Item: 1

Policy and Resources Committee: 22 September 2026.

Capital Expenditure Outturn.

Report by Head of Finance.

ORKNEY ISLANDS COUNCIL

1. Overview

1.1. This report presents the expenditure outturn position as at 31 March 2026 in respect of the approved General Fund and Non-General Fund capital programmes for financial year 2025/26, for information.

1.2. To demonstrate a focus on maintaining existing assets of the Council and ensuring that our buildings and infrastructure are maintained at levels expected by the Orkney public, and that our IT, plant and vehicles achieve modern standards of security, safety and emissions, annual capital improvement and replacement programmes of work are agreed by the relevant service Committee or Sub-committee.

1.3. Delivery of these planned programmes of work are thereafter monitored throughout the financial year by the relevant service Committee or Sub-committee.

1.4. For all other capital projects, the Council adopted a Capital Project Appraisal process in order to prioritise projects to be added to the capital programme. The Policy and Resources Committee recommends whether or not individual capital projects that come forward as part of the Capital Project Appraisal process should be added to the capital programme.

1.5. Delivery of the approved capital programmes are thereafter monitored throughout the financial year by the Policy and Resources Committee.

1.6. On 23 September 2025, the Policy and Resources Committee recommended approval of the revised capital programmes for 2025/26, which were updated throughout the year for any exceptional items added through delegated authority, or Committee approval, where required.

1.7. The capital expenditure monitoring report presented to the Policy and Resources Committee on 17 February 2026 advised that the existing capital programme, in respect of both the General Fund and Non-General Fund, had been re-profiled in order to reflect slippage and current timescales for completion of individual

projects. That exercise resulted in £14,211,000 being re-profiled from financial year 2025/26 to the following financial year and onwards.

1.8. The table below provides an overview of the expenditure incurred in financial year 2025/26 across both General Fund and Non-General Fund capital programmes.

General Fund	**Actual Spend £000**	**Revised Annual Budget £000**	**Variance £000**
Service Committee			
Orkney Health and Care	3,191	1,684	1,507
Education, Communities and Housing	956	1,600	(644)
Enterprise and Infrastructure	6,062	6,456	(394)
Policy and Resources	4,638	4,698	(60)
Expenditure Totals	**14,847**	**14,438**	**409**

Non-General Fund	**Actual Spend £000**	**Revised Annual Budget £000**	**Variance £000**
Service Committee			
Education, Communities and Housing	4,534	6,335	(1,801)
Enterprise and Infrastructure	3,372	4,154	(782)
Expenditure Totals	**7,906**	**10,489**	**(2,583)**

Total Capital Programme	**22,753**	**24,927**	**(2,174)**

1.9. Appendix 1 to this report provides a detailed analysis of capital expenditure, together with project updates received from the Services in respect of the General Fund and Non-General Fund capital programmes.

2. Recommendations

It is recommended that members of the Committee:

i. Note the summary outturn position of expenditure incurred for financial year 2025/26 in respect of the General Fund and Non-General Fund capital programmes, as detailed in section 1.8 of this report.

ii. Note the detailed analysis of expenditure figures and project updates in respect of the approved General Fund and Non-General Fund capital programmes for 2025/26, attached as Appendix 1 to this report.

For Further Information please contact:
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Implications of Report

1. **Financial** The Financial Regulations state that approval by the Council of the Capital Programme constitutes approval of the individual projects or provisions contained therein. Directors can incur expenditure within approved revenue and capital budgets. Such expenditure must be in accordance with the Council's policies and objectives and subject to compliance with the Financial Regulations.
2. **Legal** Regular financial monitoring and reporting helps the Council meet its statutory obligation to secure best value.
3. **Corporate Governance** In terms of the Scheme of Administration, the monitoring of the levels of capital expenditure incurred against approved budgets within the General and Non-General Fund capital programmes is referred to the Policy and Resources Committee.
4. **Human Resources** N/A
5. **Equalities** Equality Impact Assessment is not required for financial monitoring.
6. **Island Communities Impact** Island Communities Impact Assessment is not required for financial 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** Where resources allow, improvement works can include 'greener' solutions.

10. **Risk** Improvement of existing assets can help reduce risks associated with these assets.
11. **Procurement** Any contractual arrangements require to comply with the Financial Regulations and Contract Standing Orders.
12. **Health and Safety** Well-maintained assets will assist the Council in complying with relevant Health and Safety requirements for both staff and the public.
13. **Property and Assets** Included throughout the report and detailed in the Appendix.
14. **Information Technology** Up to date IT systems should help reduce risk to the Council.
15. **Cost of Living** N/A

List of Background Papers

Policy and Resources Committee: 23 September 2025 - Capital Slippage and Acceleration

Appendix

Appendix 1 – Capital Expenditure Outturn as at 31 March 2026.

Approved Capital Programme	Project Lead	*Financial Year 2025/26* Spend to 31-Mar £000's	Approved Budget £000's	Revised Budget £000's	Over/(Under) Spend £000's	*Future Years* Budget 2026/27 £000's	Budget 2027/28 £000's	*Total Project Summary* Spend to Date £000's	Project Budget £000's	Estimated Out-turn £000's	Over/(Under) Spend £000's
Planning											
Nature Restoration Fund	Gavin Barr	0	79	79	(79)	67	0	32	111	111	0
2025/26 allocation from the Scottish Government of £79K. Funding has been allocated to the North Isles Landscape Partnership (£10k) and to support supplemental nature based landscape and planting works at the new Kirkwall Care Home (£69k).											
Active Travel Fund	Gavin Barr	99	357	237	(138)	350	0	384	649	649	0
2025/26 allocation from the Scottish Government of £108K. Permission was granted by Scottish Government to carry forward £108K of unspent Active Travel Tier 1 funding from 2024/25. The approved budget also included a contribution from the COVID recovery outdoor access fund. A report was taken to Policy and Resources Committee in November 2025 outlining the proposed future spend priorities for this fund. Capital expenditure of £99k was incurred in 2025/26, while £10k and £63k of funding was transferred to revenue to support the school travel plans project and Active Travel Officer post respectivley. A further £86k was transferred to the Kirkjuvagr House project to support the installation of paths/active travel network. Permission was granted by Scottish Government to carry forward £63k of Active Travel Tier 1 funding to 2026/27.										
Total Planning		**99**	**436**	**316**	**(217)**	**417**	**0**	**416**	**760**	**760**	**0**
Development											
Dounby Visitor Infrastructure Hub	Sweyn Johnston	463	607	607	(144)	0	0	859	1,003	869	(134)
The project, at the Market Green in Dounby - situated between the Smithfield Hotel and the Community School pitch - has delivered a new toilet block with campervan waste disposal facilities, a car park with electric vehicle chargers, and associated landscaping and access alterations. Project complete and the site is open to the public.											
Total Development		**463**	**607**	**607**	**(144)**	**0**	**0**	**859**	**1,003**	**869**	**(134)**
Operational Environmental Services											
Burial Grounds - Mainland Extensions	Lorna Richardson	0	78	78	(78)	0	0	1,013	1,062	1,013	(49)
All cemetery extensions on the Mainland have been completed. The projected underspend from this project will be reallocated to support additional costs within the Mainland Major Improvements and Island Major Improvements programmes, as detailed below.											
Burial Grounds - Mainland Major Improvements	Lorna Richardson	40	0	0	40	0	0	164	146	164	18
All originally identified Mainland major improvements had been completed, however, some urgent improvements and repairs to boundary walls were later identified. These additional works were funded through the Mainland Major Improvements Programme, using the projected underspend from the Mainland extensions programme. All work now complete.											
Burial Grounds - Island Major Improvements	Lorna Richardson	11	0	0	11	0	0	36	25	63	38
Improvements at St Peter's (Stronsay), St John's (Hoy), Wasbister (Rousay) and Old Cross (Sanday).											
Total Operational Environmental Services		**51**	**78**	**78**	**(27)**	**0**	**0**	**1,213**	**1,233**	**1,240**	**7**

Approved Capital Programme	Project Lead	*Financial Year 2025/26* Spend to 31-Mar £000's	Approved Budget £000's	Revised Budget £000's	Over/(Under) Spend £000's	*Future Years* Budget 2026/27 £000's	Budget 2027/28 £000's	*Total Project Summary* Spend to Date £000's	Project Budget £000's	Estimated Out-turn £000's	Over/(Under) Spend £000's
Roads											
Roads Asset Replacement Programme	Lorna Richardson	1,560	1,500	1,500	60	2,034	1,500	Annual Programme			
Programme of works approved and monitored by Enterprise and Infrastructure Committee.											
Cursiter Quarry Expansion	Lorna Richardson	163	599	599	(436)	0	0	1,746	2,182	1,746	(436)
Phase 2 expansion works are complete with the exception of the overburden strip, restoration works within the existing quarry and planting works. Equipment has been purchased to enable this work to be carried out in-house. Phase 3 expansion of the Cursiter Quarry was removed from the Capital Programme following a recommendation by the Policy and Resources Committee on 18 June 2024.											
Coastal Change Adaptation	Lorna Richardson	251	442	220	31	222	0	445	676	676	0
A Light Detection and Ranging (LiDAR) survey, completed in 2023, has provided essential data to assess potential coastal erosion and flooding risks across Orkney. This data is now being used by the Council to develop a Coastal Change Adaptation Plan (CCAP). The contract for the CCAP was awarded in early March 2025, and work on the project is now underway. The plan's development is scheduled to span an 18-month period, covering 2025/26 and extending into 2026/27											
Salt Storage Facility	Lorna Richardson	23	35	35	(12)	0	0	664	676	676	0
The facility is now complete, with retention funds currently being held in accordance with the standard contract terms.											
Total Roads		**1,997**	**2,576**	**2,354**	**(357)**	**2,256**	**1,500**	**2,855**	**3,534**	**3,098**	**(436)**
Transportation											
Airfield Buildings - Papay and Stronsay	Laura Cromarty	761	632	632	129	0	0	1,141	1,012	1,300	288
Construction of new airfield terminal buildings and car-parks commenced at Papa Westray in July 2024 and Stronsay in August 2024. Both projects are complete - the official opening of Papa Westray took place in Septmeber 2026, with Stronsay to be arranged following move of equipment.											
Airfield Buildings - Eday and Westray	Laura Cromarty	235	1,060	250	(15)	1,076	30	263	1,384	1,384	0
Contracts were awarded in March 2025 to the same local contractor delivering the Papa Westray and Stronsay Airfield Buildings. Works on the capital projects are delayed by around 12 months, with resources to be reassigned once the Papa Westray and Stronsay airfield projects concludes. Planning applications for Eday and Westray were resubmitted following design adjustments — in Eday to address flood risk, and in Westray to refine the building's position. **Westray** – Kit and roof trusses have commenced. **Eday** – The temporary building is in place, and construction of new building has commenced.											
Inter-Islands Connectivity	Laura Cromarty	1,533	2,000	2,000	(467)	0	0	1,533	2,000	2,000	0
Policy and Resource Committee on 17 June 2025 recommended utilisation of the award of £2M of Inter Island Connectivity General Capital Grant funding on the acquisition of a second hand landing craft, a second hand Brittan Norman Islander aircraft and the purchase of a runway roller/compactor for island airfield maintenance. - Purchase of the airfields roller/compactor is complete. - Purchase of MV Toplander is complete, with vessel in service. - Tender process in respect of second-hand aircraft is largely complete. The aircraft will require modifications and servicing by Loganair before it can be brought into service, anticipated end of summer 2026.											
Bus Infrastructure Fund	Laura Cromarty	243	219	219	24	0	0	243	219	243	24
Installation of bus shelters, cycle shelters and timetable displays at various locations across the county has now been completed. In line with the funder's agreement, £25,000 of the Scottish Government grant award has been paid to HITRANS as a contribution towards the costs of a project officer.											
Electric Vehicle Charging Infrastructure	Laura Cromarty	680	0	0	680	0	0	680	0	680	680
Expenditure incurred through the Electric Orkney project has been charged to capital to reflect the charging infrastructure asset delivered as part of the wider project. All associated costs were fully grant funded.											
Total Transportation		**3,452**	**3,911**	**3,101**	**351**	**1,076**	**30**	**3,860**	**4,615**	**5,607**	**992**

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Scapa Flow Oil Port											
Minor Improvements	Laura Cromarty	87	120	120	(33)	938	150	Annual Programme			
Programme of works approved and monitored by Harbour Authority Sub-committee.											
Total Scapa Flow Oil Port		**87**	**120**	**120**	**(33)**	**938**	**150**	**0**	**0**	**0**	**0**
Miscellaneous Piers											
Minor Improvements	Laura Cromarty	95	1,615	1,615	(1,520)	3,179	300	Annual Programme			
Programme of works approved and monitored by Harbour Authority Sub-committee.											
Reclamation at Hatston Pier - Ph 1	Laura Cromarty	0	4,588	0	0	200	7,447	146	7,793	10,500	2,707
Procurement for the design and construction of Phase 1 commenced in April 2024, and the initial supplier selection stage has now been completed. Development of Phase 1 of the Orkney Logistics Base project remains on hold pending the completion of the statutory consenting process. Current activity is focused on progressing the required assessments and ensuring the project is ready to move into the next stage of appraisal and budget review once consents are secured. For planning purposes, a revised completion date of November 2029 is being assumed, subject to the outcome of the consenting process and a comprehensive review of project costs, programme and delivery arrangements. The project should remain within the Capital Programme to ensure appropriate governance and oversight of the ongoing development work.											
Kirkwall Pier Water Break Tank System	Laura Cromarty	6	0	0	6	0	0	267	275	267	(8)
Final retention payment released - project complete.											
Total Miscellaneous Piers		**101**	**6,203**	**1,615**	**(1,514)**	**3,379**	**7,747**	**413**	**8,068**	**10,767**	**2,699**

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Other Housing											
Housing Loans	Frances Troup	0	585	585	(585)	585	585	Annual Programme			
Due to the nature of the programme, spend against the annual programme will be solely dependent on the number of loan requests received and subsequently approved or not.											
Miscellaneous House Purchases	Frances Troup	356	430	430	(74)	0	0	356	0	356	356
Purchase of 2 x properties in respect of UHI Orkney Student Housing, as approved by Asset Management Sub-committee 04/11/2025.											
Total Other Housing		**356**	**1,015**	**1,015**	**(659)**	**585**	**585**	**356**	**0**	**356**	**356**
Housing Revenue Account											
House Purchases	Frances Troup	4,091	5,419	5,419	(1,328)	0	0	7,208	8,536	8,536	0
Expenditure to date relates to the purchase of 19 properties and the ongoing upgrading of four properties acquired during 2024/25 to ensure compliance with the Scottish Housing Quality Standard (SHQS) and the Energy Efficiency Standard for Social Housing (EESSH). Scottish Government funding has been secured to offset a proportion of both the acquisition and upgrade costs. The total budget also included the planned purchase of eight properties at Cairston Road, Stromness. As these acquisitions were not completed by 31 March 2026, the associated expenditure has been deferred to 2026/27. These purchases will also attract Scottish Government funding to offset a proportion of the acquisition costs.											
Moar Drive	Frances Troup	16	0	0	16	0	0	835	755	835	80
Project was completed on 27 February 2025. Retention has been released.											
Carness Phase 2	Frances Troup	47	310	310	(263)	0	0	2,619	2,882	2,619	(263)
Works were completed and handed over to Housing in July 2024 with a 12-month construction retention period for defects originally due in July 2025. Landscaping was completed in November 2025, and the retention has been released.											
Houton Infrastructure	Frances Troup	0	507	50	(50)	707	0	0	757	757	0
The temporary housing project at the Houton site was recommended for approval by the Policy and Resources Committee on 17 June 2025, with full funding sources identified. No expenditure was incurred during 2025/26. The construction contract tender process has now been completed; however, planning permission and building warrants remain outstanding. As a result, the project budget has been reprofiled to reflect the delay in progressing the works. Following a report to the Corporate Leadership Team in April 2026, and under emergency powers, the Chief Executive authorised additional expenditure of £235,000 in consultation with the Convener, the Leader, the Depute Leader, and the Chair of Education, Communities and Housing Committee. This decision will be reported retrospectively to the Policy and Resources Committee for information and to provide an update on the outcome.											
Moar Drive - Independent Living	Frances Troup	72	106	15	57	686	16	72	717	717	0
The development of a purpose-built accessible house, designed for independent living, was recommended for approval by Policy and Resources Committee on 25 November 2025. Construction has commenced, with completion anticipated Q1/Q2 2027.											
Coplands Road	Frances Troup	200	0	325	(125)	2,154	2,550	200	5,848	5,848	0
Planning and building warrant applications have been submitted, with work anticipated to start on the North Site September/October 2026, with South Site to follow. Costs to date relate to the internal transfer of land from the Council's Strategic Reserve Fund.											
Total Housing Revenue Account		**4,426**	**6,342**	**6,119**	**(1,693)**	**3,547**	**2,566**	**10,934**	**19,495**	**19,312**	**(183)**
Education											
New Kirkwall Nursery	Wendy Bowen	225	390	390	(165)	0	0	2,985	3,150	3,150	0
Construction of the new nursery adjacent to UHI Orkney campus in Kirkwall was completed in June 2025, followed by a period of snagging. Ongoing operation of the building was agreed by Committee and the Strynd Nursery has relocated to the new nursery. Retention still to be released.											
Total Education		**225**	**390**	**390**	**(165)**	**0**	**0**	**2,985**	**3,150**	**3,150**	**0**

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Leisure & Cultural											
Ness Campsite	Garry Burton	4	0	0	4	0	0	484	413	484	71
Works to the existing campsite building and grounds were complete in April 2022, however, the sewerage connection works were delayed a year to allow for SEPA approval, and for Scottish Water time to undertake their Drainage Impact Assessment. Following this period, the scheme was re-designed to connect to the mains sewerage network in Stromness, via a new pumping chamber. The specification and works involved were considerably greater than initially designed and budgeted for. Retention has been paid and the project is complete and closed.											
Playpark Renewals	Garry Burton	201	164	180	21	0	0	319	282	319	37
Works commenced on the development of Manse Park play area in mid January 2026, and is complete.This work was funded with grant allocated to the Council as part of the General Capital Grant from the Scottish Government. In 2025/26 the Council was awarded £128K which was to be used to make small improvements to playparks under the Council's control. Permission was granted by Scottish Government to carry forward £36K of unspent funding from 2024/25 under a substitution arrangement. The overspend was funded by a contribution from the Council's Play Park Equipment Renewal Fund.											
Shipwreck Tank	Sweyn Johnston	0	5	5	(5)	0	0	56	77	56	(21)
National Heritage Memorial Fund funded project to build a custom designed 8m stainless steel tank for the 17th Century shipwreck discovered in Sanday. The freshwater tank has been fabricated with the shipwreck timbers submerged in September 2024 to prevent deterioration for two to three years while research is carried out into the ship's identity and significance. This fully grant-funded project was added to the capital programme under delegated authority and is now complete. Total costs, and therefore total grant drawdown, were less than anticipated. The overpayment has now been returned to the funder.											
Viking Gallery	Sweyn Johnston	74	0	0	74	0	0	340	264	340	76
The Viking Gallery in the Orkney Museum was relatively small. This project aimed to redevelop three areas: the Viking, Pict, and Iron Age galleries. The interpretations were outdated, presenting these periods as distinct phases with abrupt transitions, rather than the gradual evolution that actually occurred. The new galleries feature the best of contemporary museum practices, incorporating a mix of interpretive techniques such as written text, images, cased artefacts, film, and interactive technology (e.g., VR, touchscreens). This project was added to the capital programme under delegated authority and is fully funded by a generous bequest to Orkney Islands Council. Changes to the gallery design have resulted in additional costs, however construction and exhibition works are complete and the gallery is open to the public.											
Birsay Campsite Development	Garry Burton	96	233	10	86	917	18	96	945	945	0
This project will deliver 18 hard-standing pitches at the Birsay Campsite, replace the existing temporary facilities with a permanent amenity block providing modern shower and toilet facilities, and deliver a range of site improvements, including enhanced waste disposal and recycling facilities, demolition of redundant buildings, and the installation of renewable energy infrastructure. The project was approved by the Policy and Resources Committee on 25 September 2025 and has secured funding from both the VisitScotland Rural Tourism Infrastructure Fund and the Scottish Government Climate Emergency Capital Fund. All statutory approvals have been obtained, including planning permission and building warrant approval, and the formal funding agreement with VisitScotland has been received. Work commenced on site in March 2026. Phase 1 – The campsite has been complete and in operation since late May. Final road surfacing is scheduled towards the end of Phase 2 and this will then include removal of the temporary toilet/shower block Phase 2 – The new shower block. Works are progressing well. Contractor is continuing with decoration and floor coverings before final mechanical and electrical fix. Roof coverings are 90% complete with external wall stonework 60% complete. The delay has been the delivery of the roof sheeting along with a specification change from Scotlarch to block and dash.											
Total Leisure & Cultural		**375**	**402**	**195**	**180**	**917**	**18**	**1,295**	**1,981**	**2,144**	**163**

UHI Orkney											
Plant & Vehicle Purchases - AeONS Vehicle & Equipment	Wendy Bowen	0	219	119	(119)	100	0	17	219	245	26
Purchase of specialist equipment & mobile laboratory, at a total cost of £219K and fully funded by a Research Council UK (RCUK) grant from the Arts and Humanities Research Council (AHRC) Research Infrastructure for Conservation and Heritage Science (RICHeS) funding scheme. Approved as an addition to the capital programme by the Head of Finance, in consultation with the Leader, the Depute Lead and the Chief Executive, on 2 June 2025. It is anticipated that this project will be concluded in 2026/27.											
Plant & Vehicle Purchases - ICNZ Equipment	Wendy Bowen	83	0	97	(14)	0	0	83	97	83	(14)
Purchase of specialised agricultural equipment to support a crop trial programme, fully funded by a grant from the European Marine Energy Centre (EMEC) under the Islands Centre for Net Zero (ICNZ) initiative. Approved as an addition to the capital porgramme by the Head of Finance, in consultation with the Leader, the Depute Lead and the Chief Executive, on 17 February 2026. Project complete.											
Plant & Vehicle Purchases	Wendy Bowen	17	0	0	17	0	0	0	0	17	17
Purchase of van, fully funded through annual BIS grant from Scottish Funding Council. Project complete.											
Aeons Laboratory Facility	Wendy Bowen	8	0	0	8	585	0	8	585	585	0
Approved as an addition to the capital programme following a recommendation by the Policy and Resources Committee on 25 November 2025.											
Total UHI Orkney		**108**	**219**	**216**	**(108)**	**685**	**0**	**108**	**901**	**930**	**29**

