

Sally Shaw (Chief Officer)

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Agenda Item: 9.

Integration Joint Board

Date of Meeting: 3 October 2018.

Subject: Performance Monitoring.

1. Summary

1.1. This report highlights information based on the Performance Framework of the 2018 – 2019 Strategic Commissioning Plan Refresh.

2. Purpose

2.1. To advise Members on the available performance of services commissioned by the Integration Joint Board for the reporting period 1 April to 30 June 2018.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Note the content of the report and Appendices 1 and 2 attached to this report.

4. Background

4.1. The Performance Framework uses various measures to show how the services commissioned by the Integration Joint Board are performing during a particular period of time.

4.2. The Integration Joint Board uses performance reporting to help improve and develop the services commissioned and is publicly available.

4.3. The Strategic Commissioning Plan performance update is attached as Appendix 1 to this report.

4.4. The Performance Framework is attached as Appendix 2 to this report. Not all performance areas have data available to report at this stage in the year.

5. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	No.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	Yes.
Promoting equality: To encourage services to provide equal opportunities for everyone.	Yes.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	No.
Working to provide better services: To improve the planning and delivery of services.	Yes.
Safe: Avoiding injuries to patients from healthcare that is intended to help them.	Yes.
Effective: Providing services based on scientific knowledge.	Yes.
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Yes.

6. Resource implications and identified source of funding

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

7. Risk and Equality assessment

7.1. There are no risks directly arising from this report.

8. Direction Required

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

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

9. Authors

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11. Supporting documents

11.1. Appendix 1: Strategic Commissioning Plan.

11.2. Appendix 2: Performance Framework.

Appendix 1: Strategic Commissioning Plan

The following actions are taken from the 2017-2019 Strategic Commissioning Plan Refresh which were marked as Red or Amber in the Strategic Commissioning Plan 2017-2018 Performance report.

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 new 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 2018.	Amber.	Scottish Government have acknowledged this was too soon for self-evaluation for partnerships. Orkney Community Justice Partnership Self-Evaluation Draft completed in early 2018, still in development. Orkney Community Justice Partnership Self-

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<p>Improve community understanding and participation.</p> <p>Strategic planning and partnership working.</p>					<p>Evaluation Action Plan has been drafted.</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>With the Lead GP to take forward via the Primary Care Strategy Deployment.</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>Recruitment to the post to undertake this work has proven unsuccessful. This will be progressed as part of the proposed</p>

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			improvement target set from there.		changes in Specialist Nurse national work.
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.	Amber.	Although project is behind time, this will be carried forward as part of the new GP contract.
	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 carefully planned and	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 people to make	National Health and Wellbeing Outcome numbers 3, 4, 6, 8 and 9. National Health and Wellbeing Outcome numbers 2, 3, and 6.	Zero delays for assessment reasons.	Amber.	There have been zero delayed discharges from April to June 2018.

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undertaken so that they promote people’s welfare and minimise stress and distress.	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.	A pilot community responder service will be piloted in Rousay shortly.
	Further work is required to understand how different ways of	National Health and Wellbeing	Further report by 30 June 2017 and further	Amber.	Work continues along with partners and iHub colleagues. Report

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needs and supporting the welfare of people.	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.	actions to be developed from there.		due to Strategic Planning Group in 2018.
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.	Amber.	Lead GP working with Associate Directors Scotland Group to create an action plan.
	People with long term conditions will be supported to avoid deterioration in their conditions through the development of clear care pathways and direction to tailored	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9.	Reporting as developed for diabetes by 30 December 2017. 1 further area by 31 March 2018.	Amber.	A workshop has been held and close working with KGS on preventative measures and better understanding on diabetes.

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	support which can be accessed following diagnosis.		1 further area by December 2018.		
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.	<p>This will be achieved by:</p> <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. • Through subsequent health check. 	National Health and Wellbeing Outcome numbers 1, 2, 4, and 5.	<p>A database of people with learning disabilities with a record of health check uptake and completed individual Health Action Plans – one off.</p> <p>Annual monitoring and evaluation of the above.</p> <p>Easy read literature about screening programmes for people with a Learning Disability will be made available</p>	Green.	<p>The Adult Learning Disability population has now been identified as 99 following consultation with local GP Practices.</p> <p>Health Action Plans were implemented across OIC Supported Living Network in 2017 into 2018. These HAP's are living documents which are updated as health needs change.</p> <p>Hospital Passports have also been used for assisting with hospital inpatient admissions where</p>

