

Item: 22.2

General Meeting of the Council: 9 December 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 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 April to 30 September 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 April to 30 September 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 period 1 April to 30 September 2025, and for the two preceding six-month periods.

Table 1.	Six-monthly ended 30 September 2025.	Six-months ending 31 March 2024.	Six-months ending 30 September 2024.
Complaints.	18.	15.	28.
Compliments.	56.	64.	83.

- 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 April to 30 June 2025 there were a total of seven complaints. This represents an increase of four compared to the last reporting period. Of the complaints received, 71% were held by Care at Home, and 14% each by Social Work (Adult and Learning Disability) and Social Work (Children and Families). Of the complaints received, 57% were upheld, 14% partially upheld, and 29% not upheld. There were no complaints ongoing at the end of quarter 1.
- 4.5. For the period 1 July to 30 September 2025 there were a total of 11 complaints. This represents an increase of four compared to the last reporting period. Of the complaints received, 36% were held by Care at Home and 18% each by Adult Social Care, Social Work (Adult and Learning Disability), and Social Work (Children and Families). Of the total complaints this quarter, 45% were upheld, 27% not upheld, 9% partially upheld, and 18% currently ongoing at the end of quarter 2.

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:** None arising directly from this report.
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

None.

Appendices.

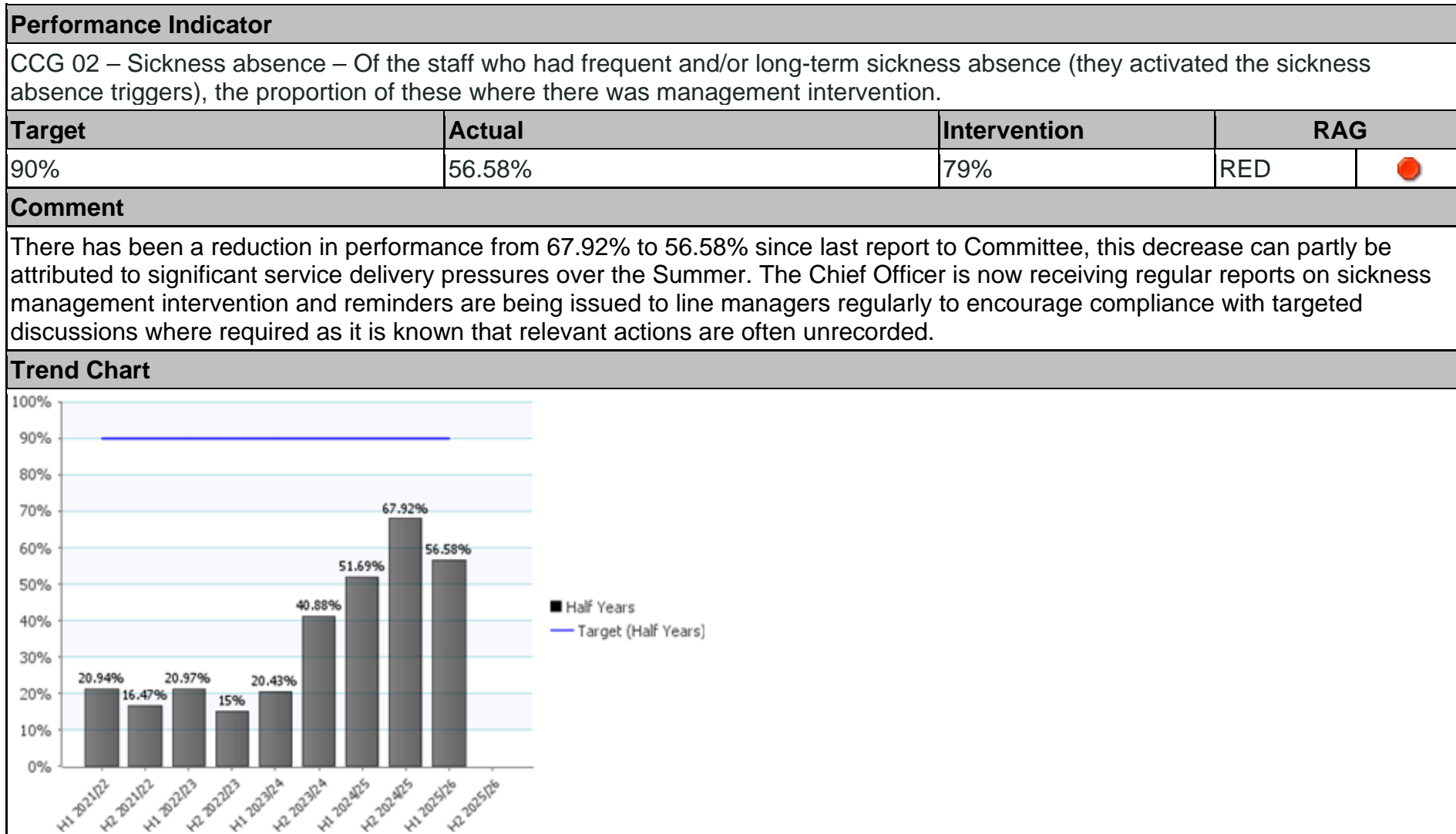
Appendix 1: Performance Indicators.

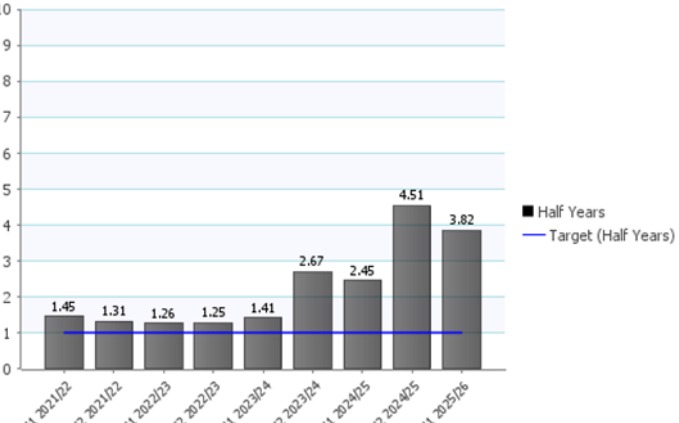


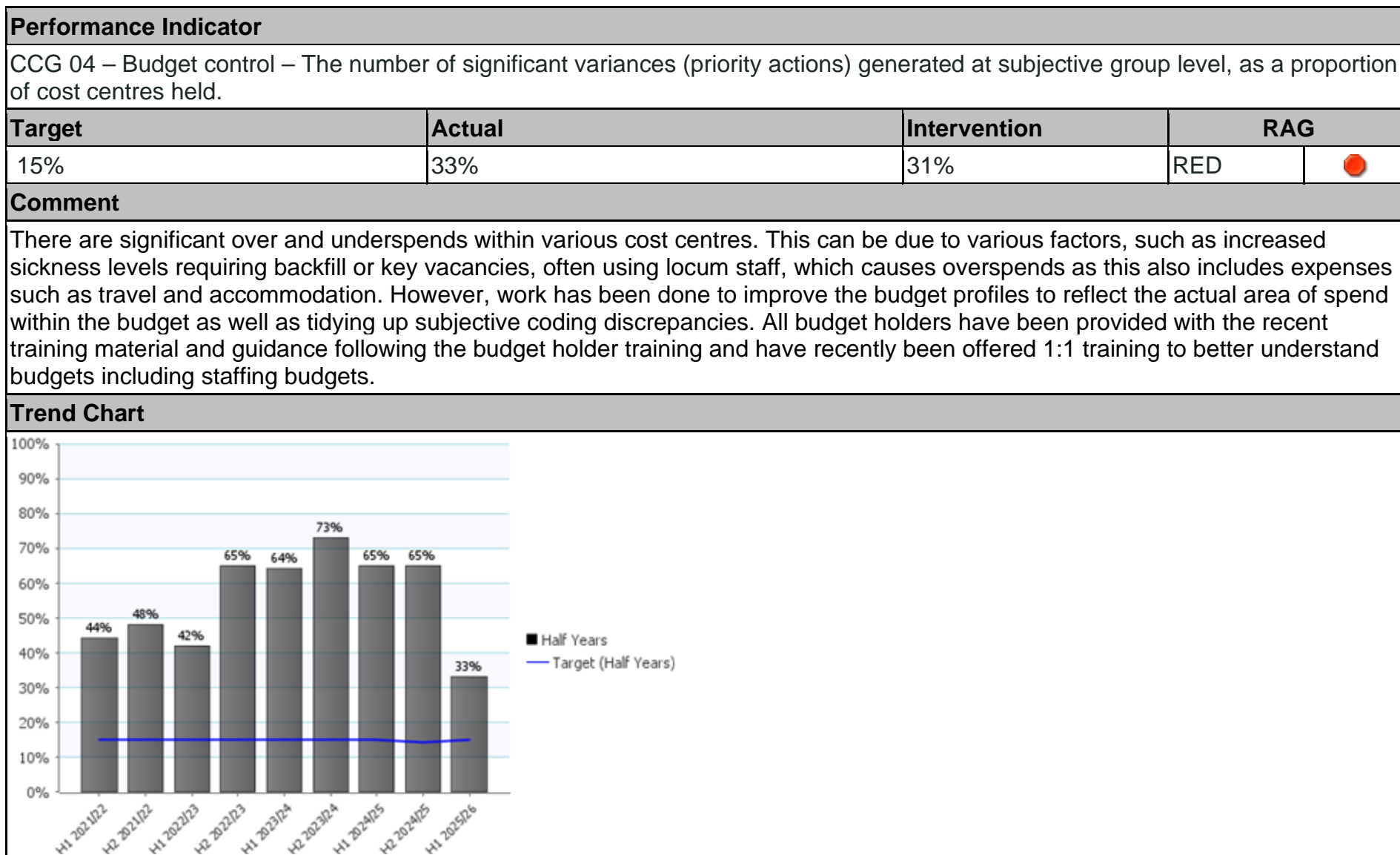
