

Item: 18

Policy and Resources Committee: 17 June 2025.

Performance Monitoring – Orkney Health and Care.

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

1. Overview

- 1.1. The Council Plan 2023-28, approved in March 2023, reflects national priorities set by both the Scottish and UK Governments and the core services which the Council provides day to day, as well as taking account of new duties arising from recent legislation.
- 1.2. The Delivery Plan to support the Council Plan contains a number of priority actions listed to indicate the work which will be undertaken to achieve the identified outcomes.
- 1.3. The Council Plan 2023-28 noted that each directorate will have a delivery plan describing the priorities that they will deliver.
- 1.4. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to work together to improve community health and social care services.
- 1.5. Orkney Islands Council and NHS Orkney (NHSO) agreed to adopt a Body Corporate model for their partnership, resulting in the establishment of the Integration Joint Board (IJB).
- 1.6. The Council and NHSO delegate a significant number of health services, and all social care services, to the IJB, as specified in their Integration Scheme.
- 1.7. The IJB's plan is known as the Strategic Plan 2025 – 2028 with the associated delivery plan, Strategic Plan Delivery Plan 2025/26, and was approved by the IJB in April 2025.
- 1.8. The performance indicators that are the subject of this report cover those services delivered by Orkney Islands Council on behalf of the IJB.

2. Recommendations

- 2.1. It is recommended that members of the Committee:
- i. Note the performance of Orkney Health and Social Care Partnership services delivered by the Council, for the reporting period 1 October 2024 to 31 March 2025, attached as Appendix 1 to this report.
 - ii. Note the complaints and compliments made to the Orkney Health and Social Care Partnership, in the six-month period 1 October 2024 to 31 March 2025, and for the two preceding six-month periods, as set out in section 4 of this report.

3. Performance Indicators

- 3.1. Service performance indicators provide the mechanism through which the performance of aspects of the services, provided year-on-year, are monitored. The monitoring report is attached as Appendix 1.
- 3.2. In February 2024, the Corporate Leadership Team agreed to start monitoring the Cross Council Generic Performance Indicators on a quarterly basis but to remain reporting to committee on a six monthly basis, this is why the indicator charts show statistics for six monthly periods, moving to quarterly periods.

4. Complaints and Compliments

- 4.1. Table 1, below, sets out the number of complaints and compliments, made to the Orkney Health and Social Care Partnership, in the six-month 1 October 2024 to 31 March 2025, and for the two preceding six-month periods.

Table 1.	Six-months ending 31 March 2024.	Six-months ending 30 September 2024.	Six-months ending 31 March 2025.
Complaints.	15.	28.	14.
Compliments.	64.	83.	67.

- 4.2. When considering the data within Table 1, it should be noted that the Council has adopted a policy of encouraging staff to record all complaints made against the Council through the Complaints Handling Procedure. This includes complaints that are quickly and satisfactorily resolved by the frontline service, thereby enabling the Council to identify any trends that would help to improve the service.

- 4.3. As a result of this policy, the number of complaints captured by the procedure may increase, but that does not necessarily reflect an increase in the number of people contacting the service to express dissatisfaction with the Council.
- 4.4. For the period 1 October to 31 December 2024 there was a total of 11 complaints received. This represents a decrease of two compared to the last reporting period. Of the complaints received, 91% were held by Care at Home and 9% by Social Care. Of the total complaints this quarter, 82% have been upheld, 9% partially upheld, 9% is currently ongoing at the end of quarter 3.
- 4.5. For the period 1 January to 31 March 2025 there were a total of 3 complaints received. This represents a decrease of eight compared to the last reporting period. Of the complaints received, 67% were held by Care at Home and 33% by Social Care. Of the total complaints this quarter, 33% has been upheld, 33% partially upheld, and 33% is currently ongoing at the end of quarter 4.

For Further Information please contact:

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Email stephen.brown3@nhs.scot.

Implications of Report

1. **Financial:** None arising directly from this report.
2. **Legal:** The Council's performance management systems help the Council to meet its statutory obligation to secure best value.
3. **Corporate Governance:** Not applicable.
4. **Human Resources:** Not applicable.
5. **Equalities:** An Equality Impact Assessment is not required for performance monitoring.
6. **Island Communities Impact:** An Island Communities Impact Assessment is not required for performance monitoring.
7. **Links to Council Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Council Plan strategic priorities:
 - ☐ Growing our economy.
 - ☒ Strengthening our Communities.
 - ☐ Developing our Infrastructure.
 - ☐ Transforming our Council.
8. **Links to Local Outcomes Improvement Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Local Outcomes Improvement Plan priorities:

- ☐ Cost of Living.
- ☐ Sustainable Development.
- ☒ Local Equality.
- ☐ Improving Population Health.

