



Stephen Brown (Chief Officer)

Orkney Health and Care

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Agenda Item: 3.

Orkney Integration Joint Board

Wednesday, 18 February 2026, 09:30.

Council Chamber, Council Offices, Kirkwall.

Minute

Present

Voting Members:

Orkney Islands Council:

Councillors Lindsay Hall, Rachael King and Jean Stevenson.

NHS Orkney:

Issy Grieve and Joanna Kenny.

Non-Voting Members:

Professional Advisers:

- Stephen Brown, Chief Officer of the Integration Joint Board.
- Dr Kirsty Cole, General Practitioner representative, appointed by NHS Orkney.
- Darren Morrow, Chief Social Work Officer of the constituent local authority, Orkney Islands Council (via Microsoft Teams).
- Mohammed Sohail, Chief Finance Officer of the Integration Joint Board (via Microsoft Teams).
- Dr Louise Wilson, Secondary Medical Care Practitioner representative, employed by NHS Orkney (via Microsoft Teams).

Stakeholder Members:

- Morven Brooks, Third Sector Representative.
- Ryan McLaughlin, Staff-side Representative, NHS Orkney (via Microsoft Teams).
- Willie Neish, Carer Representative.
- Frances Troup, Head of Strategic Housing, Housing Operations and Homelessness, Orkney Islands Council.

Clerk

- Hazel Flett, Service Manager (Governance), Orkney Islands Council.

In Attendance

Orkney Health and Social Care Partnership:

- Lynda Bradford, Head of Health and Community Care.
- John Daniels, Head of Primary Care Services.
- Shaun Hourston-Wells, Policy and Performance Manager (for Items 11 to 17).

Orkney Islands Council:

- Glen Thomson, Service Manager (Property and Capital Programme) (for Items 11 and 12).
- Veer Bansal, Solicitor.
- Susan Taylor, Committees Officer.

NHS Orkney:

- Morven Gemmill, Associate Director – Allied Health Professions (via Microsoft Teams).

Observing

NHS Orkney:

- Debs Crohn, Head of Corporate Governance.
- David Harris, Director of People and Culture.

Chair

- Joanna Kenny, NHS Orkney.

1. Apologies

The Chair welcomed everyone to the meeting and reminded members that the meeting was being broadcast live over the Internet on Orkney Islands Council's website. The meeting was also being recorded, with the recording publicly available for listening to after the meeting for 12 months.

Apologies for absence had been intimated on behalf of the following:

- Voting member:
 - Rona Gold (no proxy available from NHS Orkney).
- Non-voting members:
 - Sam Thomas, Nurse representative, employed by NHS Orkney.
 - Danny Oliver, Staff-side representative, Orkney Islands Council.
- Erik Knight, Head of Finance, Orkney Islands Council.

2. Declarations of Interest

There were no declarations of interest intimated in respect of items of business to be discussed at this meeting.

3. Minute of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Integration Joint Board held on 10 December 2025.

The Minute was **approved** as a true record.

4. Matters Arising Log

There had been previously circulated a log providing details on matters arising from previous meetings, together with a list of regular reports for consideration and to enable the Board to seek assurance on progress, actions due and to consider corrective action, where required.

Regarding Action 5 – Service User Representative – Stephen Brown advised that, together with the Chair and Vice Chair of the Board, he had met four individuals who had expressed an interest in being considered for the vacant Service User representative. Proposals would be submitted to the next meeting of the Board, including one primary Service User representative to be elected to the Board, with others appointed to the Board's sub-groups.

With reference to Action 1 of Matters Arising from Previous Meetings, Councillor Rachael King referred to the Briefing Note circulated to members and, in particular, the doubling of costs of adaptations from 2023/24 to 2024/25, (a disproportionate rise compared with that of Orkney Housing Association Ltd). Councillor King also drew the Board's attention to a forthcoming review of the Scottish Government's Housing Adaptations guidance and queried whether officers were expecting a continuing rise in the cost of adaptations.

Frances Troup advised that, although some equipment and adaptations were standard, it was difficult to predict costs due to rising costs of labour and equipment, levels of demand and complexity of projects fluctuating from year to year. The need for adaptations to be completed quickly to minimise disruption to households also influenced costs.

