

Item: 17

Policy and Resources Committee: 16 June 2026.

Performance Monitoring – Orkney Health and Care.

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

1. Overview

- 1.1. This report presents performance data for Orkney Health and Social Care Partnership services delivered by the Council, for the six-month period 1 October 2025 to 31 March 2026, for members' information.
- 1.2. 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.
- 1.3. 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.
- 1.4. The Council Plan 2023-28 noted that each directorate will have a delivery plan describing the priorities that they will deliver.
- 1.5. 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.
- 1.6. 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).
- 1.7. 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.
- 1.8. 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.

- 1.9. The Strategic Plan Delivery Plan 2026/27 was approved by the IJB in April 2026 pending some small amendments.
- 1.10. 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 2025 to 31 March 2026, 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 2025 to 31 March 2026, 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 October 2025 to 31 March 2026, and for the two preceding six-month periods.

Table 1.	Six-monthly ended 31 March 2026.	Six-monthly ended 30 September 2025.	Six-months ending 31 March 2024.
Complaints.	16.	18.	15.
Compliments.	63.	56.	64.

- 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 2025 there were a total of 10 complaints. This represents a decrease of one compared to the last reporting period. Of the complaints received, 30% were held each by Care at Home and Social Work (Children and Families), and 10% by each Administration, Social Work (Adult and Learning Disability), Social Work (Criminal Justice) and Telecare. Of the total complaints 40% have been upheld, 30% were not upheld and 30% were ongoing.
- 4.5. For the period 1 January to 31 March 2026 there was a total of six complaints received. This represents a decrease of four compared to the last reporting period. Of the complaints received, 67% were held by Care at Home and 33% by Adult Social Care. Of the total complaints, 16.7% has been upheld, 16.7% not upheld, 16.7% partially upheld and 50% are currently ongoing at the end of the fourth quarter.

For Further Information please contact:

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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.

Appendix

Appendix 1: Performance Indicators.




Orkney Health and Care Performance Indicator Report

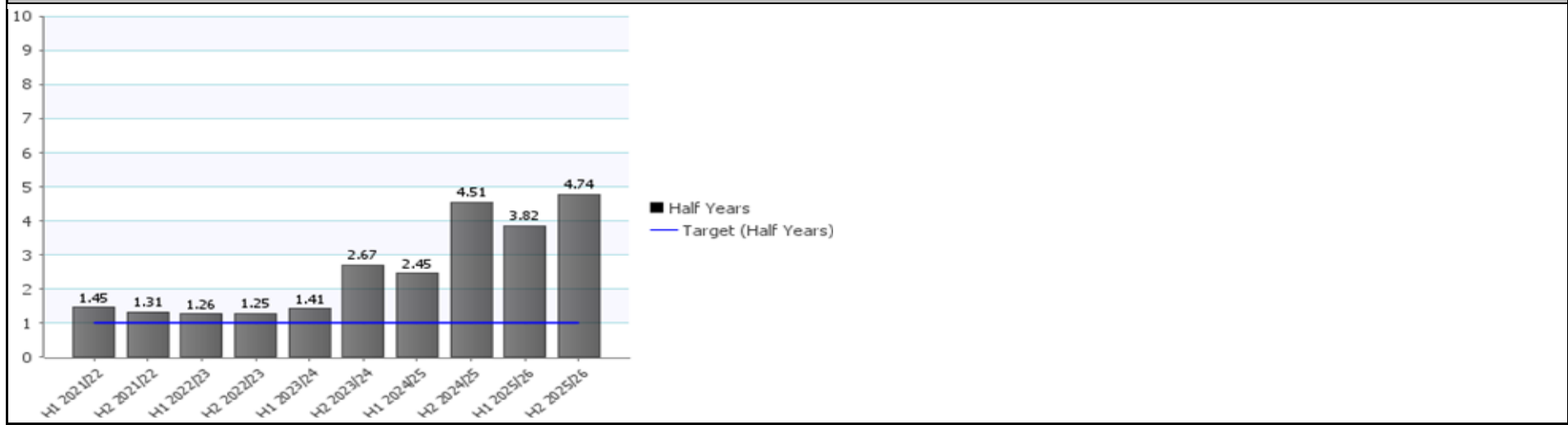
Service Performance Indicators at 31 March 2026

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%	8.72%	6.1%	RED	●																						
Comment																										
Sickness absence remained high across our services, there has been a decrease from 11.88% to 8.72% since the last 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 encourage 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 border="1"> <caption>Sickness Absence Percentage by Half-Year</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> <tr><td>H2 2025/26</td><td>8.72%</td></tr> </tbody> </table>					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%	H2 2025/26	8.72%
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H2 2025/26	8.72%																									