- 9. Environmental and Climate Risk:** Not applicable.
- 10. Risk:** Risks associated with the services delivered by Orkney Health and Social Care Partnership are overseen by the IJB.
- 11. Procurement:** Not applicable.
- 12. Health and Safety:** Not applicable.
- 13. Property and Assets:** Not applicable.
- 14. Information Technology:** Not applicable.
- 15. Cost of Living:** Not applicable.

List of Background Papers

Strategic Plan 2025 – 2028.

Strategic Plan Delivery Plan 2025/26.

Appendices.

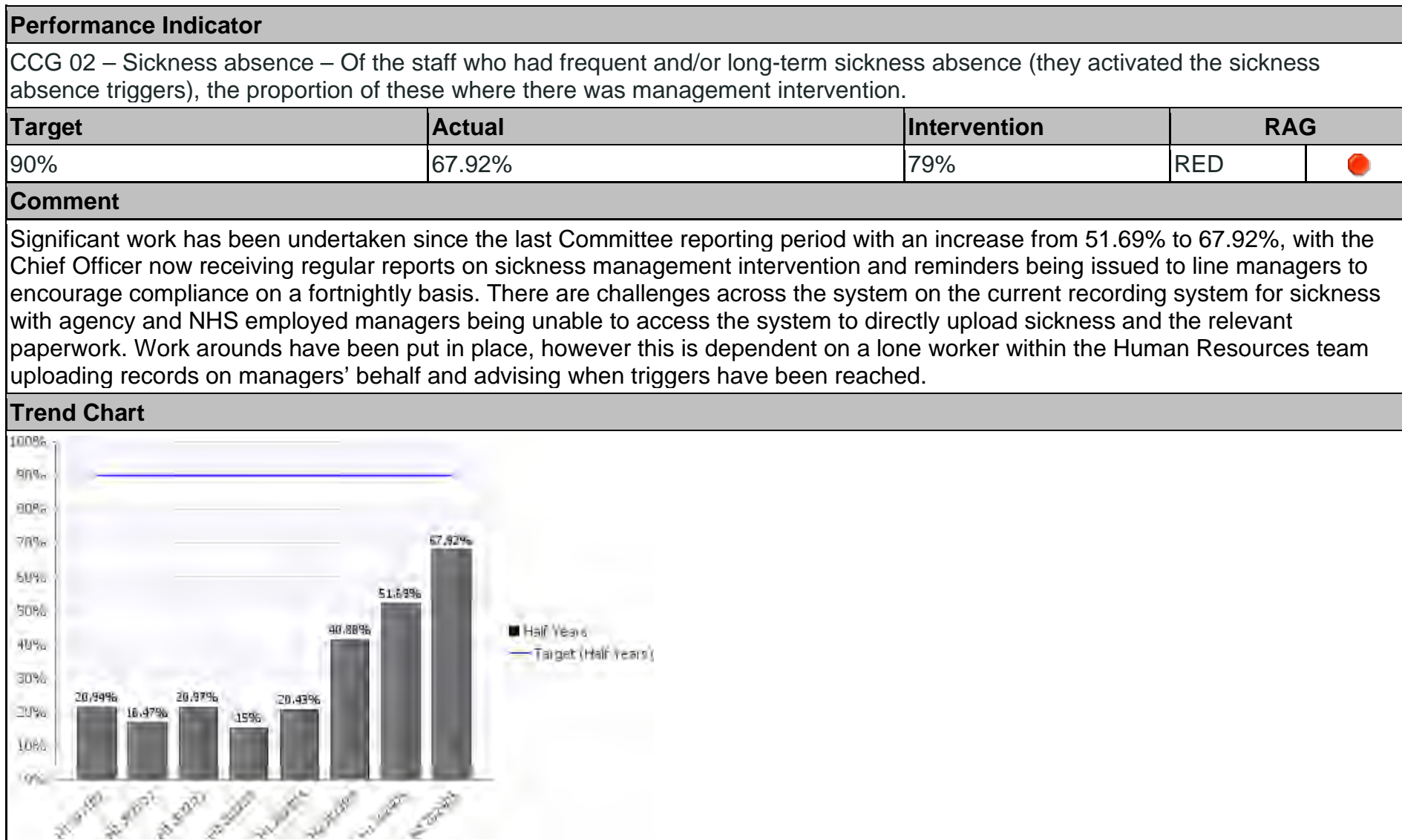
Appendix 1: Performance Indicators.