Orkney Health and Care Performance Indicator Report

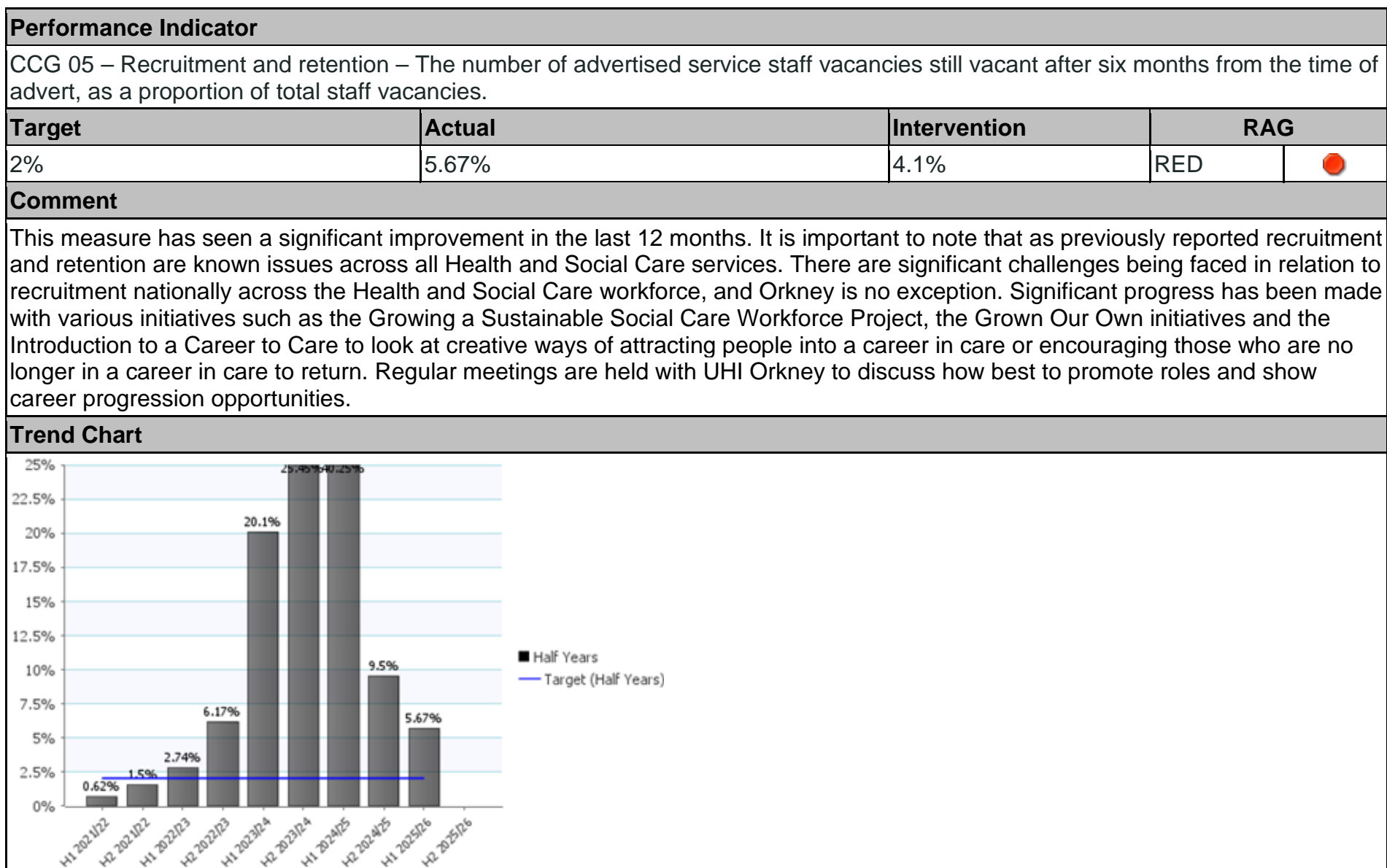
Service Performance Indicators at 30 September 2025

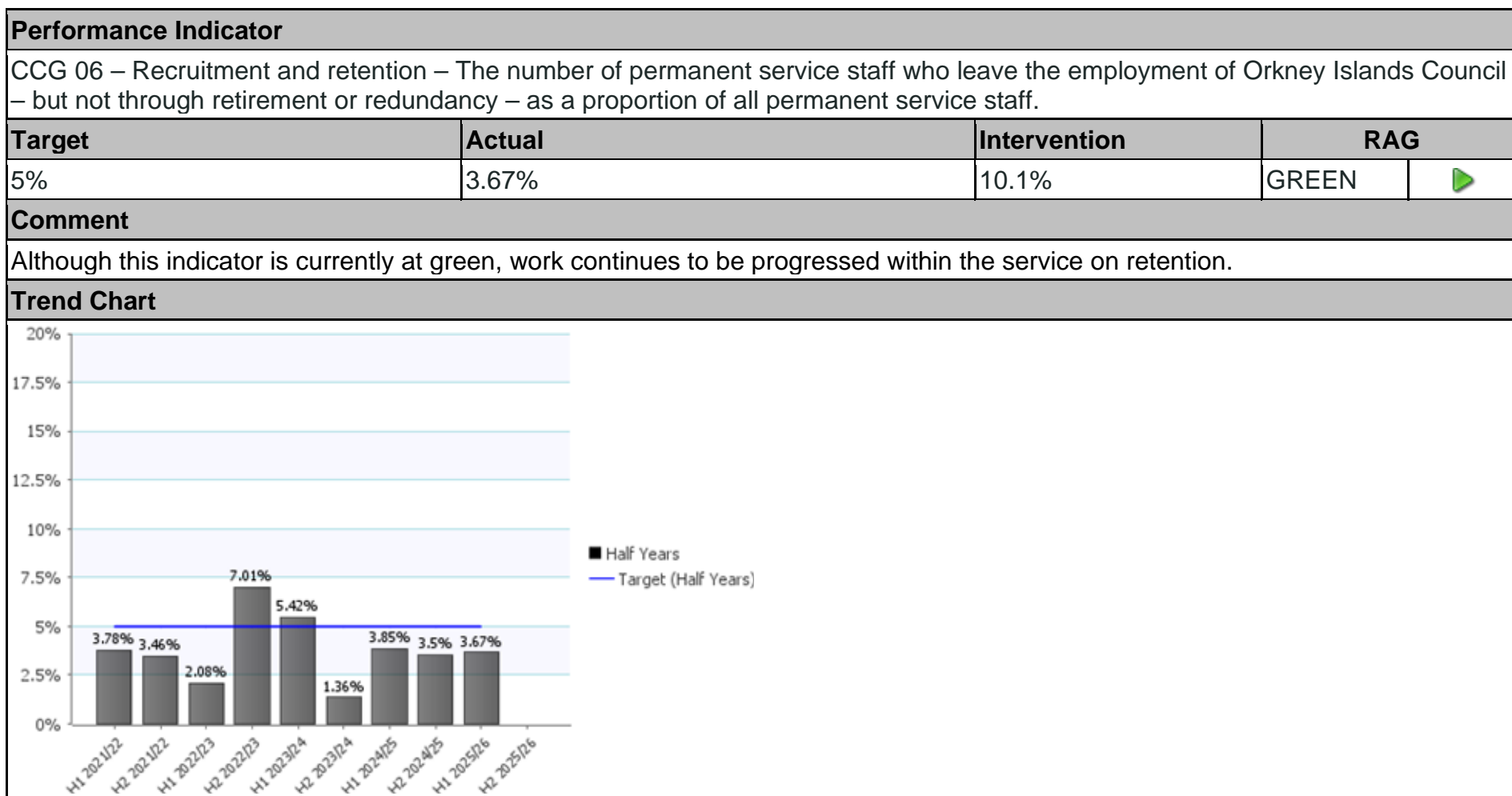
Performance Indicator																								
CCG 01 – Sickness absence – The average number of working days per employee lost through sickness absence, expressed as a percentage of the number of working days available.																								
Target	Actual	Intervention	RAG																					
4%	11.88%	6.1%	RED	<div></div>																				
Comment																								