Councillor Rachael King was keen for detailed information to be collated for submission to the Scottish Government to evidence the need for funding, particularly if there was evidence that island communities were disadvantaged. Frances Troup suggested that more detailed information could be provided as adaptations to Council-owned properties were funded through rental income, and monitored to identify types of adaptations and costs. Funding streams for adaptations to Orkney Housing Association Ltd and private sector properties were different however Orkney Health and Care would be able to provide data on adaptations paid for through the Disabled Adaptations Grant. She agreed to take this matter forward and report back to the Board.

Having **scrutinised** the log, the Board took assurance.

5. Joint Clinical and Care Governance Committee

There had been previously circulated the approved Minute of the Meeting of the Joint Clinical and Care Governance Committee held on 1 October 2025, together with the Chair's Assurance Report, to enable the Board to seek assurance.

Councillor Jean Stevenson, Vice Chair of the Joint Clinical and Care Governance Committee and who had chaired the meeting on 1 October 2025, advised the Board that there were no areas of concern.

The Chair advised that, going forward, in order to reduce the time lag for approved Minutes of the Joint Clinical and Care Governance Committee being submitted to the Integration Joint Board, the Chair's Assurance Report from the most recent meeting would be submitted to the Board, when available.

Having **scrutinised** the approved Minute of the Meeting of the Joint Clinical and Care Governance Committee held on 1 October 2025, together with the Chair's Assurance Report, the Board took assurance.

6. Strategic Planning Group

There had been previously circulated the approved Minute of the Meeting of the Strategic Planning Group held on 12 November 2025, together with the Chair's Assurance Report, to enable the Board to seek assurance.

Councillor Rachael King, Chair of the Strategic Planning Group, highlighted the following:

- Positive assurance on progress with the Strategic Priorities, including:
 - Publication of the Suicide Prevention Action Plan.
 - Telecare transition from analogue to digital.
 - Improving inspection grades for care homes.
 - Social Work assessment waiting times reduced to four weeks.
 - A second Unpaid Carers' Conference held on 27 November 2025, the Young Carers' Strategy nearing completion and the Carer-Friendly Policy in development.
- Strong collaboration demonstrated across the group.
- The Scottish Ambulance Service had presented an update on how resources were mapped within ferry-linked islands and possible expansion of this exercise to include social care and wider provisions within island communities was being explored.
- A comprehensive update on all strategic priorities was to be presented at the January meeting to inform the 2026/27 Strategic Plan Delivery Plan and a separate meeting would take place to discuss and obtain clarity on third sector roles.
- A proposal to dedicate Brinkies Wing as a planned short break facility.
- Areas of Concern or Key Risks to Escalate included ongoing capacity challenges in care homes and community services, and concern around financial feasibility, particularly the prioritisation of existing services before any new initiatives were begun.

Dr Kirsty Cole asked if the withdrawal of funding for Primary Care Mental Health Practitioners had been reconsidered by the Scottish Government. Stephen Brown confirmed that mental health funding previously offered by the Scottish Government (which for Orkney would have been amounted to recurring funding of approximately £500k over three years) had been withdrawn and there were no current plans for it to be reinstated. The Chair commented on the amount of work which had gone into preparing information submitted to the Scottish Government in support of this funding. Councillor Rachael King shared the response to an email she had received from COSLA's Health and Social Care Board acknowledging the role of Primary Care Mental Health Practitioners and GP practices in the provision of mental health services and, although funding had been suspended, it would recommence when finances allowed. Lynda Bradford commented that she continued to highlight the need for funding at the quarterly meetings of the Scottish Government Mental Health Directorate.

Having **scrutinised** the approved Minute of the Meeting of the Strategic Planning Group held on 12 November 2025, together with the Chair's Assurance Report, the Board took assurance.

7. Performance and Audit Committee

There had been previously circulated the unapproved Minute of the Meeting of the Performance and Audit Committee held on 3 December 2025, together with the Chair's Assurance Report, to enable the Board to seek assurance.

Councillor Lindsay Hall, Chair of the Performance and Audit Committee, advised that, although not all external and internal audit actions had been completed, the Committee was satisfied that sufficient progress had been made in order for the Committee to take assurance.