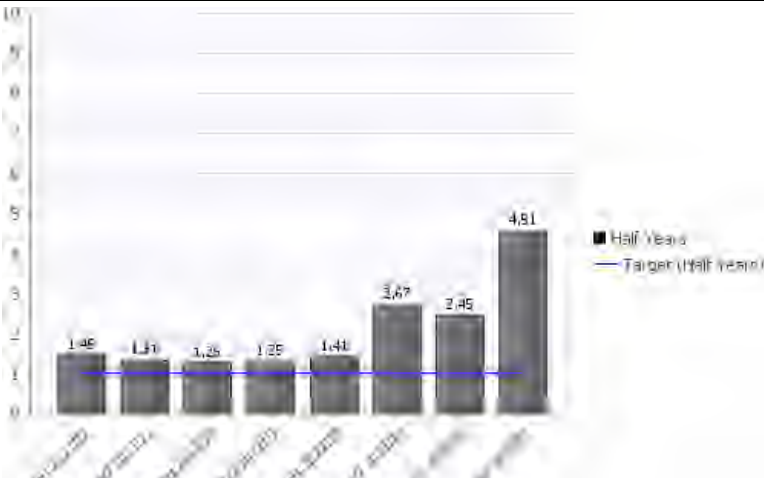



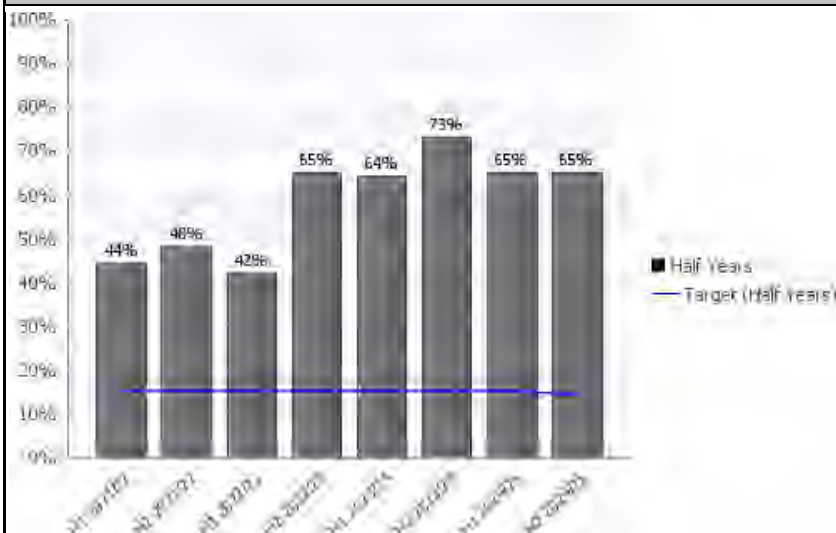
Orkney Health and Care Performance Indicator Report

