

Item: 5

Orkney Health and Care Committee: 12 September 2019.

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 2018 to 31 March 2019.

2. Recommendations

The Committee is invited to scrutinise:

2.1.

The performance of Orkney Health and Care for the reporting period 1 October 2018 to 31 March 2019, as set out in section 5 and Annexes 1 and 2 of this report.

3. Strategic Commissioning Plan – Performance Reporting

3.1.

The Action Plan, attached as Annex 1 to this report, provides the detail of the agreed service priorities contained within the Strategic Commissioning Plan 2017 to 2019. There has been some dialogue about the continued relevance of some of the set priorities and a significant number remain as Red.

3.2.

The Strategic Plan for 2019 onwards has been the subject of a 12 week consultation period. Staff from Orkney Health and Care have endeavoured to go to places where people and communities naturally gather, in order to engage about many things but in particular about the Strategic Plan. This has seen a presence at all agricultural shows this summer, a day at Stromness Shopping Week and a Saturday spent engaging with shoppers in Tesco foyer. The Strategic Plan has also been promoted in the Orcadian and an interview on BBC Radio Orkney.

3.3.

There has been a good response to the consultation and all comments, feedback and suggestions have been collated. A small officer team met to consider all of the responses and to use them to shape the final draft. This final draft will be presented to the Integration Joint Board on 2 October 2019 for final approval.

3.4.

Within that report to the Integration Joint Board, recommendations on how to develop a new action plan to ensure the ongoing progress is reported, will be discussed. This will also consider how outstanding plans may be dove tailed with new priorities or closed if no longer relevant.

4. 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 2.

5. Complaints and Compliments

5.1.

Table 1 below sets out the number of complaints and compliments made to Orkney Health and Care in the six-month period 1 October 2018 to 31 March 2019, and for the preceding two six-month periods.

Table 1.	Six months ending 31 March 2018.	Six months ending 30 September 2018.	Six months ending 31 March 2019.	Totals.
Complaints.	6. (stage two) 3. (stage one)	9. (stage two) 15. (stage one)	5. (stage two) 17. (stage one)	20. (stage two) 35. (stage one)
Compliments.	15.	20.	2.	37.

5.2.

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 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.

5.3.

There is no discernible relationship in terms of the types of complaints received over the monitoring period.

6. Human Resource Implications

The performance indicators on staff sickness absence and Employee Review and Development completion are areas for improvement. Work in conjunction with Human Resources is planned to see what approaches can be put in place to improve performance within the Service.

7. 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. That said, the Strategic Commissioning Plan and Service Plans have been developed taking cognisance of the Council's policies as outlined in the Council Plan.

8. Financial Implications

There are not anticipated to be any significant financial implications arising as a result of the recommendations of this report.

9. Legal Aspects

The Council's performance management systems help the Council to meet its statutory obligation to secure best value.

10. Contact Officer

Sally Shaw, Chief Officer/Executive Director, Orkney Health and Care, extension 2601, Email sally.shaw@orkney.gov.uk

11. Appendices

Appendix 1: Summary of the performance of Orkney Health and Care against the targets within the Strategic Commissioning Plan Actions.

Appendix 2: Summary of the performance of Orkney health and Care against its performance indicators.

Appendix 1: Strategic Commissioning Plan

The following actions are taken from the 2017-2019 Strategic Commissioning Plan Refresh.

Please note – work to ensure targets are SMART to support evidence based planning and effective scrutiny is ongoing and, in some cases, it is not possible to provide performance information against the current targets as set. Where detailed information is available this has been provided and in some cases the RAG system has been used to provide high level feedback where detailed targets and assessment are not yet available. The next iteration of this performance report will use more measurable targets and will therefore be more detailed and specific.