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Social Care											
New Care Facility, Kirkwall	Stephen Brown	3,179	1,354	1,354	1,825	0	0	15,944	14,119	15,944	1,825
The building was completed and Building Warrant completion approved on 29 May 2026. Practical Completion was issued to the contractor and handover to the Service on the same date. Residents are expected to move in from mid-September, subject to the completion of planned visits and recruitment activities. The project overspend is primarily attributable to the extended contract period, material cost inflation, and site variations. The overspend has been partially offset by contributions towards pathways, lighting and landscaping, received from the Scottish Government's Active Travel Fund (£86K) and Nature Restoration Fund (£69K) respectively. A post-project review will now be undertaken to identify the factors contributing to the overspend and capture lessons learned for future projects. The outcome of the review will be reported to Members for consideration in due course.										
Rendall Road Bike Shelter	Stephen Brown	12	13	13	(1)	0	0	12	13	12	(1)
Installation of a bike shelter at Rendall Road, fully funded by a HiTRANS grant, approved as an addition to the capital programme by the Head of Finance, in consultation with the Leader, the Depute Leader and the Chief Executive, in September 2025. Bike shelter was completed February 2026.											
Telecare & Community Care Alarm - Digital Transition	Stephen Brown	0	317	317	(317)	0	0	0	317	317	0
Procurement and order placement was due to commence in December 2025, however this has been delayed due to staffing challenges.											
Total Social Care		**3,191**	**1,684**	**1,684**	**1,507**	**0**	**0**	**15,956**	**14,449**	**16,273**	**1,824**

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Central Administration and Asset Replacement											
IT replacement programme	Kenny MacPherson	604	600	600	4	600	600	Annual Programme			
Programme of works approved and monitored by Asset Management Sub-committee.											
Plant & Vehicle Replacement	Lorna Richardson	1,580	1,783	1,783	(203)	1,400	1,400	Annual Programme			
Programme of works approved and monitored by Asset Management Sub-committee.											
Miscellaneous Property	Kenny MacPherson	276	0	0	276	0	0	624	0	624	624
Internal asset transfer from Strategic Reserve Fund to General Fund - 6 Broad Street - approved under delegated authority by the Director of Infrastructure and Organisational Development. The spend to date on this project line is cumulative and includes miscellaneous properties purchased in previous financial years											
Scottish Water Vesting	Kenny Macpherson	1	0	0	1	0	0	43	0	43	43
Scottish Water vesting works, which are ultimitely funded by a receipt from Scottish Water when they fully adopt the infrastructure.											
Total Central Administration and Asset Replacement		**2,461**	**2,383**	**2,383**	**78**	**2,000**	**2,000**	**667**	**0**	**667**	**667**
Corporate Property Improvements											
Corporate Improvement Programme	Kenny MacPherson	2,177	2,315	2,315	(138)	2,000	2,000	Annual Programme			
Programme of works approved and monitored by Asset Management Sub-committee.											
SRF Property Maintenance	Kenny MacPherson	0	119	119	(119)	119	119	Annual Programme			
Programme of works approved and monitored by Asset Management Sub-committee.											
Soulisquoy	Kenny MacPherson	503	0	0	503	0	0	503	0	503	503
Costs associated with infrastructure development at Soulisquoy site.											
Investment Properties	Kenny MacPherson	461	0	0	461	0	0	2,647	0	2,647	2,647
Purchase of 6 units at Warness Park, Hatston. The spend to date on this project line is cumulative and includes miscellaneous properties purchased in previous financial years											
Quanterness Windfarm	Sweyn Johnston	2,220	9,900	2,300	(80)	14,100	26,000	2,220	50,375	50,375	0
Turbine supply contracts were awarded to Nordex in July 2025. A £62.1M loan agreement has now been signed with the National Wealth Fund to support delivery of the Quanterness Wind Farm. The Balance of Plant Contract was awarded to Heddle Construction in August 2026. Scottish Hydro Electric Power Distribution (SHEPD) is currently undertaking design analysis of the cable route to Finstown Substation, while discharge of planning conditions is progressing, with the project budget reprofiled in January 2026 to reflect revised timing for grid connection costs. The project remains on schedule, with construction expected to commence in Q1 2027 and turbine erection planned for Q2 2028. A separate report will be brought before Policy and Resources Committee to consider reinstatement of contingency element of budget.											
Total Corporate Property Improvements		**5,361**	**12,334**	**4,734**	**627**	**16,219**	**28,119**	**5,370**	**50,375**	**53,525**	**3,150**

Approved Capital Programme Service Summary	*Financial Year 2025/26* Actual Spend £000's	Annual Budget £000's	Revised Budget £000's	Over/ (Under) Spend £000's	*Future Years* Budget 2026/27 £000's	Budget 2027/28 £000's	*Total Project Summary* Spend to Date £000's	Project Total £000's	Estimated Out-turn £000's	Over/ (Under) Spend £000's
General Fund Summary										
Other Housing	356	1,015	1,015	(659)	585	585		Annual Programme		
Social Care	3,191	1,684	1,684	1,507	0	0	15,956	14,449	16,273	1,824
Education	225	390	390	(165)	0	0	2,985	3,150	3,150	0
Leisure and Cultural	375	402	195	180	917	18	1,295	1,981	2,144	163
Planning	99	436	316	(217)	417	0	416	760	760	0
Development	463	607	607	(144)	0	0	859	1,003	869	(134)
Roads	1,997	2,576	2,354	(357)	2,256	1,500	2,855	3,534	3,098	(436)
Transportation	3,452	3,911	3,101	351	1,076	30	3,860	4,615	5,607	992
Operational Environmental Services	51	78	78	(27)	0	0	1,213	1,233	1,240	7
Central Administration and Asset Replacement	2,461	2,383	2,383	78	2,000	2,000	667	0	667	667
Corporate Property Improvements	2,177	2,315	2,315	(138)	2,000	2,000		Annual Programme		
	14,847	**15,797**	**14,438**	**409**	**9,251**	**6,133**	**30,106**	**30,725**	**33,808**	**3,083**
Non-General Fund Summary										
Housing Revenue Account	4,426	6,342	6,119	(1,693)	3,547	2,566	10,934	19,495	19,312	(183)
UHI Orkney	108	219	216	(108)	685	0	108	901	930	29
Scapa Flow Oil Port	87	120	120	(33)	938	150	0	0	0	0
Miscellaneous Piers	101	6,203	1,615	(1,514)	3,379	7,747	413	8,068	10,767	2,699
Strategic Reserve Fund	3,184	10,019	2,419	765	14,219	26,119		Annual Programme		
	7,906	**22,903**	**10,489**	**(2,583)**	**22,768**	**36,582**	**11,455**	**28,464**	**31,009**	**2,545**
Total Capital Programme	**22,753**	**38,700**	**24,927**	**(2,174)**	**32,019**	**42,715**	**41,561**	**59,189**	**64,817**	**5,628**

Item: 2

Policy and Resources Committee: 22 September 2026.

Capital Slippage and Acceleration.

Report by Head of Finance.

ORKNEY ISLANDS COUNCIL

1. Overview

1.1. This report presents revised General and Non-General Fund capital programmes for approval, following a re-profiling exercise.

1.2. In accordance with the Financial Regulations:

i. Capital slippage is defined as capital projects which have not progressed in accordance with the provisions made within the approved capital programme.
ii. Where no contractual commitment exists from previous financial years or will be made in the current year for an approved capital project, the relevant programme provision(s) may be redeployed by the Policy and Resources Committee.
iii. Where a contractual commitment does exist, an appropriate provision shall be made in the capital programme for the following financial year to permit the completion of the project.
iv. Where slippage in capital projects is identified, the Chief Executive and Directors are responsible for informing the Head of Finance and for reporting delays and revised timescales to the Policy and Resources Committee.

1.3. Appendix 1 to this report provides a summary of recommended project slippage and acceleration across General and Non-General Fund capital programmes.

1.4. The Head of Finance has re-profiled the five-year General Fund and Non-General Fund capital programmes, in order to reflect the net slippage and current timescales for the completion of individual capital projects. The revised programmes are attached as Appendix 2 to this report.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Approve the sum of £1,023,000 for carry forward from financial year 2025/26 to financial years 2026/27 and onwards in respect of net slippage on projects contained within the General Fund capital programme.

ii. Approve the sum of £1,637,000 for carry forward from financial year 2025/26 to financial years 2026/27 and onwards in respect of net slippage on projects contained within the Non-General Fund capital programme.

iii. Approve the revised five-year General Fund and Non-General Fund capital programmes, attached as Appendix 2 to this report.

For Further Information please contact:
Shonagh Merriman, Service Manager (Corporate Finance), extension 2105, Email shonagh.merriman@orkney.gov.uk

Implications of Report

1. **Financial** This report is primarily concerned with the financial implications of underspends on the capital programme and the mechanisms available to ensure that adequate provision is made to meet the Council's commitments.
   This report does not seek to increase any levels of expenditure; it does however seek to obtain agreement to a revised spend profile for a previously approved programme.
2. **Legal** Regular financial monitoring and reporting helps the Council meet its statutory obligation to secure best value.
3. **Corporate Governance** The allocation of resources, including the general level of capital expenditure, is a referred function of the Policy and Resources Committee.
4. **Human Resources** N/A
5. **Equalities** Equality Impact Assessment is not required for financial monitoring.
6. **Island Communities Impact** Island Communities Impact Assessment is not required for financial 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** Where resources allow, capital improvement works and new build projects can include 'greener' solutions.
10. **Risk** Improvement and replacement of existing assets can help reduce risks associated with these assets.
11. **Procurement** Any contractual arrangements require to comply with the Financial Regulations and Contract Standing Orders.
12. **Health and Safety** Well-maintained and new-build assets will assist the Council in complying with relevant Health and Safety requirements for both staff and the public.
13. **Property and Assets** Included throughout the report and detailed in the Appendix.
14. **Information Technology** Up to date IT systems in existing and new-build assets should help reduce risk to the Council.
15. **Cost of Living** N/A

List of Background papers

None.

Appendices

Appendix 1 – Capital Slippage and Acceleration 2025/26.
Appendix 2 – Revised Capital Programme.

	1 Apr 2025 - 31 March 2026				
	Actual Spend £000's	Revised Budget £000's	Over/(Under) Spend £000's	(Slippage)/ Acceleration £000's	Comment
General Fund Capital Programme					
Other Housing					
Housing Loans	0	585	(585)	0	Annual programme - no carry forward of unspent budget.
Miscellaneous House Purchases	356	430	(74)	(74)	Project on-going - £32k of grant funding c/fwd with permission from grant funder, with remaining £42k still to be drawn down.
Social Care					
New Care Facility, Kirkwall	3,179	1,354	1,825	0	Project on-going - budget fully expended.
Rendall Road Bike Shelter	12	13	(1)	0	Project complete.
Telecare & Community Care Alarm - Digital Transition	0	317	(317)	(317)	Project on-going.
Education					
New Kirkwall Nursery	225	390	(165)	(165)	Project complete - retention still to be released.
Leisure & Cultural					
Ness Campsite	4	0	4	0	Project complete.
Playpark Renewals	201	180	21	0	Project complete.
Shipwreck Tank	0	5	(5)	0	Grant funded project - complete. Overpayment of grant resolved in 2025/26.
Viking Gallery	74	0	74	0	Project on-going - total funding award of £264k, fully spent in 2024/25.
Birsay Campsite Development	96	10	86	86	Project on-going
Roads					
Roads Asset Replacement Programme	1,560	1,500	60	0	Annual programme - no carry forward of unspent budget.
Cursiter Quarry Expansion	163	599	(436)	0	Project complete
Coastal Change Adaptation	251	220	31	31	Grant funded project
Salt Storage Facility	23	35	(12)	(12)	Project Complete - Retention outstanding.
Transportation					
Electric Vehicle Charging Infrastructure	680	0	680	0	Unbudgeted capital work relating to approved revenue project - fully grant funded.
Airfield buildings - Papay and Stronsay	761	632	129	0	Project on-going.
Airfield buildings - Eday and Westray	235	250	(15)	(15)	Project on-going.
Inter-Islands Connectivity	1,533	2,000	(467)	(467)	Project on-going - fully funded by grant funding recevied in 2025/26.
Bus Infrastructure Fund	243	219	24	0	Grant funding fully expended.
Central Administration and Asset Replacement					
IT replacement programme	604	600	4	0	Annual programme - no carry forward of unspent budget.
Plant & Vehicle Replacement	1,580	1,783	(203)	0	Annual programme - no carry forward of unspent budget.
Miscellaneous Property	276	0	276	0	Unbudgeted expenditure on General Fund properties.
Scottish Water Vesting	1	0	1	0	Project on-going with possible refund of costs from Scottish Water.
Corporate Property Improvements					
Corporate Improvement Programme	2,177	2,315	(138)	0	Annual programme - overspend funded by external contributions to specific projects.
Planning					
Nature Restoration Fund	0	79	(79)	0	Grant funding distributed to external project and Kirkwall Care Home project.
Active Travel Fund	99	237	(138)	(63)	Project on-going - An element of grant funding distributed to project development works and the Kirkwall Care Home project, with remainder c/fwd with permission from grant funder.
Development					
Dounby Visitor Infrastructure Hub	463	607	(144)	0	Project complete - surplus grant returned to grant funder.
Operational Environmental Services					
Burial Grounds - Mainland Extensions	0	78	(78)	(27)	Project on-going.
Burial Grounds - Mainland Major Improvements	40	0	40	0	Project on-going.
Burial Grounds - Island Extensions	0	0	0	0	Project on-going.
Burial Grounds - Island Major Improvements	11	0	11	0	Project on-going.
	14,847	**14,438**	**409**	**(1,023)**	

	1 Apr 2025 - 31 March 2026				
	Actual Spend £000's	Revised Budget £000's	Over/(Under) Spend £000's	(Slippage)/ Acceleration £000's	Comment
Non-General Fund Capital Programme					
Housing Revenue Account					
House Purchases	4,091	5,419	(1,328)	(1,328)	Project on-going - some planned purchases still to complete.
Moar Drive	16	0	16	0	Project complete.
Carness Phase 2	47	310	(263)	0	Project complete.
Houton Infrastructure	0	50	(50)	(50)	Project on-going
Moar Drive - Independent Living	72	15	57	57	Project on-going.
Coplands Road	200	325	(125)	(125)	Project on-going.
UHI Orkney					
AeONS Vehicle & Equipment	0	119	(119)	(119)	Project on-going.
ICNZ Equipment	83	97	(14)	0	Project complete.
Plant & Vehicles	17	0	17	0	Purchases complete - fully grant funded.
Aeons Laboratory Facility	8	0	8	8	Project on-going.
Scapa Flow Oil Port					
Minor Improvements	87	120	(33)	0	Annual programme - no carry forward of unspent budget.
Miscellaneous Piers					
Minor Improvements	95	1,615	(1,520)	0	Annual programme - no carry forward of unspent budget.
Reclamation at Hatston Pier - Phase 1	0	0	0	0	Project on-going.
Kirkwall Pier Water Break Tank System	6	0	6	0	Project complete.
Corporate Property Improvements					
SRF Property Maintenance	0	119	(119)	0	Annual programme - no carry forward of unspent budget.
Soulisquoy	503	0	503	0	Unbudgeted capital works.
Investment Properties buy /sell	461	0	461	0	Unbudgeted purchases complete.
Quanterness Windfarm	2,220	2,300	(80)	(80)	Project on-going.
	7,906	**10,489**	**(2,583)**	**(1,637)**	
Totals for financial year 2025/26	**22,753**	**24,927**	**(2,174)**	**(2,660)**	

		Total Budget £000	2025/26 £000	2026/27 £000	2027/28 £000	2028/29 £000	2029/30
General Fund Summary							
A	Other Housing	**2,770**	356	659	585	585	585
B	Community Social Services	**3,508**	3,191	317	0	0	0
C	Education	**390**	225	165	0	0	0
D	Cultural and Recreational Services	**1,490**	375	1,097	18	0	0
E	Roads	**7,634**	1,997	2,237	1,500	950	950
F	Transportation Services	**5,040**	3,452	1,558	30	0	0
G	Environmental services	**78**	51	27	0	0	0
H	Planning & Protective Services	**1,042**	562	480	0	0	0
J	Administration Services	**18,727**	4,638	4,147	4,000	2,971	2,971
	Expenditure Total	**40,679**	**14,847**	**10,687**	**6,133**	**4,506**	**4,506**
Other Housing							
OH1	Housing Loans	**2,340**	0	585	585	585	585
OH8	Miscellaneous - Other Housing Purchases	**430**	356	74	0	0	0
A		**2,770**	356	659	585	585	585
Social Care							
SC10	New Care Facility, Kirkwall	**3,179**	3,179	0	0	0	0
SC11	Rendall Road Bike Shelter	**12**	12	0	0	0	0
SC12	Telecare & Community Care Alarm - Digital Transition	**317**	0	317	0	0	0
B		**3,508**	3,191	317	0	0	0
Education							
ED13	New Kirkwall Nursery	**225**	225	0	0	0	0
C		**225**	**225**	**0**	**0**	**0**	**0**
Leisure and Cultural							
LC14	Ness Campsite	**4**	4	0	0	0	0
LC15	Playpark Renewals	**201**	201	0	0	0	0
LC16	Shipwreck Tank	**0**	0	0	0	0	0
LC17	Viking Gallery	**74**	74	0	0	0	0
LC19	Birsay Campsite Development	**945**	96	831	18	0	0
LC20	KGS Spectator Stand & Dugouts	**249**	0	249	0	0	0
LC21	Kirkwall Library Bike Shelter	**17**	0	17	0	0	0
D		**1,490**	375	1,097	18	0	0
Roads							
RD6	Roads Asset Replacement Programme	**6,994**	1,560	2,034	1,500	950	950
RD25	Cursiter Quarry Expansion	**163**	163	0	0	0	0
RD26	Coastal Change Adaptation	**442**	251	191	0	0	0
RD27	Salt Storage Facility (Cursiter Quarry)	**35**	23	12	0	0	0
E		**7,634**	**1,997**	**2,237**	**1,500**	**950**	**950**
Transportation							
TR8	Electric vehicle charging infrastructure	**680**	680	0	0	0	0
TR17	Airfield buildings - Papay and Stronsay	**761**	761	0	0	0	0
TR19	Airfield buildings - Eday and Westray	**1,356**	235	1,091	30	0	0
TR21	Inter-Islands Connectivity	**2,000**	1,533	467	0	0	0
TR22	Bus Infrastructure Fund	**243**	243	0	0	0	0
F		**5,040**	3,452	1,558	30	0	0
Central Administration and Asset Replacement							
CA2	IT replacement programme	**2,644**	604	600	600	420	420
CA4	Plant & Vehicle Replacement	**6,780**	1,580	1,400	1,400	1,200	1,200
CA11	Miscellaneous Property Sales & Purchases	**276**	276	0	0	0	0
CA15	Scottish Water Vesting	**1**	1	0	0	0	0
J		**9,701**	2,461	2,000	2,000	1,620	1,620

			Total Budget £000	2025/26 £000	2026/27 £000	2027/28 £000	2028/29 £000	2029/30
	Corporate Property							
		Corporate Improvement Programme	**9,026**	2,177	2,147	2,000	1,351	1,351
	J		**9,026**	2,177	2,147	2,000	1,351	1,351
	Development & Planning							
PL9		Nature Restoration Fund	**67**	0	67	0	0	0
PL10		Active Travel	**512**	99	413	0	0	0
DV6		Dounby Visitor Infrastructure Hub	**463**	463	0	0	0	0
	H		**1,042**	562	480	0	0	0
	Operational Environmental Services							
OES2		Burial Grounds - Mainland Extensions	**27**	0	27	0	0	0
OES3		Burial Grounds - Mainland Major Improvements	**40**	40	0	0	0	0
OES4		Burial Grounds - Island Extensions	**0**	0	0	0	0	0
OES5		Burial Grounds - Island Major Improvements	**11**	11	0	0	0	0
	G		**78**	**51**	**27**	**0**	**0**	**0**
	Non General Fund Summary							
	K	Housing Revenue Account	**13,114**	4,426	5,303	2,566	580	239
	L	Orkney College	**904**	108	796	0	0	0
	M	Scapa Flow Oil Port	**1,475**	87	938	150	150	150
	N	Miscellaneous Piers and Harbours	**11,827**	101	3,379	7,747	300	300
	O	Strategic Reserve Fund	**51,840**	3,184	14,299	26,119	8,119	119
		Expenditure Total	**79,160**	**7,906**	**24,715**	**36,582**	**9,149**	**808**
	Housing Revenue Account							
HRA4		House Purchases	**5,419**	4,091	1,328	0	0	0
HRA18		Moar Drive	**16**	16	0	0	0	0
HRA24		Carness Phase 2	**357**	47	310	0	0	0
HRA27		Houton Infrastructure	**757**	0	757	0	0	0
HRA28		Moar Drive - Independent Living	**717**	72	629	16	0	0
HRA29		Coplands Road	**5,848**	200	2,279	2,550	580	239
	K		**13,114**	4,426	5,303	2,566	580	239
OC1		Plant & Vehicles	**17**	17	0	0	0	0
OC1		AeONS Vehicle & Equipment	**219**	0	219	0	0	0
OC1		ICNZ Equipment	**83**	83	0	0	0	0
OC2		Aeons Laboratory Facility	**585**	8	577	0	0	0
	L		**904**	108	796	0	0	0
	Scapa Flow Oil Port							
SF7		Minor Improvements	**1,475**	87	938	150	150	150
	M		**1,475**	**87**	**938**	**150**	**150**	**150**
	Miscellaneous Piers							
MP1		Minor Improvements	**4,174**	95	3,179	300	300	300
MP17		Kirkwall Pier Water Break Tank System	**6**	6	0	0	0	0
MP18		Reclamation at Hatston Pier - Ph 1	**7,647**	0	200	7,447	0	0
	N		**11,827**	**101**	**3,379**	**7,747**	**300**	**300**
	Strategic Reserve Fund							
SRF1		SRF Property Maintenance	**476**	0	119	119	119	119
SRF2		Soulisquoy	**503**	503	0	0	0	0
SRF3		Investment Properties buy /sell	**461**	461	0	0	0	0
SRF4		Quanterness Windfarm	**50,400**	2,220	14,180	26,000	8,000	0
	O		**51,840**	3,184	14,299	26,119	8,119	119

Item: 3

Policy and Resources Committee: 22 September 2026.

Enhanced Monitoring and Signage for Churchill Barriers.

Report by Director of Infrastructure and Organisational Development.