Sickness absence remained high across our services, there has been a slight increase from 10.44% to 11.88% 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 regular 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																								
<div><table><caption>Sickness Absence Data (Half Years)</caption><thead><tr><th>Half Year</th><th>Percentage</th></tr></thead><tbody><tr><td>H1 2021/22</td><td>10.49%</td></tr><tr><td>H2 2021/22</td><td>10.25%</td></tr><tr><td>H1 2022/23</td><td>10.64%</td></tr><tr><td>H2 2022/23</td><td>11.04%</td></tr><tr><td>H1 2023/24</td><td>11.05%</td></tr><tr><td>H2 2023/24</td><td>10.31%</td></tr><tr><td>H1 2024/25</td><td>9.57%</td></tr><tr><td>H2 2024/25</td><td>10.44%</td></tr><tr><td>H1 2025/26</td><td>11.88%</td></tr></tbody></table><p>Legend: ■ Half Years, — Target (Half Years)</p></div>					Half Year	Percentage	H1 2021/22	10.49%	H2 2021/22	10.25%	H1 2022/23	10.64%	H2 2022/23	11.04%	H1 2023/24	11.05%	H2 2023/24	10.31%	H1 2024/25	9.57%	H2 2024/25	10.44%	H1 2025/26	11.88%
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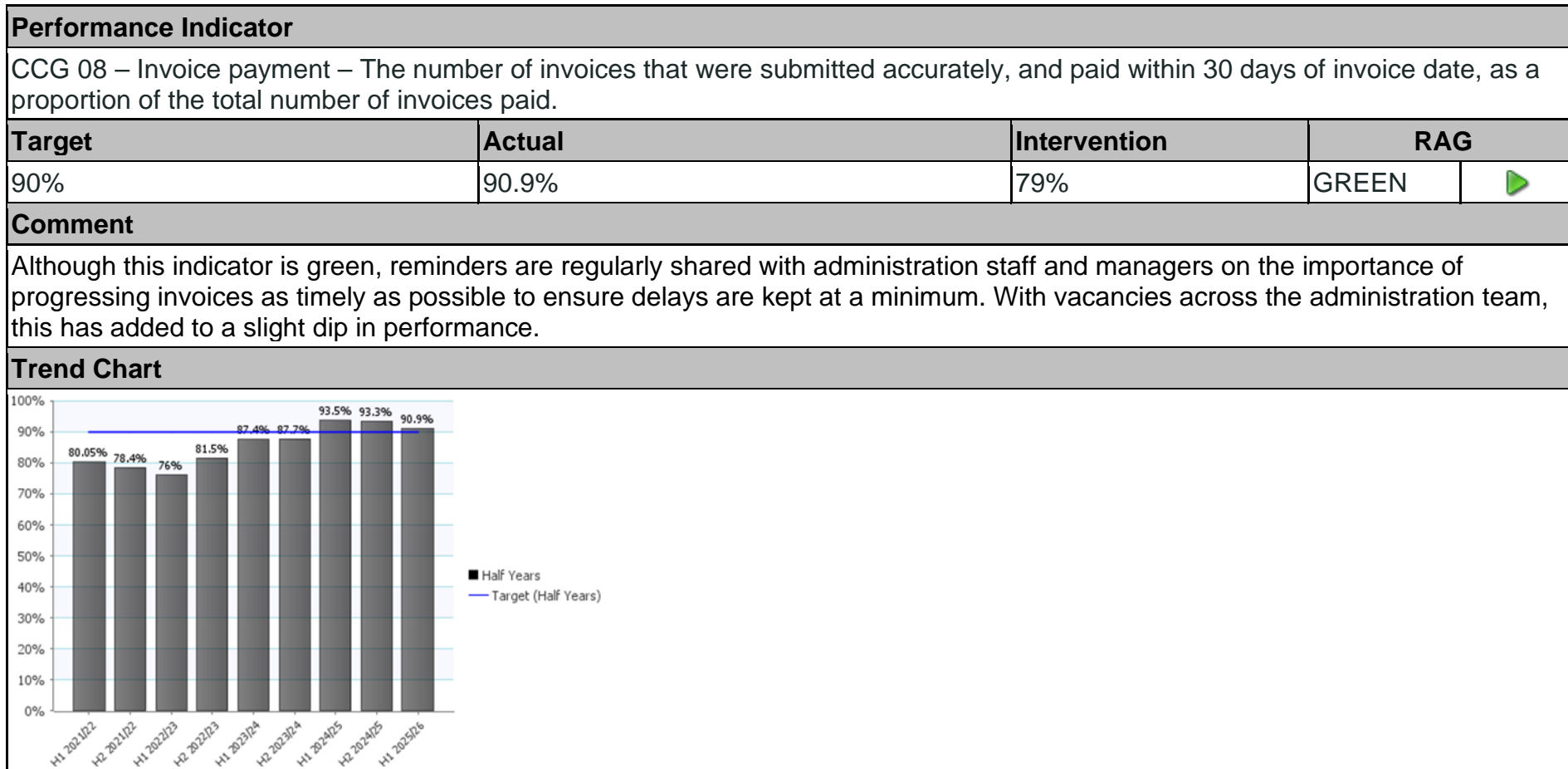
Performance Indicator																																		
CCG 03 – Staff accidents – The number of staff accidents within the service, per 30 staff per year.																																		
