



# Performance Management Framework

2021 to 2025

Integration Joint Board





## Version Control

<b>Version.</b>	Draft Performance Management Framework.
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<b>Date Approved.</b>	30 June 2021.
<b>Date of Review.</b>	2025.



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## Foreword

'Working together to make a real difference' means getting to the heart of performance management to ensure we use our resources effectively for continuous improvement to meet the needs of our service users, patients and carers.

The Integration Joint Board must seek to create a high-performance culture focused on quality and continuous improvement to demonstrate best use of public funding. It is even more critical to do so at a time when demand for services is growing and resources are tightening.



I am very pleased that we have been able to develop this performance management framework for the Integration Joint Board so that we can evidence our commitment to best value.

**Stephen Brown**

**Chief Officer.**



## Statutory Duty

**This section outlines the statutory duty of Best Value and the National context that needs to be considered within our Performance Management Framework.**

### Best Value

Best Value is a statutory duty as set out in the Local Government (Scotland) Act 2003 and applies to all public bodies in Scotland, including Orkney Islands Council (OIC) and NHS Orkney (NHSO). Its core purpose is to ensure good governance, effective use of resources and continuous improvement in order to deliver better outcomes for our people. The services delivered by both organisations are therefore subject to the duty of best value.

The approach to auditing Best Value in Integration Joint Boards (IJBs) including Orkney's IJB is currently being reviewed by the Accounts Commission and Audit Scotland. The new approach is expected from 2022/23 and our performance strategy will be updated as a result.

### National Performance Framework

The main purpose of the integration of health and social care services in Scotland is to improve the wellbeing of people who use such services, in particular those whose needs are complex and who require services and support from both health and social care.

The Public Bodies (Joint Working) (Scotland) Act 2014, supporting statutory and non-statutory guidance, and the Integration Scheme for the IJB in Orkney all set out a number of provisions relating to good governance and the proportionate legislative changes required to implement health and social care integration. One of these is in relation to the **performance management arrangements** which required to be established.

In 2017, the Scottish Government set out its aspirations in a National Performance Framework after asking what kind of Scotland the public would like to live in. This defined the heart of the National Performance Framework and set the direction of travel for the future of Scotland.

The Scottish Government's National Performance Framework aims to create a more successful country with more opportunities and better wellbeing for the people of Scotland. It embraces values of kindness, dignity and compassion, and looks to create sustainable and inclusive growth and reduce inequalities by giving equal importance to economic, environmental, and social progress and aligns to the United Nations' Sustainable Development Goals.



## National Performance Framework

Our Purpose, Values and National Outcomes



The National Performance Framework directly influences the IJB's key objectives and run through the heart of localised priorities. This allows local priorities to be identified and worked through whilst aligning outcomes to national objectives, creating greater opportunities for collaboration, shared learning and high-quality levels of service.

### Local Government Benchmarking

The Local Government Benchmarking Framework (LGBF) is administered by the Improvement Service in partnership with the Society of Local Authority Chief Executives (SOLACE). This provides an opportunity to benchmark our performance with other local authorities in Scotland, building relationships through mutual learning. As a result, many of the indicators are used within Orkney Islands Council's Council Plan, which includes a section on social care.



By recording the same indicators as other local authorities across a wide range of themes we can identify opportunities to learn from each other in relation to social care. Local authorities with similar traits such as geography and deprivation are categorised into “family groups” to enable as close as a like for like comparison as possible. You can explore performance through their online tool available by clicking the image on the right or by referring to the Benchmarking section of this strategy.



## **NHS Orkney Local Delivery Plan standards**

The Local Delivery Plan (LDP) standards are priorities that are set and agreed between the Scottish Government and NHS Boards to provide assurance on NHS Scotland Performance. The LDP standards replace the system of Health Improvement HEAT targets and Standards with the vast majority of LDP Standards being former HEAT targets. The measured standards are review regularly and reported to senior management and board monthly.

Annual Operational Plans (AOPs) are developed each year by NHS Boards with the intention of providing Scottish Government with confirmation that they and their partners have plans in place to demonstrate how they will continue to deliver safe and accessible treatment and care and fully deliver Ministerial priorities including the delivery of LDP standards. During the COVID-19 pandemic Annual Operational Plans have been replaced by a series of Mobilisation and Remobilisation Plans which have been shaped around delivery of the national strategic frameworks relating to COVID-19 response and recovery.