The outcome the Board is commissioning.	How this is to be achieved – specific commissioning directions.	Link to national and/or local priorities.	What the target is.	RAG.	Comment.
Criminal Justice Social Work Services.					
The Board requires the services it commissions to plan and deliver with a greater emphasis on collaborative working by working in partnership with relevant local and national stakeholders to embed the Orkney Community Justice Partnership and support delivery of the four national priorities for community justice	The services the Board commissions that relate to community justice to engage in the Care Inspectorate framework of self-evaluation in relation to community justice delivery and the outcome of the self-evaluation to be reported to the Board.	National Health and Wellbeing Outcome numbers 8 and 9. Community Justice (Scotland) Act 2016.	Report the self-evaluation to the Board by 31 March 2019.	Green.	Initial Self-Evaluation was presented to the Integration Joint Board on 27 March 2019. Document will be reviewed by Community Justice Partnership before submission to Care Inspectorate.

The outcome the Board is commissioning.	How this is to be achieved – specific commissioning directions.	Link to national and/or local priorities.	What the target is.	RAG.	Comment.
<p>Improve community understanding and participation.</p> <p>Strategic planning and partnership working.</p>					
Primary and Community Care Services.					
<p>The Board requires the planning of care and support services for people to be focused on promoting people's independence and choice and including individuals directly in planning their care.</p>	<p>A clear process will be put in place to enable Anticipatory Care Plans (ACPs) to be an effective tool in supporting people to consider and plan their own care. The process will include ensuring the key aspects of the plans can be shared with those who need to know.</p>	<p>National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9.</p> <p>Joint Inspection of Services for Older People Recommendation.</p>	<p>An increase in number of eKIS records being sent from primary care and viewed within secondary care.</p> <p>ACPs in place for 25% of high value individuals by 31 March 2018 and 50% by 31 March 2019.</p>	Red.	<p>OHAC has successfully recruited a Clinical Director and this work will be refreshed and taken forward when they commence employment in September/October 2019.</p>
	<p>People with more than one long term condition will be offered a holistic review, rather than separate condition specific reviews.</p>	<p>National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9.</p>	<p>Baseline of holistic reviews to be established as starting point by 30 September 2017 and</p>	Red.	<p>Chief Officer is progressing this with discussions with the Director of Nursing, Midwifery</p>

The outcome the Board is commissioning.	How this is to be achieved – specific commissioning directions.	Link to national and/or local priorities.	What the target is.	RAG.	Comment.
			improvement target set from there.		and Allied Health Professionals.
The Board will see the health and wellbeing of people who require support to live at home promoted and their support needs met in an appropriate manner through the provision of adequate effective services.	There will be a review of unscheduled health and social care services provided out of hours including GP services and a change plan brought forward informed by this review.	National Health and Wellbeing Outcome numbers 2, 3, 4, 5, 6, 7, 8 and 9.	Report by 30 Sept 2017. 85% of action plan actions completed within identified time frames.	Red.	This will be taken forward in the new priorities, under the revised Strategic Plan and specifically through the Primary Care Improvement Plan
	A local phototherapy service is to be made available through primary care to reduce the need for people to travel to Aberdeen for treatment.	National Health and Wellbeing Outcome numbers 3, 8 and 9.	Demonstrated shift in service delivery proportions towards services closer to home.	Green.	All agreements are now in place and is operational.
The Board requires services it commissions to work closely with NHS Orkney's inpatient services to ensure that transitions between home and care settings, or care setting to care setting, are	The Hospital Discharge Planning policy and processes will be updated and awareness of them promoted. A gap analysis is to be undertaken in relation to services to support	National Health and Wellbeing Outcome numbers 3, 4, 6, 8 and 9. National Health and Wellbeing Outcome numbers 2, 3, and 6.		Green	