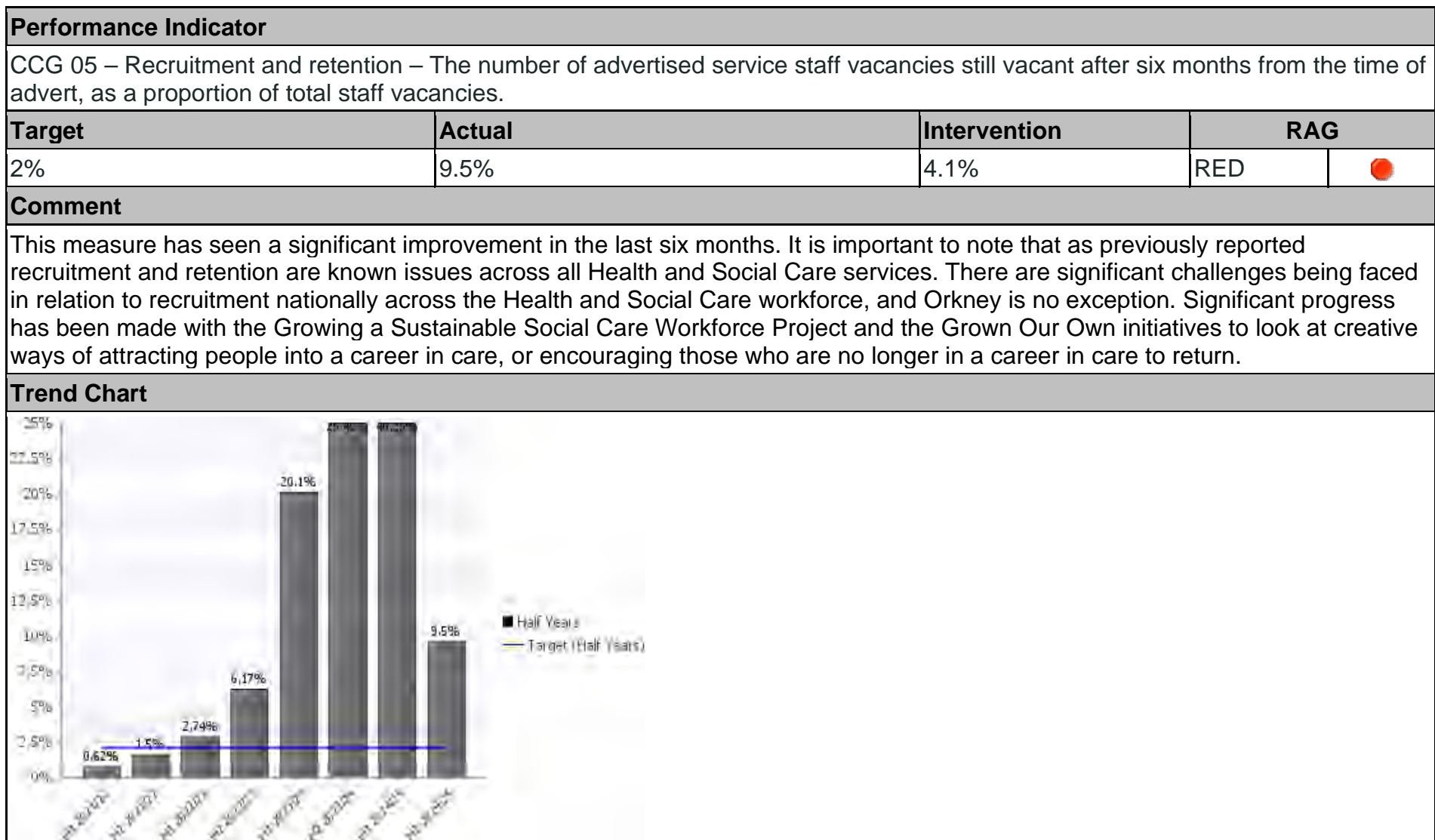
Service Performance Indicators at 31 March 2025