## **The COVID-19 (Coronavirus) pandemic**

The COVID-19 (Coronavirus) pandemic needs to be considered within future strategies. In particular:

- Though not changing our core priorities, the pandemic does impact on our approach to delivering them. As a result, our plans and performance framework should be frequently reviewed in light of Scottish Government directives relating to the ‘four harms’ and recovery.
- Associated workloads and location of frontline teams can impact on the ability to source data, review documents and access the Council’s corporate performance management system (Pentana Risk). The Corporate Policy and Performance teams from both OIC and NHSO must therefore work as efficiently as possible, utilising a “tell us once” approach and drawing on existing corporate knowledge as far as possible.
- The quantity and frequency of external data reporting has increased throughout the pandemic and to better support our pandemic response we now have access to high frequency data for OIC and other local authorities through dashboards such as the Local Government COVID-19 Dashboard and the Public Health



Scotland COVID-19 Dashboard for NHS Boards. Projection data is also regularly provided and published by the Scottish Government for planning purposes.

Communication is critical in relation to performance reporting and monitoring in order to gather information, report on activity and scrutinise performance. Working remotely has changed how teams interact with one another. Additionally, our reports must continue to be accessible while understanding the majority of access will be through laptops or mobile phones. This provides the opportunity to explore new approaches to communication, such as analytical data packages, social media channels and videos.

## Local Context

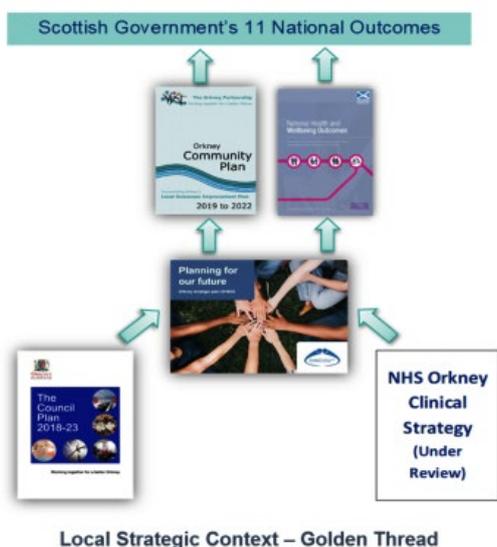
Orkney's Community Planning Partnership is the overall place-based partnership which draws together public, third sector and private sector organisations to work together for a better Orkney with an overall priority of tackling inequalities within Orkney. The IJB has a place on the Community Planning Partnership's overarching Board and contributes to planning together through a Community Plan incorporating a Local Outcomes Improvement Plan (2019-2022) so that outcomes are more effectively delivered in Orkney, focusing on the areas that single agencies cannot address on their own. Within the community plan there are 19 outcomes linked to three strategic priorities:

- **Strong Communities** - Orkney's communities and individuals are fulfilling their potential.
- **Living Well** - Our people are resilient and live well.
- **Vibrant Economy** - Orkney has a vibrant economic environment.

The current key challenge for the Community Planning Partnership is supporting the recovery from the Coronavirus pandemic, in terms of individual wellbeing, communities and the economy, with the IJB playing a role in all three areas. The diagram below (Local Strategic Context) demonstrates how the IJB contributes to the community plan outcomes and the national and local required shift towards more sustainable, integrated community-based services.

The Integration Scheme for the IJB is the legal agreement between OIC and NHSO that sets out how the IJB will operate, and what services are delegated. Within the Integration Scheme it states that:

**“The Parties will identify a core set of indicators that relate to Services delegated to the Board including the national indicators and targets that the Parties currently report against. A list of indicators and measures which relate**



to integration functions will be collated in an ‘integration dashboard’ known as the **Performance System.**”

Given the diversity and complexity of the IJB’s delegated functions and the interdependency with the IJB’s partner organisations, OIC and NHSO, it is crucial that all developments and activities are strategically coherent and coordinated and there is a strong, clear alignment with the IJB vision, values and priorities.

To do so there is a golden thread which flows through planning and performance plans and strategies, as shown.