Issy Grieve commented that financial scrutiny should take place at sub-committee level before being presented to the Board and suggested that this could be undertaken by the Performance and Audit Committee. Both the Chair and Councillor Lindsay Hall agreed that the Performance and Audit Committee would have more time for detailed scrutiny and asked how this might be moved forward. The Clerk advised that the Terms of Reference for the Performance and Audit Committee would require to be reviewed, as it did not currently include scrutiny of financial performance. Stephen Brown agreed to initiate the process and report back to the Board.

Having **scrutinised** the unapproved Minute of the Meeting of the Performance and Audit Committee held on 3 December 2025, together with the Chair's Assurance Report, the Board took assurance.

8. Revenue Expenditure Monitoring

There had been previously circulated a report presenting the revenue expenditure position as at 31 December 2025, for scrutiny.

Mohammed Sohail related the following main financial issues:

- As at the end of December 2025, an overspend of around £2m was predicted for the year end (September forecast was £5.134m overspend) – a swing from the month 6 (September) forecast amount of £3.134m due to the savings target of £2.4m being stripped out and transferred to NHS Orkney and a £500k adjustment as a result of a revision of the forecast.
- A reduction in the number of out of Orkney placements had resulted in savings of £500k.
- Spending of £200k from the previous year on Community Care Alarms and Technology Enabled Care neutralised following the introduction of quarterly charges.
- Income of £50k received following the introduction of charges for daycare services.
- Savings in responder services due to a reduction in agency costs.
- Overall staffing costs remained similar to the previous year and, although agency staff costs had increased to £6m, this was due to inflation rather than increased use of agency staff. Agency spend within Children's Services had decreased however spend within Adult Services had increased therefore no net improvement. Proposals for the reduction of agency costs overall would be considered as part of the financial recovery plan.
- The forecasted NHS Orkney underspend was due to vacancies and lower than budgeted out of hours Primary Care Services spending.

Councillor Lindsay Hall commented on the transfer of the savings target to NHS Orkney, as a pressure, and asked if this would still be visible to the Integration Joint Board. Stephen Brown confirmed that, at an upcoming Development Session, a number of deliverables which formed part of the wider NHS Orkney plan, would be shared, creating visibility to the Board.

Issy Grieve asked for clarity on how the Board would be made aware of unknown factors before the year end, given it was now mid-February, including for example use of reserves to meet any shortfalls. Mohammed Sohail advised that an amount of £1.1m of reserves had been identified for release, with £300k expected to be allocated to the Council and the balance to NHS Orkney. Issy Grieve then asked if definite rather than forecasted details would be confirmed and circulated to the Board before the end of the financial year. Stephen Brown advised the Board that the figures provided an accurate forecast and would be confirmed, via briefing, prior to the end of the financial year. In response to a further query from Issy Grieve regarding how reserves accumulated, Stephen Brown confirmed that this occurred through various routes, including when recurring funding was unused due to recruitment issues, funds allocated during the COVID-19 pandemic which remained unspent, and regular income technically classed as non-recurring.

The Chair highlighted the need for timely accurate financial information and, while she appreciated the verbal updates provided at this meeting, suggested that a meeting of the Board closer to the end of the financial year would facilitate this. Councillor Lindsay Hall commented that the delay in completing the external audit had hampered the work of the Finance team. Stephen Brown advised the figures reported at this meeting were as accurate as possible and, due to internal processes, the draft outturn report would not be available until May/June 2026.

Dr Louise Wilson commented there was a need for the Board to understand the Financial Recovery Plan from the Council side and to see how progress was being made and understand the risk. The Chair commented that there should be parity across both partners and, for accurate reporting to take place, the Chief Finance Officer required full access to all of the required systems. Stephen Brown confirmed that initial training and access had been provided when the Chief Finance Officer took up post, and that, although reliance was still placed on NHS Orkney officers to provide information, progress was being made regarding access to various systems.

Members commented on the quality of the report, given the short time the Chief Finance Officer had been in post, and welcomed progress with system access which would further improve the quality of information and allow effective scrutiny.

The Board thereafter **noted**:

8.1. The financial position of the Orkney Health and Social Care Partnership as at 31 December 2025 as follows:

- An underspend of £974k in relation to NHS Orkney commissioned services, as the £2,400k historic savings target had been stripped out.
- An overspend of £1,807k in relation to Orkney Islands Council commissioned services, which was an adverse movement of £678k on the Quarter 2 position.
- Set Aside services had required additional budget of £1,328k to match actual spend.
- The full year projected variance on delegated services of £2,006k (£5,134k at September as the £2,400k NHS Orkney savings target was still included), comprising an overspend of £3,200k on Orkney Islands Council commissioned services and an underspend of £1,194k on NHS Orkney commissioned services.