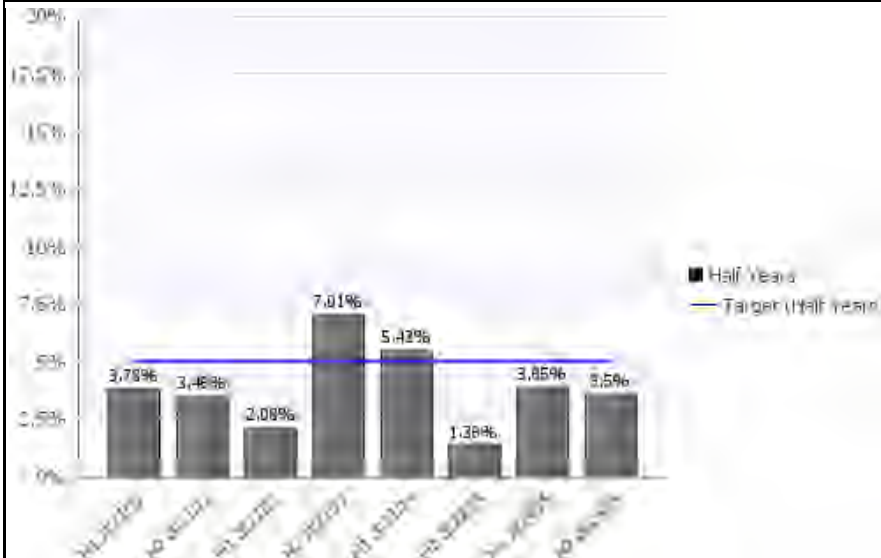
Performance Indicator																						
CCG 01 – Sickness absence – The average number of working days per employee lost through sickness absence, expressed as a percentage of the number of working days available.																						
Target	Actual	Intervention	RAG																			
4%	10.44%	6.1%	RED																			
Comment																						
Sickness absence remained high across our services, there has been a slight increase from 9.57% to 10.44% within the last Committee reporting period. Regular reports are shared with the Chief Officer for oversight as well as regular reports presented to the Senior Management Team for scrutiny and to identify trends. Managers are given fortnightly emails in respect of sickness for awareness and action. To support staff across health and social care several activities which encourages health and wellbeing are shared. The Senior Management Team has encouraged staff to include Health, Safety and Wellbeing as standard items on team meeting agendas.																						
Trend Chart																						
<table><caption>Trend Chart Data</caption><thead><tr><th>Service</th><th>Percentage</th></tr></thead><tbody><tr><td>Health</td><td>10.48%</td></tr><tr><td>Social Care</td><td>10.25%</td></tr><tr><td>Health & Social Care</td><td>10.64%</td></tr><tr><td>Health & Social Care</td><td>11.04%</td></tr><tr><td>Health & Social Care</td><td>11.05%</td></tr><tr><td>Health & Social Care</td><td>10.31%</td></tr><tr><td>Health & Social Care</td><td>9.57%</td></tr><tr><td>Health & Social Care</td><td>10.44%</td></tr></tbody></table>					Service	Percentage	Health	10.48%	Social Care	10.25%	Health & Social Care	10.64%	Health & Social Care	11.04%	Health & Social Care	11.05%	Health & Social Care	10.31%	Health & Social Care	9.57%	Health & Social Care	10.44%
Service	Percentage																					
Health	10.48%																					
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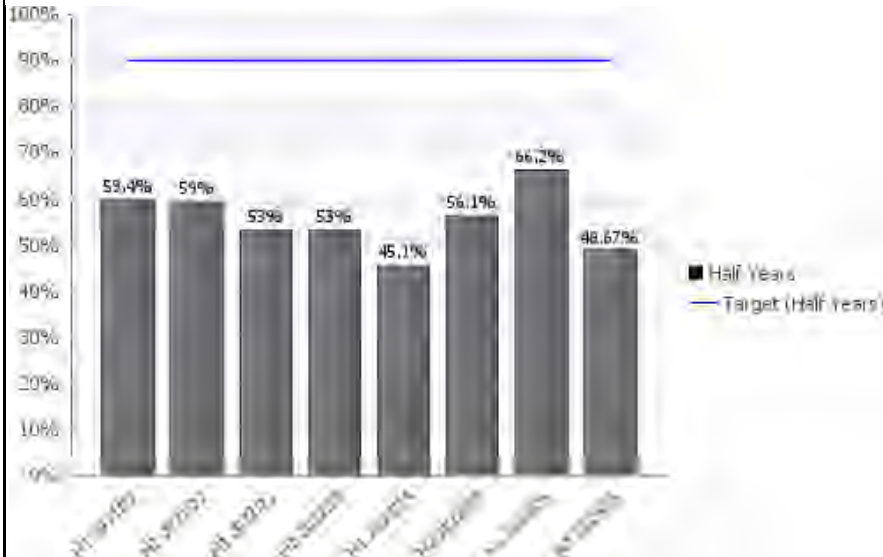