## What are we aiming to achieve?

### Our Strategic Aims

Within the IJB’s Strategic Plan the strategic aims are:

To **Enable** by ensuring the right support is provided at the right time in the right place for the right reasons. We need to ensure that it is easy for all to navigate through what can be a complex health and social care system at present.

**Prevention and Early intervention**, it is clearly understood that if we invest in prevention and early intervention initiatives then this helps to stop crisis, which is generally labour intensive and can have long lasting impacts on both physical and mental health. To ensure that we can develop a suite of prevention and early intervention approaches we must identify barriers to change. Such interventions need to address both physical and mental health. We need to work in full collaboration with all stakeholders across all of our communities to develop a culture that adopts a positive, non-stigmatised approach to areas such as alcohol and drug addiction and mental health.

We have developed the **Orkney Mental Health Strategy (2020-2025)**, which adopted the principles and aims of the national 10-year strategy but in a manner that makes sense for Orkney and our communities. We have responded to the Coronavirus pandemic with different ways of supporting people who are affected by the impacts of the pandemic and continue to support our children and young people to ensure that they develop into adulthood with good mental health, that allows them to **live well**, as part of their wider **strong community** and contribute to our **vibrant economic community**. The values we place on living well, supporting strong communities and a vibrant economic community help to ensure we have aligned this strategy closely with the Orkney’s Community Plan and strengthen the Golden Thread within OHAC.

**Resilience**, unless we find ways of supporting individuals and communities to cope and where possible overcome the impacts of their health and social care needs, then



we will continue to see a rise in the demand for services. We need to work in close collaboration with all our partners to find innovative ways of achieving this.



## Our Priorities

### Developing Community Hubs

We want to change the culture and practice of community health and social work delivery so that it becomes more clearly values-driven, community focused in achieving outcomes, empowering of staff and a true partnership with local people.

### Promote and Support Self Management

Self management can be described as a set of approaches which aim to enable people living with long term conditions to manage their own health and have more control over their health and their care (Scottish Government). Effective self management is key to supporting and improving outcomes for those with long term conditions.

### Revisit Models of Care and Support

We want to explore all service areas to assure ourselves about the quality, effectiveness, efficiency of our services. We know that if we retain the models of services that we currently have, even if every person of working age came into the sector, then by 2035 we would not have the workforce to staff these models of service. Through Community Led Support we will look at how we work with our communities to work in a different way – letting communities make better sense of how to meet need in their own communities.

### Improving Primary Care

Primary Care Transformation is focusing on the modernisation of primary care to deliver a safe, effective and person-centred healthcare service. This new approach focuses on multidisciplinary team working, to reduce pressures on services and ensure improved outcomes for patients with access to the right professional, at the right time, as near to home as possible.

### Support to Children and Young People

We will look at ways to deliver the recommendations from the recent review of services to children and young people in need of care and protection. We want to move at pace to a way of supporting our children, young people and their families that is focused on prevention and early intervention. This is important to ensure children have positive childhoods and families care for their children wherever possible.

The impact of this whole system change can take 3 – 5 years to translate into noticeable change. We will know we are making a difference when our number of children and young people subject to child protection or statutory measures of care starts to decline. This shift will also reflect on the broader children's services planning agenda and reporting with anticipated improvements being reflected in the measurement of children and young people's wellbeing.

### Value and Support Unpaid Carers

The vision set out in our carers strategy is that organisations, communities and citizens work together to ensure that carers' in Orkney are fully valued, respected and supported and that their vital contribution is recognised.

### Mental Health

We must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems.

That means working to improve:

- Prevention and early intervention;
- Access to treatment, and joined up accessible services;
- The physical wellbeing of people with mental health problems;
- Rights, information use, and planning.

We have developed an Orkney Mental Health Strategy and over the next three years we will seek to ensure this is embedded throughout our communities.



## Linking “Our Priorities” To The National Performance Framework

Referring to the National Performance Framework on page six, it is important to ensure that the priorities we hold are closely linked to the National Outcomes the following five National Outcomes that are central to service planning and delivery are presented below.



We do all we can to ensure our children grow up in an atmosphere of happiness, love and understanding. We enhance their life chances through our early years provision and by supporting families when they need it. We ensure childhood is free from abuse, tobacco, alcohol, drugs, poverty and hunger. Our children are not left worried or isolated. We include and involve children in decisions about

their lives and world, and protect their rights, dignity and wellbeing.