Target	Actual	Intervention	RAG																															
1	3.82	2.1	RED	<div></div>																														
Comment																																		
<p>The service is demonstrating a decreasing trend of accident reporting for the 12-month rolling period report in this quarter. A significant proportion of reported accidents relate to individual acts of violence. The terminology of ‘Acts of Violence’ is the description used by HSE guidance and includes events which are as a result of the medical conditions of service users, which causes them to behave in a manner that is out of their control when they are in distress. There are also inherent risks associated with roles in health and care, specifically around manual handling and equipment operation. Alongside these, there have been a smaller number of slips, trips, and falls on the same level. Other types of accidents were also recorded, including isolated cases of individuals striking fixed objects and falling from height. Management of these services have a strong approach to safety. All staff work to appropriate risk assessments and have specialised training where a need is identified. This pattern of incidents is currently being addressed through targeted interventions focused on violence prevention and improving manual handling practices.</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																																		
<div><table><caption>Staff Accidents per 30 Staff per Year (12-month rolling period)</caption><thead><tr><th>Period</th><th>Actual (Half Years)</th><th>Target (Half Years)</th></tr></thead><tbody><tr><td>H1 2021/22</td><td>1.45</td><td>1.45</td></tr><tr><td>H2 2021/22</td><td>1.31</td><td>1.45</td></tr><tr><td>H1 2022/23</td><td>1.26</td><td>1.45</td></tr><tr><td>H2 2022/23</td><td>1.25</td><td>1.45</td></tr><tr><td>H1 2023/24</td><td>1.41</td><td>1.45</td></tr><tr><td>H2 2023/24</td><td>2.67</td><td>1.45</td></tr><tr><td>H1 2024/25</td><td>2.45</td><td>1.45</td></tr><tr><td>H2 2024/25</td><td>4.51</td><td>1.45</td></tr><tr><td>H1 2025/26</td><td>3.82</td><td>1.45</td></tr></tbody></table></div>					Period	Actual (Half Years)	Target (Half Years)	H1 2021/22	1.45	1.45	H2 2021/22	1.31	1.45	H1 2022/23	1.26	1.45	H2 2022/23	1.25	1.45	H1 2023/24	1.41	1.45	H2 2023/24	2.67	1.45	H1 2024/25	2.45	1.45	H2 2024/25	4.51	1.45	H1 2025/26	3.82	1.45