1. Overview

1.1. This report sets out a proposal for an enhanced monitoring and signage solution for the Churchill Barriers, for approval to add to the capital programme.

1.2. The Churchill Barriers, predominantly No.2, are periodically affected by adverse weather conditions, particularly high winds and wave overtopping, which can create hazardous conditions for road users and operational challenges for the Council and Police Scotland.

1.3. To enhance the monitoring of conditions on the barriers and improve the provision of timely information and warnings to the public, the Service has considered proposals for a phased monitoring and warning system.

1.4. The proposed solution is designed to support operational decision-making during severe weather events, reduce costly and time-consuming call outs, and provide earlier warning to road users approaching the barriers. It will also enable the local community to check road conditions remotely, enabling more informed decision making about their travel arrangements.

1.5. Should the recommendation be accepted, an order will be placed with the identified supplier with a view to implementation in early 2027.

2. Recommendation

2.1. It is recommended that members of the Committee:

i. Approve the addition of the proposed enhanced monitoring and signage project for the Churchill Barriers to the capital programme for 2026/27 onwards, at an estimated total cost of £130,000, funded by an allocation to the Council from Transport Scotland's flood resilience support programme.

3. Current Monitoring Approach

3.1. The barriers have been closed less often in recent years however this masks the resource burden still undertaken by the Council and Police Scotland. Regular reviews are still undertaken during certain tidal conditions to ensure the road remains safe to all road users.

3.2. This not only has a cost implication but also has a knock-on effect on other routine tasks and staff morale. 117 hours were spent by Roads staff monitoring the barriers in 2025/26.

3.3. The monitoring process predominantly takes place over the Winter, but can be enacted at any time when conditions arise. The process is activated when forecast conditions indicate potentially hazardous sea and weather conditions, specifically easterly to south-easterly winds exceeding 25mph, westerly winds exceeding 40mph, or when a Scottish Environment Protection Agency (SEPA) alert is issued.

3.4. In these circumstances, the Council monitors conditions and undertakes a joint review with Police Scotland approximately three hours before high tide. Based on this assessment, a decision is reached on whether the barriers should remain open or be closed. If conditions are considered safe, the barriers remain open, but may be subject to further reviews in the coming hours.

3.5. Where conditions present a risk to public safety, Police Scotland instructs the Council and HM Coastguard to close the barriers. Appropriate road closure and warning signage is erected, photographic records are taken, and public information is issued through email and social media channels. The situation is then subject to ongoing review, with regular updates provided and further joint assessments undertaken as required. Once conditions improve and it is safe to do so, Police Scotland authorises the reopening of the barriers, signage is removed, public notifications are issued, and the procedure is stood down.

4. Closure Statistics

4.1. The following table provides the number of closures and average time of closure over the past five years.

Year	Closures (no.)	Closures (hrs – Total)	Closure (hrs – Average)	Reviews
2021/22	5	21.4	4.3	56
2022/23	7	29.3	4.2	104
2023/24	9	45.2	5	174
2024/25	0	0	0	23
2025/26	5	18.2	3.6	99

5. Enhanced Monitoring

5.1. The proposed installation of a wind sensor and CCTV camera at the north end of Churchill Barrier No. 2 will provide an additional source of real-time information. Data obtained from the wind sensor will complement information already available from the Council's existing weather stations, providing a more comprehensive understanding of local conditions and improving the ability to assess risks and respond appropriately.

5.2. The inclusion of a 24-hour CCTV camera will provide live visual information to decision makers, enabling weather and road conditions to be assessed remotely and in real time. This will improve situational awareness during adverse weather events and reduce reliance on site visits when determining the most appropriate operational response.

5.3. In addition, the live CCTV feed will be made publicly accessible, providing residents, businesses and visitors with the ability to view current conditions before undertaking a journey. This increased access to reliable, real-time information will enable road users to make more informed travel decisions, particularly during periods of high winds, wave overtopping or other adverse weather conditions, thereby contributing to improved road safety and public confidence.

6. Enhanced Signage

6.1. Existing advance warning signage, which is currently manually opened and closed, on the A961 at the Highland Park Distillery, and at the top of St Margaret’s Hope, will be upgraded with remote activated warning signage. Indicative locations for all signage are shown in Appendix 1.

6.2. VMS signage will be set up to provide two messages depending on wind speed and direction. This process can be fully automated, activated on locally set parameters, or the signage can be manually controlled by staff. It is proposed that two actions will be implemented.

i. Action 1 – Warning – In this scenario wind speeds are such that spray is likely but a closure is not required. Therefore, VMS signs will be activated to show message no.1

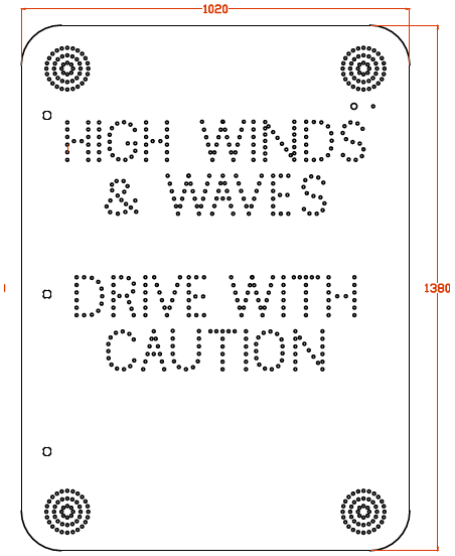


Figure 1- VMS Message 1

ii. Action 2 – VMS Closure – In this scenario wind speeds have increased to a point where closure is required. VMS signs will be activated to show message no.2. Closures will be enforced by staff on-site.

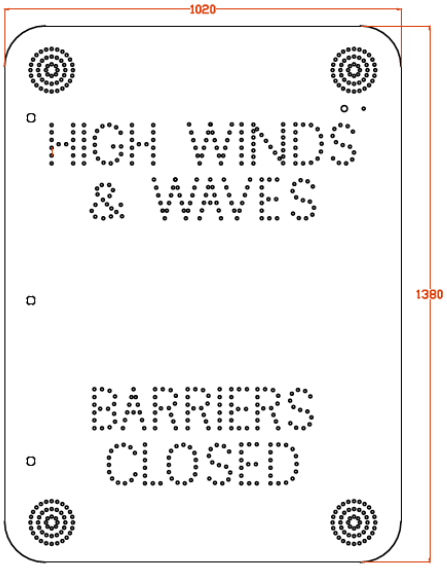


Figure 2 - VMS Message 2

7. Community Information

7.1. Currently warnings are issued via social media when weather conditions indicate that there may be hazardous conditions at the barriers and, potentially, a need to close them. These were issued with up to 24 hours' notice but following community concerns these were stopped a few winters ago, with warnings now issued at the time of the review(s). Members of the community can also sign up to flood warning messages from SEPA.

7.2. The proposed system will provide the public with greater access to real-time information, allowing them to make more informed decisions about whether and when to travel. Through the availability of live CCTV images, weather data and barrier status information, road users will be able to assess conditions for themselves before travelling.

7.3. Even when the route remains open, individuals may decide that prevailing weather conditions, visibility, road surface conditions or other factors observed through the available information make it prudent to delay or avoid their journey. This enhanced situational awareness will help improve traveller confidence, reduce unnecessary journeys and support safer decision-making across the community.

8. Similar Systems

8.1. Comhairle nan Eilean Siar has operated similar systems at a number of locations, including the Braighe Road and the Baleshare Causeway, for over seven years with minimal maintenance requirements. Given that these sites are located in similarly exposed coastal environments, this provides additional confidence that the systems are well suited to the conditions experienced at the Churchill Barriers. Furthermore, the Council has a long-established working relationship with the supplier of these systems through the provision and support of weather stations used for winter service operations in Orkney.

8.2. Links to these cameras are as follows:

i. Braighe Road - https://www.cne-siar.gov.uk/roads-and-travel/road-monitoring-cameras/braighe-road-camera
ii. Baleshare Causeway - https://www.cne-siar.gov.uk/roads-and-travel/road-monitoring-cameras/baleshare-causeway-camera

For Further Information please contact:
Matthew Wylie, Service Manager (Roads and Grounds), extension 2318, Email matthew.wylie@orkney.gov.uk

Implications of Report

1. **Financial –** Equipment and initial installation costs are all fully funded by Transport Scotland's flood resilience support programme. Costs are estimated to be £130,000. As this system will provide the ability for remote reviews to be undertaken, it is anticipated that long-term revenue costs will reduce given the reduced standby requirement. This saving will be allocated to other service areas under cost pressures within the Directorate.
2. **Legal –** None arising directly from the recommendation in this report.
3. **Corporate Governance –** In terms of the Financial Regulations, in exceptional circumstances, the Head of Finance may, after consultation with the Leader, the Depute Leader and the Chief Executive, approve any capital expenditure he/she considers is in the interest of the Council and which is fully funded. The Head of Finance may require a report detailing the action taken to be presented to the next scheduled meeting of the Policy and Resources Committee.
   On this occasion, following consultation, it was determined this matter should be reported to the Policy and Resources Committee for determination.
4. **Human Resources –** The recommended action offers greater efficiency in the use of staff time in monitoring activity at the Barriers.
5. **Equalities –** An Equality Impact Assessment has been undertaken and is attached as Appendix 2.
6. **Island Communities Impact –** An Island Communities Impact Assessment has been undertaken and is attached as Appendix 3.
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 –** Climate change is expected to increase the frequency and severity of extreme weather events, placing greater demands on the management of the road network. The implementation of enhanced weather monitoring technology will improve the Council's ability to respond proactively to

these challenges, providing more accurate and timely information to support decision-making and maximise the effectiveness of available resources.

10. **Risk –** Should the system be offline at any time, there would be less information available to decision makers. In such circumstances, on-site reviews will take place in much the same fashion as they do currently. Equally, if at any time the information available remotely is not sufficient to make a decision, on-site reviews will take place.
11. **Procurement –** A Non-Competitive Action (NCA) will be raised for the procurement of all associated equipment. The proposed supplier has supplied and maintained the Council's weather station network for a number of years, resulting in a well-established and effective working relationship. In addition, the same system has been successfully deployed by Comhairle nan Eilean Siar for the past seven years, demonstrating its reliability and suitability in exposed environments comparable to those experienced in Orkney. This provides confidence that the system will perform effectively under local operating conditions.
12. **Health and Safety –** The installation of this system will remove the need for in-person monitoring reviews, reducing the requirement for both the Council and Police Scotland personnel to operate in potentially hazardous weather conditions. The provision of real-time information will enable road users to make more informed decisions regarding their journeys, thereby supporting improved road safety.
13. **Property and Assets –** No adverse impacts envisaged.
14. **Information Technology-** Live feed to be shown on YouTube to better inform the travelling public.
15. **Cost of Living -** No adverse impacts envisaged.

List of Background Papers

None.

Appendices

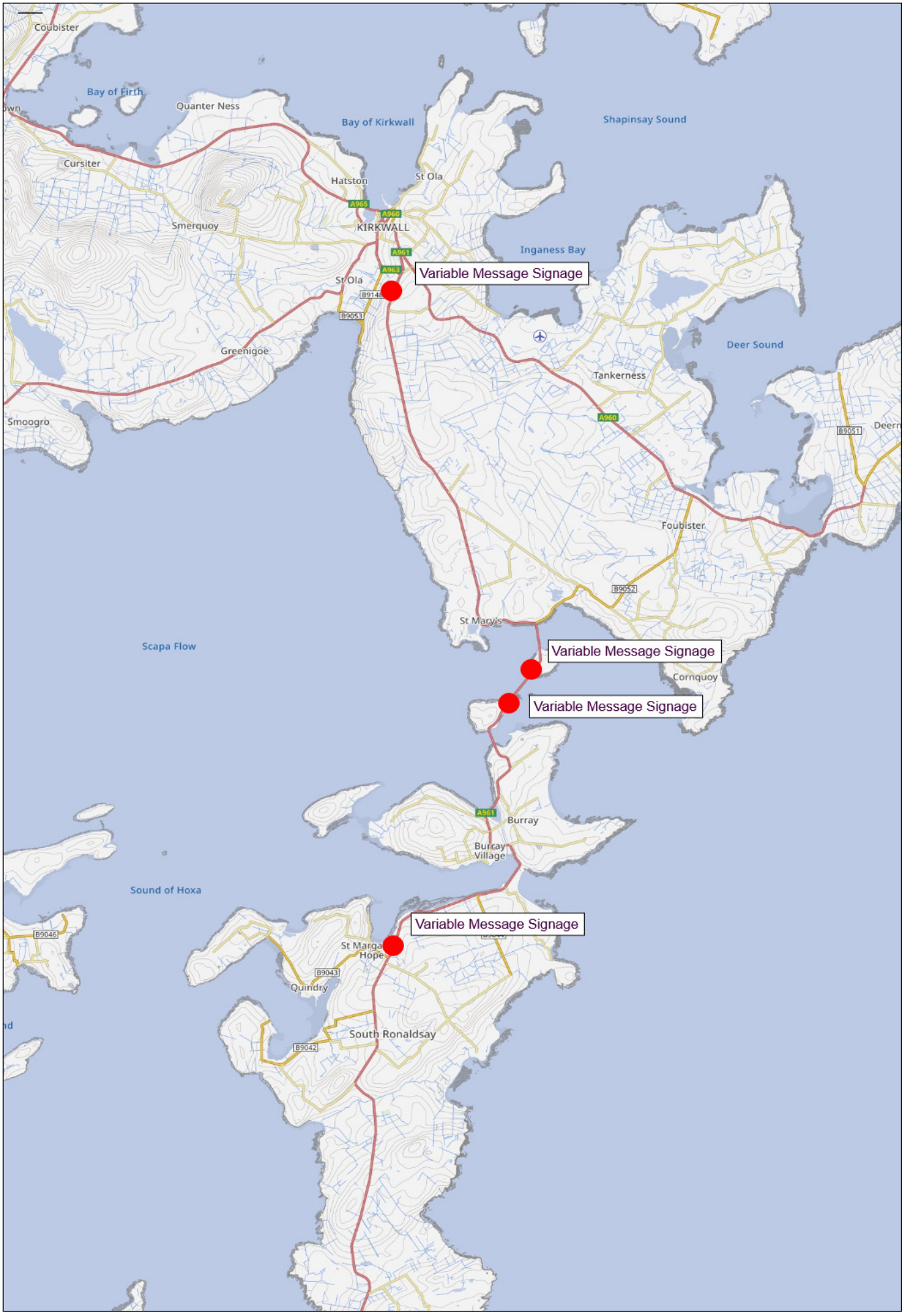
Appendix 1 – Map of VMS Locations.

Appendix 2 – Equality Impact Assessment.

Appendix 3 – Island Communities Impact Assessment.

WIP

Appendix 1



VMS Signage, Churchill Barriers

Appendix 2

Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of Orkney Islands Council by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a proposal or changes by anticipating the consequences and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

Should you have any questions or wish for your draft EqIA to be reviewed by our Equality, Diversity and Inclusion Adviser, please contact OD@orkney.gov.uk.

1. Identification of the Proposal or Change	
Name of proposal or change being assessed.	Enhanced monitoring and signage for Churchill Barriers
Responsible Service and Directorate.	Infrastructure Services, Infrastructure and Organisational Development
Date of assessment.	4 August 2026
Is the proposal or change existing? (Please indicate if the service is to be deleted, reduced or changed significantly).	New

2. Primary Information	
What are the intended outcomes of the proposal or change?	To enhance monitoring of tidal conditions at the Churchill Barriers and provide improved information to the public.
Is the proposal or change strategically important?	Yes
State who is or may be affected by this proposal or change, and how?	Anyone who traverses the Churchill Barriers, particularly residents/businesses on Lamb Holm, Burray and South Ronaldsay.
How have stakeholders been involved in the development of this proposal or change?	As this policy is concerned with ensuring road safety during wave overtopping events it is not subject to consultation. Consequently, no consultation has been undertaken.

Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise. E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking.	N/A
Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise. E.g. For people living in poverty or for people of low income. See The Fairer Scotland Duty Guidance for Public Bodies for further information.	N/A
Could the proposal or change have a differential impact on any of the following equality areas?	Please provide any evidence – positive impacts / benefits, negative impacts and reasons:
1. Race: this includes ethnic or national groups, colour and nationality.	No differential impacts.
2. Sex: a man or a woman.	No differential impacts.
3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	No differential impacts.
4. Gender Reassignment: the process of transitioning from one gender to another.	No differential impacts.
5. Pregnancy and maternity.	No differential impacts.
6. Age: people of different ages.	No differential impacts.
7. Religion or beliefs or none (atheists).	No differential impacts.
8. Disability: people with disabilities (whether registered or not).	No differential impacts.

9. Marriage and Civil Partnerships.	No differential impacts.
10. Caring responsibilities	No differential impacts.
11. Socio-economic disadvantage.	No differential impacts.
12. Care experienced	No differential impacts.

3. Impact Assessment

Does the analysis above identify any differential impacts which need to be addressed?	No
Does the analysis above identify any potential negative impacts?	No
Do you have enough information to make a judgement? If no, what information do you require?	Yes

4. Equality Impact Assessment Action Plan

Please complete the following action plan where you have identified any differential impacts or potential negative impacts in Section 3 of the Equality Impact Assessment.

Impact Identified	Action to be taken	Owner	How will it be monitored	Date Action to be completed

5. Sign and Date	
Signature:	
Name:	Matthew Wylie
Date:	4 August 2026

Island Communities Impact Assessment

Enhanced monitoring and signage for Churchill Barriers

Preliminary Considerations	Response
Please provide a brief description or summary of the policy, strategy or service under review for the purposes of this assessment.	Enhanced monitoring systems at the Churchill Barriers, combined with variable message signage, will provide the public with more timely and accurate information. These improvements will also reduce the current resource burden associated with managing the process for both OIC and Police Scotland.
Step 1 – Develop a clear understanding of your objectives	Response
What are the objectives of the policy, strategy or service?	To enhance monitoring of tidal conditions at the Churchill Barriers and provide improved information to the public.
Do you need to consult?	No
How are islands identified for the purpose of the policy, strategy or service?	Islands are defined as any inhabited island within Orkney.
What are the intended impacts/outcomes and how do these potentially differ in the islands?	To enhance monitoring of tidal conditions at the Churchill Barriers and provide improved information to the public.
Is the policy, strategy or service new?	Enhancement of existing procedures.
Step 2 – Gather your data and identify your stakeholders	Response
What data is available about the current situation in the islands?	Signs are currently in place at various locations across St.Ola, Holm, Burray and South Ronaldsay which are manually controlled to display provide advance warning when the barriers are closed. However, as these are manually opened and closed, it can take some time before they are all updated accordingly, therefore providing inconsistent messaging either side of closures until crews are able to get to every sign. As an automated option, all signs would

	display the same message at the same time. Barrier closure information is contained within the report.
Do you need to consult?	No
How does any existing data differ between islands?	N/A
Are there any existing design features or mitigations in place?	N/A
Step 3 – Consultation	Response
Who do you need to consult with?	As this policy is concerned with ensuring road safety during wave overtopping events it is not subject to consultation. Consequently, no consultation has been undertaken.
How will you carry out your consultation and in what timescales?	N/A
What questions will you ask when considering how to address island realities?	N/A
What information has already been gathered through consultations and what concerns have been raised previously by island communities?	N/A
Is your consultation robust and meaningful and sufficient to comply with the Section 7 duty?	N/A
Step 4 – Assessment	Response
Does your assessment identify any unique impacts on island communities?	Positive - The enhanced monitoring and signage provision is expected to better inform the public, particularly residents of Burray and South Ronaldsay. Therefore, enabling residents to better plan travel arrangements before they start their journey.
Does your assessment identify any potential barriers or wider impacts?	No
How will you address these?	N/A

You must now determine whether in your opinion your policy, strategy or service is likely to have an effect on an island community, which is significantly different from its effect on other communities (including other island communities).

If your answer is **No** to the above question, a full ICIA will NOT be required and **you can proceed to Step 6**.
If the answer is **Yes**, an ICIA must be prepared and y**ou should proceed to Step 5**.

To form your opinion, the following questions should be considered:

- Does the evidence show different circumstances or different expectations or needs, or different experiences or outcomes (such as different levels of satisfaction, or different rates of participation)?
- Are these different effects likely?
- Are these effects significantly different?
- Could the effect amount to a disadvantage for an island community compared to the Scottish mainland or between island groups?

Step 5 – Preparing your ICIA	Response
In Step 5, you should describe the likely significantly different effect of the policy, strategy or service:	
Assess the extent to which you consider that the policy, strategy or service can be developed or delivered in such a manner as to improve or mitigate, for island communities, the outcomes resulting from it.	
Consider alternative delivery mechanisms and whether further consultation is required.	
Describe how these alternative delivery mechanisms will improve or mitigate outcomes for island communities.	
Identify resources required to improve or mitigate outcomes for island communities.	

Stage 6 – Making adjustments to your work	Response
Should delivery mechanisms/mitigations vary in different communities?	N/A
Do you need to consult with island communities in respect of mechanisms or mitigations?	N/A
Have island circumstances been factored into the evaluation process?	N/A
Have any island-specific indicators/targets been identified that require monitoring?	N/A
How will outcomes be measured on the islands?	N/A
How has the policy, strategy or service affected island communities?	N/A
How will lessons learned in this ICIA inform future policy making and service delivery?	N/A
Step 7 – Publishing your ICIA	Response
Have you presented your ICIA in an Easy Read format?	Yes
Does it need to be presented in Gaelic or any other language?	No
Where will you publish your ICIA and will relevant stakeholders be able to easily access it?	Published on Council's website as part of the Committee report agenda.
Who will signoff your final ICIA and why?	Lorna Richardson, Director of Infrastructure and Organisational Development, in accordance with Council policy.

ICIA completed by:	Matthew Wylie
Position:	Service Manager (Roads and Grounds)
Signature:	[redacted]
Date complete:	3 August 2026

ICIA approved by:	Lorna Richardson
Position:	Director of Infrastructure and Organisational Development.
Signature:	[redacted]
Date complete:	5 August 2026

Item: 4

Policy and Resources Committee: 22 September 2026.

Resilience and Food Security.

Report by Director of Infrastructure and Organisational Development.

1. Overview

1.1. The purpose of this report is:

- to set out the position regarding Resilience and Food Security as an area of emerging importance, value and concern globally and locally.
- to consider this in the context of resilience, communities, climate risk and strategic planning, noting the specific geographic and logistical context so that the extent to which these factors directly or indirectly affect Orkney can be explored objectively and understood.