We have an education system we can all take part in and which inspires us to reach our potential whatever that may be. We understand that the desire to learn continues throughout life and that being curious, creative, skilled and knowledgeable is good for us, our society and economy. We value our teachers, educators and academics and do all we can to achieve the highest standards across our learning and research. We work with partners in business, industry, science and academia to ensure we lead the world in new thinking and have the talents and abilities to flourish in future.



Health and wellbeing is prioritised at national and local levels and actively implemented through healthy public policy. We use evidence intelligently to continuously improve and challenge existing healthcare models. Our approach is integrated, preventative and person-centred. We are focused on resolving needs in order to achieve positive health, care and wellbeing outcomes.

Our older people are happy and fulfilled and Scotland is seen as the best place in the world to grow older. We are careful to ensure no-one is isolated, lonely or lives in poverty or poor housing. We respect the desire to live independently and provide the necessary support to do so where possible. We recognise that older people have particular





needs around financial advice, mobility and transport, home improvements, heating, technology and the internet which require additional support.



We recognise the fundamental equality of all humans and strive to reflect this in our day to day functioning as a nation. We stand together to challenge unfairness and our equalities legislation, law and practice are world leading. We uphold human rights, democracy and the rule of law, and our justice systems are proportionate, fair and effective. We

provide the care people need with love, understanding and dignity. We have robust, independent means to hold government to account and take an active interest in politics and civic life.

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The IJB's Strategic Plan priorities can be mapped against the Scottish Government priority outcomes as set out below in the following table.

<b>IJB Strategic Plan Priorities</b>	<b>Scottish Government Priority Outcomes</b>
Support to Children and Young People.	<ul style="list-style-type: none"> <li>• We grow up loved, safe and respected so that we realise our full potential.</li> <li>• We are well educated, skilled and able to contribute to society.</li> <li>• We respect, protect and fulfil human rights and live free from discrimination.</li> </ul>
Developing Community Hubs.	<ul style="list-style-type: none"> <li>• We are healthy and active.</li> <li>• We live in communities which are inclusive, resilient, empowered and safe.</li> <li>• We respect, protect and fulfil human rights and live free from discrimination.</li> </ul>
Promote and Support Self-Management.	<ul style="list-style-type: none"> <li>• We are healthy and active.</li> <li>• We are well educated, skilled and able to contribute to society.</li> <li>• We live in communities which are inclusive, resilient, empowered and safe.</li> <li>• We respect, protect and fulfil human rights and live free from discrimination.</li> </ul>



Revisit Models of Care and Support.	<ul style="list-style-type: none"> <li>• We are healthy and active.</li> <li>• We live in communities which are inclusive, resilient, empowered and safe.</li> <li>• We respect, protect and fulfil human rights and live free from discrimination.</li> </ul>
Improving Primary Care.	<ul style="list-style-type: none"> <li>• We are healthy and active.</li> <li>• We live in communities which are inclusive, resilient, empowered and safe.</li> <li>• We respect, protect and fulfil human rights and live free from discrimination.</li> </ul>
Value and Support Unpaid Carers.	<ul style="list-style-type: none"> <li>• We are healthy and active.</li> <li>• We live in communities which are inclusive, resilient, empowered and safe.</li> <li>• We are well educated, skilled and able to contribute to society.</li> <li>• We respect, protect and fulfil human rights and live free from discrimination.</li> </ul>
Mental Health.	<ul style="list-style-type: none"> <li>• We are healthy and active.</li> <li>• We live in communities which are inclusive, resilient, empowered and safe.</li> <li>• We are well educated, skilled and able to contribute to society.</li> <li>• We respect, protect and fulfil human rights and live free from discrimination.</li> </ul>

**This Performance Management Framework is in relation to the period between 2021-2025 and will support the IJB to assess the effectiveness of the Orkney Health and Social Care Partnership in working towards achieving the strategic objectives highlighted in both the Strategic Commissioning Implementation Plan 2021/22 and the future Strategic Plan 2022-2025.**

## **What Is Performance Management?**

Performance management aims to monitor, maintain, and improve performance in line with objectives. It is not a single activity, but rather a group of practices that should be approached holistically.