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carefully planned and undertaken so that they promote people's welfare and minimise stress and distress.	people to make transitions from hospital to home including transport and collection of any necessary medication arrangements, in order to inform further planning decisions.				
The Board wishes to be assured that appropriate action is taken to support the welfare and safety of adults who are identified to be at risk through Adult Protection processes.	The Single Shared Assessment (SSA) will be used appropriately across health and social care services, minimising the amount of repeat assessment that takes place and maximising effective and appropriate information sharing.	National Health and Wellbeing Outcome numbers 2, 3, 4, 6, 8 and 9.	Improve on baseline by 31 Mach 2018.	Green.	The Single Shared Assessment is in use across OHAC teams, including hospital based and community nursing teams in formats accessible to them.
The Board expects service delivery models to be tested and developing away from traditional and 'silo' approaches towards more flexible and sustainable approaches, focused on meeting the	Work with the Scottish Fire and Rescue Service to pilot different job roles / different ways of working in remote areas.	National Health and Wellbeing Outcome numbers 2, 3, 4, 8 and 9.	Project plan by 30 June 2017.	Green.	Seven first responders have been recruited.
	Further work is required to understand how	National Health and Wellbeing	Further report by 30 June 2017	Red.	Chief Officer has re-established links

The outcome the Board is commissioning.	How this is to be achieved – specific commissioning directions.	Link to national and/or local priorities.	What the target is.	RAG.	Comment.
needs and supporting the welfare of people.	different ways of supporting the small percentage of the population who make use of the largest proportion of services could be put in place. As a first step the Board wishes to see the data analysed further and reported to the Strategic Planning Group.	Outcome number 9.	and further actions to be developed from there.		with the iHub and with the Scottish Government's Information Services Division (ISD). ISD has not been able to support us fully for some time.
The Board requires the planning of care and support services for people to be focused on promoting people's independence and choice and including individuals directly in planning their care.	An action plan will be agreed to ensure the principles of the Active and Independent Living Programme underpins service provision in Orkney.	National Health and Wellbeing Outcome numbers 1, 2, 4 and 9.	Assurance that work is progressing in line with national plan through reporting on the action plan by 31 December 2017.	Green.	Dementia diagnosis pathway now agreed and in place between the CMHT and GP Cluster. The prevalence at May 2019 is 0.71 and total number of 154.
	People with long term conditions will be supported to avoid deterioration in their conditions through the	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9.	Reporting as developed for diabetes by 30 December 2017.	Green.	A workshop has been held and close working with KGS on preventative

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	development of clear care pathways and direction to tailored support which can be accessed following diagnosis.		1 further area by 31 March 2018. 1 further area by December 2018.		measures and better understanding on diabetes.
Services for People with Learning Disabilities.					
The Board will work to see health inequalities experienced by people with learning disabilities addressed and their physical and mental health and welfare promoted.	This will be achieved by: <ul style="list-style-type: none"> • Identifying the learning disabled population within each GP practice and offering annual health checks to these individuals. • Designing a process and assessment tool that is appropriate. • Developing and monitoring ongoing individualised Health Action Plan process following each initial health check. 	National Health and Wellbeing Outcome numbers 1, 2, 4, and 5.	A database of people with learning disabilities with a record of health check uptake and completed individual Health Action Plans – one off. Annual monitoring and evaluation of the above. Easy read literature about screening programmes for people with a	Amber.	New priorities to be established through the Refreshed Strategic Plan and more specifically through the refreshed All Age Learning Disability Strategy that will soon be out for consultation.

The outcome the Board is commissioning.	How this is to be achieved – specific commissioning directions.	Link to national and/or local priorities.	What the target is.	RAG.	Comment.
	<ul style="list-style-type: none"> Through subsequent health check. 		Learning Disability will be made available through public health and learning disability services working together – one off.		
Mental Health Services.					
The Board will support the mental welfare of children and young people.	The Child and Adolescent Mental Health (CAMHS) Clinical Associate in Applied Psychology (CAAP) post outcomes / impact is to be evaluated and reported to the Board, to inform further investment decisions.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, and 9.	Evaluation report to Board by 31 December 2017.	Red.	External scrutiny of psychological services was undertaken by Professor Power in July 2018. The CAHMS CAAP was found to be working both efficiently and effectively. The contribution made by the CAAP has contributed to the improved access to CAMHS services.

