend Chart



Performance Indicator

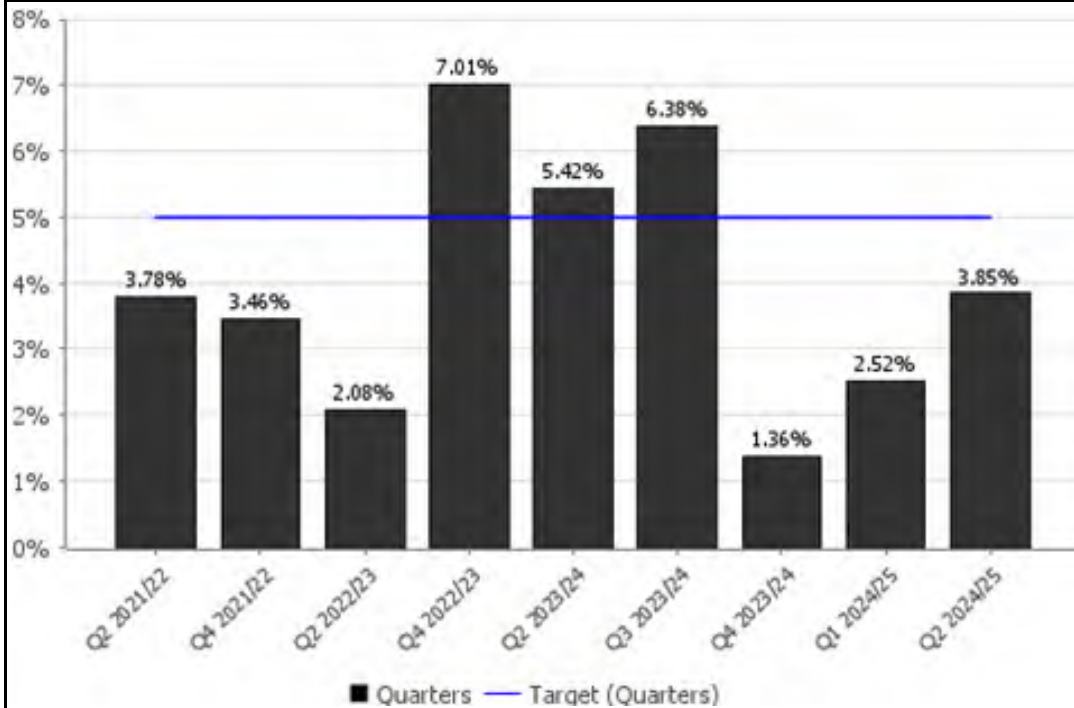
CCG 06 – Recruitment and retention – The number of permanent service staff who leave the employment of Orkney Islands Council – but not through retirement or redundancy – as a proportion of all permanent service staff.

Target	Actual	Intervention	RAG	
5%	3.85%	10.1%	GREEN	▶

Comment

Although this indicator is currently at green, work continues to be progressed within the service on retention.

Trend Chart



Performance Indicator

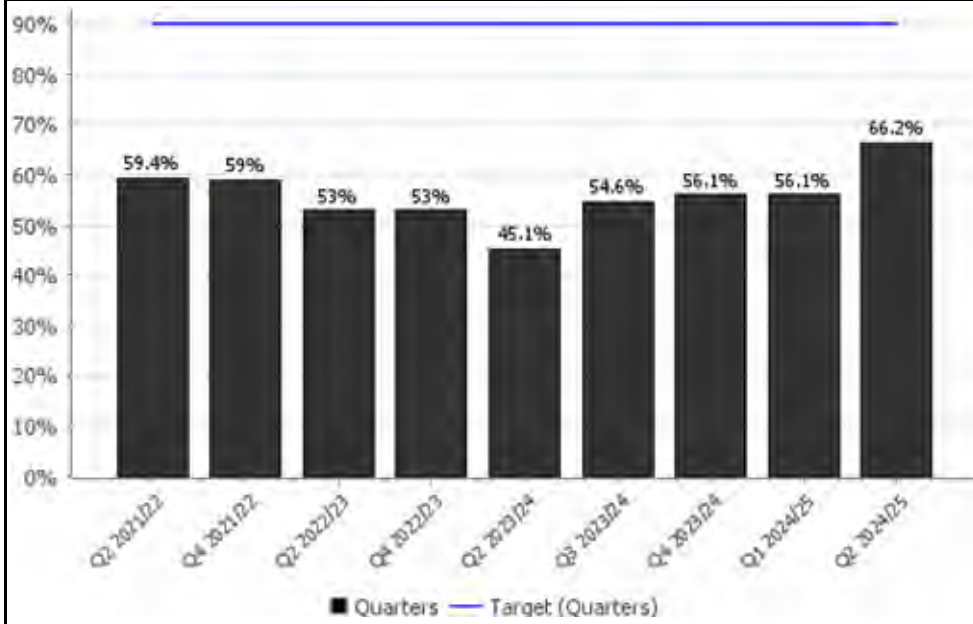
CCG 07 – Good Conversations – The number of staff who receive (at least) an annual face-to-face performance review and development meeting, as a proportion of the total number of staff within the service.