There is no standard definition of performance management but generally it describes:

- The **establishment of objectives** within which staff can understand their role within OHAC's mission and strategy.
- How **performance** amongst services and the teams can be **improved**.



- **How services can be held to account** for their performance, supporting areas requiring development as well as celebrating success and continually learning where possible.

Performance management involves comparing a statistic about a service or outcome that can be influenced with the same measure from a previous year, a target or the average and best amongst our peers.

A Performance Management Framework supports effective monitoring of progress against the strategic plans and priorities. This will allow the OHAC Senior Management Team (SMT) to identify and respond to changes with proportionality in a timeous manner.

Effective performance management also provides a variety of benefits to the IJB which will create better long-term outcomes through:

- Better measurement of objectives and outcomes of commissioned services.
- Supporting the IJB's vision for Orkney.
- Driving continuous improvement.
- Promoting accountability and transparency.
- Enhancing governance.
- Enabling best value to be demonstrated.
- Instilling confidence in employees, service users and scrutineers.
- Protecting and enhancing the reputation of the IJB.

## **Why Do We Need a Performance Management Framework?**

### **To Support Continuous Improvement**

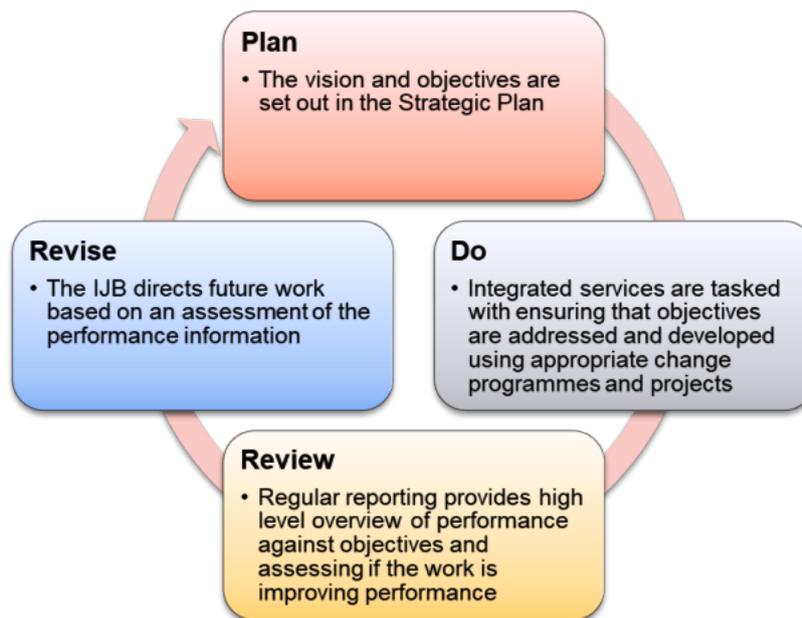
A Performance Management Framework (PMF) is in essence the means by which best value is achieved and continuous improvement is supported.

By creating a culture of continuous improvement, the IJB is committed and aspires to be one of the “best in class”, to deliver better outcomes for both individuals and the Orkney community. A PMF supports OHAC to make informed decisions on future priorities by using performance information to identify areas of strength and those requiring development to drive continuous improvement through a standardised structured approach. It can also support assessments of the effectiveness of transformational and other change projects. An example would be, to establish whether a piece of process improvement work has in fact led to a reduction of patients in a delayed discharge situation in hospital.

A PMF should help to build a culture of continuous improvement by guiding and empowering staff to drive improvements in team performance through a logical approach as shown below:



The Plan, Do, Review, Revise (PDRR) cycle is widely recognized and applies logic to both performance management within services, and performance reporting to the IJB and can be explained by applying the cycle to this PMF.



## Requirements

In respect of legislative requirements, in addition to its commissioning role, the IJB is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures as set out in the Strategic Plan.

The IJB is required to publish an Annual Performance Report which includes delivery of the national health and wellbeing outcomes, takes cognisance of the integration



delivery principles, best value, performance in respect of localities, strategic plan review as appropriate. The Annual Performance Report is the means by which the IJB demonstrates to its partners, OIC and NHSO, how well it is commissioning the services delegated to it and how well OHAC is performing in ensuring their delivery.