The outcome the Board is commissioning.	How this is to be achieved – specific commissioning directions.	Link to national and/or local priorities.	What the target is.	RAG.	Comment.
					<p>More formal review of outcomes is still pending due to resource pressure.</p> <p>Following a successful proposal submitted to NES, funding has been made available for a 0.5 FTE early interventions CAMHS CAAP post at band 7 until March 2021.</p> <p>Following interviewing, the successful candidate is starting in June 2019.</p> <p>The Mental Health Strategy will be coming to the IJB prior to going out for consultation.</p> <p>This important</p>

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					strategy will help shape future priorities.
	The NHS standard for access to CAMHS services is to be met.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, and 9. NHS delivery standards.	90% of children and young people will wait no longer than 18 weeks from referral to treatment by the CAMHS service.	Red.	Waiting times are increasing due to a lack of resource following the adult Community Mental Health Nurse who was transferred to CAMHS leaving this post. At present, there is only 1 full time CAMHS nurse, 1 0.4 FTE CAAP and 1 0.2 FTE Trauma Co-ordinator. The current waiting list shows that the longest wait for CAMHS is 27.5 weeks. The patient was offered a referral to OACAS for interim treatment but

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					<p>refused. There are 3 additional breaches currently recorded which are due to being on a waiting list for specialised EMDR treatment. There is currently only one specialist in Orkney who can provide this. The CAMHS Consultant for Orkney is being changed.</p> <p>As above re Mental Health Strategy</p>
<p>The Board will support people with dementia on a pathway from diagnosis through to the provision of ongoing support.</p>	<p>The new local dementia action plan, reflecting the new national strategy, is to be completed and publicised including clear timescales.</p>	<p>National Health and Wellbeing Outcome numbers 1, 2, 3, 4 and 9. NHS delivery standards.</p>	<p>Action Plan by 30 June 2017. 80% of actions completed on time.</p>	<p>Red.</p>	<p>Work still being progressed by the dementia nurse specialist.</p> <p>There is an action plan in place. This is a comprehensive plan which includes both short and longer term</p>

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					<p>initiatives. The aim is to achieve all of these actions within the duration of the national strategy, which is by 2020.</p> <p>Community actions are progressing in line with priorities identified.</p> <p>There have been positive steps forward in access to CST (Cognitive Stimulation Therapy) which will be delivered jointly by Age Scotland Orkney and Voluntary Action Orkney and HBMR (Home Based Memory Rehabilitation) which OTs have accessed training to facilitate delivery</p>

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					<p>to appropriate patients.</p> <p>The model of post diagnostic support has been agreed in draft form by relevant stake holders. This forms part of the complete integrated care pathway which is ready to be forwarded for necessary approval. The pathway supports multi agency collaboration and significant step forward in streamlining processes to expedite the diagnostic pathway. This includes the option</p>

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					<p>for GPs to refer directly for imaging simultaneous to CMHT referral. Recruitment of a PDS worker will be essential to deliver support in line with the pathway.</p> <p>Due to lack of capacity the inpatient work has not been able to progress as planned. The transition to the new hospital needs to be prioritised at present.</p> <p>Following this there are plans to discuss the optimum mechanism to progress actions for the identified priority areas. The</p>

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					<p>areas prioritised are: 1) A pathway to reduce adverse outcomes of admission for vulnerable patients</p> <p>2) Delirium prevention, diagnosis and management.</p>
	<p>The dementia care pathway is to be updated and awareness of it raised with relevant staff.</p>	<p>National Health and Wellbeing Outcome numbers 1, 2, 3, 4 and 9.</p> <p>Joint Inspection of Services for Older People Recommendations.</p>	<p>Pathway in place by 30 June 2017.</p> <p>Awareness raising completed by 30 September 2017.</p> <p>Increase on current diagnosis rate of 0.6 per 100 to national average of 0.8 per hundred by end of plan. Next</p>	<p>Amber.</p>	<p>Work still being progressed by the dementia nurse specialist.</p> <p>A draft pathway has been developed and is ready to be forwarded for appropriate approval and adoption. The pathway will be reviewed at 6 months and 1 year following initial implementation to</p>