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			through public health and learning disability services working together – one off.		these have been planned. Development of a Hospital passport for an individual with LD and complex health needs. A copy of this sits in A and E, the Acute Ward, with the individual and with the LD Acute Liaison Nurse in Aberdeen. Health Action Plans are also being implemented across third Sector providers. Discussions are ongoing with The Balfour with regards to implementing the 'Pink Box' which is a communication resource for adults with LD who are admitted as inpatients. This will require to be

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					<p>rebranded with the NHS Orkney Logo. A pilot project was implemented with Skerryvore Surgery to commence Annual Health Checks and commenced in April 2018. Standard Operating Procedure, Flow Chart and paperwork including easy read invitation letter and pre check questionnaire were completed with advice and support from Quality Improvement at the Balfour. These Annual Health checks are ongoing and I am now in a position to open this out to the other GP Practices. Following an Annual Health Check individuals are offered</p>

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					the opportunity to have a Health Action Plan. Spreadsheet being devised to keep and update data.
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.	Amber.	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. More formal review of outcomes is still pending due to resource pressure.

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	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.	Amber.	Waiting times have improved since the transfer of an adult Community Mental Health Nurse to CAMHS. Current waiting list shows that the longest wait for CAMHS is 10 weeks. There is only one breach recorded currently and this was for a CAMHS Psychiatry appointment. This has occurred because the CAMHS Consultant for Orkney has been on long term sick leave and NHS Grampian were unable to provide cover for this post.
The Board will support people with dementia on a pathway from diagnosis	The new local dementia action plan, reflecting the new national strategy, is to be completed and	National Health and Wellbeing Outcome numbers 1, 2, 3, 4 and 9.	Action Plan by 30 June 2017.	Amber.	Work still being progressed by the dementia nurse specialist.

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through to the provision of ongoing support.	publicised including clear timescales.	NHS delivery standards.	80% of actions completed on time.		There is an action plan in place. This is a comprehensive plan which includes both short and longer term initiatives. The aim is to achieve all of these actions within the duration of the national strategy, which is by 2020.
	The dementia care pathway is to be updated and awareness of it raised with relevant staff.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4 and 9. Joint Inspection of Services for Older People Recommendations.	Pathway in place by 30 June 2017. Awareness raising completed by 30 September 2017. Increase on current diagnosis rate of 0.6 per 100 to national average of 0.8 per hundred by end of plan. Next	Amber.	Work still being progressed dementia nurse specialist. A draft pathway is in the final stages of development. There is an initial strategy steering group on Friday 14 September, at which the optimum work stream group will be identified to agree and finalise the details. This is necessary due to the multi agency approach

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			reported 31 March 2018.		required to deliver supportive diagnostic and PDS. Rates of diagnosis continue to be problematic although the rate has increase slightly from 0.59% to 0.63% between August 2017 and August 2018.
	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.	Work still being progressed dementia nurse specialist. A draft pathway is in the final stages of development. There is an initial strategy steering group on Friday 14 September, at which the optimum work stream group will be identified to agree and finalise the details. This is necessary due to the multi-agency

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					approach required to deliver supportive diagnostic and PDS.
<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. 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 as has been identified.</p> <p>Work has commenced on the use of more evidenced based groups for the treatment of common mental health conditions. Initial planning was held on 10/09/18 and a follow-up meeting is planned in two to three weeks for feedback on initial actions.</p>

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	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 Adolescent Mental Health Services.	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.
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	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

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	and Accident and Emergency services.				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-Learning module on LearnPro.
	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.	Work in progress being taken forward through CMHT plan in response to the review of primary care and mental health service interfaces in Orkney.
Services and Support for Unpaid Carers.					
The Board will develop an approach that makes it easier for unpaid carers to identify themselves as	A means is to be developed for unpaid carers to undertake and	National Health and Wellbeing Outcome numbers 1, 4 and 6.	Form devised by 30 June 2017.	Green.	Form is available and in use in electronic and paper formats. Leaflets to inform of

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such, and identify themselves to services in order that their support needs can be assessed.	submit an initial level self assessment.		Base line to be established in initial year.		this are given to all clients/carers associated with Adult referrals. Teams have been 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	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.	Red.	The change team have committed to support this work however capacity issues within this team are delaying this at present.