8.2. The balance within the earmarked reserves/holding account of £3,380k, as detailed in Annex 1 to the report circulated.

9. Utilisation of Fourth Wing at Hamnavoe House

There had been previously circulated a report presenting a proposal for use of the vacant fourth wing at Hamnavoe House, known as Brinkies, together with an Equality Impact Assessment and an Island Communities Impact Assessment, for consideration.

Lynda Bradford highlighted the following:

- When the replacement for St Peter's House was built, this included an additional wing (the fourth wing) but no revenue funding was identified for the operation of that wing nor a timescale for its opening.
- The Strategic Plan Delivery Plan included an action to repurpose the fourth wing.
- Following a meeting of the Strategic Planning Group in September 2025, stakeholder views had been sought to identify a solution which would best provide for current and future needs.
- Options included a permanent short break facility, step up/step down care provision and additional permanent capacity for residential care to assist with system flow.

- Following a further meeting of the Strategic Planning Group in November 2025, a permanent short break facility was identified as the preferred option, noting that, once the facility was up and running, short breaks at St Rognvald House (or Kirkjuvagr House) and Smiddybrae House would cease.
- Staffing proposals took account of the quick turnaround of rooms and clients.
- Should the proposal to commission Brinkies as a permanent respite facility be accepted, officers would be tasked to identify and secure the required resources.

As Chair of the Strategic Planning Group, Councillor Rachael King acknowledged the effort of those involved in developing the proposal, which was a whole system approach, accepting that funding and workforce was beyond the reach of the Board and accordingly, representations had been made to Scottish Government as part of the current budget setting process.

Issy Grieve advised that, as the previous Chair of the Strategic Planning Group, this was a key action since COVID-19 and was delighted to see the report presented. While she appreciated that funding and staffing would be challenging, she acknowledged progress made and welcomed the recommendations in the report.

Councillor Lindsay Hall commented that there were financial and staffing issues throughout the whole of Orkney, not just within social care, however the report formalised the Board's aspirations for short breaks for presentation in support of requests for funding.

Councillor Jean Stevenson also welcomed the proposal, as it would be a huge help to unpaid carers, and asked if income could be generated by charging for short breaks which Lynda Bradford confirmed was possible under some circumstances, but not if the short break was being provided under the provisions of the Carers (Scotland) Act 2016.

Mohammed Sohail advised caution on the figures stated in the report as staffing costs would be significantly higher should agency staff be required. He also advised that recurring funding would be required, as short-term funding offers would not be sufficient to allow the facility to operate on a long-term basis.

In response to a question from Dr Kirsty Cole, Lynda Bradford confirmed that, should the proposal be approved and implemented, short break beds released from the other care home facilities would be used to increase permanent residential care capacity.

Issy Grieve advised that NHS Orkney ran a charity, the Endowment Fund, and queried whether donations could be made towards care. Veer Bansal agreed to investigate and report back on whether the Council could accept donations.

Mohammed Sohail further advised that, although the care facility did not have charitable status, fundraising events had taken place in the past.

While Dr Louise Wilson welcomed the report and aspirations for a permanent short break facility, she suggested there was a need to focus on the current projected overspend of £3.2m on Council commissioned services before focussing on any new services.

Dr Kirsty Cole alerted the Board to the potential additional workload which would be taken on by one GP practice should short break care provision be centralised. Lynda Bradford agreed this was a valid point and confirmed she would take this up with the relevant practice further on in the process.

The Chair commented that, whilst the report set out a direction of travel and provided a foundation for the proposal, further detail would be required regarding funding, identification of risk and appropriate mitigations.

In response to a query from Mohammed Sohail regarding the staff allocation, Lynda Bradford explained that the staffing model extended to a full day operation, including shift patterns, and two staff at night.

The Board thereafter **resolved**:

9.1. To approve the principle of the utilisation of the vacant fourth wing (Brinkies) at Hamnavoe House as a dedicated 10 bed short break facility.

