

## **Item: 4**

**Orkney Health and Care Committee: 15 November 2018.**

**Performance Monitoring – Orkney Health and Care.**

**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 April to 30 September 2018.

### **2. Recommendations**

The Committee is invited to scrutinise:

#### **2.1.**

The performance of Orkney Health and Care for the reporting period 1 April to 30 September 2018, as set out in sections 3 to 5 and Annexes 1 and 2 of this report.

### **3. Service 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, and contains both time-limited targets and Local Delivery Plan Standards, for the life of the Strategic Commissioning Plan.

#### **3.2.**

The Action Plan also provides the mechanism through which the time-limited aspects of the Strategic Commissioning Plan will be progressed to completion, and its Local Delivery Plan Standards will be monitored.

### **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 numbers of complaints and compliments made Orkney Health and Care in the six-month period 1 April to 30 September 2018, and for the preceding two six month monitoring periods.

Table 1.	Six months ending 30 September 2017.	Six months ending 31 March 2018.	Six months ending 30 September 2018.	Totals.
Complaints.	6. (stage two) 4. (stage one)	6. (stage two) 3. (stage one)	9. (stage two) 15. (stage one)	21. (stage two) 22. (stage one)
Compliments.	30.	15.	20.	65.

## 5.2.

Table 1 above provides raw data on complaints and compliments over three reporting periods for Orkney Health and Care. 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. As a result of this policy, the number of complaints captured by the procedure has increased across the Council.

## 5.3.

A review of the complaints received did not indicate any significant recurring themes that should be brought to the Committee's attention.

## 6. 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, service plans are developed taking cognisance of the Council's policies as outlined in the Council Plan.

## 7. Financial Implications

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

## 8. Legal Aspects

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

## 9. Contact Officers

Sally Shaw, Chief Officer/Executive Director, Orkney Health and Care, extension 2601, Email [sally.shaw@orkney.gov.uk](mailto:sally.shaw@orkney.gov.uk)

Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Work Officer, extension 2611, Email [scott.hunter@orkney.gov.uk](mailto:scott.hunter@orkney.gov.uk)

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## **10. Annexes**

Annex 1 – Summary of the performance of Orkney Health and Care against the targets within the Strategic Commissioning Plan Actions and Local Delivery Plan Standards.

Annex 2 – Summary of the performance of Orkney Health and Care against its performance indicator targets.

# Annex 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.
<b>Criminal Justice Social Work Services.</b>					
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 2019.	<b>Amber.</b>	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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Improve community understanding and participation. Strategic planning and partnership working.					Evaluation Action Plan has been drafted.
<b>Primary and Community Care Services.</b>					
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.	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.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9. Joint Inspection of Services for Older People Recommendation.	An increase in number of eKIS records being sent from primary care and viewed within secondary care. ACPs in place for 25% of high value individuals by 31 March 2018 and 50% by 31 March 2019.	<b>Red.</b>	With the Lead GP to take forward via the Primary Care Strategy Deployment Matrix.
	People with more than one long term condition will be offered a holistic review, rather than separate condition specific reviews.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4, 5 and 9.	Baseline of holistic reviews to be established as starting point by 30 September 2017 and	<b>Red.</b>	Recruitment to the post to undertake this work has proven unsuccessful. This will be progressed as part of the proposed

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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.	<b>Amber.</b>	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.	<b>Green.</b>	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.	<b>Green</b>	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 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.	<b>Green.</b>	Dementia diagnosis pathway now agreed and in place between the CMHT and GP Cluster.
	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.	<b>Green.</b>	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.		
<b>Services for People with Learning Disabilities.</b>					
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"> <li>• Identifying the learning disabled population within each GP practice and offering annual health checks to these individuals.</li> <li>• Designing a process and assessment tool that is appropriate.</li> <li>• Developing and monitoring ongoing individualised Health Action Plan process following each initial health check.</li> <li>• Through subsequent health check.</li> </ul>	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>	<b>Green.</b>	<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.		<p>these have been planned.</p> <p>A Hospital passport for an individual with LD and complex health needs has been developed. A copy of this sits in A and E, the Acute Ward, with the individual and with the LD Acute Liaison Nurse in Aberdeen.</p> <p>Health Action Plans are also being implemented across Third Sector providers.</p> <p>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.</p>

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					<p>This will require to be 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 OHAC are now in a position to open this out to the other GP Practices.</p>

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					<p>Following an Annual Health Check individuals are offered the opportunity to have a Health Action Plan.</p> <p>Spreadsheet being devised to record and update data.</p>
<b>Mental Health Services.</b>					
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.	<b>Amber.</b>	<p>External scrutiny of psychological services was undertaken by Professor Power in July 2018.</p> <p>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.</p> <p>More formal review of</p>

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					outcomes is still pending due to resource pressure.
	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.