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<p>model of day service / day opportunity provision across all service areas. The IJB wishes to be 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.</p>			<p>Further action to be defined following the receipt of the report.</p>		
<p>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.</p>	<p>Opportunities to co-locate staff from a range of disciplines to be maximised.</p>	<p>National Health and Wellbeing Outcome numbers 8 and 9.</p>	<p>Increase on current baseline.</p>	<p>Red.</p>	<p>No progress has been made due to practical issues. Attempts continue to find solutions where possible.</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.
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.	Draft plan is currently being produced by the Advocacy Strategy Group.
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 find potential solutions.

RAG 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.

Appendix 2: Performance Indicators

In provision of the most recent statistics, number may vary from quarterly to annual.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
Local Delivery Plan Standards.						
Antenatal Care	At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation.	1,4.	94.7% (Orkney 2016-2017).	100% (Orkney 2017-2018).	NSS.	Green.
Narrative: Orkney has been consistently above the Scottish target of 80% since July 2011.						
CAMHS.	90% of children and young people to commence treatment for specialist Child and Adolescent Mental Health service within 18 weeks of referral.	4,7.	71.2% (Scotland Q4 2017-2018).	94.7% (NHS Islands Boards Q4 2017-2018).	ISD.	Red.
Narrative: Performance has dropped to red due to inability to recruit to vacant post (high impact in a team of two) combined with comparatively high levels of referrals. Strategies have been put in place to provide additional capacity where possible. Figures for NHS Western Isles, NHS Orkney and NHS Shetland were combined by Scottish Government to protect client confidentiality.						
Psychological Therapies.	90% of patients to commence Psychological therapy-	1,3.	78.2% (Scotland 2015-2016).	67.9% (NHS Islands Boards Q1 2017-2018).	ISD.	Red.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
	based treatment within 18 weeks of referral.					
Narrative: Performance in this area has been variable throughout the year because of changes in availability of suitable qualified staff to deliver these therapies. There have also been some data issues which have affected reliability of data reported. The Scottish Government have released combined totals for Island boards to avoid disclosive numbers.						
Dementia Diagnosis.	All people newly diagnosed with dementia will have a minimum of 12 months of post-diagnostic support.	2,4.	85% (Scotland 2015-2016).	100% (Orkney 2015-2016).	ISD.	Green.
Narrative: The target for provision of post diagnosis support has been met but diagnosis levels remain under what would be anticipated for the area. This has been the case over a number of years. The diagnosis rate is currently sitting at 0.6% against a Scottish average of 0.82%						
Drug and Alcohol Treatment.	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	1,4.	93.8% (Scotland 2017-2018).	98.3% (Orkney 2017-2018).	ISD.	Green.
Narrative:						
18 week Referral to Treatment.	90% of planned / elective patients to commence treatment within 18 weeks of referral for services	3,4.	98.86% (Orkney 2016-2017).	95.63% (Orkney 2017-2018).	NSS D.	Green.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
	Commissioned by Orkney Health and Care.					
Narrative						
12 week for First Outpatient Appointment.	95% of patients of services Commissioned by Orkney Health and Care to wait no longer than 12 weeks from referral (all sources) to first outpatient appointment.	3,4.	63.66% (Orkney 2016-2017).	62.47% (Orkney 2017-2018).	NSS D.	Red.
Narrative: Details supplied by NHS Orkney are patient numbers rather than percentages. Includes all NHS services and cannot currently disaggregate OHAC ones from total. The numbers for Q2 reflect a capacity shortage in Ophthalmology. Service redesign has resulted in improved performance in Q3.						
Alcohol Intervention.	Combined percentage of alcohol brief interventions in 3 priority settings (primary care, A and E, antenatal Overall incentive to broaden delivery in wider settings.	4,5.	38% in priority; 63% in wider settings (Orkney 2016-2017).	59.7% in priority; 40.3% in wider settings (Orkney 2017-2018).	ISD.	Red.
Narrative: No one accepts an ABI in either maternity or A and E priority settings making it challenging to reach either target numbers or the 80% priority settings requirement. There are a disproportionate number of FAST tools completed to ABIs delivered.						