1.2. The report additionally outlines duties for local authorities in Scotland relevant to this arising from developments in policy and legislation, so that the Council's approach to meeting these duties is established.

1.3. The report also highlights relevant developments at a Scottish and UK level from significant reviews and publication including the UK National Audit Office review of Food Supply Chain Resilience due this year and the National Preparedness Commission's 2025 report Just in Case, co-written by Professor Tim Lang, Emeritus Professor of Food Policy, Centre for Food Policy, City, University of London; Natalie Neumann and Antony So.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Establish a Short-life Member/Officer Working Group (MOWG) comprising the undernoted core membership to further explore food resilience and security, to consider the arrangements and provision of supply networks and the strategic, commercial and community resources:
   - Chair, Policy and Resources Committee.
   - Vice Chair, Policy and Resources Committee.
   - Chair, Enterprise and Infrastructure Committee.

- Two other Elected Members.
- Director of Infrastructure and Organisational Development.
- Other officers as considered appropriate by the Director of Infrastructure and Organisational Development.
- External expertise as considered appropriate by the Director of Infrastructure and Organisational Development.

ii. Agree that a one off food security and resilience revenue budget be established, with funding of up to £50,000, to be sourced from the Council's Crown Estate Fund, to support project officer time, early project initiation, support from external organisations with expertise as considered relevant by the Director of Infrastructure and Organisational Development.

iii. Note that work associated with food security and resilience will ultimately assist with, and provide useful detail to feed into, the Good Food Nation Plan, and aid the Council to discharge its duties in terms of the Good Food Nation (Scotland) Act 2022, once Article 10 comes into force.

iv. Instruct the Director of Infrastructure and Organisational Development to submit a report, to a meeting of this Committee in 2027, advising of the outcome of the working group, including consideration of policy options for the Council in relation to Orkney's Food Resilience and Security and presenting recommendations for consideration.

3. Background

3.1. Food security is increasingly being recognised as a strategic resilience issue. Recent national resilience work has highlighted the vulnerability of food systems to disruption arising from climate change, transport failures, energy interruption, cyber incidents, economic shocks and international events.

3.2. This reframing provides a vehicle for embedding these considerations into resilience and adaptation strategies, risk registers and emergency planning.

3.3. In practice, resilience and emergency planning already considers a number of risk and impact factors which could affect food availability and distribution.

3.4. Severe weather events, transport disruption, infrastructure failure, public health emergencies and wider supply chain pressures can all impact the movement of people, goods and essential supplies to and within communities.

3.5. Food resilience considerations are therefore closely aligned with existing emergency planning, business continuity and community resilience activity. Additionally, increasing dependency on technology and globalisation increases the

impact potential. Food supply-chain logistics are becoming increasingly dependent on digital systems, while food production is becoming increasingly globalised.

3.6. The work of Professor Lang and others, including Lt Gen Richard Nugee has highlighted the vulnerability of just-in-time food supply chains and the lack of systematic planning for food disruption in the UK and argues for a shift towards treating food as a strategic infrastructure issue, requiring public bodies to understand supply dependencies, local production capacity, distribution risks and the needs of vulnerable populations during disruption.

3.7. Global food systems are dependent on a range of internationally concentrated supply chains. These include phosphate reserves and fertiliser production significantly centred in Morocco, vitamin and nutritional ingredient manufacturing concentrated in China and India, significant agricultural and feed production within countries such as Brazil and the United States, and grain production from highly productive agricultural regions including Ukraine.

3.8. The concentration of key food commodities and production inputs within a relatively small number of countries and regions can disproportionally create vulnerabilities where geopolitical events, transport disruption, cyberattack, climate impacts or market instability affect supply.

3.9. In many cases these macro-factors impact local production, and the development and evolution of food production technologies, regulation and logistics have embedded dependencies into areas which undermine the independence of localised production to varying degrees.

3.10. Food resilience is influenced by a range of factors beyond production capacity and supply chains. Across many rural and island communities, challenges relating to workforce availability, skills retention and succession planning within the agricultural sector are becoming increasingly significant.

3.11. The continued viability of food production systems depends upon access to a skilled workforce and the transfer of knowledge between generations, making demographic change and labour availability relevant considerations within any assessment of long-term food resilience.

3.12. It is a matter of record that recent years have seen geopolitical instability, cybersecurity incidents and major weather-related disruption all affecting food production, distribution, supply-chain and pricing:

- The conflict in Ukraine highlighted the importance of internationally significant food-producing regions to global supply chains. Often described as the "breadbasket of Europe" because of its highly productive agricultural sector, disruption to Ukrainian grain exports, fertiliser supplies and associated transport networks contributed to food price volatility and supply chain pressures across Europe and beyond.
- Climate-related risks to food systems are no longer theoretical. In recent years, drought, flooding, heatwaves and severe storms have affected agricultural production, transport networks and food distribution systems across parts of Southern Europe, South Asia and other major food-producing regions. These events have demonstrated how weather-related disruption has impacted output, constrained supply chains and contributed to price volatility, with impacts extending well beyond the areas directly affected.
- Recent cyber incidents within the food and agriculture sector have demonstrated that disruption to digital systems can have consequences comparable to physical disruption. Attacks affecting food processors, distributors and retailers have interrupted production, delayed deliveries and disrupted supply chains, highlighting the growing dependence of food systems on digital infrastructure. As food production, logistics and retail operations become increasingly technology enabled, cyber resilience is becoming an increasingly important component of food resilience.

3.13. Therefore, from a global and local perspective, the production, distribution and co-ordination of food do face vulnerability and risk from global factors.

4. Orkney Context

4.1. Orkney occupies a distinctive position within food systems. The county is recognised for the production of high-quality food and drink and contributes significantly to regional, national and international supply chains.

4.2. At the same time, as an island community, local food production relies upon the continued availability of imported inputs, transport connectivity, energy infrastructure, technology and wider supply networks.

4.3. Food resilience is therefore not solely a question of local production capacity, but of understanding the interdependencies that exist across the entire system, from primary production through processing, distribution, retail and consumption.

4.4. For Orkney, the relevance is heightened by the geography, weather exposure and reliance on transport links for food supply all require effective structures to ensure continued provision to the population.

4.5. There is strong evidence of exceptional capability and resilience already, which was demonstrated strongly in Orkney's response to the Covid-19 pandemic and significant lockdowns that required local wholesalers and suppliers to ensure safe continuity of supply across all of Orkney's communities in exceptional circumstances.

4.6. Recognition of these strengths should not however prevent other risks and weaknesses from being explored, so that an objective and detailed assessment of the County's current understanding of risk, exposure to external factors is understood, and from that position, food security planning can be progressed.

4.7. Cyberattacks have occurred which have impacted the delivery of food to supermarket shelves. As organisations continue to ensure protections on digital systems are in place and up to date, cyber-threat continues to increase, and recent developments in artificial intelligence have demonstrated new evidence or risk.

4.8. This supports closer alignment between food policy and community wealth building, particularly where local procurement, crofting, fisheries and small producers can strengthen shorter supply chains and support local diversification

4.9. Like many island communities, the food supply position in Orkney is dominated by 'imports' and local production reflects high quality and, in some cases, high-capacity production across specific tenures of food consumption and production.

4.10. Agronomy expertise has highlighted that grain and cereal production is chiefly used in feed for livestock and to support whisky and spirits, with limited capability to produce protein-rich plant-based foods other than clovers and silage. While there is some opportunity to produce oats, there are limitations on the viability of long-term storage.

4.11. It is therefore near impossible to develop a completely independent food - production environment, therefore the development of local resilience must centre on a hybrid approach, improving supply chain buffers and identifying what local production can deliver, recognising that local production may still have supply chain dependencies outwith the County.

4.12. It is also of key importance to recognise the need for those concerned in the sector to remain viable, which in both the current economic-climate and physical-climate is challenging.

5. The Climate Change Risk Assessment

5.1. In addition to identifying direct (food related) climate risks to both agricultural production and the natural environment, chapter 15 of the UK's fourth Climate Change Risk Assessment (UKCCRA4-IA) focuses on food security and identifies that climate change is disrupting the global food system with growing impacts to food production and supply chains.

5.2. This is expected to impact UK food security through higher and more volatile prices, and increased risk of supply variability or temporary shortages.

5.3. The report states that Government needs to understand what could go catastrophically wrong in the food system and also that this requires systemic stress-testing in the medium to long term.

5.4. UKCCRA4 also raises the complexity of 'cascade' risks and how climate change is acting in combination with other events (for example cyber security or global conflicts). It states that connections between risks amplify climate impacts.

5.5. UKCCRA4-IA Technical Report identifies several connections within the infrastructure sector. For example, there is high reliance on supply from the energy system across other parts of the sector, including transport, water supply, and digital and telecoms.

5.6. The land, nature, and food sector is also highly connected. Agriculture, forestry, fisheries, and aquaculture industries rely on healthy and functioning ecosystems. Climate-related impacts on ecosystems cascade into these industries, affecting the wider economy.

6. Case Study: Vertical Farming

6.1. CCRA4 states that the most acute UK food risks sit with fresh produce supply due to their shorter shelf life and more complex logistics; in the island's context, this is a risk that is well understood and experienced.

6.2. As one example of local innovation, systems that grow plants without soil, using hydroponics or aeroponics can be installed within existing structures such as polytunnels and polycrubs.

6.3. This approach is already being trialled by some communities and with support from UHI Orkney's Agronomy Institute is known as hybrid vertical farming, which combines vertical growing with natural daylight, significantly reducing energy demand compared to fully indoor systems.

6.4. Hybrid vertical farming offers a practical, energy-efficient pathway to improved food self-sufficiency, for Orkney through smaller-scale, decentralised production.

6.5. In 2025, UHI Orkney installed a much smaller scale hybrid vertical farm within a polycrub at its Kirkwall campus, with funding from Highlands and Islands Enterprise (HIE).

6.6. The system is powered by solar panels with battery storage, funded by the Mains of Loirston Charitable Trust, and can achieve up to a tenfold increase in crop production. Automated irrigation has reduced labour requirements, no pesticides are needed, and a wide range of crops has been grown successfully, including pollination-dependent crops such as tomatoes, which are not viable in sealed indoor farms.

6.7. The facility operates as a research and teaching resource to support commercial growers across Orkney, and while vertical farming is a small component, it does provide one example of the types of measures that can be considered to broaden resilience.

7. Legislative position

7.1. Food systems are also influenced by an increasingly complex policy and regulatory environment. Achieving a balance between food production, environmental objectives, climate adaptation, biodiversity, public health and economic growth requires careful consideration of potential interactions, trade-offs and unintended consequences. Understanding these interdependencies is an important aspect of developing resilient and sustainable food systems.

7.2. Under the Community Empowerment (Scotland) Act 2015, every local authority in Scotland is required to prepare a food-growing strategy. Food is explicitly recognised as relevant to community planning guidance and to addressing household food insecurity.

7.3. Under the Climate Change (Scotland) Act 2009, public bodies must act to help deliver the Scottish National Adaptation Plan (which in turn has identified food security risks and actions).

7.4. Publication of the First National Good Food Nation Plan, in December 2025 brought into effect legislation under the Good Food Nation (Scotland) Act 2022, including statutory “have regard” duties in relation to food security and food resilience across food policy more widely.

- The Act places duties on “relevant authorities”, defined in legislation as territorial NHS boards and local authorities, to prepare and publish their own Food Plans.
- The Good Food Nation statutory framework represents a shift in how food is treated in public policy, from a narrow regulatory concern to a whole-system issue linked to health, inequality, resilience and place.
- When Article 10 of the Act is triggered, Local authorities and NHS boards will be required within 12 months to prepare, publish and periodically review plans setting out how their functions will contribute to national good food outcomes. NHS boards are expected to consider food in relation to health and prevention, while local authorities are expected to address food through planning, education, economic development, procurement, community support and local resilience.
- The Act and associated regulations implicitly recognise food as a component of national and local resilience.

7.5. The triggering of Article 10 of the Act, the work to develop a Good Food Nation Plan will be significant and overarching, with a 12-month timescale. This is expected to occur by the end of March 2027.

7.6. It is vital to underline that while areas of crossover, the work on food security and resilience and any resources allocated are distinct and separate from the resources that will be required by the Council to develop the Good Food Nation Plan, which is likely to also require funding, support and resourcing given the breadth of the work.

7.7. Food Security is noted in the National Scottish Risk Assessment (R64) and is part of the work programme across resilience structures in Scotland, which is monitored at Regional Resource Partnership (RRP) level. The risk of ‘food insecurity and inflation’ has been identified as one of 8 priority climate risks facing the UK, within the fourth Independent Assessment of UK Climate Risk (CCRA4-IA) published May 2026. The issue is also addressed in Scotland’s National Climate Change Adaptation Plan (2024-2029).

8. Roles and Remits

8.1. Food security and food resilience are inherently cross-sector matters and cannot be addressed by any single organisation acting in isolation. The expertise, knowledge and practical experience within the research, policy, agricultural, fisheries, food production, retail, cybersecurity and supply logistics, and communities will be essential to informing this work.

8.2. Any future programme of activity should therefore be developed collaboratively, drawing on the experience of industry representatives, producers, processors, distributors, community organisations and relevant other local and national bodies (e.g. Universities).

8.3. While the Council and Community Planning Partners have statutory responsibilities relating to the preparation of a Good Food Nation Plan, it should be highlighted that while the development of Food Security and Resilience work will support progress, the overall development of the Good Food Nation Plan is much more significant and overarching.

9. Short Life Working Group

9.1. Therefore, given the cross-cutting nature of food security over many service areas, currently there is a lack of a core strategy or dedicated work programme to lead, coordinate and direct Council activity in this area. It is therefore recommended that the Council establishes a Short Life Member/Officer Working Group to explore these issues further and to support Officers in forming further recommendations to the Council. The remit for the Short Life Working Group would include:

- Understanding and evaluating food vulnerabilities for Orkney, including learning about and mapping current activity across the Community including potential collaboration opportunities which can contribute to enhanced resilience and food security and identifying any weaknesses and opportunities.
- Receiving updates on key vulnerabilities, drivers, barriers and enablers, and where relevant contributing to steering project development activities.
- Identifying areas for potential Council interventions either directly (short term) or indirectly to support community responses and resilience activities.
- Facilitating knowledge gathering and communication of Food resilience matters, including opportunities to engage with specialists and expert advisors on these matters.
- Contributing to the development of policy options for the Council relating to Food Resilience.

9.2. It is expected that parts of the remit (e.g. mapping weaknesses and opportunities), will require the engagement of specialist advisors and information resources. At the same time, there is an appetite for early action and project development that can be supported and trialled.

Funding

9.3. To enable this work, it is recommended that a Food Security and Resilience Revenue budget is established, with a fund of £50,000, to be sourced from the Council's Crown Estate Fund.

9.4. An essential aspect will be the co-ordination and programming of funding into supporting positive outcomes that maximise impact in the local authority area.

9.5. In addition to this, Officers have been working on potential additional funding bids, investigating sources such as the National Lottery Community (Climate Action Food fund). All this work has the opportunity to contribute to improving Orkney's overall resilience. Council and local NHS Orkney representatives have continued discussions and preparations with supportive experts and organisations and experts such as Professor Lang and also Nourish Scotland and Heriot Watt University (including the format for a seminar in Orkney earlier this month).

For Further Information please contact:

Kenny MacPherson, Head of Property and Asset Management, extension 3007, Email: kenny.macpherson@orkney.gov.uk.

Implications of Report

1. **Financial:** The £50,000 funding request would be in addition to member and officer time, most notably the cost of consultancy, as highlighted in section 9.2 of the report. Prioritising this piece of work may result in other tasks not being achieved. Section 9.5 references potential funding bids. Sharing information with/from other Island authorities, which will have broadly similar issues, in regard to Food Security, may also be worth exploring.
   The Crown Estates Revenue Guiding Principles includes "support and empower coastal communities across all of Orkney to deliver projects to realise sustainable social, economic and environmental benefits," which would include funding for the purpose outlined in the report. There are sufficient unallocated funds within the Crown Estate Fund at present to fund the budget request outlined in the report. This funding would be a one off allocation.
   Although seen as disparate work streams throughout this report, there are synergies between this Resilience and Food Security workstream, and the anticipated Good Food Nation Plan workstream. These should be explored by the MOWG when setting its outcomes to avoid duplication of effort and limit spend corporately**.**
2. **Legal:** Approving the recommendations in this report will assist the Council to discharge its responsibility under the Community Empowerment (Scotland) Act 2015, to prepare a food-growing strategy. In terms of the Good Food Nation (Scotland) Act 2022, the Council is required to prepare and publish its own Good

Food Nation Plan and the work outlined in this report will ultimately assist the Council to discharge its duties under that legislation. Ultimately the Council is required to have regard to its Good Food Nation Plan when exercising its functions.

3. **Corporate Governance:** None**.**
4. **Human Resources:** None**.**
5. **Equalities:** None**.**
6. **Island Communities Impact:** None**.**
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:** There are areas where Food Security is Impacted by Environmental and Climate Risk**.**
10. **Risk:** Food Security is referred to in two risks on the Corporate Risk Register and the focus of this work is broadening understanding of food security risk further.
11. **Procurement:** The recommendation seeks to engage specialist advisors and information resources.
12. **Health and Safety:** None**.**
13. **Property and Assets:** At present there are no immediate implications.
14. **Information Technology:** The recommendation seeks to engage specialist advisors and information resources.
15. **Cost of Living:** Food insecurity can be a direct driver for cost increases and impacts on the Cost of Living for Orkney communities and abroad. Therefore, work in this area can mitigate the circumstances leading to such increases.

List of Background Papers

None.

Item: 5

Policy and Resources Committee: 22 September 2026.

Risk Management Policy and Strategy.

Report by Director of Infrastructure and Organisational Development.

1. Overview

1.1. This report presents the revised Risk Management Policy and Strategy, for members' approval.

1.2. The Risk Management Policy and Strategy was last updated and approved in October 2024.

1.3. The revised Risk Management Policy and Strategy for the period 2026 to 2029, attached as Appendix 1 to this report, provides a structured framework for the identification, assessment, treatment, monitoring and reporting of risk across all Council activities. The revised approach is aligned with the principles and guidelines contained within ISO 31000:2018 and supports effective governance, decision making, service delivery, resilience and continuous improvement.

1.4. The strategy promotes a consistent and proportionate approach to risk management, ensuring that risks and opportunities are considered at both strategic and operational levels. It strengthens accountability, supports informed decision-making, and enhances the ability to anticipate, manage and respond effectively to emerging risks and changing circumstances.

1.5. Risk management forms a key component of effective governance and management arrangements and is recognised as being inherent in the achievement of objectives and delivery of services. Whilst risks cannot be eliminated entirely, they can be identified, assessed, monitored and managed to an acceptable level in line with the council's risk appetite. Effective risk management supports informed decision-making, resilience, innovation and service improvement, ensuring an appropriate balance between risk, control and opportunity.

1.6. The revised Strategy incorporates recommendations arising from recent internal audit activity and benchmarking against recognised good practice. Key enhancements include:

i. Stronger alignment with ISO 31000:2018 risk management principles and framework.
ii. Clearer governance arrangements, roles and responsibilities for risk ownership and oversight.
iii. Improved links between strategic planning, performance management and risk reporting.
iv. Enhanced processes for the identification, escalation and monitoring of emerging risks.
v. Greater emphasis on assurance, control effectiveness and management actions.
vi. Recognition of cross-cutting risks, including financial sustainability, workforce capacity, climate change, cyber security, business continuity and community resilience.
vii. A commitment to continuous improvement through regular review, training, reporting and assurance activities.

1.7. The Strategy seeks to embed a positive risk culture across the Council, encouraging informed risk-taking where appropriate whilst ensuring that threats to the achievement of strategic priorities are effectively identified, managed and monitored.

2. Recommendations

2.1. It is recommended that:

i. The revised Risk Management Policy and Strategy (2026 to 2029), attached as Appendix 1 to this report, is approved.

For Further Information please contact:
Dr Donna-Claire Hunter, Service Manager (Safety and Resilience), Email: donna-claire.hunter@orkney.gov.uk

Implications of Report

1. **Financial** – No implications arise from the report recommendation. Any costs associated with the implementation of actions arising from the strategy must be met from existing budgets.
2. **Legal** – Approval of the recommendation in this report will support the Council's compliance with its legal obligations.
3. **Corporate Governance** – No implications.

4. **Human Resources** – Approval of the recommendation in this report will support managers and other employees apply a consistent set of principles and approach to matters of risk management.
5. **Equalities** – No implications.
6. **Island Communities Impact** – No implications.
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.
9. **Environmental and Climate Risk** – No implications.
10. **Risk** – Risk management is part of the Council's Strategic Planning and Performance Framework, and the monitoring of risk is part of the Council's Corporate Performance and Risk Management System.
11. **Procurement** – No implications.
12. **Health and Safety** – No implications.
13. **Property and Assets** – No implications.
14. **Information Technology** – No implications.
15. **Cost of Living** – No implications.

List of Background Papers

Policy and Resources Committee: 24 September 2024 – Item 12: Risk Management Policy and Strategy.

Appendix

Appendix 1 - Risk Management Policy and Strategy 2026 to 2029.

Appendix 1

ORKNEY
ISLANDS COUNCIL

Risk Management Policy and Strategy 2026 to 2029

Prepared by Safety and Resilience

www.orkney.gov.uk

Contents

Document Control sheet.

Approval History

Date	Committee Meeting	Version Approved
11 December 2018	General Meeting of the Council.	Version 1.0
6 October 2020	General Meeting of the Council	V1.1
4 October 2022	General Meeting of the Council	V1.2
24 September 2024	Policy and Resources Committee	V1.3
22 September 2026	Policy and Resources Committee	V2.0

Review Change Record

Date	Author	Version	Status	Reason
October 2018	Malcolm Russell	1.0	Final.	
July 2020	Les Donaldson	1.1	Final.	Reviewed and updated
July 2022	Les Donaldson	1.2	Final.	Reviewed and updated
August 2024	DC Hunter	1.3	Final.	Reviewed and updated
July 2026	DC Hunter	2.0		This Policy and Strategy has been comprehensively revised and strengthened to align with ISO 31000:2018 Risk Management Guidelines and to address the actions and recommendations arising from the Internal Audit review of risk management carried out in 2026.

1. Policy Statement

Orkney Islands Council recognises that effective risk management is fundamental to good governance, informed decision-making, organisational resilience and the achievement of strategic and operational objectives. Effective risk management enables uncertainty to be managed in a structured and proportionate manner, supporting the delivery of services, the protection of resources and the successful achievement of intended outcomes.