9.2. That Health and Social Care Partnership senior officers be remitted to identify possible sources of funding to meet the cost of utilising the fourth wing of Hamnavoe House, estimated at up to £822,825 per annum, and thereafter submit a draft Direction to the Board for approval.

9.3. That, should financial and staffing resources in respect of the fourth wing at Hamnavoe House be secured, the short break provision currently available in Hamnavoe House, Smiddybrae House and St Rognvald House and/or Kirkjuvagr House be allocated as permanent residential care places.

10. Community Nursing Service

There had been previously circulated a report presenting an update on the current workforce position within the Community Nursing Service, for consideration.

John Daniels highlighted the following:

- The Community Nursing Service in Orkney had been subject to sustained workforce pressures for a significant period of time, resulting in instability, reduced leadership capacity and an over-reliance on bank and agency staff. Continuity of care had been adversely affected and staff morale had declined.
- The substantive vacancy factor had reduced from 46% to 23% in the past six months and would further reduce to 13% when adjusted to include two long term agency placements.
- In terms of enhanced leadership provision, two Band 7 fixed term development posts had been appointed and aligned to East and West. An interim Band 8a Clinical Nurse Manager had been appointed (via secondment until October 2026) to provide leadership continuity and operational oversight.
- A more sustainable and resilient workforce was in place and had already contributed to increased team confidence, improved communication and clearer pathways for decision-making.
- Following completion of the secondments, the intention was to move to an integrated mainland Community Nursing Service team, with a single Band 7 leadership post.

- A review was underway to bring compensatory rest requirements for mainland staff, who undertook on-call duties in addition to their day-to-day work, in line with national guidelines and Working Time Regulations.

In response to a question from Councillor Lindsay Hall, John Daniels confirmed that the review of compensatory rest requirements related solely to mainland teams, who were on-call in addition to their day job. For staff based in the isles, on-call duties were embedded in staff contracts, as the service had opted out of the Working Time Directive in relation to the isles, but acknowledged that the provision of mandatory rest periods without loss of service provision was challenging. A model of delivery was being worked through which would be presented to the Board in due course. John Daniels also confirmed that the national guidance did not take account of remote, rural and island boards.

Councillor Rachael King welcomed the report and asked if lessons learned from the positive improvements made within the Community Nursing Service could be applied in other areas where similar hub-type provisions could be considered.

John Daniels agreed that significant benefits had been achieved through working collaboratively and at scale, and there was certainly a place for long-term agency cover to provide consistency, whereas recruitment could result in less experience. In this case, 3.5 full-time equivalent (FTE) vacancies were utilised to provide 2 FTE agency placements, however the team actively engaged with the entire process, and feedback was now regularly received.

Councillor Rachael King stressed that any negativity in relation to agency was purely around funding and she expressed her gratitude towards agency workers who were willing to give up part of their life to come to Orkney to allow services to continue.

The Board noted:

10.1. The significant progress made in stabilising Community Nursing Service staffing and leadership.

10.2. The planned development of an integrated mainland Community Nursing Service structure, including the proposal to move to one substantive Band 7 leadership post following completion of current secondments.

10.3. That a full establishment review would be reported to the Board later in 2026.

The Board **resolved:**

10.4. To support continued investment in training, development, and skill-mix changes to improve service resilience within the Community Nursing Service.

10.5. To endorse ongoing work to review compensatory rest arrangements in line with national guidance.

11. Distress Brief Intervention

There had been previously circulated a report presenting an update on Distress Brief Intervention (DBI) activity to date, together with a proposal to move to a commissioned service delivery model, for consideration.

Lynda Bradford highlighted the following:

- Following successful completion of a pilot project at the end of 2023, the Board had agreed to fund the service for a further two years, which ended in December 2025, however funding was identified to extend service delivery through to the end of March 2026.
- Continuing the Orkney DBI service for a further two years (assuming up to three referrals per week) would cost £83,310, which could be met from the Mental Health Outcome Framework suite of funding which sat within the Integration Joint Board's NHS reserves.
- The existing service had been augmented to include pathways for referral via the Emergency Department and Isles GP practices, however additional resources would be required to enable referrals from mainland GP practices.
- A report on a national pilot project which enabled 14-16 year olds to be offered DBI had just been published, and officers from that workstream would be invited to present their findings to Orkney Health and Care and Education Service colleagues, to enable local exploration.