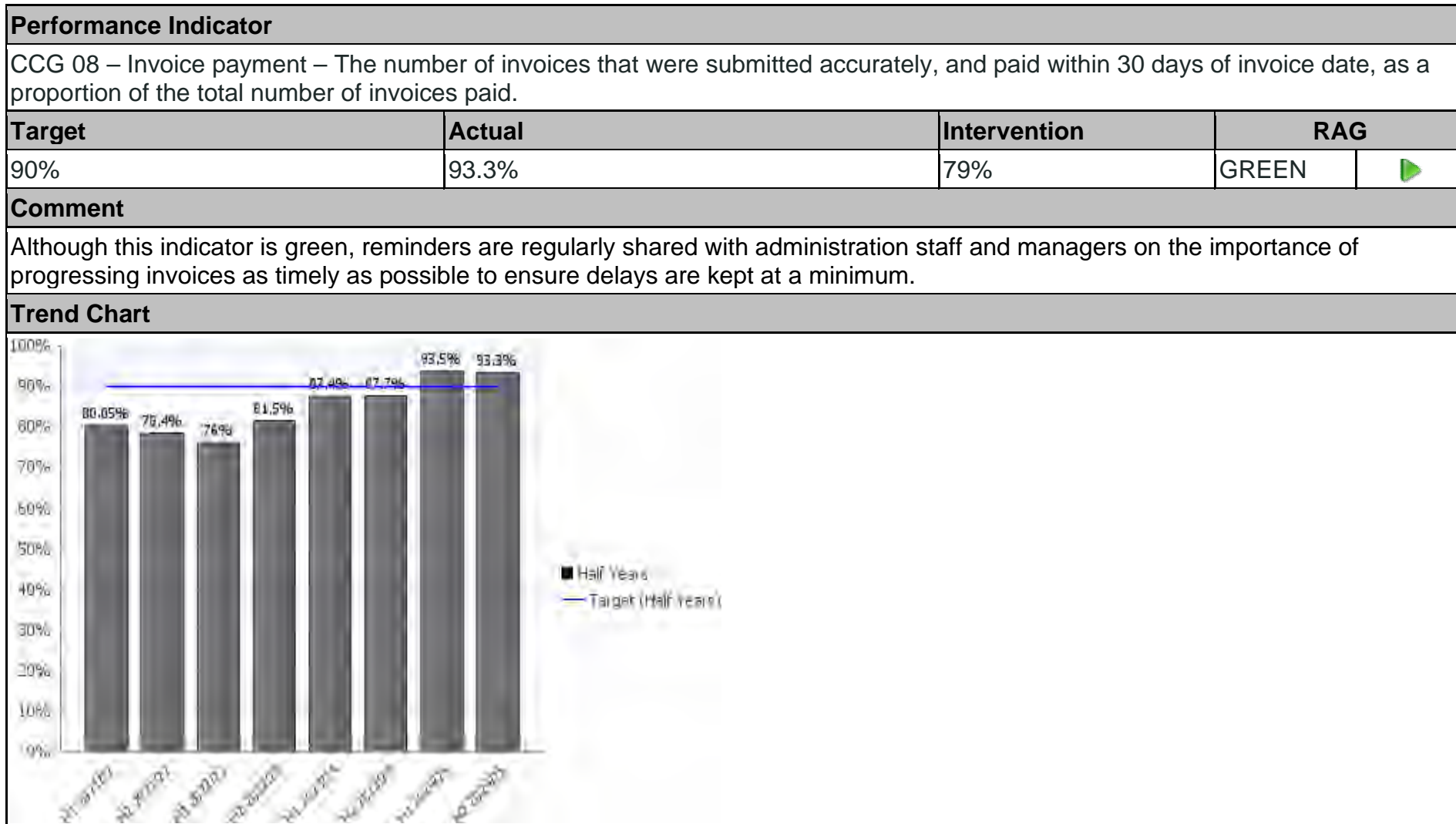
Performance Indicator																						
CCG 03 – Staff accidents – The number of staff accidents within the service, per 30 staff per year.																						
Target	Actual	Intervention	RAG																			
1	4.51	2.1	RED	<div></div>																		
Comment																						
<p>The service is demonstrating a significant increasing trend of accident reporting for the 12-month rolling period report in this quarter. Orkney Health and Care encompasses various essential operational services, including frontline carers and social workers. There are inherent risks associated with these roles, specifically around manual handling and equipment operation. Therefore, management of these services has a strong approach to safety. All staff work to appropriate risk assessments and have specialised training where a need is identified. The increase in accidents is due to a particularly complex and specific set of circumstances. The sensitive and multifaceted factors involved in this increase have been identified and addressed by the service in collaboration with other partners.</p> <p>During this reported 12-month period there has been two RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable accidents.</p>																						
Trend Chart																						
 <table><caption>Staff Accidents per 30 Staff per Year (Half Year)</caption><tr><th>Year</th><th>Accidents</th></tr><tr><td>2016/17</td><td>1.45</td></tr><tr><td>2017/18</td><td>1.31</td></tr><tr><td>2018/19</td><td>1.25</td></tr><tr><td>2019/20</td><td>1.25</td></tr><tr><td>2020/21</td><td>1.41</td></tr><tr><td>2021/22</td><td>3.67</td></tr><tr><td>2022/23</td><td>3.45</td></tr><tr><td>2023/24</td><td>4.51</td></tr></table>					Year	Accidents	2016/17	1.45	2017/18	1.31	2018/19	1.25	2019/20	1.25	2020/21	1.41	2021/22	3.67	2022/23	3.45	2023/24	4.51
Year	Accidents																					
2016/17	1.45																					
2017/18	1.31																					
2018/19	1.25																					
2019/20	1.25																					
2020/21	1.41																					
2021/22	3.67																					
2022/23	3.45																					
2023/24	4.51																					