The Scottish Government has developed nine National Health and Wellbeing Outcomes and these are supported by a Core Indicator set to provide a framework for partnerships to develop their performance management arrangements. These can be seen in Appendix 1.

The IJB is expected to include additional relevant information beyond the minimum prescribed to build as full and as accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities, and that this be presented clearly for service users and carers.

## Principles

Performance requires to be measured against the outcomes and indicators designed to deliver the priorities outlined by the IJB through the Strategic Plan.

Driving effective performance management requires:

- **Clarity of vision**, objectives and the expected/desired outcomes.
- **Communication** of the vision and priorities to those operationally delivering the agenda.
- A **culture** where performance management is inherent and considered key to improvement with clear understanding and ownership at different levels within OHAC.
- There is a clear **Golden thread** from strategy to operational delivery with a cycle of feedback through these levels.
- Effective **collection of information** - this should involve a coordinated approach where information gathering is done on a “gather once” and “multiple use” approach, reducing duplication and reporting time.
- Ensuring **proportionality** where performance management is not unnecessarily complex.

## Reporting

Reporting performance can be complex and in all cases it will be important to ensure that data, information and narrative updates are provided in understandable formats suitable for each audience.

## Approach

To ensure that OHAC successfully implements the principles it is important to understand and define the overall approach to performance and the detail by which reporting will be undertaken. The following points are key aspects to consider:

- Indicators and measurement – rationale and linkage.



- Concepts and tools e.g. use of intuitive dashboards etc.
- Reporting.

### **Indicators and Measurement**

The focus for the Performance Management Framework should be the delivery of the outcomes set out in the Strategic Plan and set out nationally by the Scottish Government outcomes. This area of performance reporting should be used when reporting to the IJB and when formulating the Annual Performance Report.

As noted, the Scottish Government has developed National Health and Wellbeing Outcomes supported by a Core Indicator Set to provide a framework for Partnerships to develop their performance management arrangements.

Existing measures and targets from the service plans of the respective parties making up the partnership, other national measures such as the Health and Care Experience Survey (HACE) and agreed Community Planning measurements from delivery plans will provide a further basis for development over time. Relevant information and measures in respect of clinical and care governance also require inclusion over time.

However, it will be important to focus on the desired outcomes of what OHAC is actually trying to achieve and not be skewed by what is measurable or being collected at the time.

### **Concepts and tools**

Use of tools to report information should focus on the “gather once, multiple use” approach mentioned above.

All OIC and most OHAC performance data is reported via Pentana, the Council’s online Corporate Performance Management System (CPMS).

This allows OHAC to effectively analyse data, track progress of indicators and actions and provide regular communications and robust performance information to Managers and Elected Members in relation to Council services. Performance can be monitored on a range of frequencies (e.g. monthly, quarterly, annually). The system is also a single point of storage as all data is stored in the one place.

Within the Pentana performance system, statuses and tolerances are set using Red, Amber, Green (RAG) to ensure clear understanding of performance against the measurement of a PI or action. The symbols used are determined as follows:



Status	Description
	On target
	Slightly adrift of target
	Significantly adrift of target
	Data only (PIs only) – this is where a target has intentionally not been set, usually due to the indicator being a new indicator or one that is being monitored for context rather than actively focussed on
	Data not available / status unknown - (PIs only) the status is not available either due to data not available or no target being set.

NHSO also uses RAG within DatixWeb which records incidents, complaints and risks within a singular database. Many of the other performance indicators for NHSO are sourced online through the use of national dashboards such as Discovery. Within NHSO there is the ability to create their own dashboards through systems such as SQL and Boxi reporting. The main data source of NHSO is the patient record system TrakCare.

## Where do we report?

**To ensure the accuracy and quality of data collection and to support meaningful measurement of performance, there will be a requirement to receive regular updates of performance from the commissioned services within OIC and NHSO.**

The Performance Framework primarily covers reporting to the IJB, although there is a wide variation in the frequency of reporting across all the outcome indicators and measures. All reporting should follow the existing meeting dates and committee reporting schedules with any additional required reporting provided upon request.