Performance Indicator																																					
CCG 02 – Sickness absence – 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.																																					
Target	Actual	Intervention	RAG																																		
90%	56.34%	79%	RED	●																																	
Comment																																					
There has been a reduction in performance from 56.58% to 56.34% since the last reporting period, which is partly attributed to significant service delivery pressures as staff use up their leave entitlement. The Chief Officer is now receiving regular reports on sickness management intervention and reminders are being issued to line managers regularly to encourage compliance with targeted discussions where required as it is known that relevant actions are often unrecorded.																																					
Trend Chart																																					
<table border="1"> <caption>Trend Chart Data</caption> <thead> <tr> <th>Half Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>H1 2021/22</td> <td>20.94%</td> <td>90%</td> </tr> <tr> <td>H2 2021/22</td> <td>16.47%</td> <td>90%</td> </tr> <tr> <td>H1 2022/23</td> <td>20.97%</td> <td>90%</td> </tr> <tr> <td>H2 2022/23</td> <td>15%</td> <td>90%</td> </tr> <tr> <td>H1 2023/24</td> <td>20.43%</td> <td>90%</td> </tr> <tr> <td>H2 2023/24</td> <td>40.88%</td> <td>90%</td> </tr> <tr> <td>H1 2024/25</td> <td>51.69%</td> <td>90%</td> </tr> <tr> <td>H2 2024/25</td> <td>67.92%</td> <td>90%</td> </tr> <tr> <td>H1 2025/26</td> <td>56.58%</td> <td>90%</td> </tr> <tr> <td>H2 2025/26</td> <td>56.34%</td> <td>90%</td> </tr> </tbody> </table>					Half Year	Actual (%)	Target (%)	H1 2021/22	20.94%	90%	H2 2021/22	16.47%	90%	H1 2022/23	20.97%	90%	H2 2022/23	15%	90%	H1 2023/24	20.43%	90%	H2 2023/24	40.88%	90%	H1 2024/25	51.69%	90%	H2 2024/25	67.92%	90%	H1 2025/26	56.58%	90%	H2 2025/26	56.34%	90%
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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	4.74	2.1	RED	
Comment				
<p>Important context for interpretation of this data</p> <p>The current indicator, “<i>Staff accidents – the number of staff accidents within the service, per 30 staff per year,</i>” is potentially misleading as it assumes that fewer reported accidents represent better safety performance. Under the current, improved reporting culture, this assumption no longer holds true.</p> <p>Safety and Resilience have now adopted a proactive, learning-focused approach, which actively encourages the reporting of near misses and lower-level incidents. Consequently, an increase in reported incidents is expected and should be viewed as evidence of greater transparency and a stronger safety culture, rather than a deterioration in safety performance.</p> <p>Accident numbers in isolation do not provide a meaningful measure of safety. The key indicator of good safety management is how effectively reported issues are investigated, addressed, and used to prevent recurrence.</p> <p>A more appropriate and meaningful safety objective is:</p> <p>“No more than one RIDDOR-reportable incident per 30 employees per reporting period.”</p> <p>This measure focuses on severity rather than volume, as RIDDOR-reportable incidents meet a defined legal threshold for seriousness, including fractures, specified injuries, dangerous occurrences, and significant lost-time injuries.</p> <p>For OHSCP, the RIDDOR accident rate per 30 staff for this period is 0.09, indicating a minimal incidence of reportable accidents during the period.</p>				

Trend Chart



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%	52%	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 as this also includes expenses such as travel and accommodation. However, work has been carried out to improve the budget profiles to reflect the actual area and timing 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 budget holder training and have recently been offered 1:1 training to better understand budgets including staffing budgets.																																					
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H1 2025/26	33%	15%																																			
H2 2025/26	52%	15%																																			

Performance Indicator																																					
CCG 05 – Recruitment and retention – The number of advertised service staff vacancies still vacant after six months from the time of advert, as a proportion of total staff vacancies.																																					
Target	Actual	Intervention	RAG																																		
2%	2.41%	4.1%	RED	●																																	
Comment																																					
<p>This measure has seen a significant improvement in the last 12 months. It is important to note that as previously reported recruitment and retention are known issues across all Health and Social Care services. There are significant challenges being faced in relation to recruitment nationally across the Health and Social Care workforce, and Orkney is no exception. Significant progress has been made with various initiatives such as the Growing a Sustainable Social Care Workforce Project, the Grow Our Own initiatives and the Introduction to a Career in Care to look at creative ways of attracting people into care or encouraging those who are no longer in a career in care to return. Regular meetings are held with UHI Orkney to discuss how best to promote roles and show career progression opportunities. One of the actions within the Strategic Plan Delivery Plan 2026/27 is to hold an Open Day/Recruitment Day, this will be planned for spring/summer 2026.</p>																																					
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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%	3.07%	10.1%	GREEN	▶																																	
Trend Chart																																					
Although this indicator is currently at green, work continues to be progressed within the service on retention.																																					
Comment																																					
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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%	64.26%	79%	RED	●																																	
Comment																																					
<p>As previously highlighted capacity within services is limited due to vacancies across the system. There has been an increase from 51.58% to 64.26% since the last reporting period. To provide some further context the totality of the Council workforce is split between Allied Health Professions (1%), Health and Community Care (86%) and Children, Families and Justice Services (13%). 311 Good Conversations were undertaken within the last 12 months. Of the Good Conversations which were not completed 2% related to Allied Health Professionals, 88% to Health and Community Care and 10% to Children, Families and Justice Services. 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 receives regular reports on completion of Good Conversations for oversight. It is also worth noting that, although the number of Good Conversations undertaken has seen an increase, a further 2.07% have been completed but outwith the timescales bringing the total figure completed to 66.32%.</p>																																					
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H1 2025/26	51.58%	90%																																			
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Performance Indicator