Uncertainty can create both risks and opportunities. A structured and proportionate approach to risk management supports the delivery of services, protects resources and assets, enhances outcomes for communities and stakeholders, and promotes informed and effective decision-making.

This Policy and Strategy establishes the framework through which risks are identified, assessed, managed, monitored and reported.

Implementation of this Policy and Strategy is supported by the Risk Management Framework and Guidance and the Risk Assessment Guidance, which together provide the operational arrangements and methodology for managing risk across all services, projects, programmes and partnership activities.

1.1 Purpose

The purpose of this Policy and Strategy is to establish a consistent, structured and proportionate approach to risk management across the Council. It provides a framework for the identification, assessment, management, monitoring and reporting of risks, supporting informed decision-making, effective governance, resilience, service delivery and compliance with statutory and regulatory requirements. By embedding risk management into planning, decision-making and operational activities, the Policy and Strategy supports the achievement of Council objectives and the delivery of positive outcomes for communities and stakeholders.

1.2 Scope

This Policy applies to all employees of Orkney Islands Council and covers all services, functions, assets, projects and programmes. It is intended to provide a consistent approach to risk management across all areas of activity, including corporate services, operational services, educational establishments, Marine Services, Harbour Authority functions and other service delivery arrangements. The principles of this Policy will also inform participation in partnership arrangements and, where appropriate, contractual arrangements with suppliers and contractors. Where contractual arrangements require compliance with specific risk management requirements, suppliers and contractors will be expected to fulfil those obligations. Risks arising from partnership arrangements, contractual relationships and third-party activities should be considered as part of wider risk management arrangements.

2. Risk Management Principles

The Risk Management Framework is aligned with the principles of ISO 31000:2018. Risk management is embedded within organisational activities and decision-making processes through a structured, consistent and proportionate approach to the identification, assessment, management and monitoring of risk.

Effective risk management is characterised by the following principles:

- Creates and protects value by supporting the achievement of objectives and the delivery of services.
- Is integrated into governance, planning, decision-making and operational activities.
- Is structured and comprehensive, providing a consistent and proportionate approach to managing risk across the Council.
- Is customised to reflect the Council's objectives, operating environment, functions and services.
- Is inclusive, drawing upon appropriate stakeholder engagement, knowledge and experience to support informed decision-making.
- Is dynamic and responsive to changing circumstances, emerging risks and new opportunities.
- Is informed by the best available information, recognising both the value and limitations of available data and evidence.
- Takes account of human and cultural factors, recognising the influence of leadership, behaviours and organisational culture.
- Promotes continual improvement through learning, review, assurance and performance monitoring.

For the purposes of this Policy and Strategy, risk is defined as:

"The effect of uncertainty on objectives."

Risk may present both threats and opportunities. Effective risk management supports informed decision-making, organisational resilience, continual improvement and the successful achievement of objectives. By identifying and managing uncertainty in a structured and proportionate manner, opportunities can be realised while potential adverse impacts are minimised. This enables informed choices to be made, resources to be directed effectively and emerging challenges to be addressed proactively.

2.1 Legislative and Regulatory Context

Risk management arrangements support compliance with relevant legislation, regulatory requirements, recognised standards and professional guidance. They contribute to effective governance, informed decision-making and the fulfilment of statutory duties.

Implementation of this Policy and Strategy will be informed by applicable legislation, national guidance and recognised best practice, including guidance issued by the Scottish Government, Audit Scotland, the Convention of Scottish Local Authorities (COSLA), the Society of Local Authority Chief Executives and Senior Managers (SOLACE), the Health and Safety Executive (HSE), the Information Commissioner's Office (ICO), the Scottish Public Finance Manual (SPFM) and other relevant professional and regulatory bodies where appropriate.

Risk management arrangements will be reviewed periodically to ensure they remain effective, proportionate and aligned with changing requirements, Council priorities and emerging best practice. Lessons identified through incidents, audits and assurance activities will support continual improvement.

3. Application of the Risk Management Framework

3.1 Governance

Risk management is embedded within governance, planning and decision-making arrangements. Clear lines of accountability, oversight and assurance are maintained through the governance framework, with committees responsible for corporate governance and risk management providing appropriate scrutiny and assurance. Overall accountability for the effectiveness of the Risk Management Framework rests with the Chief Executive, supported by the Corporate Leadership Team, Directors and Heads of Service, who are responsible for integrating risk management into strategic, directorate and service planning, decision-making and operational delivery.

3.2 Service Delivery

Directors, Heads of Service and Risk Owners are responsible for ensuring that risks which may affect service delivery, resource management, projects and Council priorities are appropriately identified, assessed and managed. Risk management supports informed decision-making, the protection of critical services and the achievement of strategic and operational objectives.

3.3 Resilience

Risk management supports council resilience by enhancing preparedness, protecting critical services and strengthening the ability to anticipate, respond to and recover from disruption. This includes consideration of business continuity, information and cyber security, climate-related risks and collaborative resilience planning with communities and partner organisations.

Risk management arrangements support and are informed by wider resilience structures operating at local, regional and national levels. Relevant risks, threats and planning assumptions identified through the National Risk Assessment (NRA), the North of Scotland Regional Resilience Partnership (RRP), the Local Resilience Partnership (LRP), and other resilience planning arrangements should be considered alongside strategic, operational and service risk information to support preparedness, business continuity, emergency planning and organisational resilience.

Risk management does not stop at organisational boundaries. Statutory and strategic partnerships, including arrangements involving the Integration Joint Board (IJB), Orkney Health and Social Care Partnership (OHASCP), NHS Orkney and other partner organisations, create shared risks and dependencies that require effective oversight and management. Risks arising from partnership arrangements should be managed through appropriate governance structures whilst also being considered within relevant risk management processes where they may affect objectives, service delivery, resilience or statutory responsibilities.

3.4 Continuous Improvement

All employees, managers and governance bodies have a role in supporting continual improvement. Continual improvement is an integral part of the Risk Management Framework, supporting the ongoing development of risk management arrangements, Council resilience and informed decision-making.

3.5 Risk Categories

To support a consistent and comprehensive approach to risk management, risks should be identified, assessed, managed and monitored across a range of categories. These categories provide a framework for understanding and managing risks that may affect the achievement of objectives, service delivery and statutory responsibilities.

Risks are often interconnected and may affect multiple areas of activity. Risk assessments should therefore consider both direct and indirect impacts, including potential cross-cutting consequences.

The principal risk categories are:

- Strategic Risks – Risks that may affect the achievement of long-term vision, strategic priorities and organisational objectives.
- Operational Risks – Risks arising from service delivery, activities, processes, systems and day-to-day operations.
- Financial Risks – Risks that may impact financial sustainability, resource management, budgets or financial performance.
- Compliance Risks – Risks arising from failure to comply with legal, regulatory, statutory, policy or contractual requirements.
- Reputational Risks – Risks that may affect public confidence, stakeholder trust or organisational reputation.
- Information and Cyber Risks – Risks relating to the security, integrity, availability and management of information, data and digital systems.
- Environmental and Climate Risks – Risks associated with environmental impacts, climate change, sustainability challenges and environmental obligations.
- Partnership Risks – Risks arising from relationships with external organisations, suppliers, contractors and partnership arrangements.
- Resilience Risks – Risks that may affect preparedness for, response to, recovery from and adaptation to emergencies or disruptive events.
- Emerging Risks – New, developing or uncertain risks that may have a significant future impact on objectives, services or communities.

Detailed arrangements for the identification, assessment and management of these risk categories are set out within the supporting Risk Management Framework and Guidance documents.

Interrelationship of Risk Categories

Risks rarely occur in isolation and may have consequences across several areas simultaneously. When assessing risks, Risk Owners should consider interdependencies, cumulative impacts and wider organisational implications to ensure that risks are evaluated and managed holistically.

The risk categories outlined above provide a common framework for the identification, assessment, reporting and management of risk across the Council and support a consistent approach to corporate governance, resilience and continuous improvement.

4. Governance Structure and Responsibilites

4.1 Structure

The risk management framework is supported by a clear governance structure that establishes accountability, oversight, assurance and responsibility for the management of risk. Effective governance supports the identification, assessment, management and escalation of risks while providing assurance that risk management arrangements contribute to informed decision-making, organisational resilience and the achievement of objectives.

The governance structure outlined below demonstrates how risk management responsibilities are distributed throughout the Council, ensuring that risks are managed at the appropriate level, with strategic oversight, challenge and scrutiny provided through established governance arrangements.

4.2 Responsibilities

Effective risk management relies on clear governance arrangements, defined accountability and effective oversight at all levels of the Council. Responsibility for managing risk is shared across the organisation, with specific roles providing leadership, assurance, scrutiny and operational risk management. The governance responsibilities outlined below support the effective implementation of this Policy and Strategy.

Role	Primary Responsibility	How Responsibility is Achieved
Committees responsible for governance and risk management	Governance, challenge, scrutiny and assurance	Review corporate risks, scrutinise risk management arrangements, seek assurance on the effectiveness of controls, and provide supportive challenge and scrutiny where required.
Chief Executive	Overall accountability for the Risk Management Framework	Has overall accountability for the council's Risk Management Framework, ensuring that appropriate governance, leadership and resources are in place to support effective risk management.
Corporate Leadership Team	Strategic oversight of corporate risks	Reviews and monitors corporate risks, considers emerging risks, ensures appropriate mitigation measures are in place, and supports escalation of significant risks.
Directors	Directorate risk management and assurance	Ensure risks within their directorates are identified, assessed, managed and reported, and obtain assurance that controls and mitigation measures are effective.
Heads of Service	Service risk management and escalation	Support the maintenance and review of Directorate Risk Registers and maintain Service Risk Registers as appropriate. Monitor risk controls, review risk performance, and escalate significant risks to Directors or the Corporate Risk Register, as appropriate.
Service Managers	Operational implementation and monitoring of service risks	Identify and assess operational risks, implement and monitor control measures, maintain risk records, and report changes in risk exposure.
Risk Owners	Management of assigned risks	Monitor assigned risks, implement agreed actions, review control effectiveness, and provide updates on risk status and mitigation progress.

Role	Primary Responsibility	How Responsibility is Achieved
Safety and Resilience Service	Framework development, advice and coordination	Develop and maintain the Risk Management Framework, provide guidance and advice, support risk reporting processes, and coordinate risk management activities across the council.
Internal Audit Service	Independent assurance	Undertake audits of risk management arrangements, assess the effectiveness of controls, and provide independent assurance and recommendations for improvement.
Employees	Risk awareness, identification and reporting	All employees are responsible for remaining aware of risks relevant to their role, complying with policies and procedures, identifying and reporting risks, incidents and near misses, and contributing to the effective management of risk in their day-to-day activities.

Summary of Responsibilities

- **Committees responsible for governance and risk management**
  Provide strategic oversight, scrutiny and assurance of significant risks and risk management arrangements.
- **Chief Executive**
  Holds overall accountability for the effectiveness of the Risk Management Framework. This includes ensuring that risk management remains aligned with Council priorities, governance requirements and strategic objectives.
- **Corporate Leadership Team**
  Maintains oversight of the corporate risk profile and strategic risk management arrangements. The team reviews and monitors corporate and emerging risks, ensures appropriate mitigation measures are in place, and supports escalation of significant risks where required.
- **Directors**
  Ensure that risk management is embedded within Directorate planning, decision-making and service delivery. Directors are responsible for ensuring risks within their Directorates are identified, assessed, managed and reported, and for obtaining assurance that controls and mitigation measures remain effective.
- **Heads of Service**
  Oversee service-level risks and ensure that appropriate controls and mitigation measures are implemented and monitored. Heads of Service are responsible for maintaining Service Risk Registers, supporting the review of Directorate Risk Registers, and ensuring that significant risks are escalated through the appropriate governance arrangements where necessary.

- **Service Managers**
  Support the effective management of service and operational risks by ensuring that risks are identified, assessed, monitored and controlled within their areas of responsibility. They are responsible for maintaining local risk information, implementing mitigation measures and escalating significant risks where appropriate.
- **Risk Owners**
  Manage assigned risks and ensure that controls and mitigation measures remain effective. They are responsible for monitoring risk exposure and reporting significant changes through the appropriate governance arrangements. Risk Owners should ensure that risk information remains accurate, up to date and regularly reviewed to support informed decision-making and the effective management of risk.
- **Safety and Resilience Service**
  Provides professional advice, guidance and coordination to support implementation of the Risk Management Framework. The Service also promotes consistency, good practice and continual improvement across risk management arrangements.
- **Internal Audit Service**
  Provides independent assurance regarding the effectiveness of governance, risk management and internal control arrangements. Audit findings and recommendations support ongoing improvement and Council learning.
- **Employees**
  Identify and report risks, follow established controls and contribute to a positive risk culture and robust risk management. Employees play an important role in supporting risk awareness and ensuring that emerging concerns are identified at an early stage. Timely reporting and effective communication of risks help ensure that issues are addressed appropriately and escalated where necessary.

Accountability

Risk management is a shared responsibility supported by clear accountability, effective oversight and timely escalation. Risks should be managed at the lowest appropriate level and escalated where their significance, impact or complexity requires wider management or governance oversight. This approach helps ensure that resources, expertise and decision-making are applied at the appropriate level to support the achievement of organisational objectives.

5. Oversight

Effective risk management requires appropriate assurance, monitoring and reporting arrangements to provide confidence that risks are being identified, assessed, managed and reviewed effectively. The Risk Management Framework is informed by the principles of the Institute of Internal Auditors' Three Lines Model, which distinguishes between operational risk ownership, oversight and support functions, and independent assurance. This approach helps clarify responsibilities for risk ownership, monitoring and assurance while supporting informed decision-making and continual improvement.

5.1 Assurance

Three Lines Model

First Line: Risk Ownership and Management

Directors, Heads of Service, Service Managers, Risk Owners and employees form the First Line of the assurance framework. They are responsible for identifying, assessing, managing and monitoring risks within their areas of responsibility. Directors provide strategic oversight and accountability, while operational managers and staff undertake the day-to-day management of risks.

Responsibilities include:

- Identifying, assessing and managing risks within areas of responsibility.
- Implementing and maintaining appropriate controls and mitigation measures.
- Monitoring risk exposure and control effectiveness.
- Escalating significant risks through the appropriate management and governance arrangements.
- Supporting the effective delivery of services, projects and strategic objectives.

Risk management should form an integral part of planning, decision-making and service delivery activities.

Second Line: Oversight and Support

The Second Line provides advice, guidance, oversight and monitoring to support effective risk management. It includes the Safety and Resilience Service and other corporate and Directorate Support functions, which help ensure the consistent application of the Risk Management Framework, provide specialist advice, support risk reporting and monitoring, and offer appropriate challenge and assurance to management.

This may include:

- Health and Safety.
- Resilience.
- Information Governance.

- Business Continuity.
- Finance.
- Human Resources.
- Procurement.
- Legal Services.
- ICT and Cyber Security.
- Corporate Performance and Improvement.

These functions support the effective operation of the Risk Management Framework through the development of policies, guidance, training, compliance monitoring and assurance activities. Responsibility for managing risks remains with the relevant risk owner.

Third Line: Independent Assurance

Internal Audit provides independent and objective assurance regarding the effectiveness of governance, risk management and internal control arrangements.

Internal Audit reviews the operation of the Risk Management Framework and provides assurance to senior management and committees responsible for governance and audit regarding the adequacy and effectiveness of risk management arrangements.

5.2 Monitoring

Risks will be monitored through a range of governance, management and assurance activities to ensure that risk exposures, controls and mitigation measures remain effective.

- **Corporate Risk Register** – The Corporate Leadership Team will maintain oversight of the Corporate Risk Register, ensuring that strategic and corporate risks are appropriately reviewed, managed and escalated where necessary. Corporate risks will be reported through the appropriate governance arrangements.
- **Directorate Risk Registers** – Directors are responsible for maintaining and reviewing Directorate Risk Registers, with support from Heads of Service, to ensure that risks affecting the delivery of directorate and service objectives are identified, assessed, managed and escalated where appropriate. Directorate Risk Registers provide oversight of significant operational and strategic risks, ensure that control measures and mitigation actions remain effective and proportionate, and support the escalation of risks to the Corporate Risk Register where necessary.
- **Service Risk Registers** – Service Managers, Heads of Service and Risk Owners may maintain Service Risk Registers where appropriate to support the management of operational and service-level risks. Risks, controls and mitigation actions should be reviewed regularly to ensure they remain effective and up to date, with significant risks escalated through Directorate Risk Registers and, where necessary, to the Corporate Risk Register.
- **Other Risk Registers** – Additional risk registers may be maintained where required to support effective risk management, including Project Risk Registers, Programme Risk Registers, Partnership Risk Registers and other specialist risk registers. The

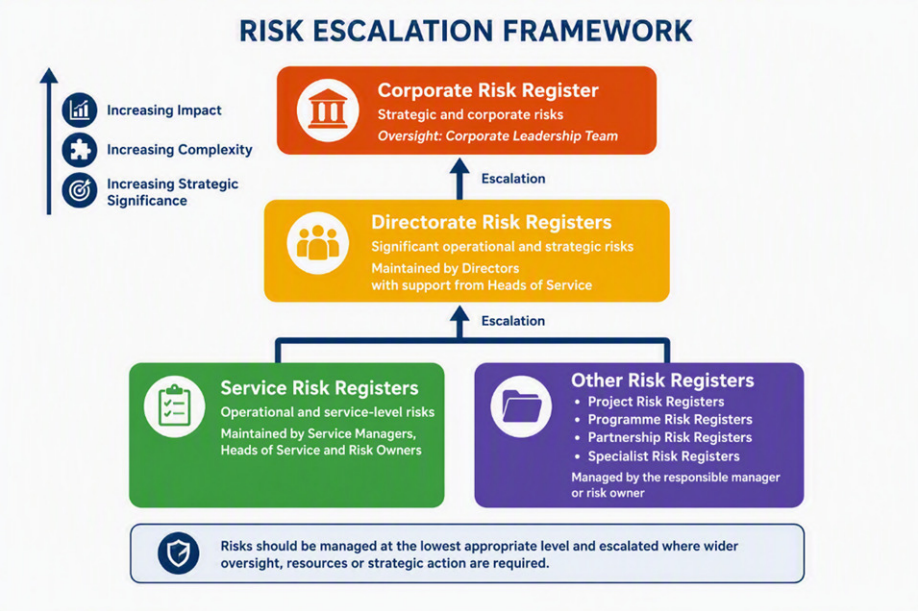
responsible manager or risk owner must ensure that risks are regularly reviewed and escalated through the appropriate governance arrangements where necessary.

- **Committee Reporting -** Committees with responsibility for governance and risk management will receive periodic reports to provide assurance regarding the effectiveness of risk management arrangements and the management of significant risks.
- **Internal Audit -** Internal Audit will provide independent assurance on the effectiveness of governance, risk management and internal controls and will identify opportunities for improvement where appropriate.
- **External Scrutiny -** Regulators, inspectors and external auditors may provide additional assurance regarding the effectiveness of governance, risk management and organisational resilience arrangements. Findings and recommendations arising from external scrutiny will be used to support continual improvement. While these bodies do not form part of the council's risk management structure, they provide an important source of assurance and challenge.
- **Training and Awareness** - Effective risk management depends upon a risk-aware workforce and informed decision-makers. Appropriate training, guidance and awareness activities will be supported to ensure that employees, managers and Risk Owners understand their responsibilities and can contribute effectively to the identification, management and escalation of risk. Training may be delivered through induction, briefings, workshops, e-learning, guidance materials and service-specific arrangements, as appropriate. Managers are responsible for ensuring that relevant staff have access to the knowledge and skills required to fulfil their risk management responsibilities. Risk awareness will be promoted through ongoing communication and engagement activities to support a positive risk culture.

5.3 Escalation

Risks should be managed at the lowest appropriate level, with ownership and accountability clearly assigned. Where the impact, complexity, significance or potential consequences of a risk exceed local management arrangements, it should be escalated through the appropriate governance structure to ensure that suitable oversight, resources and decision-making are applied.

The Risk Escalation Framework below provides a structured approach for escalating risks from Service Risk Registers, Project Risk Registers, Programme Risk Registers, Partnership Risk Registers and other specialist risk registers through Directorate Risk Registers and, where necessary, to the Corporate Risk Register. This ensures that significant risks receive appropriate management attention, oversight, scrutiny and assurance. The framework supports consistent decision-making by ensuring that risks are considered at the most appropriate level within the council and that escalation is proportionate to the nature and significance of the risk. It also facilitates effective communication and reporting of risks, enabling visibility of emerging issues and risks that may affect the achievement of corporate, directorate or service objectives.



5.4 Review

This Policy and Strategy will be reviewed at least every three years, or sooner where significant legislative, regulatory, organisational, financial, technological or operational changes occur. The effectiveness of the Risk Management Framework will be monitored through established governance, management and assurance arrangements, including risk register reviews, performance and governance reporting, management oversight, committee scrutiny, internal audit activity and, where applicable, external inspections and assurance reviews. with lessons identified from incidents, audits, exercises, investigations, reviews and assurance activities used to support continual improvement, strengthen Council resilience and inform decision-making.

6. Appendices

Appendix 1: Risk Management Framework and Process

This Policy and Strategy is supported by the following documents:

Risk Management Framework and Guidance – Provides operational guidance on risk management arrangements, including risk escalation, risk registers, review frequencies, assurance arrangements, and detailed roles and responsibilities.

Risk Assessment Guidance – Provides the Council's approved approach to risk assessment, including the 5x5 risk matrix, risk scoring methodology, risk appetite and tolerance thresholds.

Together, these documents provide the policy, framework and practical tools required to support effective risk management across the Council.

Item: 6

Policy and Resources Committee: 22 September 2026.

Equality, Diversity and Inclusion Priorities – Progress Report.

Report by Director of Infrastructure and Organisational Development.

1. Overview

1.1. This report presents the annual report on progress with Equality Outcomes and related actions, for approval for publication.

1.2. The Equality Outcomes Plan 2023 – 2027, which was approved by Council in October 2024 insofar as it related to the Council, sets out priority areas to address inequalities identified from national and local contexts, covering issues relating to employment, educational attainment, community empowerment and accessibility in licensing processes and transport.

1.3. Delivery Plans detailing the specific actions required to support the achievement of the Equality Outcomes underpin the implementation of this four-year plan.

1.4. Appendix 1 to this report sets out the third update on progress with the Equality Outcomes and their related actions.

1.5. Appendix 1 also sets out how the Council fulfils its mainstreaming duty under the Equality Act 2010 and provides details relating to the gender pay gap and occupational segregation, ethnicity pay gap and disability pay gap as at 31 March 2026.