Target	Actual	Intervention	RAG	
90%	66.2%	79%	RED	●

Comment

As previously highlighted capacity within services is limited due to vacancies across the system. However, there has been an increase from 56.1% to 66.2% since the last report was presented to Committee. Managers are regularly encouraged to ensure Good Conversations are completed. 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 Good Conversations and applies solely to the Partnership. The Senior Management Team receive regular reports on completion of Good Conversations for oversight.

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%	93.5%	79%	GREEN	▶																				
Comment																								
Although this indicator is green, reminders are regularly shared with administration staff and managers on the importance of progressing invoices as timely as possible to ensure delays are kept at a minimum.																								
Trend Chart																								
<table border="1"> <caption>Quarterly Invoice Payment Performance</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q2 2021/22</td> <td>80.05%</td> </tr> <tr> <td>Q4 2021/22</td> <td>78.4%</td> </tr> <tr> <td>Q2 2022/23</td> <td>76%</td> </tr> <tr> <td>Q4 2022/23</td> <td>81.5%</td> </tr> <tr> <td>Q2 2023/24</td> <td>87.4%</td> </tr> <tr> <td>Q3 2023/24</td> <td>86.6%</td> </tr> <tr> <td>Q4 2023/24</td> <td>87.7%</td> </tr> <tr> <td>Q1 2024/25</td> <td>93.5%</td> </tr> <tr> <td>Q2 2024/25</td> <td>93.5%</td> </tr> </tbody> </table>					Quarter	Percentage	Q2 2021/22	80.05%	Q4 2021/22	78.4%	Q2 2022/23	76%	Q4 2022/23	81.5%	Q2 2023/24	87.4%	Q3 2023/24	86.6%	Q4 2023/24	87.7%	Q1 2024/25	93.5%	Q2 2024/25	93.5%
Quarter	Percentage																							
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Q4 2023/24	87.7%																							
Q1 2024/25	93.5%																							
Q2 2024/25	93.5%																							

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%	62.86%	79%	RED	●																				
Comment																								
<p>From the previous reporting period the completion rate has increased from 62.16% to 62.86% since the last Committee report. It is worth noting that this measure is subjective as unless an employee completes all training and has all training complete on the day of measurement, they are considered incomplete, which has proved challenging since reporting on this indicator. Weekly reports are presented to the Chief Officer for oversight and managers are being prompted on outstanding courses. As well as the challenges referred to in CCG 002, there have also been challenges across the system, whereby mandatory courses have been completed but are still recording as incomplete. These are being highlighted to the Organisational Development service.</p>																								
Trend Chart																								
<table border="1"> <caption>Trend Chart Data</caption> <thead> <tr> <th>Quarter</th> <th>Completion Rate (%)</th> </tr> </thead> <tbody> <tr> <td>Q2 2021/22</td> <td>41.84%</td> </tr> <tr> <td>Q4 2021/22</td> <td>26.22%</td> </tr> <tr> <td>Q2 2022/23</td> <td>24.99%</td> </tr> <tr> <td>Q4 2022/23</td> <td>50.14%</td> </tr> <tr> <td>Q2 2023/24</td> <td>46.78%</td> </tr> <tr> <td>Q4 2023/24</td> <td>51.44%</td> </tr> <tr> <td>Q1 2024/25</td> <td>62.16%</td> </tr> <tr> <td>Q1 2024/25</td> <td>68.58%</td> </tr> <tr> <td>Q2 2024/25</td> <td>62.86%</td> </tr> </tbody> </table>					Quarter	Completion Rate (%)	Q2 2021/22	41.84%	Q4 2021/22	26.22%	Q2 2022/23	24.99%	Q4 2022/23	50.14%	Q2 2023/24	46.78%	Q4 2023/24	51.44%	Q1 2024/25	62.16%	Q1 2024/25	68.58%	Q2 2024/25	62.86%
Quarter	Completion Rate (%)																							
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Q1 2024/25	62.16%																							
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Q2 2024/25	62.86%																							

RAG key:

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

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

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