The Chair commented that it would be beneficial to hear from the national DBI leads if there was capacity within an IJB development session.

Councillor Rachael King asked if additional resource to enable mainland GP referrals to the DBI service was being actively investigated. Dr Kirsty Cole commented that early intervention was beneficial, rather than presenting at the Emergency Department, by which time an emergency crisis level was reached. A number of papers covered the poor level of support for those presenting with mental health issues at GP practices, and she again referenced the paused funding from Scottish Government.

Dr Kirsty Cole also highlighted the inequity of access by GP practices, however Lynda Bradford countered that a balance had been struck, in that GP practices in the outer isles had been included in the proposal to have access to the DBI service to compensate for having no Police or Scottish Ambulance Service presence. The Chair asked whether data was available, to which Lynda Bradford responded that the service had only been introduced in the last few months, however she undertook to provide referral numbers.

Councillor Rachael King questioned use of the term 'permanent' in the draft Direction, when only two years of funding was being requested. Lynda Bradford advised that the proposal was to get the DBI service recognised as a commissioned service, however recurring funding had not yet been identified. The draft Direction could be amended to convey that message.

Referring to the contributory factors listed in section 4.6.1 of the report, Councillor Lindsay Hall highlighted that both prescribed and recreational drug use and financial insecurity should also be considered as contributory factors and that prevention strategies needed to be implemented to reduce the need for DBI.

In response to a question from Councillor Jean Stevenson, Lynda Bradford advised that Penumbra were a national organisation, based in Aberdeen, and were widely commissioned across Scotland to provide first line telephone support after which clients were referred locally to the Blide Trust.

In response to a question from Dr Louise Wilson, Stephen Brown advised that clients were remaining with the service longer than the recommended 14-day period due to the lack of longer term support and onward referrals. Lynda Bradford concurred and also confirmed that a number of clients went on to become members of the Blide Trust. Issy Grieve commented that, while the DBI service had been running since 2021, mental health services were like a jigsaw and what had been achieved in the intervening period, working with partners to help people in crisis, was to be commended and she wholeheartedly supported the proposal.

Morven Brooks asked if the costs included an inflationary uplift and whether or not an exit strategy was in place should funding not be available. Lynda Bradford confirmed that the costs had been produced in collaboration with the service providers and included an inflationary uplift and agreed to develop an exit strategy with both partners.

Councillor Rachael King referred back to the top five contributory factors for engaging with the DBI service and found it sobering that caring responsibilities featured. She also wanted to thank the person who provided the testimonial and for sharing their experience. When in crisis, it was often just making a connection with another person which made the difference and this should not be measured in days.

Dr Kirsty Cole asked for clarity over use of the word “permanently” within the recommendations and the draft Direction, particularly if Penumbra or the Blide Trust were unable to continue provision and whether this would become the responsibility of the Board should DBI be adopted as a permanent service. Lynda Bradford advised that recognition of the need for the service was requested, although it was accepted that permanent guaranteed funding was not available and that the report recommendations could be amended to reflect this, which was confirmed by both Veer Bansal and Stephen Brown, in that a further paper would come back to the Board after two years.

In response to a request from the Chair in order to provide equity of access to services, Dr Kirsty Cole proposed that a mainland GP practice be selected as a test pilot to see from a day-to-day perspective what the level of presentations/referrals might be. Lynda Bradford agreed to undertake that work, with a view to adding additional referral pathways.

The Board thereafter **resolved:**

11.1. That the benefits of the DBI service were such that DBI should be recognised as a commissioned service augmenting the lower tiers of Mental Health and Wellbeing provision.

11.2. That, until a recurring source of funding was secured, funding amounting to £83,310 be allocated from the Mental Health Outcome reserves to continue to fund the project for a further two years.

11.3. That the Chief Officer should amend the draft Direction, attached to the report circulated, to reflect the decision outlined above and thereafter issue the Direction to NHS Orkney.

Ryan McLaughlin left the meeting at this point.

12. Kirkwall Care Facility

There had been previously circulated a report presenting an update on progress with the new Kirkwall care facility, Kirkjuvagr House, for information.