1.6. Annex 1 to the Appendix also provides a summary of employee information as at 31 December 2025, to comply with the duty to gather and use employee information by protected characteristic as required by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Approve for publishing the Equality, Diversity and Inclusion Priorities Progress Report 2025/2026, attached as Appendix 1 to this report, insofar as it applies to the Council.

3. Key Highlights

3.1. The report, attached at Appendix 1, demonstrates progress against all seven Equality Outcomes, with examples spanning employment, education, transport, participation, accessibility and inclusion. There are several strong examples of practical delivery including:

- Supported employment opportunities through St Colm's.
- Development of an All Age Work Experience Framework.
- Equally Safe at Work activity and policy development.
- Introduction of the £2 Bus Fare pilot.
- Inclusive education work with Time for Inclusive Education.
- Improved accessibility of licensing processes.
- Inclusive sports, play and youth engagement initiatives.

3.2. Mainstreaming of equalities is well embedded across Orkney Islands Council ensuring fairness and equality are considered in all aspects, including employer responsibilities, service delivery and decision-making.

3.3. There are several examples that demonstrate practical accessibility improvements which provide strong evidence around reducing barriers and inclusive service design. These include:

- Orkney's first fully inclusive play park.
- BSL (British Sign Language) Plan delivery.
- Inclusive sporting opportunities.
- Digital licensing forms.
- Neurodiversity training.
- Accessible transport initiatives.

3.4. Orkney Islands Council's gender pay gap (mean) has reduced to 2.3% from 3.05% in March 2025.

3.5. The percentage of women employees in the top 5% is at 35.4%, up from 33.3% in March 2025.

3.6. The Council continues to experience both vertical and horizontal segregation with more women in lower graded posts and higher concentrations of women in 'traditionally female' dominated roles such as Social Care Assistants, Care at Home, Cleaning and Administrative roles.

3.7. Over the past year, work from the Equally Safe at Work accreditation programme has been focusing on analysing pay gap and occupational segregation data and identifying actions and initiatives to be implemented over the next 12 months.

3.8. Disclosure rates of employee protected characteristics remain low especially among new starters, impacting the reliability of the data. Work continues to actively increase these rates through updates to our New Employee Induction programme and the Annual Good Conversation process.

For Further Information please contact:
Emma Chattington, Service Manager (Organisational Development), extension 2155, Email: emma.chattington@orkney.gov.uk.

Implications of Report

1. **Financial:** There are no financial implications for the Council arising directly from this progress report. Costs in the delivery of the Equality Outcomes Plan 2023 – 2027 are required to be met from existing approved budgets, or from successful external funding awards. Appendix 1 provides narrative on the funding for each of the examples listed at section 3.1 above. Inclusive sports on p6, and the others in the progress update section, p11 to p17.
2. **Legal:** There are no legal implications for the Council arising directly from this progress report.
3. **Corporate Governance:** Not applicable.
4. **Human Resources:** There are no human resources implications for the Council arising directly from this progress report.
5. **Equalities:** An Equality Impact Assessment is not required for performance reporting.
6. **Island Communities Impact:** An Island Community Impact Assessment is not required for performance reporting.
7. **Links to Council Plan:** The proposals in this report support and contribute to the 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 progress 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:** There are no environmental or climate risks associated with this progress report.
10. **Risk:** There are no risk implications for the Council contained in this progress report.
11. **Procurement:** Not applicable.
12. **Health and Safety:** There are no health and safety implications for the Council contained in this progress report.
13. **Property and Assets:** Not applicable.
14. **Information Technology:** Not applicable.
15. **Cost of Living :** Not applicable.

List of Background Papers

Equalities Mainstreaming and Outcomes Report 2023 - 2027
EDI Priorities Progress Report 2024/2025

Appendix

Appendix 1: Equality, Diversity and Inclusion Priorities Progress Report 2025/2026.

Appendix 1

ORKNEY
ISLANDS COUNCIL

Equality, Diversity and Inclusion Priorities Progress Report

2025/2026

Orkney Islands Council
Orkney Islands Council Education Authority
Orkney Islands Area Licensing Board

Contents

Orkney Islands Council Equality Statement

We are committed to fulfilling the three key elements of the general equality duty as outlined in the Equality Act 2010:

- Eliminating discrimination, harassment and victimisation.
- Advancing equality of opportunity between people who share a protected characteristic and those who do not. This means removing barriers, meeting different needs and encouraging participation.
- Fostering good relations between people who share a protected characteristic and those who do not, improving integration, building understanding, and reducing bullying and harassment.

The protected characteristics as defined by the Equality Act 2010 are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race, this includes ethnicity, colour, and national origin
- Religion or belief
- Sex
- Sexual orientation
- Marriage or civil partnership

Everyone has protected characteristics, but it is the treatment individuals and groups experience, the level of autonomy they have, and the positive or negative outcome for them, that are its focus. As a Council we will seek to:

- Remove or minimise disadvantages experienced by people due to their protected characteristics
- Meet the needs of people from protected groups where these are different from the needs of other people
- Encourage people with protected characteristics to participate in public life or other activities where their participation is disproportionately low
- Be transparent, accessible and accountable

Mainstreaming Equality

Mainstreaming is an approach to delivering equality within an organisation and it contributes to continuous improvements and performance. It is aimed at ensuring that equality principles and practices are integrated into every aspect of an organisation from the outset. The focus should not only be internal mainstreaming equality principles into procedures and systems, but also external mainstreaming equality principles into policies and customer service delivery. Mainstreaming provides a framework that facilitates and complements equalities legislation and other equality measures.

This simply means integrating equality into our day-to-day work. We take equality and fairness into account in the way we go about our business when acting as an employer, when planning and providing services and when making decisions.

Mainstreaming ensures that equality becomes part of our culture. This benefits both employees and service users who know that they will be treated fairly and contributes to continuous improvement and better performance.

We are committed to promoting equality, which means recognising that everyone has different needs and taking action to ensure that we are all able to participate in society. Our aim is that Orkney is a community where we all have the opportunity to fulfil our potential.

Orkney Islands Council (OIC) is the public body responsible for all local government services in Orkney. We have an impact on many aspects of everyday life, and our activities touch the lives of everyone living in our island community, from schools to the care of older people. Our councillors meet regularly to make decisions about local services and about various aspects of life. These decisions are then implemented by our workforce. With equality at the heart of everything we do, we never forget that we are here to serve the public and have a big role to play in improving the quality of life enjoyed by people throughout the islands.

Leadership

Our Elected Members have responsibility for promoting equality and diversity within the Council and externally. They engage and listen to the views of our local communities through a range of methods enabling them to take a more collaborative approach to addressing inequalities within Orkney.

Supporting inclusive access to Elected Office

The Access to Elected Office Fund (Scotland) helps remove barriers that disabled people may face when standing for election by providing funding for practical support and

reasonable adjustments, such as communication support, transport and personal assistance.

We promoted awareness of this fund to support greater equality of opportunity in democratic participation and encourages a more diverse and representative range of candidates for elected office. Please visit our webpage for more information Access to Elected Office Fund

This promotion contributes to EDI objectives by improving accessibility, reducing barriers to participation and supporting the inclusion of disabled people in public and political life.

Policies and practices

Policies and practices internal to our organisation should not be discriminatory. Equality, diversity and inclusion issues are fully considered when developing new policies and processes and when they are reviewed periodically.

Human Resources and Organisational Development (HR and OD) delivers a programme of workshops and training for colleagues to ensure that our people policies and procedures are understood. This includes training in Recruitment and Selection, Grievance, Managing Sickness Absence and Learning and Development policies.

Equally Safe at Work policy development

As part of our Gender Pay Gap action plan and our commitment to achieving the Equally Safe at Work accreditation, we have reviewed and strengthened our policy framework to better reflect on our commitment to preventing gender-based violence and creating a safe, supportive workplace for everyone.

This work included updating existing policies and introducing new policies to ensure that employees experiencing the impacts of gender-based violence have access to appropriate support and are able to work in a safe and inclusive environment.

The updated policies were:

- Flexible Working Policy
- Dignity at Work Policy now Bullying, Harassment and Discrimination Policy

New policies:

- Sexual Harassment Prevention, Awareness and Support Policy
- Supporting Colleagues Experiencing Gender-Based Violence, including Domestic Abuse Policy

These new and updated policies align with best practice and reinforce our commitment to fostering a workplace culture that is respectful, inclusive and free from gender-based violence.

Raising and maintaining awareness

It is important in mainstreaming equality that OIC builds and maintains awareness of our duties as an employer and service provider. All employees are required to periodically complete an e-learning course which aims to raise awareness about the importance of equality and diversity. The course covers equality legislation and is designed to encourage employees to think about and challenge their own perceptions. Equality and diversity awareness forms part of the induction programme for Elected Members, as well as ongoing briefings relating to the general equality duty, updates on changes to equality legislation and other equality-related topics.

Increasing awareness of the value of diversity helps embed equality, diversity and inclusion across our organisation. Throughout the year, regular organisation-wide communications are used to highlight EDI related topics and key awareness campaigns including Trans inclusion, Pride Month, International Women's Day and Carers Week.

With the launch of OIC's new website, we will be taking the opportunity to review and strengthen our EDI communications over the next year, with the aim of increasing visibility of awareness-raising activities, improve engagement across the organisation, and support participation within the wider community.

Education

Mainstreaming equalities is integral to the delivery of education services and are embedded through supporting strategies, plans and activities including Orkney Children's Services Plan, Equity and Excellence in Education plan, Good Parenting Plan, Community Learning and Development Partners Plan, Local Employability Plan and within work relating to the Scottish Attainment Challenge.

Sport and Leisure

The sport and leisure and community learning and development teams brought a SportScotland Kits for All initiative to Orkney, inviting the community to donate pre-loved sportswear to help remove financial barriers to sport and physical activity. The aim of this project was to tackle the cost of buying sports clothing, which prevents many people from participating in physical activity and the environmental impact of waste. Running from 3 November until 5 December, the campaign aimed to collect sportswear for both children and adults. All donated items were redistributed free of charge to individuals and families who needed them most. The campaign formed part of our commitment to improving access to sport and physical activity to everyone, whilst supporting environmental sustainability through re-use and recycling.

Improving access and inclusion to summer sport

The Summer of Sport 2026 programme demonstrates Orkney's commitment to promoting equality, diversity and inclusion through increased access to sporting opportunities for young people. Funded through a £51,000 award from SportScotland, the initiative provided free activities across Orkney, helping to reduce financial barriers to participation.

A wide range of sports, including football, athletics, hockey, fencing, netball and swimming, were delivered across the mainland and outer isles, ensuring opportunities were accessible to young people regardless of where they lived. The programme also included dedicated inclusive sessions, supporting participation for those who may face additional barriers to sport and physical activity.

By removing cost barriers, reaching rural and island communities, and providing inclusive opportunities for young people of all abilities, the Summer of Sport 2026 programme supported greater participation, wellbeing and community engagement across Orkney.

Orkney's first fully inclusive play park

The redevelopment of the Manse Road play park which reopened in July, is Orkney's first fully inclusive play park, highlighting our commitment to creating a more inclusive community.

Shaped in partnership with Inclusive Orkney, the play park offers accessible play opportunities for children of all abilities, helping to remove barriers to participation and ensuring that all families feel welcome. Visitors have praised features such as the trampoline, sensory footpath and swings, which have quickly become personal favourites. The project showcases inclusive design in action and supports our broader ambition to make services and public facilities accessible to everyone.

Community Learning, Development and Employability

The Community Learning, Development and Employability (CLDE) team organised a programme of free neurodiversity training for parents, carers, volunteers and professionals who support children and young people in community settings. Delivered by Neurodiversity Training UK, the sessions provided accessible, evidence-based learning tailored to local needs, following consultation with families and support services.

The training offered clear introduction to neurodivergence, including key conditions, executive functioning and emotional regulation, alongside practical strategies to support communication, sensory needs, wellbeing and inclusive practice. Separate sessions are delivered for parents and for professionals and volunteers, ensuring content is appropriate to different roles and contexts.

By providing free, locally tailored training with both in-person and online delivery options, the programme improved access to specialist knowledge in an island community, helping to build confidence and capacity among those supporting neurodivergent children and young people. This contributes to more inclusive environments across homes, community groups and activities, and supports improved outcomes for participants.

Orkney Youth Conference – Supporting Young People's Mental Health and Wellbeing

Delivered by the Community Learning, Development and Employability (CLDE) Youth Services Team in partnership with Scottish Action for Mental Health (SAMH), the Orkney Youth Conference 2026 - Your Mind. Your Voice. Your Future, provided young people from across Orkney to come together to learn about mental health, wellbeing and self-care in a supportive and inclusive environment.

The conference aimed to bring together young people from across the islands to participate in discussions and included a dedicated session for pupils from Westray to ensure equitable access.

Through interactive workshops and discussions, young people explored mental health, resilience, coping strategies and available support services. The event encouraged participants to share their views, challenge stigma and develop confidence in discussing wellbeing.

This initiative helped to promote positive mental health and reduce barriers to support, ensuring participation for young people from rural and island communities, and to empower young people to have a voice in issues that affect them.

Local Employability Partnership

The Local Employability Partnership (LEP) is a collaborative network of employers, public sector organisations and support agencies working together to improve employability, promote inclusive recruitment practices and support workforce development across Orkney.

In November 2025, the LEP hosted an employment support showcase, bringing together local employers and support organisations to promote inclusive employment and workforce development across Orkney. Throughout the day, attendees heard from a range of partners on topics including Employability Recruitment Incentives (ERIs), work experience opportunities, Access to Work, Disability Confident, job carving, workplace wellbeing, and support for employees affected by drug and alcohol issues.

The programme combined presentations, case studies and networking opportunities, allowing employers to learn about the practical support available to help recruit, retain and develop a diverse workforce. A marketplace session enabled attendees to engage directly with partner organisations and discuss their individual business needs.

The event concluded with a feedback and commitment session, encouraging employers to consider actions they could take to create more inclusive workplaces and strengthen employment opportunities within the local community. Overall, the event successfully raised awareness of available support services and fostered stronger connections between employers and partner organisations.

Licensing

Although the Licensing Board has a separate legal status from Orkney Islands Council it is resourced entirely by the Council. The close connection between the Board and the Council enables the Board to benefit directly from the Council's awareness building, training and actions relating to equality, diversity and inclusion. This means taking into account the way in which the Board achieve their day-to-day business and integrating equalities into everything they do such as regularly equality impact assessing licensing related policies.

British Sign Language Local Plan 2024 – 2030

As required by the BSL (Scotland) Act 2015, Orkney Islands Council launched our BSL Plan in 2024 and set out actions which will improve the way BSL users find out about our services and have access to them. A BSL version of the plan is available here.

The BSL Progress Group continues to meet to review progress, actions, feedback and opportunities to deliver on our BSL Local Plan 2024 - 2030. In January 2026, a Teacher of the Hearing Impaired was appointed to post, following a one-year empty vacancy after the previous postholder left. A member of the NHS Audiology team now attends the meetings, which has strengthened representation. However, overall representation within the group remains limited. As a result, the group will review its members to identify any gaps and explore opportunities to broaden participation.

Kirkwall Christmas tree lighting

An example of the work to integrate more inclusive communication is the Kirkwall Christmas Tree Lighting event in 2025. Bringing the community together to celebrate the festive season in a welcoming environment and showcasing the participation of school children, who incorporated signing as part of their performance.

Events like these help raise awareness of different communication needs and highlight the importance of accessible communication. By incorporating signing into community events, we promote equality and inclusion whilst showcasing the positive contribution young people can make to their communities. You can watch the highlights of the event here.

Other key actions delivered through the Council and NHS Orkney's BSL Local Plan included:

- BSL pen drive training resource provided to all schools.
- BSL and hearing support resources regularly provided to Nurseries.
- Delivery of short online BSL courses at Stromness Academy and Kirkwall Grammar School.
- Let's Sign established as the resource to be used in Orkney Schools and resources regularly updated and shared.
- Class signing projects with signed stories and signed songs.
- S3 Wider Achievement BSL class delivered at Kirkwall Grammar School.
- 6 people including one student at KGS have completed the Level One BSL course

Equality Outcomes 2023 – 2027 progress update

We are committed to pursuing objectives that make real improvements for people by reducing inequalities and increasing inclusion, whilst fostering good relations and building connections between communities.

These equality outcomes set in 2023 were designed to focus on the areas that we consider most important, and that we have the scope to realistically influence in the four-year period as an employer, service provider, and as a partner with communities and other organisations within Orkney, including UHI Orkney.

Delivery plans were developed for each outcome, and progress is reported below on the third year of related actions.

Outcome	Progress
Increase number of people accessing employment, who declare protected characteristics, in particular disability.	**St Colm's supported employment** Through the No One Left Behind Local Employability Partnership (LEP) funding, twelve supported employment opportunities have been created within St Colm's Café and Crafts for people who face barriers to employment, including those with learning disabilities. Four people have started supported employment placements, providing valuable experience and helping them develop transferable skills and confidence in a workplace setting. These opportunities currently range from 5.5 hours to 10 hours per week, depending on the candidates' circumstances, support needs and capacity to understand work opportunities. The further eight people are currently progressing through recruitment and pre-employment checks. The Council continues to support employment pathways through work experience and placement opportunities, helping people with protected characteristics gain workplace experience and improve their confidence. These initiatives contribute to the Council's commitment to creating accessible employment opportunities and increasing

Outcome	Progress
	workforce participation among underrepresented groups. **All Age Work Experience project** Over the past 12 months the LEP has funded two temporary posts to work on an All Age Work Experience and Work Placements Project. This project focused on developing a flexible and inclusive framework to support people of all ages, particularly those facing barriers to employment, to access meaningful work experience opportunities with OIC. Stakeholder engagement with employability partners, managers and internal services informed the creation of participant pathways, manager guidance, buddying arrangements and supporting resources. A temporary project support post funded by the LEP, will now be recruited to lead the wider organisational engagement and implementation over the next 5-6 months. The project supports our aim to attract more diverse talent and increase workforce diversity by reducing barriers to employment and creating more accessible routes into the organisation for under-represented groups.
The Council will aim to reduce the gender pay gap.	**Equally Safe at Work (ESAW) accreditation** We have demonstrated a commitment to addressing the structural inequalities that contribute to the gender pay gap through our work under the Equally Safe at Work programme. This has included analysis of the gender pay gap data to identify areas influencing women's representation and progression within the workforce. Over the past 18 months, we have implemented a range of measures that support gender equality in employment, including the promotion of flexible working in the recruitment, awareness-raising on gender

Outcome	Progress
	inequality and violence against women, and a review of recruitment and progression practices. We have enhanced our organisational understanding of barriers to progression through employee engagement and focus groups and committed to improving the use of gender-disaggregated workforce and recruitment data to inform decision-making. To support awareness and implementation of the policies and commitments, a range of ESAW iLearn modules on Sexual Harassment, Violence against Women and Flexible Working have been implemented and promoted. These modules will also be incorporated into the People Manager Induction and People Manager Essentials training to help ensure managers have the knowledge and confidence to support colleagues, apply policies consistently and promote a safe and inclusive workplace. We continue to embed gender equality within our wider workforce and organisational development priorities through leadership support, partnership work, employee engagement and the development of policies that support women's safety, wellbeing and career progression. These actions contribute to creating a workplace where women are better supported to enter, remain and progress in employment, helping to progress towards reducing the gender pay gap over time.
People have increased confidence and opportunities to express their views and influence decision making and service design.	**Increasing confidence and opportunities to influence decision making and service design** The Stromness Safer Route to School Project aims to improve safety and accessibility on Ferry Road, particularly for people walking, wheeling and cycling.

Outcome	Progress
	The project created opportunities for residents to influence local decision making and service design through a public survey, community engagement events and participation in a Community Advisory Group. This collaborative approach places local voices at the heart of shaping proposed improvements, ensuring community priorities, needs and aspirations are reflected in project outcomes. By involving residents, local stakeholders and design specialists in the design process, the project supports the Council's objective of increasing confidence and opportunities for people to express their views and influence decisions that affect their communities. **Further information:** Ferry Road's 'Safer Route to School Project' moves to Collaborative Design Phase
People in Orkney have improved accessibility to all transport services.	**Introduction of £2 Bus Fare** Orkney Islands Council supported the introduction of the Scottish Government's £2 Bus Fare Cap Pilot, aimed at improving the affordability of public transport across Orkney. The scheme helps reduce travel costs in rural and island communities, where journeys can be longer and more expensive. By making bus travel more affordable, it supports access to employment, education, healthcare and other essential services, particularly for lower-income households. This initiative contributes to advancing equality of opportunity by improving connectivity and reducing barriers to participation. It also supports wider sustainability goals by encouraging increased use of public transport.

Outcome	Progress
	The Council will continue to work with partners to monitor the impact of the pilot and ensure it provides inclusive and accessible transport for all.
Pupils have a greater sense of belonging and safety in schools.	**Supporting Positive Experiences for LGBT Young People** An LGBT Inclusive Education Implementation Plan 2026-2029 has been created. The plan will ensure that the national Scottish Government expectations, LGBT-inclusive education is implemented through Curriculum for Excellence. This will be one part of wider work to promote inclusion, equality, wellbeing and respectful relationships. Further work to develop anti-racism and gender-based violence is planned. The power to implement LGBT Inclusive Education lies within the Director of Education, Communities and Housing within the scheme of delegation. The education service has made an operational decision to use Time for Inclusive (TIE) materials and resources to support the delivery of the plan. This includes professional development for staff. Engagement opportunities for parent council chairs occurred on 17 March and a week of engagement with parents, staff and members occurred in August. The plan was noted at the Education Communities and Housing committee on 9 September.
Young people facing barriers are supported and leave school with sustained positive destinations.	**Reducing barriers and supporting positive outcomes for young people** Young people facing barriers are being supported through a range of targeted interventions designed to improve

Outcome	Progress
	engagement, achievement and progression into positive destinations. CLDE Youth Services are working closely with schools to improve the tracking and recognition of young people's achievements, ensuring that wider skills and accomplishments are captured alongside academic attainment. At Stromness Academy, Pupil Equity Funding has been used to employ a Pupil Engagement Worker for a few hours to support attendance, engagement and wider achievement opportunities for pupils who may face additional barriers to learning and participation. Young people are also being supported to gain recognised qualifications and accreditation through initiatives such as the Participatory Democracy Certificate and wider youth work awards. During 2025-26, the CLDE Service supported young people to achieve 305 accredited awards, helping them develop transferable skills, confidence and evidence of achievement that can strengthen progression into further learning, training and employment. In addition, Papdale Primary School are piloting new approaches to recognising and evidencing skills developed through youth work, including a national YouthLink Scotland tracking project and the development of a digital learner profiling platform in partnership with Skills Development Scotland and Education Scotland. These initiatives aim to help young people better develop their skills and achievements. Together, these activities contribute to improved attendance, attainment, wider achievement, confidence and employability

Outcome	Progress
	skills. This supports more young people, particularly those facing disadvantages or additional barriers, to leave school and move into sustained positive destinations.
People in Orkney will have improved choice and accessibility to licensing application processes.	The Licensing Team has improved accessibility and choice within application processes by introducing editable PDF forms. This move enables people to complete and submit applications digitally, reducing reliance on paper-based processes and improving convenience for users. The move to editable PDF forms supports greater accessibility by making applications easier to access, complete and return, particularly for those who may face barriers related to location, mobility or time. Overall, this action demonstrates progress toward a more inclusive and user-friendly licensing service.