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			reported 31 March 2018.		<p>ensure person centred, effective and efficient services and supports are in line with evidence based practice and grass roots perspectives.</p> <p>Recruitment of a PDS worker will be essential to deliver support in line with the pathway.</p> <p>A significant piece of work has been undertaken to accurately report on diagnostic rates. This is almost complete but there are still a few surgeries who are not included in the total numbers. To date the number of people recorded as</p>

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					having a diagnosis has increased to 146. This reflects a steady increase from 0.59% to 0.67 per 100 population between August 2017 and April 2019. Diagnostic rates from January/February 2019 reflect a 100% increase in the number of people diagnosed, compared to the same period last year.
	A standardised model of post diagnostic support for people with dementia is to be put in place.	National Health and Wellbeing Outcome numbers 1, 2 and 9. Joint Inspection of Services for Older People Recommendation	Model by 31 July 2017.	Amber.	The model of post diagnostic support has been agreed in draft form by relevant stake holders. This forms part of the complete integrated care

The outcome the Board is commissioning.	How this is to be achieved – specific commissioning directions.	Link to national and/or local priorities.	What the target is.	RAG.	Comment.
					<p>pathway which is ready to be forwarded for necessary approval.</p> <p>Recruitment of a PDS worker will be essential to deliver support in line with the pathway.</p>
<p>The Board wishes to see provision of appropriate services to support people with mental ill health through the development of a new, sustainable, model of service delivery that provides access to the right level of care at the right time.</p>	<p>Maximise the use of technology to enable consultations and other forms of intervention to take place virtually, in order to improve speed of access to the right services and reduce unnecessary travel.</p>	<p>National Health and Wellbeing Outcome number 9.</p>	<p>Increase use from current level.</p> <p>Increased uptake of NHS24 telephone CBT service from current base line.</p>	<p>Amber.</p>	<p>Work is underway to develop a telemedicine option for dementia specific consultant psychiatrist interaction. This is progressing as a Consultant who is willing to undertake this work has been identified.</p> <p>Work has commenced on the use of more evidenced based groups for the</p>

The outcome the Board is commissioning.	How this is to be achieved – specific commissioning directions.	Link to national and/or local priorities.	What the target is.	RAG.	Comment.
					treatment of common mental health conditions. Initial planning was held on 10/09/18 and a follow-up meeting is planned in three weeks for feedback on initial actions.
	The processes used in the delivery of community mental health team services to be reviewed to ensure efficiency using recognised Demand, Activity, Capacity and Queue (DCAQ) approach. Work to be completed with the new Mental Health Access Improvement Programme for Psychological Therapies and Child and	National Health and Wellbeing Outcome numbers 8 and 9.	Analysis undertaken by 31 August 2017. 85% of resulting actions delivered in line with timescales.	Red.	This has not commenced due to capacity issues. This work needs to be undertaken when resources allow this to be attended to in a meaningful and worthwhile way.

The outcome the Board is commissioning.	How this is to be achieved – specific commissioning directions.	Link to national and/or local priorities.	What the target is.	RAG.	Comment.
	Adolescent Mental Health Services.				
Substance Misuse Services.					
The Board will commission appropriate recovery based treatment services to support people with substance misuse issues.	Targets for Alcohol Brief Interventions (ABIs) are to be delivered in the three priority areas namely antenatal services, primary care and Accident and Emergency services.	National Health and Wellbeing Outcome numbers 1, 4, 5, and 9. NHS delivery standards.	ABI delivery target 80% met in priority areas.	Red.	The first quarter of ABI data collated between April to June 2018 provided that a total of 102 ABIs were delivered of which 28 were delivered within the priority settings. The overall target remains achievable however the trajectory for delivery within the priority settings is under. Ongoing work with Primary Care services is taking place including the launch of a local e-