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
A and E Treatment.	95% of patients to wait no longer than 4 hours from arrival to admission, discharge, or transfer for A and E treatment. Boards to work towards 98%.	3,4.	91.6% (Scotland 2017-2018).	96.1% (Orkney 2017-2018).	NSS D.	Green.
Narrative: Locally generated figures subject to validation.						
Finance.	Operate within the IJB agreed Revenue Resource Limit, and Cash Requirement.	4,9.	£180k overspend (Orkney 2016-2017).	£662k overspend (Orkney 2017-2018).	Orkney Health and Care.	Red.
Narrative: Further detailed in the Finance Report.						
Local Government Benchmarking Framework – Reported Quarterly or Annually.						
Looked After Children – Weekly (Residential).	The Gross Cost of "Children Looked After" in Residential Based Services per Child per Week.	4,9.	£2,468 (Orkney Q1 2017-2018).	£2,536 (Orkney Q1 2018-2019).	Orkney Health and Care.	N/A.
Narrative: Service is delivered according to the needs of individual children.						
Looked After Children – Gross (Residential).	Gross Costs (Looked After Children in Residential) (£000s).	4,9.	£289 (Orkney Q1 2017-2018).	£353 (Orkney Q1 2018-2019).	Orkney Health and Care.	N/A.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
Narrative: Cost reflects the needs of individual children.						
Looked After Children – Children (Residential).	Number of Children (residential).	7.	10 (Orkney Q1 2017-2018).	7 (Orkney Q1 2018-2019).		N/A.
Narrative: Figures reflect the placement of Looked After Children according to their best interests and needs whether in residential care or in individual placements. The indicator can only be considered for information purposes. It is not appropriate to have a target in numbers terms as the number at any given time must be based on appropriate response to local need.						
Looked After Children – Weekly (Community).	The Gross Cost of "Children Looked After" in a Community Setting per Child per Week.	9,7.	N/A.	N/A.	Orkney Health and Care.	N/A.
Narrative: These costs are not disaggregated from the overall child care budget and therefore cannot be reported. As services for Looked After Children are totally led by individual needs there is no meaningful way of comparing cost.						
Looked After Children – Gross (Community).	Gross Costs (Looked After Children in Community Setting) (£000s).	9,7.	N/A.	N/A.	Orkney Health and Care.	N/A.
Narrative: These costs are not disaggregated from the overall child care budget and therefore cannot be reported. As services for Looked After Children are totally led by individual needs there is no meaningful way of comparing cost.						
Looked After Children – Children (Community).	Number of Children (Community).	7.	26 (Orkney Q1 2017-2018).	23 (Orkney Q1 2018-2019).	Orkney Health and Care.	N/A.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
Narrative: Figures reflect the placement of Looked After Children according to their best interests and needs whether in residential care or in the community. Having targets would not be appropriate. The indicator can only be considered for information purposes.						
Looked After Children (Balance).	Balance of Care for looked after children: Percentage of children being looked after in the Community.	7.	72% (Orkney Q1 2017-2018).	79% (Orkney Q1 2018-2019).	Orkney Health and Care.	Green.
Narrative: While it is positive for children to be placed in the community it has to be recognised that there will be times when some children will be placed in residential care because that is in their best interests at that time.						
Home Care – 65+.	Older Persons (Over 65) Home Care Costs per Hour.	9.	£23.27 (Orkney 2017-2018).	£23.88 (Orkney 2018-2019).	Orkney Health and Care.	N/A.
Narrative:						
Home Care – Gross.	Total Home Care (£000).	9.	£838 (Orkney Q1 2017-2018).	£940 (Orkney Q1 2018-2019).	Orkney Health and Care.	N/A.
Narrative:						
Home Care – Hours.	Care at Home per year.	2,9.	83 (Orkney 2016-2017).	83 (Orkney 2017-2018).	Orkney Health and Care.	N/A.
Narrative: In regards to drop in hours, current trend indicates that we will exceed the 2016-17 total by approximately 500 hours.						