Shaun Hourston-Wells updated the Board as follows:

- Construction was complete with the project now at snagging and commissioning phase for mechanical and electrical systems.
- A fire inspection was taking place on 18 February 2026.
- Once snagging works, commissioning and the fire inspection were complete, and the Completion Certificate processed, it was anticipated that the building would be handed over to the Service at the beginning of March 2026.
- While significant delays to the anticipated delivery date were acknowledged, the reasons were many and varied, but were mainly caused by inclement weather.
- St Rognvald House would continue to operate as normal until the new care home was ready for occupation and it was anticipated that the new facility would, in the first instance, employ the same staffing numbers and consequently the revenue cost was anticipated to be neutral, apart from additional property revenue costs of £152k incurred in the short term when both facilities would require to be operational.
- Kirkjuvagr House would be included within a bigger piece of work scheduled to begin in 2026/27 to review social care staffing models in light of the increased dependency of service users over many years. The financial implications in that respect were unknown at that time.

Councillor Jean Stevenson asked what the current occupancy of the care home was, given there would be a need for all of the residents to be transferred to the new facility. Lynda Bradford confirmed that occupancy stood at 33 residents and would be held at this number as far as possible until after the move had taken place.

In response to a comment from Councillor Jean Stevenson regarding the need for signing off to happen at pace, Glen Thomson confirmed that snagging was finished, commissioning was nearly complete, with handover expected at the end of February. The Building Warrant had been submitted and assurance received that, as inspectors had been on site regularly, they were content with works undertaken and would action the Completion Certificate as quickly as they could.

After a question from Dr Louise Wilson, Shaun Hourston-Wells advised that, from experience when residents from St Peter's House moved to Hamnavoe House, the expected duration of the overlap period was likely to be three months and that every effort would be made to keep it as short as possible.

The Board thereafter noted progress made with the new Kirkwall care facility, Kirkjuvagr House, since the last update presented to the Board in April 2025.

13. Performance Management Framework

There had been previously circulated a report present the draft updated Performance Management Framework, for consideration.

Shaun Hourston-Wells highlighted the following:

- In Scotland, each Health and Social Care Partnership was required to have a Strategic Plan, which set the direction, with a Performance Management Framework in place to ensure the aims of the Strategic Plan were being met.
- The previous iteration of the Framework, approved in 2021, sought to identify information that would be captured and reported, whereas the revised framework identified all sources of information currently captured, where that information was reported to, as well as the frequency of reporting.
- An attempt had been made to simplify the language and terminology in the Framework, avoid jargon and acronyms where possible, and a proposal that the Framework be reviewed again in 2028 in line with the strategic planning cycle.

Issy Grieve asked if the source data used to inform performance statistics could be made available to the Board for scrutiny. Shaun Hourston-Wells explained that the Framework set out what data was captured and where and when it was reported; some data was scrutinised by sub-groups, with headline information presented to the Board annually. Stephen Brown agreed that there was still fragmentation with regard to performance reporting and that an integrated performance report could be produced, meaning that, as well as NHS Orkney being sighted on data, that report could also be shared with the Performance and Audit Committee, thereby ensuring the Board had oversight. As well as annual reporting, the services were required to submit weekly and monthly data to various networks.

After a question from Dr Kirsty Cole on capturing governance routes, Shaun Hourston-Wells agreed that the template was flexible and governance pathways could be included in a future iteration to provide transparency and validity of reporting.

Councillor Jean Stevenson sought assurance that data was collected in the most efficient way possible with technology being used and processes streamlined to ensure accuracy and best use of staff time. Shaun Hourston-Wells advised that a dedicated member of staff was employed to work on the Public Health Scotland and Local Authority benchmarking reporting obligations and there was an expectation that this would be the case for other reporting duties. Work was underway on the PARIS system to automatically capture data thus removing some of the need for manual recording. Lynda Bradford added that the MORSE system was expected to go live within Mental Health services by April 2026, with other Services expected to move over in the near future, which would help significantly with data collection.

Councillor Rachael King asked if third sector information was fed into all systems to identify gaps in service provision and to provide evidence in support of requests for funding. Shaun Hourston-Wells agreed to investigate and report back to the Board.

The Chair commented that data should be used as effectively and efficiently as possible to justify the time spent collecting it.

The Board thereafter **resolved** that the Performance Management Framework, attached as Appendix 1 to the report circulated, be approved.