The outcome the Board is commissioning.	How this is to be achieved – specific commissioning directions.	Link to national and/or local priorities.	What the target is.	RAG.	Comment.
	Development of multiagency and anticipatory care planning for individuals who have multiple admissions related to alcohol.	National Health and Wellbeing Outcome numbers 1, 2, 4, and 9.	10% reduction on current base line 2016 – 2017 bed day usage.	Amber.	Learning module on LearnPro. ADP to agree proposal for a worker to support those individuals who present at A&E regularly due to alcohol and drug issues. Their remit will include ensuring multi-disciplinary involvement at an early stage.
Services and Support for Unpaid Carers.					
The Board will develop an approach that makes it easier for unpaid carers to identify themselves as such, and identify themselves to services in order that their support needs can be assessed.	A means is to be developed for unpaid carers to undertake and submit an initial level self-assessment.	National Health and Wellbeing Outcome numbers 1, 4 and 6.	Form devised by 30 June 2017. Base line to be established in initial year.	Green.	Form is available and in use in electronic and paper formats. Leaflets to inform of this are given to all clients/carers associated with Adult referrals. Teams have been

The outcome the Board is commissioning.	How this is to be achieved – specific commissioning directions.	Link to national and/or local priorities.	What the target is.	RAG.	Comment.
					trained to facilitate this process.
The Board will make training available to staff working in health and social care services and those in the third sector that raises awareness of the importance of the role of unpaid carers.	Equal Partners in Care (EPiC) training to be promoted to people working in a health or care setting, or services, and those with an interest in supporting unpaid carers.	National Health and Wellbeing Outcome numbers 6 and 8. The Carers (Scotland) Act 2016.	Increase on baseline number of completions – target to be defined.	Green.	Some aspects of EPiC are now available for NHS staff. Further work required via Carer Strategy Group.
Cross Service Matters and Underpinning Areas of Work					
The Board wishes to see people who need support during the day able to access services that are focused on re-ablement and enablement and services that are in line with up to date models of care provision and therefore will commission a review of the current model of day service / day opportunity provision across all service areas. The IJB wishes to be	A review report and options appraisal will be made available to the IJB by 31 September 2017.	National Health and Wellbeing Outcome numbers 1, 2, 4, 5 and 9.	An options appraisal report underpinned by a needs assessment and EQIA will be made available to the IJB by 30 September 2017. Further action to be defined following the receipt of the report.	Red.	This will transfer to the new performance reporting through Community Led Support and through the priority to review current models of care.

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presented with potential options for change and to see the report consider efficiencies within the service and will seek to disinvest in spend on maintaining traditional buildings based services in favour of other more diverse models.					
The Board wishes to see staff in the services it commissions able to benefit from the opportunity work more closely together, to share information and learn together, and to plan and deliver services in a seamless way wherever possible.	Opportunities to co-locate staff from a range of disciplines to be maximised.	National Health and Wellbeing Outcome numbers 8 and 9.	Increase on current baseline.	Green.	The staff do not always need to be co-located to plan and deliver services together. There is an increased ability, especially with the new hospital and healthcare facility, to hot desk and work more closely together, this includes admin, practitioners and managers.

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The Board will support people who need assistance to engage with services and represent their views through the provision of an appropriate independent advocacy service.	Updated local advocacy three-year plan 2017 – 2020 to be delivered.	National Health and Wellbeing Outcome numbers 3. A range of legal duties for the provision of independent advocacy services.	85% of action plan targets being delivered on time up to end of plan.	Amber.	Work currently being undertaken in collaboration with procurement services to define a more robust specification for children and young people’s advocacy services. A timeline for this is being drawn together.
The Board wishes to see staff in the services it commissions able to benefit from the opportunity work more closely together, to share information and learn together, and to plan and deliver services in a seamless way wherever possible.	Opportunities to make appropriate information sharing, and mobile and efficient working, easier through IT solutions to be maximised.	National Health and Wellbeing Outcome numbers 8 and 9.	Monitoring of delivery on action in joint plan in line with timescales – further targets to be defined.	Amber.	Work progressed where possible but technical issues remain - OIC and NHSO continue to liaise to finding potential solutions.