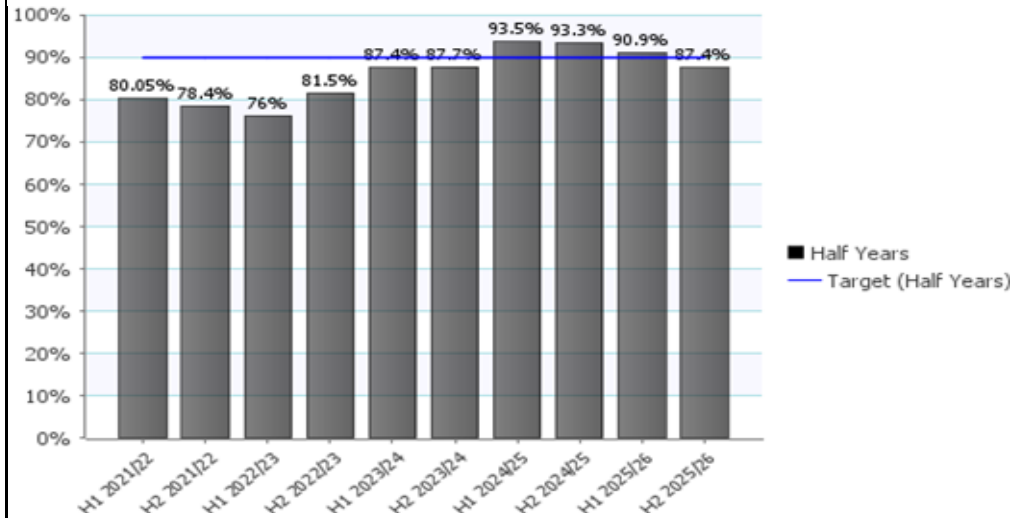
CCG 08 – Invoice payment – The number of invoices that were submitted accurately, and paid within 30 days of invoice date, as a proportion of the total number of invoices paid.

Target	Actual	Intervention	RAG	
90%	87.4%	79%	AMBER	⚠️

Comment

There has been a dip in performance for this indicator. Reminders are regularly shared with administration staff and managers on the importance of progressing invoices as timely as possible to ensure delays are kept to a minimum. With significant vacancies across the administration team, this has further added to the slight dip in performance.

Trend Chart



Performance Indicator																										
CCG 09 – Mandatory training – The number of staff who have completed all mandatory training courses, as a percentage of the total number of staff in the service.																										
Target	Actual	Intervention	RAG																							
90%	56.58%	79%	RED	●																						
Comment																										
<p>From the previous reporting period the completion rate has seen a slight decrease from 58.06% to 56.58%. Of the 287 employees who had not completed all mandatory training (totalling 726 courses), 47% had only one course to be completed. It is worth noting that this measure is subjective as, unless an employee completes all training and has all training complete on the day of measurement, they are considered incomplete, which has proved challenging since reporting on this indicator. Regular reports are presented to the Chief Officer and the Senior Management Team for oversight. Managers are being prompted on outstanding courses, as well as courses due in 30 days and the option for 180 days to help future plan. There have been challenges across the system, whereby mandatory courses have been completed but are still recording as incomplete. These are being highlighted to the Organisational Development service.</p>																										
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<table border="1"> <caption>Half-Yearly Completion Rates</caption> <thead> <tr> <th>Half Year</th> <th>Completion Rate (%)</th> </tr> </thead> <tbody> <tr><td>H1 2021/22</td><td>41.84%</td></tr> <tr><td>H2 2021/22</td><td>26.22%</td></tr> <tr><td>H1 2022/23</td><td>24.99%</td></tr> <tr><td>H2 2022/23</td><td>50.14%</td></tr> <tr><td>H1 2023/24</td><td>46.78%</td></tr> <tr><td>H2 2023/24</td><td>62.16%</td></tr> <tr><td>H1 2024/25</td><td>62.86%</td></tr> <tr><td>H2 2024/25</td><td>52.36%</td></tr> <tr><td>H1 2025/26</td><td>58.06%</td></tr> <tr><td>H2 2025/26</td><td>56.58%</td></tr> </tbody> </table>					Half Year	Completion Rate (%)	H1 2021/22	41.84%	H2 2021/22	26.22%	H1 2022/23	24.99%	H2 2022/23	50.14%	H1 2023/24	46.78%	H2 2023/24	62.16%	H1 2024/25	62.86%	H2 2024/25	52.36%	H1 2025/26	58.06%	H2 2025/26	56.58%
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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.