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
SDS – Adult Spend.	SDS spend on adults 18+ as a percentage of total social work spend on adults 18+.	9.	10.1% (Orkney Q1 2017-2018).	9.8% (Orkney Q1 2018-2019).	Orkney Health and Care.	N/A.
Narrative: The Scottish average for 2015-2016 was 6.65%.						
SDS – Gross.	SDS Spend on Over 18s (£000s).	9.	£474 (Orkney Q1 2017-2018).	£538 (Orkney Q1 2018-2019).	Orkney Health and Care.	N/A.
Narrative: This increase reflects a commitment to increasing the take up of Self Directed Support.						
Finance – Gross (Adults).	Gross Social Work Spend on over 18s (£000s).	9.	£4,020 (Orkney Q1 2017-2018).	£4,668 (Orkney Q1 2018-2019).	Orkney Health and Care.	N/A.
Narrative: It is expected that this figure will adjust upwards during the final quarter.						
Home Care – Intensive Needs.	Percentage of people 65+ with intensive needs receiving care at home.	2.	61% (Scotland 2016-2017).	64% (Orkney 2016-2017).	Core Suite.	Green.
Narrative: To date we have reported this figure on an annual basis based on a snapshot at the end of the financial year. We are now collecting this figure quarterly from 2016 - 2017 Q2 onwards to give a more accurate measure. The indicator reflects the proportion of a cohort of service users with intensive care needs who are receiving homecare services in their own home as opposed to residential care or other supported accommodation settings. The cohort is composed of those people in receipt of +10 hours of home care a week.						

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
Quality of Services.	Percentage of Adults satisfied with social care or social work services.	3.	80% (Scotland 2017-2018).	94% (Orkney 2017-2018).	HACE Survey 2017-2018.	Green.
Narrative: Results in reference to respondents' overall experience of help, care or support services with everyday living. Results reflect upon experience as positive and/or very positive.						
Finance – Older People Residential.	Older persons (over 65s) Residential Care Costs per week per resident.	9.	£1,093 (Orkney Q1 2017-2018).	£1,117 (Orkney Q1 2018-2019).	Orkney Health and Care.	N/A.
Narrative: Figures reflect the actual cost of providing the service.						
Finance – Care Homes.	Net Expenditure on Care Homes for Older People (£000s).	9.	£1,161 (Orkney Q1 2017-2018).	£1,116 (Orkney Q1 2018-2019).	Orkney Health and Care.	N/A.
Narrative:						
Residential – Long Stay.	Number of long-stay residents aged 65+ supported in Care Homes.	3.	97 (Orkney Q4 2016-2017).	94 (Orkney Q4 2017-2018).	Orkney Health and Care.	N/A.
Narrative: Figures reflect number of permanent beds occupied, excluding first six weeks of allocation.						
National Core Integration Framework June 2017 (*Figures drawn from HACE Survey 2017-2018).						
Adult Health.	Percentage of adults able to look after their	1.	93%	96% (Orkney 2017-2018).	HACE Survey	Green.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
	health very well or quite well.		(Scotland 2017-2018).		2017-2018.	
Narrative: Orkney performance exceeds Scottish average.						
Independence.	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	2,3.	81% (Scotland 2017-2018).	100% (Orkney 2017-2018).	HACE Survey 2017-2018.	Green.
Narrative: Orkney performance exceeds Scottish average.						
Engagement.	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	2,3.	76% (Scotland 2017-2018).	83% (Orkney 2017-2018).	HACE Survey 2017-2018.	Green.
Narrative:						
Coordination of Services.	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated.	2,3.	74% (Scotland 2017-2018).	91% (Orkney 2017-2018).	HACE Survey 2017-2018.	Green.
Narrative: Orkney performance exceeds Scottish average.						

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
Adult Support.	Total percentage of adults receiving any care or support who rated it as excellent or good.	3.	80% (Scotland 2017-2018).	94% (Orkney 2017-2018).	HACE Survey 2017-2018.	Green.
Narrative: Orkney performance exceeds Scottish average.						
GP Care.	Percentage of people with positive experience of the care provided by their GP practice.	3.	83% (Scotland 2017-2018).	97% (Orkney 2017-2018).	HACE Survey 2017-2018.	Green.
Narrative: Orkney performance exceeds Scottish average.						
Quality of Life.	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	2,3.	80% (Scotland 2017-2018).	97% (Orkney 2017-2018).	HACE Survey 2017-2018.	Green.
Narrative: Orkney performance exceeds Scottish average.						
Carers' Support.	Total combined percentage of carers who feel supported to continue in their caring role.	6.	37% (Scotland 2017-2018).	49% (Orkney 2017-2018).	HACE Survey 2017-2018.	Green.
Narrative: Orkney performance exceeds Scottish average.						