Key:

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

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

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

Annex 2

Orkney Health and Care – Service Performance Indicators for Six Months Ending 31 March 2019

Performance Indicator	Lead	Previous Period September 2018		Current Period March 2019				
		Actual	RAG	Actual	Target	Intervention	RAG	Comment
OHAC PIs - 01 - CCG - 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	Sally Shaw	6.10	Red	7.74	4.0	6.10	Red	<p>All Senior Managers will re-issue relevant policies to operational and registered managers.</p> <p>They will monitor on a monthly basis that all policy advice and guidance is being utilised to full effect.</p> <p>A report on sickness/absence will be requested for each service in order that we can identify if this is an OHAC wide issue or whether there are specific areas of concern. This will be in order to actually focus support and improvement to the right places.</p>

Performance Indicator	Lead	Previous Period September 2018		Current Period March 2019				
		Actual	RAG	Actual	Target	Intervention	RAG	Comment
OHAC PIs - 02 - CCG - 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	Sally Shaw	65.41	Red	81.58	90.00	79.00	Amber	All managers supporting staff with frequent or long term absence will be asked to report on each one individually and asked to provide the management intervention strategy that they are working to. Again this is so support and improvement can be focused.
OHAC PIs - 03 - CCG - Staff accidents - The number of staff accidents within the service, per 30 staff per year	Sally Shaw	0.82	Green	1.40	1.00	2.00	Amber	Manual handling and slips/trips/falls most common type of accidents recorded.
OHAC PIs - 04 - CCG - Budget control - The number of significant variances (priority actions) generated at cost centre level, as a proportion of cost centres held	Sally Shaw	24.00	Amber	17.00	15.00	31.00	Amber	There are slightly more variances than the target due to budget profiles not matching expenditure which will be addressed within the next month.

Performance Indicator	Lead	Previous Period September 2018		Current Period March 2019				
		Actual	RAG	Actual	Target	Intervention	RAG	Comment
OHAC PIs - 05 - CCG - 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	Sally Shaw	1.44	Green	1.80	2.00	4.10	Green	Target met. OHAC will be looking at work with Third Sector to see how they can lessen impact of vacancies.
OHAC PIs - 06 - CCG - 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	Sally Shaw	2.24	Red	2.56	5.00	10.10	Green	A total of 6 posts remained vacant out of 333 advertised.
OHAC PIs - 07 - CCG - ERD - The number of staff who receive (at least) an annual face-to-face employee review and development (ERD) meeting, as a proportion of the total number of staff within the service	Sally Shaw	59.50	Red	46.70	90.00	79.00	Red	ERD figures are now reported to Service Managers' Finance and Performance Meetings quarterly.

Performance Indicator	Lead	Previous Period September 2018		Current Period March 2019				
		Actual	RAG	Actual	Target	Intervention	RAG	Comment
OHAC PIs - 08 - CCG - 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	Sally Shaw	66.60	Red	66.79	80.00	69.00	Red	Work is ongoing to improve internal processes within Orkney Islands Council. Some factors for consideration are external and out with OHAC's control.
OHAC PIs – 09 – NHSO – Sickness absence – NHS Boards to achieve a sickness absence of 4%	Sally Shaw	5.24	Amber	5.08	4.00	6.10	Amber	Senior management discussion to be held regarding robust management.
OHAC PIs – 10 – NHSO – Staff appraisals – The number of staff who receive (at least) an annual appraisal, as a proportion of the total number of staff within the service	Sally Shaw	4.50	Red	10.04	90.00	79.00	Red	Need to look that system is being used effectively to ensure recording is accurate.

Personnel key

Chief Officer / Executive Director, Orkney Health and Care – Sally Shaw

Head of Children and Families, Criminal Justice and Chief Social Work Officer – Scott Hunter

Acting Head of Health and Community Care – Lynda Bradford

RAG key

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

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

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