The roles and responsibilities of each party are explained within the Integration Scheme under Performance Targets, Improvement Measures and Reporting Arrangements including:

- Identification of a core set of indicators relating to services delegated to the Board.
- Data collation within an 'integration dashboard' known as the Performance System.
- The parties will be responsible for sharing all performance information, targets and indicators with the Board.
- Performance indicators must be linked to national and local outcomes to inform change and chart progress.

In addition to these requirements, a process of ensuring appropriate escalation of issues is key, with an improvement focus or mindset, regular feedback and recognition of success.



## Regular Reporting to the IJB

The IJB currently meets every two months and Performance Reports will be presented at every second meeting. This supports transparency by presenting stories of success and equally where learning has been taken.

The IJB is invited to scrutinise all performance data presented. This will ensure **established objectives** have the service user/patient interests at the heart. There is a continual **improvement focus** where better quality of care and patient outcomes are measured and discussed. Finally, services are **held to account**, for their performance to ensure adequate support is provided where necessary and successes can be celebrated and replicated where possible.

In addition, there are reporting requirements to the OHAC Committee, and the Annual Performance Report which must be noted by the IJB and approved by NHSO and OIC.

## OIC Reporting

Once the IJB's Annual Performance Report is approved by the IJB, the report is presented to OIC's Policy and Resources Committee for scrutiny.

The Council's OHAC Committee receives performance information against the Cross-Council Generic Service Performance Indicators, including areas such as complaints, compliments, recruitment and retention, sickness absence and mandatory training.

## NHSO Reporting

As with OIC, the IJB's Annual Performance Report will be shared once approved by the IJB, in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act. This will be reported to the NHS Board for scrutiny.

## Continuously Improving the Performance Framework

This Framework will develop further over the coming years as the 2022 Strategic Plan is created and working relationships strengthen. The Performance Framework will develop to changing national and local requirements and aims to be flexible in responding to different priorities.

The scope of the first version of this document covers the below deliverables as the starting point of the framework:

- Performance Framework to support the Strategic Plan.
- Means of disseminating the data.

These deliverables provide a strong foundation to build understanding and create an environment of informed choice around how performance is measured over time. By ensuring a well-informed management team the best proactive choices will be



highlighted and made to support long term health outcomes and sustainability supporting the priorities of Orkney's Community Plan.

The Coronavirus pandemic has had a considerable impact worldwide and measuring the effect upon local services will take time, the results of which are likely to have substantial impact upon the ways OHAC operates and equally how OHAC collaborates going forward. This heightens the need to ensure measurements are clear, concise and proactive.