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.	
Feeling Safe.	Percentage of adults supported at home who agreed they felt safe.	2,7.	84% (Scotland 2017-2018).	98% (Orkney 2017-2018).	HACE Survey 2017-2018.	Green.	
Narrative: Orkney performance exceeds Scottish average.							
Premature Mortality.	Premature mortality rate per 100,000 persons.	4.	440 (Scotland Q2 2018-2019).	285 (Orkney Q2 2018-2019).	Core Suite.	Green.	
Narrative:							
Emergency Admissions.	Number of emergency admissions. Local target reduction was 264 for 2017-2018.	4.		2016-2017.	2017-2018.	MSG.	Amber.
			April.	143.	142.		
			May.	152.	151.		
			June.	131.	129.		
			July.	120.	125.		
			August.	130.	124.		
			September.	150.	144.		
			October.	123.	147.		
			November.	140.	140.		
			December.	120.	152.		

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.			Data Source.	RAG.
			January.	125.	152.			
			February.	127.	116.			
			March.	154.	175.			
			Total.	1,615.	1,697.			
Narrative:								
Unscheduled Hospital Bed Day.	Number of Unscheduled Hospital Bed Day. Local target reduction of 1311 total for 2017 / 2018 for emergency bed days across all acute specialties.	4.		2016-2017.	2017-2018.		MSG.	Green.
			April.	1,122.	1,226.			
			May.	1,150.	1,063.			
			June.	982.	900.			
			July.	1,035.	750.			
			August.	1,079.	746.			
			September.	1,033.	929.			
			October.	1,099.	1,104.			
			November.	873.	1,086.			
			December.	1,062.	921.			
			January.	1,064.	1,103.			
			February.	1,128.	900.			
			March.	1,125.	1,149.			

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.			Data Source.	RAG.
			Total.	12,752.	11,850.			
Narrative: Data shows a positive reduction of 902 between financial years of 2016-2017 and 2017-2018.								
Readmissions.	Readmission to hospital within 28 days (per 1,000 population).	4,9.	97 (Scotland 2017-2018).	76 (Orkney 2017-2018).			Core Suite.	Green.
Narrative: The readmission rate for NHS Orkney is consistently below the national average.								
End of Life – Care Setting.	Proportion of last 6 months of life spent at home or in a community setting. No specific improvement target set for this area.	2.	88% (Scotland 2017-2018).	91% (Orkney 2017-2018).			Core Suite.	Green.
Narrative:								
Falls Rate.	Falls rate per 1,000 population aged 65+.	1.		Age 64-74.	Age 75-84.	Age 85+.	MSG	Green.
			2015-2016.	9.9.	22.8.	78.7.		
			2016-2017.	10.6.	21.0.	65.3.		
			2017-2018.	6.0.	22.6.	45.9.		

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
Narrative: Data for 2017-2018 (Q1) is provisional.						
Quality of Service – Care Inspectorate.	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.	3,4.	77% (Orkney 2015-2016).	97% (Orkney 2016-2017).	Core Suite.	Green.
Narrative:						
Intensive Care Needs.	Percentage of adults with intensive care needs receiving care at home.	2.	61% (Scotland Q1 2018-2019).	64% (Orkney Q1 2018-2019).	Core Suite.	Green.
Narrative: This figure includes people who purchase intensive homecare using SDS. Current figure is not validated and was generated locally. It is based on the number of people receiving residential care, 10+ hrs per week home care or a SDS direct payment equal to or over 10+hrs per week.						
Delayed Discharge.	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population). The target will initially be to reduce non code 9 reason delays by 50%, from 882 in 2016 to 441 in 2017, a reduction of 441.	2,3.	Code 9 Delays – 30 bed days. (Orkney Q1 2017-2018).	Code 9 Delays – 4 bed days. (Orkney Q1 2018-2019).	ISD.	Green.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.	
Narrative: Delayed Discharges are down from a peak in mid 2016.							
Emergency Admission Costs.	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	9.	N/A.	N/A.	Orkney Health and Care.	N/A.	
Narrative: This measure is under development and is not currently available.							
Care Home – Hospital Admissions.	Percentage of people admitted to hospital from home during the year, who are discharged to a care home.	2.	N/A.	N/A.	Orkney Health and Care.	N/A.	
Narrative: This measure is under development and is not currently available.							
End of Life – Finance.	Expenditure on end of life care, cost in last 6 months per death.	9.	N/A.	N/A.	Orkney Health and Care.	N/A.	
Narrative: This measure is under development and is not currently available.							
A and E Attendances.	Numbers of attendances at A and E. The reduction target for 2017-18 was 297 attendances.	4.	NHS Orkney.	2016-2017.	2017-2018.	MSG	Red.
			April.	482.	521.		
			May.	522.	563.		
			June.	519.	516.		