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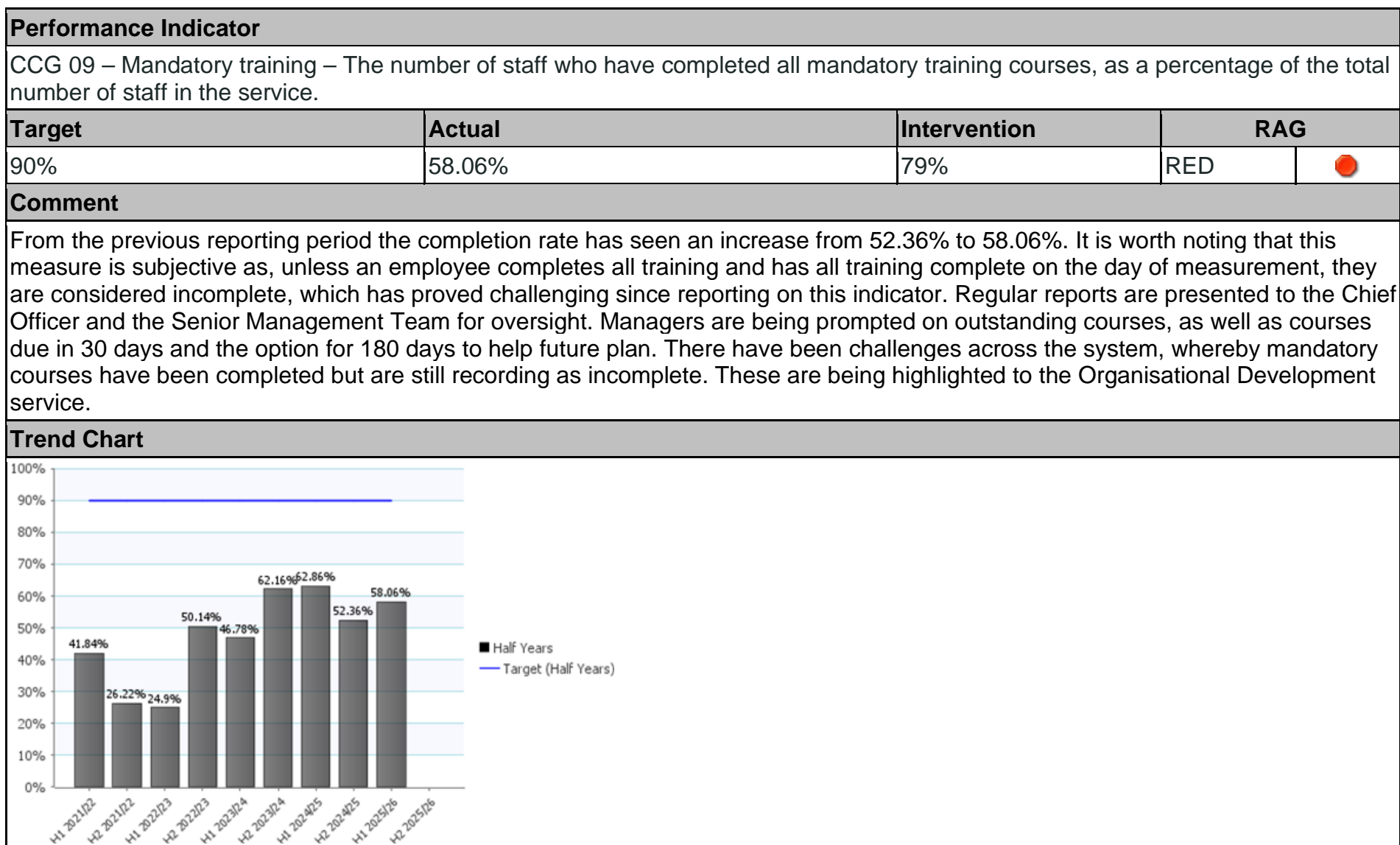






Performance Indicator																								
CCG 07 – Good Conversations – The number of staff who receive (at least) an annual face-to-face performance review and development meeting, as a proportion of the total number of staff within the service.																								
Target	Actual	Intervention	RAG																					
90%	51.58%	79%	RED																					
Comment																								
As previously highlighted capacity within services is limited due to vacancies across the system. There has been an increase from 48.68% to 51.58% 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. It is also worth noting, that although the number of Good Conversations undertaken has seen a slight increase, a further 10.95% have been completed but outwith the timescales bringing the total figure completed to 62.53%.																								
Trend Chart																								
<table> <caption>Good Conversations Completion Rates (Half Years)</caption> <thead> <tr> <th>Half Year</th> <th>Completion Rate</th> </tr> </thead> <tbody> <tr><td>H1 2021/22</td><td>59.4%</td></tr> <tr><td>H2 2021/22</td><td>59%</td></tr> <tr><td>H1 2022/23</td><td>53%</td></tr> <tr><td>H2 2022/23</td><td>53%</td></tr> <tr><td>H1 2023/24</td><td>45.1%</td></tr> <tr><td>H2 2023/24</td><td>56.1%</td></tr> <tr><td>H1 2024/25</td><td>66.2%</td></tr> <tr><td>H2 2024/25</td><td>48.67%</td></tr> <tr><td>H1 2025/26</td><td>51.58%</td></tr> </tbody> </table> <p>Legend: ■ Half Years, — Target (Half Years)</p>					Half Year	Completion Rate	H1 2021/22	59.4%	H2 2021/22	59%	H1 2022/23	53%	H2 2022/23	53%	H1 2023/24	45.1%	H2 2023/24	56.1%	H1 2024/25	66.2%	H2 2024/25	48.67%	H1 2025/26	51.58%
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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.