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The Board will support people with dementia on a pathway from diagnosis through to the provision of ongoing support.	The new local dementia action plan, reflecting the new national strategy, is to be completed and publicised including clear timescales.	National Health and Wellbeing Outcome numbers 1, 2, 3, 4 and 9. NHS delivery standards.	Action Plan by 30 June 2017. 80% of actions completed on time.	Amber.	Work still being progressed by the dementia nurse specialist. 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	Amber.	Work still being progressed by the 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

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			100 to national average of 0.8 per hundred by end of plan. Next reported 31 March 2018.		be identified to agree and finalise the details. This is necessary due to the multi-agency approach required to deliver supportive diagnostic and Post Diagnostic Support. Rates of diagnosis continue to be problematic although the rate has increased 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.	<b>Amber.</b>	Work still being progressed by the dementia nurse specialist. A draft pathway is in the final stages of development. There is an initial strategy steering group on Friday 14 September,

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					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 required to deliver supportive diagnostic and Post Diagnostic Support.
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.	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.	National Health and Wellbeing Outcome number 9.	Increase use from current level. Increased uptake of NHS24 telephone CBT service from current base line.	<b>Amber.</b>	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.  Work has commenced on the use of more evidenced based groups for the treatment of common



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					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 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.	<b>Red.</b>	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.

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<b>Substance Misuse Services.</b>					
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.	<b>Red.</b>	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-Learning module on LearnPro.
	Development of multiagency and anticipatory care planning for individuals who have multiple	National Health and Wellbeing Outcome numbers 1, 2, 4, and 9.	10% reduction on current base line 2016 – 2017 bed day usage.	<b>Amber.</b>	Work in progress being taken forward through CMHT plan in response to the review of primary care and

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	admissions related to alcohol.				mental health service interfaces in Orkney.
<b>Services and Support for Unpaid Carers.</b>					
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.	<b>Green.</b>	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 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.	<b>Green.</b>	Some aspects of EPiC are now available for NHS staff. Further work required via Carer Strategy Group
<b>Cross Service Matters and Underpinning Areas of Work</b>					
The Board wishes to see people who need support during the day able to	A review report and options appraisal will be	National Health and Wellbeing	An options appraisal report underpinned by	<b>Red.</b>	The change team have committed to support this work however capacity

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<p>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 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>made available to the IJB by 31 September 2017.</p>	<p>Outcome numbers 1, 2, 4, 5 and 9.</p>	<p>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.</p>		<p>issues within this team are delaying this at present.</p>
<p>The Board wishes to see staff in the services it commissions able to benefit from the opportunity work more</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><b>Red.</b></p>	<p>Continuing attempts to find solutions where possible are being sought</p>

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closely together, to share information and learn together, and to plan and deliver services in a seamless way wherever possible.					
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.	<b>Amber.</b>	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	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.	<b>Amber.</b>	Work progressed where possible but technical issues remain - OIC and NHSO continue to liaise to finding potential solutions.

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seamless way wherever possible.					

**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.

## Annex 2

### Orkney Health and Care – Service Performance Indicators for Six Months Ending 30 September 2018

Performance Indicator	Lead	Previous Period September 2017		Current Period September 2018				
		Actual	RAG	Actual	Target	Intervention	RAG	Comment
<b>OHAC PIs - 01 - CCG - Sickness absence</b> - 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	5.78%	Amber	6.10%	4%	6.1%	Red	The managing sickness absence policy has been implemented and monitoring will continue
<b>OHAC PIs - 02 - CCG - Sickness absence</b> - 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	86.67%	Amber	65.41%	90%	79%	Red	The managing sickness absence policy has been implemented and monitoring will continue.
<b>OHAC PIs - 03 - CCG - Staff accidents</b> - The number of staff accidents within the service, per 30 staff per year	Sally Shaw	1.24%	Amber	0.82	1	2.1	Green	Manual handling and slips/trips/falls most common type of accidents recorded.

Performance Indicator	Lead	Previous Period September 2017		Current Period September 2018				
		Actual	RAG	Actual	Target	Intervention	RAG	Comment
<b>OHAC PIs - 04 - CCG - Budget control</b> - The number of significant variances (priority actions) generated at cost centre level, as a proportion of cost centres held	Sally Shaw	25%	Amber	24%	15%	31%	Amber	Higher number of variances due to budgetary pressures in Childcare, Home Care and Elderly Services.
<b>OHAC PIs - 05 - CCG - Recruitment and retention</b> - 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	0.59%	Green	1.44%	2%	4.1%	Green	Target met.
<b>OHAC PIs - 06 - CCG - Recruitment and retention</b> - 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	3.02%	Green	2.24%	5%	10.1%	Green	Target met.



Performance Indicator	Lead	Previous Period September 2017		Current Period September 2018				
		Actual	RAG	Actual	Target	Intervention	RAG	Comment
<b>OHAC PIs - 07 - CCG - ERD</b> - 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	80.3%	Amber	59.50%	90%	79%	Amber	ERD figures are now reported to Service Managers Finance and Performance Meetings quarterly.
<b>OHAC PIs - 08 - CCG - Invoice payment</b> - 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	70.9%	Amber	66.60%	80%	69%	Amber	Work is ongoing to improve internal processes within Orkney Islands Council. Some factors for consideration are external and out with OHAC's control.

## **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.