14. Climate Change Duties Report

There had been previously circulated a report presenting the Climate Change Duties Report, as submitted to the Scottish Government, for information.

Shaun Hourston-Wells highlighted the following:

- In terms of the Climate Change (Scotland) Act 2009 and the subsequent Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015, significant public bodies including 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014' were required to prepare a report on their compliance with climate change duties.
- The annual report required to be submitted by 30 November each year, with the 2024/25 report submitted by 30 November 2025.
- Previously, the Board's Climate Change Duties Report was reported by calendar year, however the current Report had been changed to financial year (1 April to 31 March), in line with NHS Orkney and Orkney Islands Council, to allow more effective scrutiny.
- The reporting template prescribed by the Scottish Government had been developed for use by all public bodies with standardised questions relating to the employment of staff, ownership and occupation of buildings, and service delivery. As those activities were undertaken by NHS Orkney and Orkney Islands Council, only limited information could be provided by the Board, a situation recognised in the Guidance accompanying the 2015 Order.
- Reporting of Scope 3 emissions, namely those resulting from up and downstream organisational activities such as purchased goods and services, employee commuting and waste disposal as requested in the 2025 Scottish Government guidance, were accounted for in Orkney Islands Council's Climate Change Duties Report as recommended for approval by the Policy and Resources Committee in November 2025 and ratified by the Council in December 2025.
- Following completion, NHS Orkney's Climate Change Duties Report was submitted to the Sustainability Steering Group for information, rather than being presented to the Board of NHS Orkney for approval.

The Chair commented that duplication of reporting across the Partnership, of which Climate Change Duties Reporting was one example, would benefit for consideration through the Public Service Reform workstream.

Councillor Lindsay Hall commented that, whilst climate change mitigation was important, service provision should be prioritised and where electric vehicles were being used, they needed to be suitable for rural locations and winter weather. John Daniels advised that a meeting had taken place between practice staff and officers to review the provision of suitable vehicles for NHS staff and to develop contingency planning.

The Board noted:

14.1. The Orkney Integration Joint Board Public Sector Report on Compliance with Climate Change Duties for 2024, attached as Appendix 1 to the report circulated, which was submitted to the Scottish Government by the deadline of 30 November 2025.

14.2. Analysis of NHS Orkney and Orkney Islands Council's Climate Change Duties Reports, as detailed in sections 5 and 6 of the report circulated.

15. Date and Time of Next Meeting

The Board noted that the next meeting would be held on Wednesday, 22 April 2026 in the Council Chamber, Council Offices, Kirkwall.

16. Exclusion of Public

On the motion of Joanna Kenny, seconded by Councillor Rachael King, the Board agreed that the public be excluded from the remainder of the meeting as the business to be considered involved the disclosure of exempt information of the classes described in the relevant paragraphs of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 as amended.

17. Primary Care Improvement Plan Regulation in Orkney

Under section 50A(4) of the Local Government (Scotland) Act 1973, the public had been excluded from the meeting for this item on the grounds that it involved the disclosure of exempt information as defined in paragraphs 1, 6, 8, 9 and 10 of Part 1 of Schedule 7A of the Act.

There had been previously circulated a report presenting the outcome of the review of options to implement the Primary Care Improvement Plan (PCIP), together with an Equality Impact Assessment and an Island Communities Impact Assessment, for consideration.

John Daniels reminded members that, at the previous meeting, detailed discussion had taken place in respect of regulated and non-regulated services.

John Daniels concurred that a decision was unlikely to be reached without further data being presented to the Board and that a full options appraisal was needed.

Councillor Rachael King invited comment on the implications of not making a decision at this time and whether there was a willingness to provide some breathing space. Dr Kirsty Cole suggested that providing further time was reasonable but sought assurance on a timeline.

Stephen Brown rounded off the discussion by summarising the actions.

The Board thereafter **resolved** that consideration of adopting a preferred option to deliver PCIP within Orkney be deferred, to the meeting of the Board scheduled to take place in June 2026, to enable officers to provide the further information requested.

The above constitutes the summary of the Minute in terms of the Local Government (Scotland) Act 1973 section 50C(2) as amended by the Local Government (Access to Information) Act 1985.

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Frances Troup and Dr Louise Wilson left the meeting during discussion of this item.

18. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 13:17.