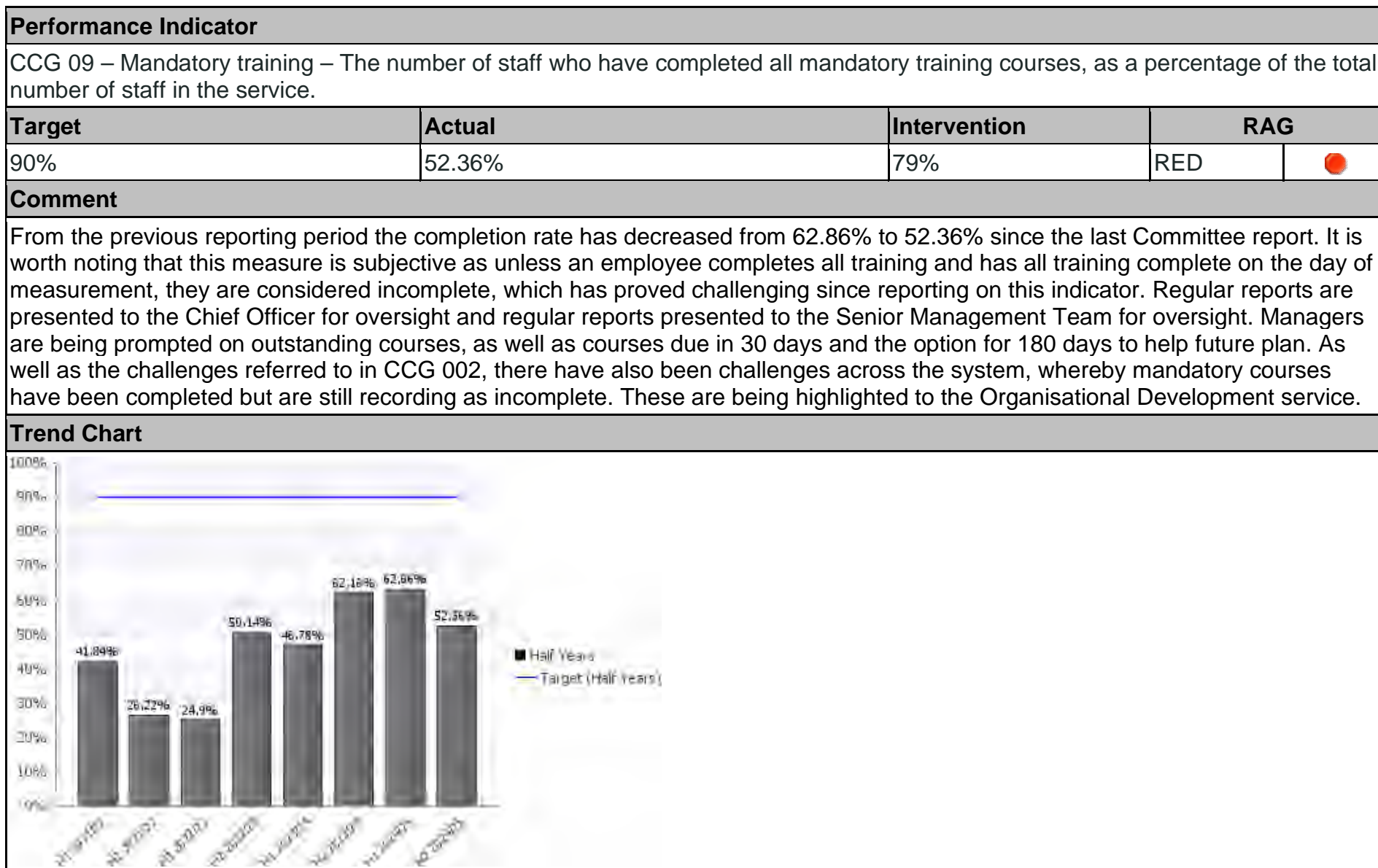
Performance Indicator																						
CCG 04 – Budget control – The number of significant variances (priority actions) generated at subjective group level, as a proportion of cost centres held.																						
Target	Actual	Intervention	RAG																			
15%	65%	31%	RED																			
Comment																						
There are significant over and underspends within various cost centres. This can be due to various factors, such as increased sickness levels requiring backfill or key vacancies, often using locum staff, which causes overspends. At present, there has been no budget movements made, as this will only hide the issues in the short term and the services need to understand the pressures within each of the budgets for the budget setting to be clear for the next financial year. However, work has been done to improve the budget profiles to reflect the actual area of spend within the budget as well as tidying up subjective coding discrepancies. All budget holders have been provided with the recent training material and guidance following the budget holder training.																						
Trend Chart																						
 <table><thead><tr><th>Half Year</th><th>Percentage</th></tr></thead><tbody><tr><td>11/01/17</td><td>44%</td></tr><tr><td>10/01/17</td><td>48%</td></tr><tr><td>09/01/17</td><td>42%</td></tr><tr><td>08/01/17</td><td>65%</td></tr><tr><td>07/01/17</td><td>64%</td></tr><tr><td>06/01/17</td><td>73%</td></tr><tr><td>05/01/17</td><td>65%</td></tr><tr><td>04/01/17</td><td>65%</td></tr></tbody></table>					Half Year	Percentage	11/01/17	44%	10/01/17	48%	09/01/17	42%	08/01/17	65%	07/01/17	64%	06/01/17	73%	05/01/17	65%	04/01/17	65%
Half Year	Percentage																					
11/01/17	44%																					
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09/01/17	42%																					
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07/01/17	64%																					
06/01/17	73%																					
05/01/17	65%																					
04/01/17	65%																					