Equal Pay

Orkney Islands Council is required to publish information on the percentage difference among our employees between men's average hourly pay (excluding overtime) and our women's average hourly pay (excluding overtime). This is known as the gender pay gap.

The gender pay gap figures are calculated using the average (mean) as well as the median average which gives a greater indicator of any gender inequalities in pay.

- The **mean**, sometimes referred to as the 'average' is where we add up all the numbers and then divide by the number of numbers.
- The **median** is the 'middle' value in the list of numbers. To find the median, we list our data in numerical order from smallest to largest, so we can identify the middle entry from the list and find the median.

The figures have been calculated based on permanent employees and relief workers have not been included. For the purposes of equal pay calculations, the data relating to sex has been taken from the payroll records of employees. This is a separate record to that of the general diversity data held for each employee which relies on self-declaration.

We are committed to ensuring that the process of determining pay and conditions of employment for all our employees is free from bias and should not discriminate. There are however, some service areas that are traditionally more male-dominated, such as Marine Services and Towage. These services are competing for applicants within private industry such as the oil and renewable energy sectors and therefore the level of pay reflects this.

Although we acknowledge that employing a complex and diverse workforce across a range of services and professional areas further adds to the impact of societal and educational factors on the gender pay gap, reducing pay gaps at the Council remains a long-term goal.

The following data are the most recent snapshot figures **as at 31 March 2026** relating to pay gaps. These figures are used to inform ongoing actions within the plan.

Gender Pay Gap

Women continue to be represented within the highest earning roles across OIC. Of the 96 employees within the top 5% of earners, 34 are women representing 35.4% of this group. This is an increase from 33.3% in 2024/25.

The overall mean hourly rate for female employees is £19.34 compared with £19.79 for male employees, resulting in a mean gender pay gap of 2.3%. This represents a relatively small difference in average hourly earnings between male and female employees.

Analysis of full-time and part-time employees shows a different position. Female full-time employees have an average hourly rate of £23.28 compared with £21.86 for male full-time employees, resulting in a mean pay gap of -7%. Female part-time employees have an average hourly rate of £17.63 compared with £16.35 for male part-time employees, resulting in a mean pay gap of -7.8%. Negative pay gap figures indicate that women have a higher average hourly rate than men within these employee groups.

The median hourly rate for female employees is £15.79 compared with £15.38 for male employees, resulting in a median gender pay gap of -2.6%. This indicates that the middle-paid female employee earns slightly more than the middle-paid male employee. The same pattern is reflected within both full-time and part-time employee groups.

These figures suggest that pay rates across the organisation remain broadly equitable. Whilst a mean pay gap exists, the median pay gap and the pay gap figures for both full-time and part-time employees are in favour of women. We will continue to monitor pay gap information and workforce trends and will take forward actions that support equality of opportunity, career progression and representation across all levels of the organisation.

Whilst OIC's gender pay gap figures appear favourable to women across full-time and part-time, these results should be considered alongside the wider workforce profile. Women continue to be disproportionately represented in a number of lower-paid occupational groups across the organisation. Consequently, although mean and median pay gap figures indicate that women earn slightly more than men in certain areas, occupational segregation remains evident. This highlights the importance of considering pay gap data alongside workforce composition, career progression opportunities, and representation across different job types and grades. Further analysis of occupational segregation is provided below and identifies areas where women remain concentrated in lower-paid roles.

Gender Representation in the Top 5% of Earners					
Category	**2026**	**2025**	**2024**	**2023**	**2022**
Total number of employees in top 5% of earners	96	96	96	94	92
Total number of women employees in top 5%	34	32	33	36	28
Percentage of women employees in top 5%	35.4%	33.3%	34.4%	38.3%	30.4%

Mean Gender Pay Gap					
Post Type	**Female count %**	**Male count%**	**Female mean hourly rate**	**Male mean hourly rate**	**Mean pay gap%**
All	68.3%	31.7%	£19.34	£19.79	2.3%
Full-time	20.7%	19.8%	£23.28	£21.86	-7%
Part-time	47.6%	11.7%	£17.63	£16.35	-7.8%

Median Gender Pay Gap			
Post Type	**Female Median £**	**Male median £**	**Median pay gap%**
All	£15.79	£15.38	-2.6%
Full-time	£15.79	£15.38	-2.6%
Part-time	£15.79	£15.38	-2.6%

Ethnicity Pay Gap

Our pay gap information for black and minority ethnic employee groups are based on a calculation for minority ethnic combined employees in comparison to white combined employees and does not include data for employees not stating their ethnicity.

No pay gap has been identified based on ethnicity however we acknowledge that we report low figures for ethnic diversity within our workforce. Work continues to address the gaps in employee diversity data.

Disability Pay Gap

The disability pay gap as at the reporting date is -3.65%, indicating that employees who have declared a disability have a slightly higher average hourly rate than employees who have declared no disability. The mean hourly rate for disabled employees is £20.35 compared to £19.63 for non-disabled employees.

While no adverse disability pay gap has been identified, we remain committed to supporting an inclusive workplace through our Disability Confident Employer status and by promoting fair recruitment, progression and development opportunities for disabled employees.

Work continues to improve workforce diversity data, with increasing disclosure rates remaining a key priority. Better data will support future analysis and monitoring.

Disability	Post Type	Total %	Mean hourly rate	Median hourly rate
Yes Disability	All	4.9%	£20.35	£17.00
	Full-time	39%	£24.60	£22.38
	Part-time	61%	£17.63	£15.39
No Disability	All	59.7%	£19.63	£15.97
	Full-time	40.6%	£22.65	£20.01
	Part-time	59.4%	£17.56	£15.17
Prefer not to say	All	2.2%	£19.49	£17.51
	Full-time	42.6%	£20.47	£20.59
	Part-time	57.4%	£18.76	£15.39
No data	All	33.2%	£19.10	£15.39
	Full-time	40.5%	£22.33	£18.98
	Part-time	59.5%	£16.90	£14.69
Disability Pay Gap				-3.65%

Occupational Segregation

Occupational segregation is the concentration of certain groups of employees in particular grades and occupations.

- **Horizontal segregation** is when women and men are concentrated into different types of work.
- **Vertical segregation** is when women and men are concentrated into different levels of work

For example, women tend to be found in lower paid jobs such as in care, cleaning or admin roles and these jobs are also lower paid. It is one of the major causes of the gender pay gap.

From the figures below there is evidence of vertical segregation based on gender. There are high concentrations of women within the lower grade posts. These grades contain the traditionally female dominated roles such as Social Care Assistants, Care at Home, Cleaning and Administrative colleagues. Unlike some councils, OIC continues to directly employ people in lower-paid roles such as cleaning, which has an impact on gender pay gap figures particularly when making comparisons with benchmark data.

Figures show that more women are in lower graded posts across the OIC and more men are holding higher grade posts. This changing point is around grade K and is influenced by the significant horizontal and vertical segregation within the Neighbourhood Services and Infrastructure directorate (as per the organisational structure for this reporting period). The figures also show there are more women than men in part-time roles, and it is noted that part-time work is often lower paid with fewer opportunities for progression. This means the gender pay gap is more apparent when comparing women's average hourly part-time wage versus men's average hourly full-time wage.

Occupational segregation data has been reviewed through the Equally Safe at Work working group to better understand the factors contributing to the trends and identify opportunities to address them. A targeted action plan is being finalised, with initiatives to be implemented over the next 12 months to help reduce occupational segregation and support greater balance across roles and grades within OIC.

The following Occupational Segregation report is reported by directorate based on the structure new management structure implement in 2025:

- ECH – Education, Communities and Housing
- ER – Enterprise and Resources
- IOD – Infrastructure and Organisational Development
- OHAC – Orkney Health and Care
- CX – Chief Executive Services

Figures in the following table give a snapshot as at 31 March 2026 and are rounded to closest whole number.

Occupational Segregation by Service and Sex 2026												
Grade	ECH		ER		IOD		OHAC		CX		All Services	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
A	60%	40%	26%	74%	-	100%	100%	-	-	-	57%	43%
B	64%	36%	13%	87%	-	-	72%	28%	-	-	65%	35%
C	85%	15%	35.4%	64.6%	-	100%	60%	40%	-	-	65%	35%
D	81%	19%	60%	41%	10%	90%	84%	16%	100%	-	71%	29%
E	88%	12%	20%	80%	40%	60%	82%	18%	50%	50%	74%	26%
F	85%	15%	67%	33%	21%	79%	93%	7%	100%	-	81%	19%
G	78%	22%	53%	47%	47%	53%	67%	33%	43%	57%	69%	31%
H	61%	39%	65%	35%	33%	67%	85%	15%	33%	67%	61%	39%
I	70%	30%	63%	37%	32%	68%	100%	-	40%	60%	54%	46%
J	100%		80%	20%	33%	67%	79%	21%	100%	-	77%	23%
K	33%	67%	50%	50%	19%	81%	83%	17%	-	100%	35%	65%
L	50%	50%	-	-	-	100%	100%	-	100%	-	50%	50%
M	57%	43%	50%	50%	23%	77%	100%	-	60%	40%	48%	52%
N	-	-	-	100%	-	100%	33%	67%	-	-	17%	83%
Chief Officials	40%	60%	-	100%	25%	75%	50%	50%	-	100%	25%	75%
Lecturers	66%	34%	-	-	-	-	-	-	-	-	66%	34%

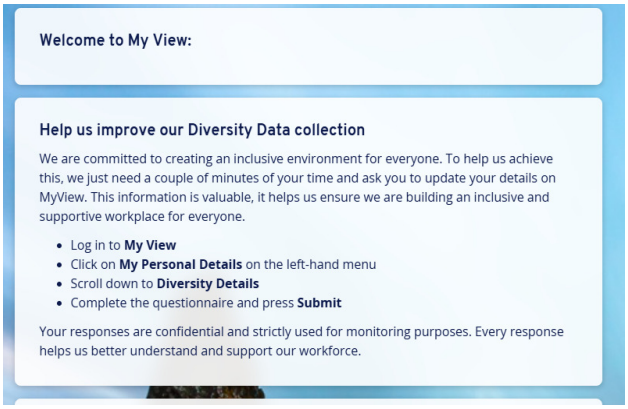
Grade	ELH		ESR		NSI		OHAC		SPBS		All Services	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Teachers	79%	21%	-	-	-	-	-	-	-	-	79%	21%
(Depute) Head Teachers	75%	25%	-	-	-	-	-	-	-	-	75%	25%
Others	100%	-	2%	98%	-	-	-	-	-	-	6%	94%

Annex 1 - Equalities monitoring data

Employee diversity and monitoring

Orkney Islands Council undertakes its equality duty to monitor and report on specific information about employees to help identify any trends and to address any identified inequalities. We collect, publish and monitor information about the diversity of our employees to help us check that we are supporting a culture of diversity and inclusion and identify areas for improvement. Whilst employees are asked to keep their diversity information up to date, we recognise that this is voluntary and not everyone chooses to disclose all information. Increasing disclosure rates on the diversity of our workforce is ongoing work.

When colleagues across OIC feel safe, supported and confident in being themselves at work, we gain the benefit of diversity across our organisation. Diversity of thought, expression and belief impacts how we deliver our services and increases the resilience of our organisation, increasing our ability to respond to the diverse needs of our community.



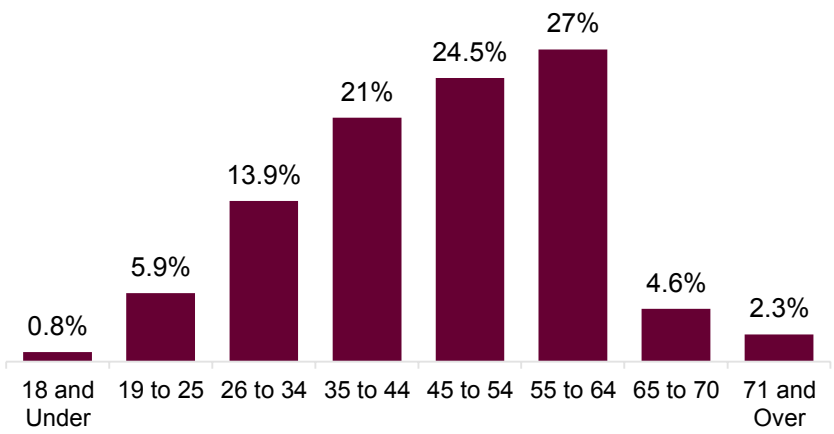
Employees are asked to update their personal information held on the electronic HR system MyView. This includes the ability to update details relating to the protected characteristics which can be updated at any time through the self-service system. This process is part of our Corporate Induction and regular organisation-wide communications are issued encouraging employees to update their details on MyView.

Accurate and up-to-date data helps us better understand the diversity of our workforce, identify any potential inequalities, and ensure that employees can access appropriate support when required. Work is ongoing to improve the disclosure rate of diversity details and includes:

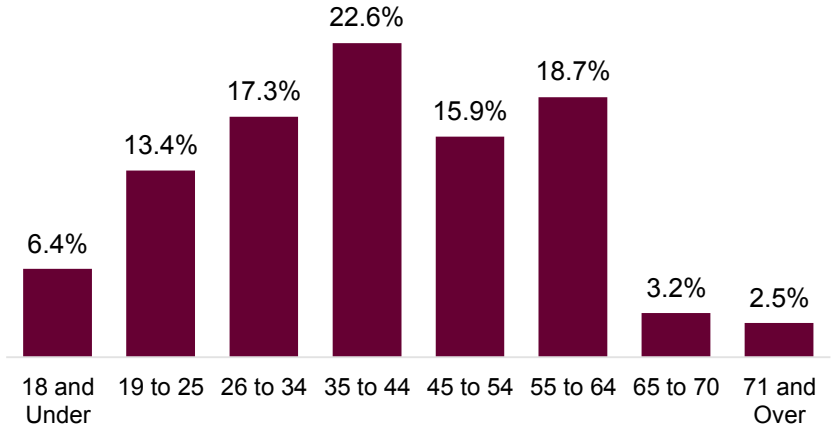
- An additional section on diversity data in the New Employee Induction programme, to specifically improve disclosure rates for new starts.
- A specific prompt within the Annual Good Conversations process for employees to review and update their diversity information, in order to help improve disclosure rates across the organisation and raise awareness and understanding of why this is important.

About our workforce

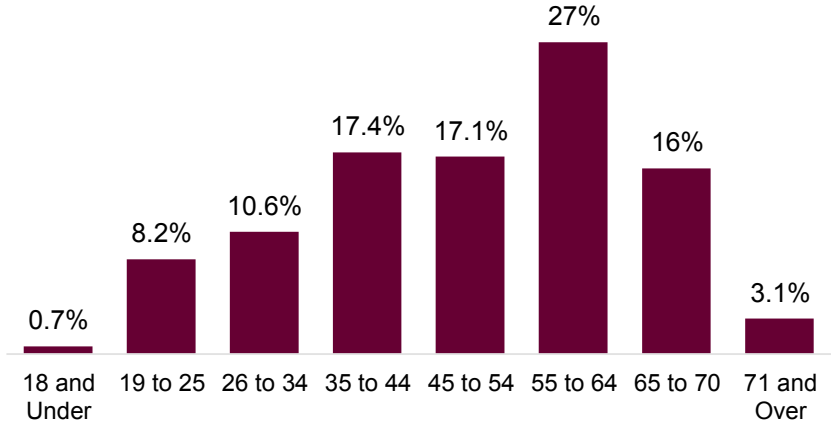
Age - All employees



Age - new starts



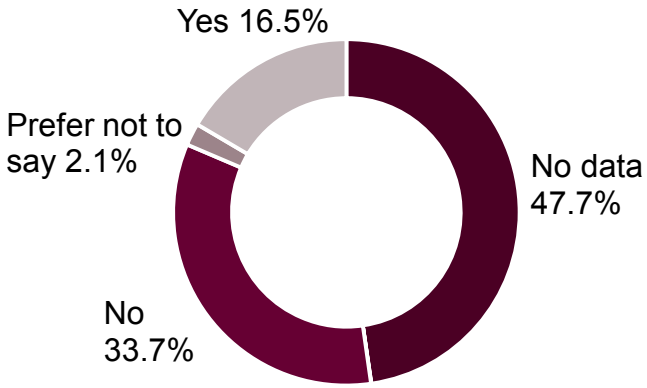
Age - Leavers



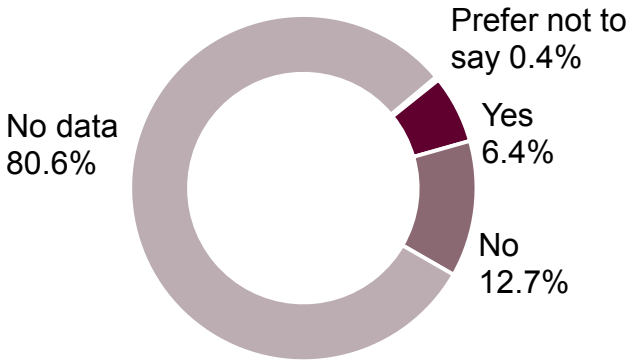
New starters have a slightly younger age profile than the overall workforce. The largest proportion of new employees were aged 35 to 44 (22.6%), with almost 20% of new starts aged 25 and under, including 6.4% aged 18 and under.

Leaver data continues to reflect the ageing workforce, with the highest proportion of leavers aged 55 to 64 (27%), followed by 45 to 54 (17.1%) and 35 to 44 (17.4%). Employees aged 65 to 70 also represented a notable proportion of leavers (16%).

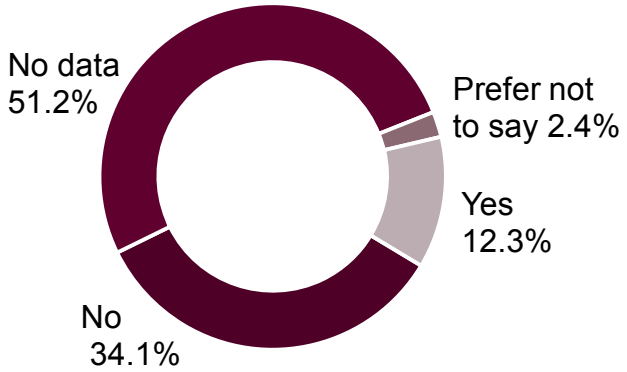
Carers - All Employees



Carers - New starts

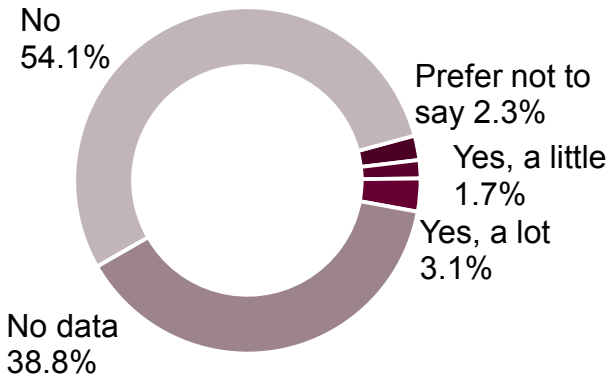


Carers - leavers

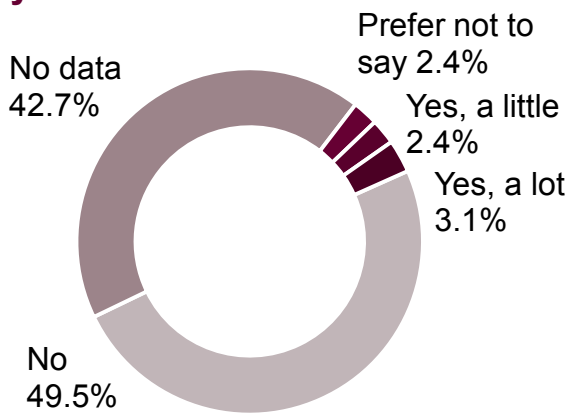


The data on caring responsibilities has remained similar to previous reporting periods. Compared with the previous reporting year, there has been a 3.66% increase in the number of new employees declaring that they have caring responsibilities. This may indicate improved awareness and confidence in providing diversity information during the recruitment process.