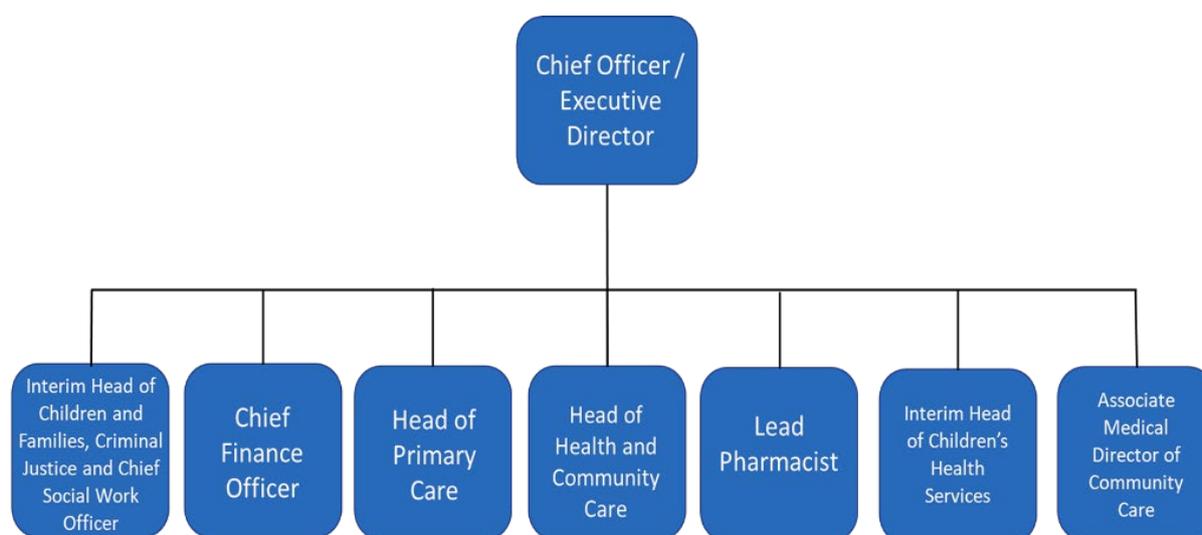
## Delivering the Performance Framework

To effectively deliver the Framework, OHAC must ensure it meets the purpose of informing the IJB, staff and public as to how well they are performing and meeting the strategic priorities. This includes how well it is assisting the Joint Clinical and Care Governance Committee to identify areas of improvement and celebrate areas of success and best practice. This will also give information to enable decision making on future transformation, commissioning, and decommissioning of current service models.

After the first year of delivery the Performance Management Framework should be reviewed in consultation with stakeholders to ensure it remains fit for purpose in respect to best value, ensuring patient safety, maintaining focus on continuous improvement and providing consistent consideration to long term sustainability.

## Responsibility for Performance Reporting Across the HSCP

### Orkney Health and Care Senior Management Structure





## Glossary

The Integration Joint Board (IJB)	The IJB is responsible for the strategic planning and commissioning of the functions delegated to it and for ensuring the delivery of those functions.
Orkney Islands Council (OIC)	The local authority responsible for providing a variety of public services and a partner of the IJB. Local Authorities are governed by a council of elected members.
NHS Orkney (NHSO)	The local branch of the publicly funded Health Care system for NHS Scotland and a partner of the IJB.
The Golden Thread	The Golden thread is also known as organisational alignment which shows how an organisation or partnership links activities to its goals.
Best Value	Ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.
National Health and Wellbeing Outcomes	Provide a strategic framework for the planning and delivery of health and social care services.
Core Indicator Set/Suite:	Describes the proposed core suite of indicators that Integration Authorities will use to measure progress towards the National Health and Wellbeing Outcomes. More details in Appendix 1.
BRAG (Blue, Red, Amber, Green)	A commonly understood visual indicator of tolerance or level of risk through colour.
Key Performance Indicators (KPI)	Used to measure performance against key objectives
Data Confusion	Confusion caused by over collection and storage of data combined with an inability to identify the most relevant or important data sources.



## Appendix 1

### National Health and Wellbeing Outcomes

**“The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.”**

Indicator.	Title.
1.	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2.	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3.	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5.	Percentage of adults receiving any care or support who rate it as excellent or good.
6.	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7.	People who use health and social care services are safe from harm.
8.	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9.	Resources are used effectively and efficiently in the provision of health and social care services.

The national health and wellbeing outcomes apply across all integrated health and social care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery. The national health and wellbeing outcomes also provide for the mechanism by which the Scottish Ministers will bring together the performance management mechanisms for health and social care.



## Core Suite of indicators

**“Describes the proposed core suite of indicators that Integration Authorities will use to measure progress towards the National Health and Wellbeing Outcomes.”**

Indicator.	Title.
1.	Percentage of adults able to look after their health very well or quite well.
2.	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.
3.	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.
4.	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.
5.	Percentage of adults receiving any care or support who rate it as excellent or good.
6.	Percentage of people with positive experience of care at their GP practice.
7.	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.
8.	Percentage of carers who feel supported to continue in their caring role.
9.	Percentage of adults supported at home who agreed they felt safe.
10.	Percentage of staff who say they would recommend their workplace as a good place to work.

Outcome indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality. While national user feedback will only be available every two years, it is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often.

Indicator.	Title.
11.	Premature mortality rate per 100,000 persons.
12.	Emergency admission rate (per 100,000 population).
13.	Emergency bed day rate (per 100,000 population).
14.	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges).



15.	Proportion of last 6 months of life spent at home or in a community setting.
16.	Falls rate per 1,000 population aged 65+.
17.	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.
18.	Percentage of adults with intensive care needs receiving care at home.
19.	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population).
20.	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.
21.	Percentage of people admitted to hospital from home during the year, who are discharged to a care home.
22.	Percentage of people who are discharged from hospital within 72 hours of being ready.
23.	Expenditure on end of life care, cost in last 6 months per death.

Data Indicators derived from organisational/system data primarily collected for other reasons. These indicators will be available annually or more often.



**For further information or to receive this in another format please contact:**

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