Performance Indicator																						
CCG 06 – Recruitment and retention – The number of permanent service staff who leave the employment of Orkney Islands Council – but not through retirement or redundancy – as a proportion of all permanent service staff.																						
Target	Actual	Intervention	RAG																			
5%	3.5%	10.1%	GREEN	▶																		
Comment																						
Although this indicator is currently at green, work continues to be progressed within the service on retention.																						
Trend Chart																						
 <table><caption>Recruitment and Retention Data</caption><thead><tr><th>Period</th><th>Percentage</th></tr></thead><tbody><tr><td>14/2019</td><td>3.75%</td></tr><tr><td>15/2019</td><td>3.48%</td></tr><tr><td>16/2019</td><td>2.08%</td></tr><tr><td>17/2019</td><td>7.01%</td></tr><tr><td>18/2019</td><td>5.42%</td></tr><tr><td>19/2019</td><td>1.38%</td></tr><tr><td>20/2019</td><td>3.85%</td></tr><tr><td>21/2019</td><td>3.56%</td></tr></tbody></table>					Period	Percentage	14/2019	3.75%	15/2019	3.48%	16/2019	2.08%	17/2019	7.01%	18/2019	5.42%	19/2019	1.38%	20/2019	3.85%	21/2019	3.56%
Period	Percentage																					
14/2019	3.75%																					
15/2019	3.48%																					
16/2019	2.08%																					
17/2019	7.01%																					
18/2019	5.42%																					
19/2019	1.38%																					
20/2019	3.85%																					
21/2019	3.56%																					

Performance Indicator																						
CCG 07 – Good Conversations – The number of staff who receive (at least) an annual face-to-face performance review and development meeting, as a proportion of the total number of staff within the service.																						
Target	Actual	Intervention	RAG																			
90%	48.67%	79%	RED	<div></div>																		
Comment																						
As previously highlighted capacity within services is limited due to vacancies across the system. There has been a decrease from 66.2% to 48.68% since the last report was presented to Committee. Managers are regularly encouraged to ensure Good Conversations are completed. It should be noted that staff within Health and Social Care have routinely scheduled 1:1 or group sessions where they can discuss concerns, areas they feel they would benefit from additional training or support and have the opportunity to check in with how they are feeling, this is additional to Good Conversations and applies solely to the Partnership. The Senior Management Team receive regular reports on completion of Good Conversations for oversight.																						
Trend Chart																						
 <p>The trend chart displays the completion rate of Good Conversations over eight half-years. The y-axis represents the percentage from 0% to 100%. A horizontal blue line indicates the target at 90%. The x-axis labels are rotated and partially obscured, but the data points are as follows:</p> <table><tr><th>Half Year</th><th>Completion Rate (%)</th></tr><tr><td>Half Year 1</td><td>59.4%</td></tr><tr><td>Half Year 2</td><td>59%</td></tr><tr><td>Half Year 3</td><td>53%</td></tr><tr><td>Half Year 4</td><td>53%</td></tr><tr><td>Half Year 5</td><td>45.1%</td></tr><tr><td>Half Year 6</td><td>56.1%</td></tr><tr><td>Half Year 7</td><td>66.2%</td></tr><tr><td>Half Year 8</td><td>48.67%</td></tr></table>					Half Year	Completion Rate (%)	Half Year 1	59.4%	Half Year 2	59%	Half Year 3	53%	Half Year 4	53%	Half Year 5	45.1%	Half Year 6	56.1%	Half Year 7	66.2%	Half Year 8	48.67%
Half Year	Completion Rate (%)																					
Half Year 1	59.4%																					
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Half Year 5	45.1%																					
Half Year 6	56.1%																					
Half Year 7	66.2%																					
Half Year 8	48.67%																					





RAG key:

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

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

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