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.		Current.	Data Source.	RAG.
			July.	547.	519.		
			August.	512.	607.		
Narrative:							
Balance of Care.	Percentage of population (all ages) in community or institutional settings. No specific improvement target has been set in this area for 2018/2019	2,3.	98.4% (Orkney 2015-2016).		98.5% (Orkney 2016-2017).	MSG.	Green.
Narrative: These figures are the percentage of population in unsupported home settings. 2016-2017 Figure is estimated based on available data.							
“Scotland Performs” National Indicators.							
Breastfeeding.	Percentage of babies exclusively breastfeeding at First Visit/6-8 week review by year of birth.	1.	40.9% (Orkney 2016-2016).		57.4% (Orkney 2016-2017).	ISD.	Green.
Narrative: There is some variation in the timing of the 6-8 week review across Scotland, with some Boards delivering the review relatively early in the 6-8 week window and some relatively late.							
Child Dental.	Percentage of Children in Primary 1 with no obvious Dental Cavities.	1,5	NHS Orkney	Percentage of Children in Primary 1 with no		Orkney Health and Care.	Green.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
				obvious Dental Cavities.		
			2014.	72%.		
			2015.	84%.		
			2016.	79%.		
			2017.	83.0%		
			2018.	N/A.		
<p>Narrative: NHS Orkney report a continuing positive trend in the numbers of children entering P1 in Orkney with no obvious caries experience. While we have observed fluctuations in the statistics over the past 10 years it is welcome to observe this continuing improvement in our P1 children's' oral health. Whilst dental registration of children in the county is at a healthy level it is important that the promotion regular dental attendance of all children is maintained. The availability of the 2018 figure is estimated for November 2018.</p>						
Fostering – In-house.	Percentage of fostered Looked After and Accommodated Children who are fostered by an in-house placement.	4,7.	22.5% (Orkney Q3 2017-2018).	38% (Orkney Q1 2018-2019).	Orkney Health and Care.	N/A.
<p>Narrative: Children are placed according to their needs and best interests. Targets and comparisons would not be appropriate.</p>						
Fostering – Out of Area Placements.	Number of out of area placements: 1. Foster Care. 2. Residential.	4,7.	* (Orkney Q1 2017-2018).	* (Orkney Q1 2018-2019).	Orkney Health and Care.	N/A.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
Narrative: These figures are below the level which we would publicly report. This is to protect the confidentiality of children and their families.						
Child Protection.	Number of Children and Young People on Child Protection Register.	4,7.	* (Orkney Q1 2017-2018).	* (Orkney Q1 2018-2019).	Orkney Health and Care.	N/A.
Narrative: The current figure is below the level which we would publicly report. This is to protect the confidentiality of children and their families. Children are paced on the Child Protection Register when necessary, targets are not appropriate.						
Court Reports.	Percentage of Social Work Reports submitted by noon on the working day before the adjourned hearing.	3.	100% (Orkney Q3 2017-2018).	100% (Orkney Q1 2018-2019).	Orkney Health and Care.	Green.
Narrative: This target is constantly met.						
Community Payback Order – Initial Appointment.	Percentage of new CPO clients with a supervision requirement seen by a supervising officer within a week.	3,7.	100% (Orkney Q3 2017-2018).	91% (Orkney Q1 2018-2019).	Orkney Health and Care.	Amber.
Narrative: This target is constantly met.						
Community Payback Order – Induction.	Percentage of CPO Unpaid work requirements commenced induction within five working days.	4.	100% (Orkney Q3 2017-2018).	100% (Orkney Q1 2018-2019).	Orkney Health and Care.	Green.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	Data Source.	RAG.
Narrative: This target is constantly met.						
Community Payback Order – Work Placement.	Percentage of individuals on new CPO unpaid work requirement began work placements within seven days.	4.	100% (Orkney Q3 2017-2018).	92% (Orkney Q1 2018-2019).	Orkney Health and Care.	Amber.
Narrative: This target is constantly met.						
Public Bodies (Joint Working) (Scotland) Act 2014.						
Complaints.	Proportion of complaints responded to following Scottish Public Services Ombudsman targets.	4.	95% (Orkney Q3 2017-2018).	100% (Orkney Q1 2018-2019).	Orkney Health and Care.	Green.
Narrative:						

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 is likely to meet or exceed its target.