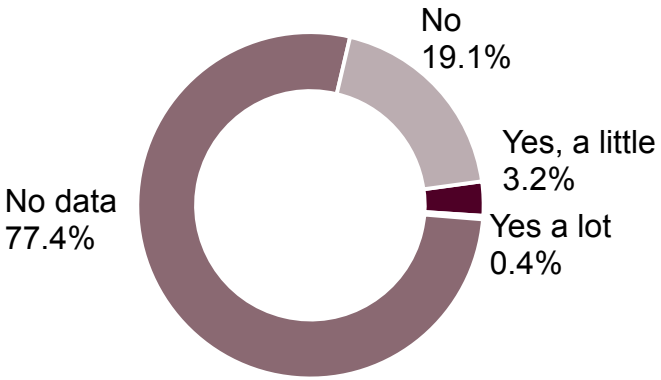
Disability - all employees



Disability - leavers



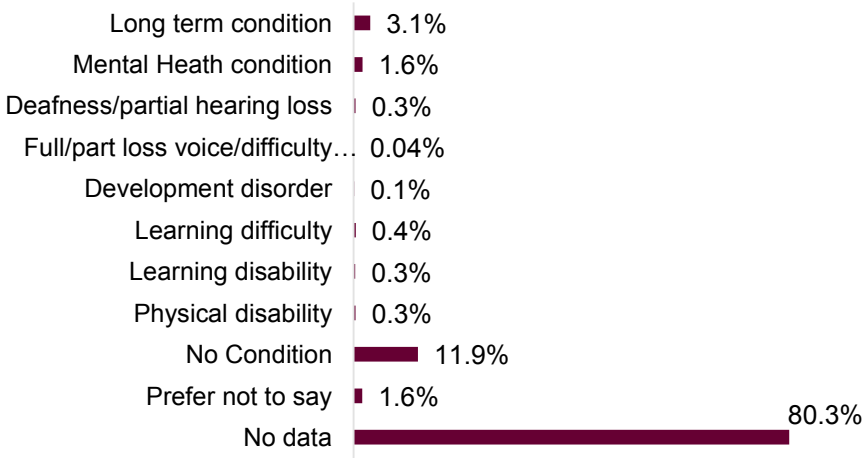
Disability - new starts



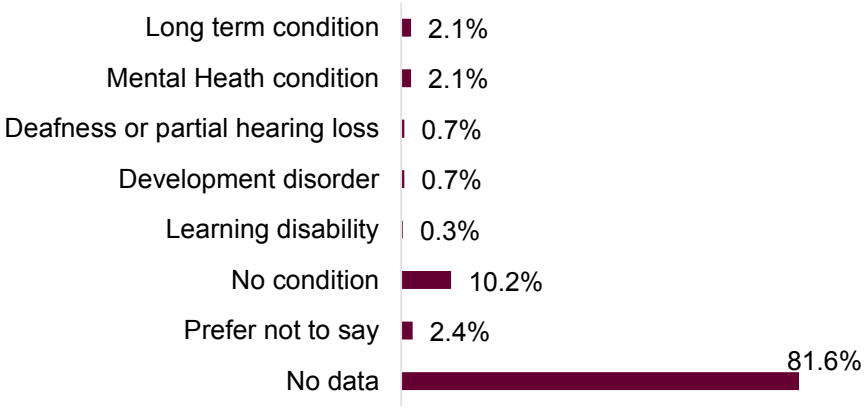
The disability data has stayed similar previous reporting periods across both the overall workforce and leavers.

There has been an increase of almost 2% of new employees declaring that they have a disability that affects them a little since last year. This may indicate growing confidence amongst new employees in disclosing disability information.

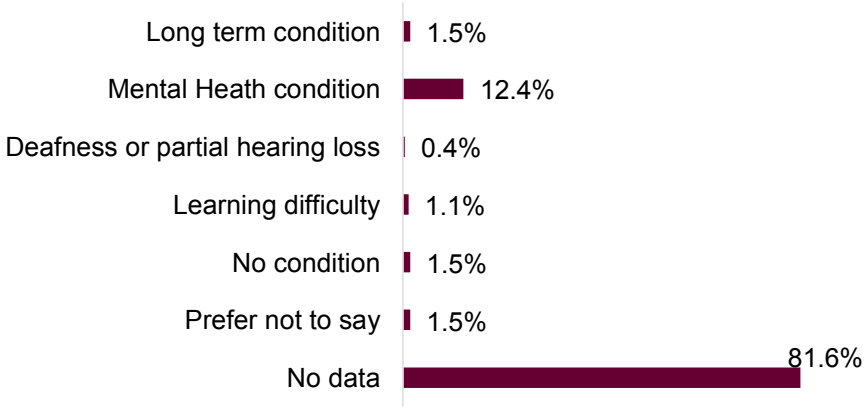
Health condition - all employees



Health condition - leavers



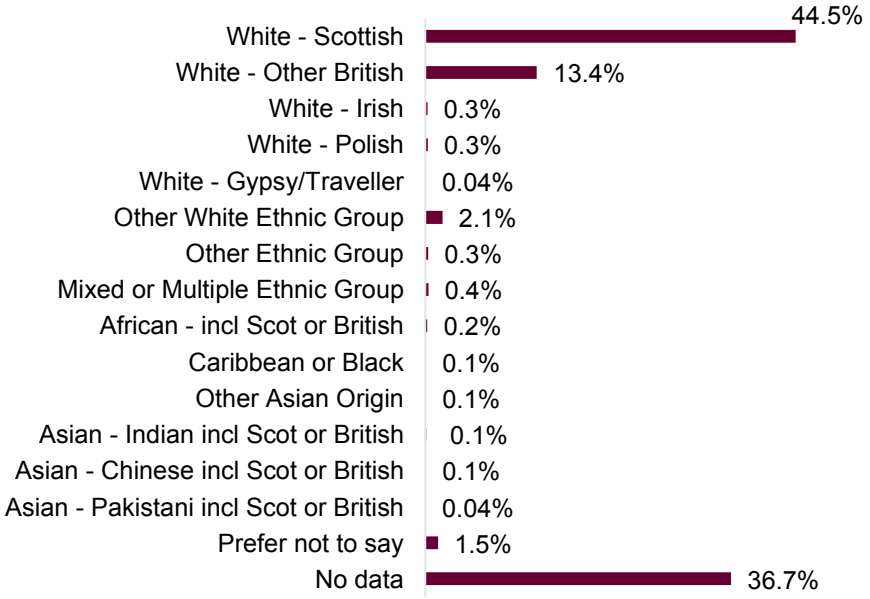
Health condition - new starts



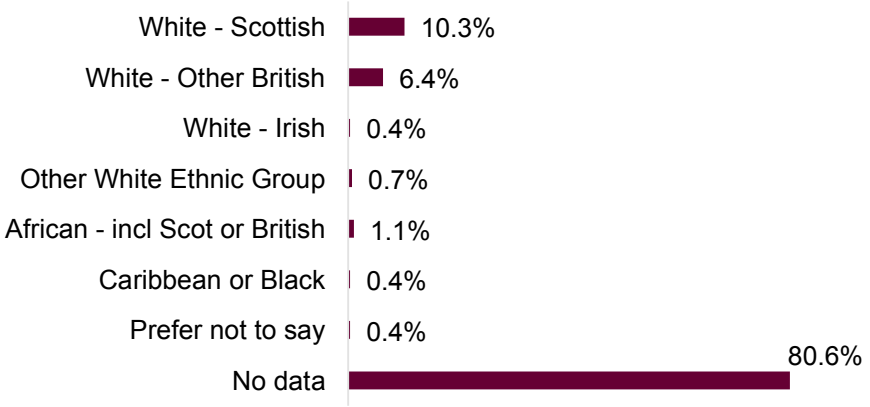
Long-term health conditions and mental health conditions continue to be the most reported health conditions where information has been provided.

There has been a slight increase in new starters disclosing a long-term health condition, while declaration rates for leavers have improved through a reduction in records recorded as ‘no data’.

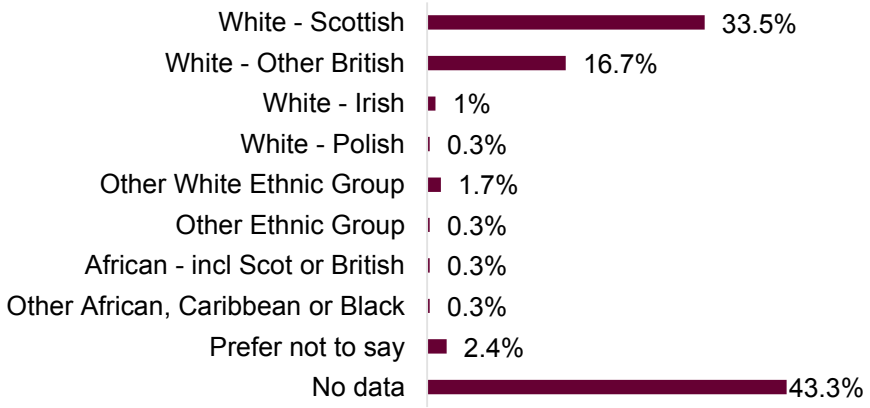
Ethnicity - all employees



Ethnicity - new starts



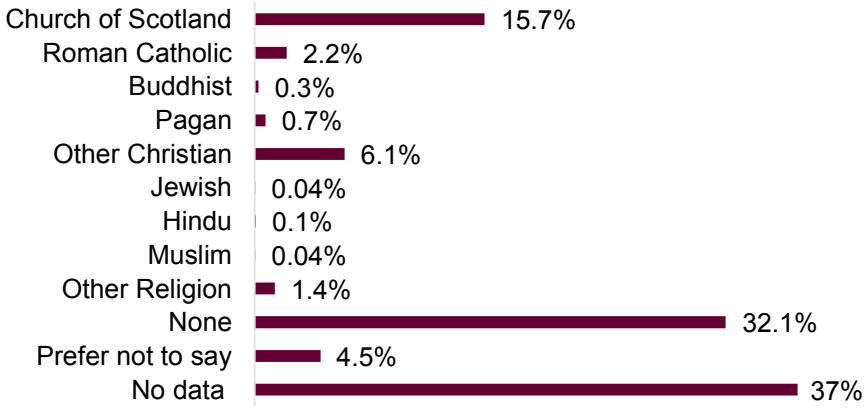
Ethnicity - leavers



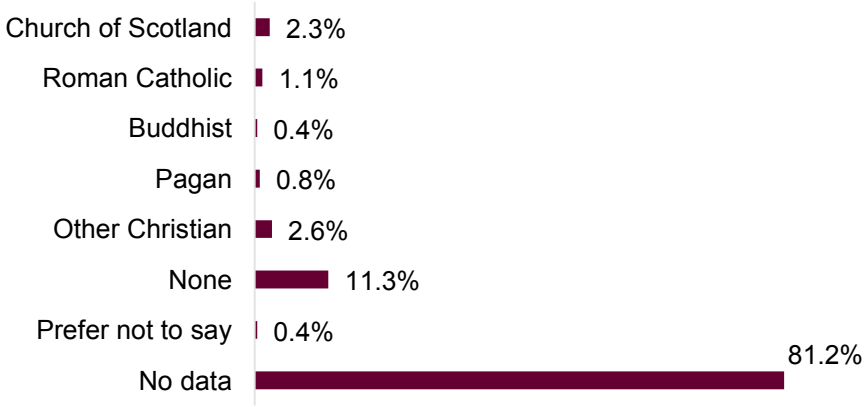
Ethnicity data remains consistent with the previous reporting, with White Scottish and White Other British employees continuing to represent the largest ethnic groups.

No significant changes were identified in the ethnicity profile of the workforce, new starters or leavers. However, ethnicity disclosure rates remain low, particularly amongst new starters.

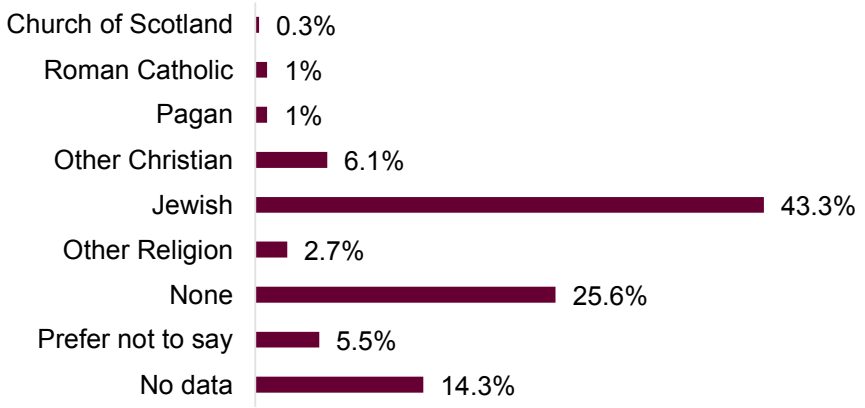
Religion or Belief - all employees



Religion or Belief - new starts



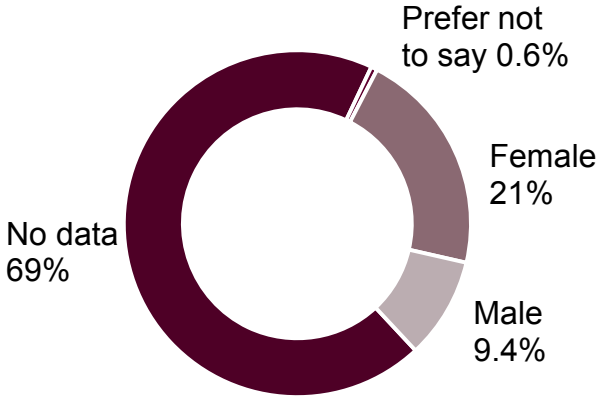
Religion or Belief - leavers



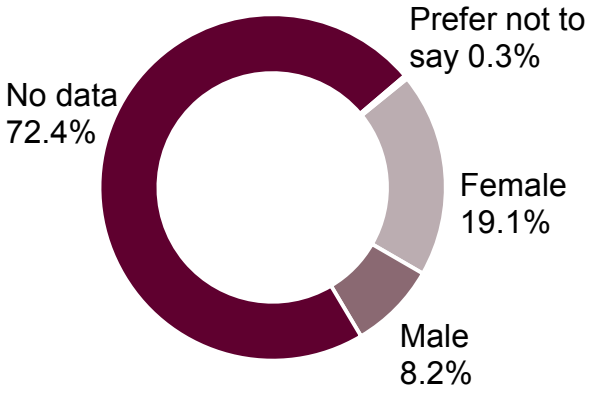
Religion and belief data has remained consistent with the previous reporting period. Employees reporting no religion or belief continue to represent the largest declared group, followed by Church of Scotland, Other Christian and Roman Catholic.

No significant changes have been identified in the religion and belief profile of the workforce.

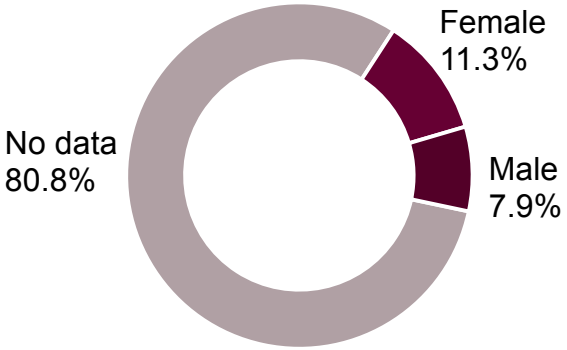
Sex - all employees



Sex - leavers



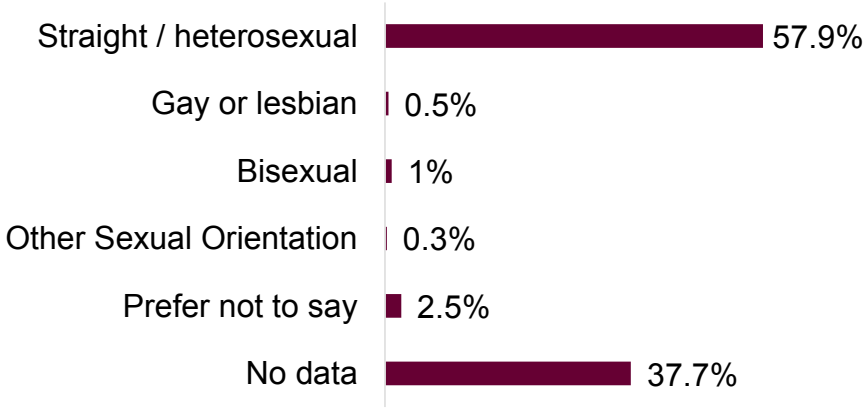
Sex - new starts



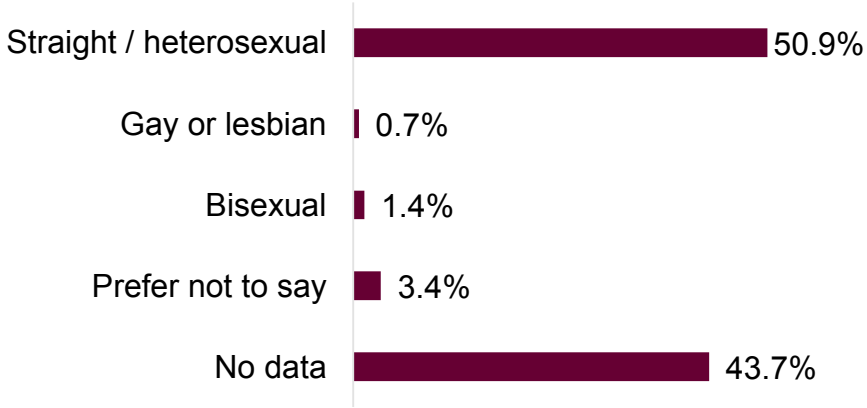
No significant changes have been identified in the sex profile of employees, new starters or leavers. While the proportion of female and male leavers has changed slightly year on year, overall trends remain stable.

Performance management statistics show that of the employees involved in either a grievance, disciplinary or dignity at work process, 50% are women and 50% are men.

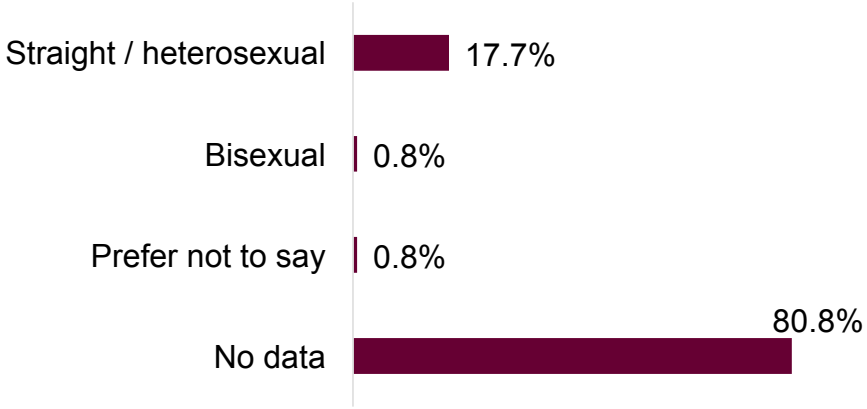
Sexual Orientation - all employees



Sexual Orientation - leavers



Sexual Orientation - new starts



Sexual orientation data has remained consistent with previous reporting periods, with the majority of employees who provided information identifying as straight/heterosexual.

Transgender employees

Figures are collected for Transgender employees, new starts and leavers and these remain low (less than 1%) but analysis shows that these are consistent with previous years' data.

Item: 14

Policy and Resources Committee: 22 September 2026.

Kirkwall Grammar School Spectator Stand and Dugouts.

Report by Director of Education, Communities and Housing.

ORKNEY ISLANDS COUNCIL

1. Overview

1.1. This report advises of an addition to the capital programme of a fully funded project, namely the spectator stand and dugouts at Kirkwall Grammar School.

1.2. The Sport and Leisure service, in partnership with Orkney Football Hub constituted group made up of representatives from Local Football Organisations – Orkney FC, Orkney Amateur Football Association, Orkney Women's Football Club, Orkney Youth Development Group and Scottish Football Association, developed the proposal to establish a spectator stand and dugouts located at Kirkwall Grammar School, which will be a first for this type of structure in Orkney.

1.3. The capital project will see the development of a spectator stand with a seating capacity of 214 including an additional space for 11 wheelchairs and two dugouts.

1.4. The Head Teacher and the Principal Teacher for PE of Kirkwall Grammar School have been involved from the initial stages and have confirmed their support of the project.

1.5. The project will be of a wider benefit than just to football, potentially being used as an outdoor covered educational setting and for multiple other outdoor activities, events, and sports, creating a permanent infrastructure that is a fully inclusive, comfortable and sociable outdoor venue within the community that will also include storage provision.

1.6. Total project costs are £260,681, made up of construction costs, including fees and contingency, of £249,017, and building warrant costs, production of structural drawings and production of a feasibility study costing £11,664.

1.7. The project is fully funded by Scottish Football Association funding - £167,942 from the Pitching in Fund and £123,006 received for the development of football.

1.8. The project was approved via the exceptional circumstances route of the Capital Projects Appraisal due to the low value, low complexity, and low risks associated with the project.

1.9. Section 7.1.2 of the Financial Regulations states that, in exceptional circumstances, the Head of Finance may, after consultation with the Leader, the Depute Leader and the Chief Executive, approve any capital expenditure he/she considers is in the interest of the Council and which is fully funded. The Head of Finance may require a report detailing the action taken to be presented to the next scheduled meeting of the Policy and Resources Committee.

1.10. Building warrant approval was received on 25 May 2026.

1.11. Construction works commenced on 13 July 2026, and it is estimated that the project will take 20 weeks to complete.

1.12. For the 12 months following completion, the Sport and Leisure service will have responsibility for the stand and dugouts.

1.13. After the initial 12 months following completion, the Orkney Football Hub have agreed to lease the stand and dug outs and in doing so will assume full responsibility for the maintenance of the facilities.

1.14. Football is well supported in Orkney and will be ideally placed to raise funds for the upkeep of the facilities both from supporters and from the business community.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Note the addition of the Kirkwall Grammar School spectator stand and dugouts to the capital programme for 2026/27 onwards, at a total cost of £260,681, funded by grant funding from the Scottish Football Association.

For Further Information please contact:
Garry Burton, Head of Active Communities, Extension 2440, e-mail garry.burton@orkney.gov.uk

Implications of Report

1. **Financial** - During the initial 12 months, following completion, the structures will require minimal repairs and maintenance. There will be some resource requirement, for inspection and cleaning for example which will be required to be covered from existing service budgets. Any lease needs to be robust to protect the Council's assets, and risks surrounding this asset. It is unclear what the Non-Domestic Rates impact of this structure on the rateable value of KGS, or whether the structure can be rated separately. In respect of the rent, a peppercorn rent is suggested, noting the

opportunity to rent this structure to another body is limited, and a commercial market would be unlikely to exist. Noting also the partnership approach to securing the projects full funding from the Scottish Football Association.

2. **Legal** – There are no legal implications arising directly from the recommendation in this report. However, there will be legal implications arising from any lease or other agreement with a third party for use of the stand and dug outs. Any such agreement will require to include any terms necessary to protect the Council's position.
3. **Corporate Governance –** The project has followed the Capital Project Appraisal process.
   As set out in section 1.9 of the report, Financial Regulations state that the Head of Finance can add fully funded capital projects to the capital programme and request that a report be submitted to the next scheduled meeting of the Policy and Resources Committee.
4. **Human Resources –** Not applicable.
5. **Equalities –** An equality impact assessment is not required.
6. **Island Communities Impact –** An Island Communities Impact Assessment is not required.
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 –** Not applicable.
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

Feasibility study report
Approved Structural design drawing
Business Justification Case
Letter from Orkney Football Hub
Draft lease proposal

Item: 15

Policy and Resources Committee: 22 September 2026.

Integration Joint Board – Annual Performance Report.

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

1. Overview

1.1. This report presents the Integration Joint Board's Annual Performance Report for 2025/26, for members' information.

1.2. In terms of section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, integration Authorities must prepare a report relating to the planning and carrying out of the integration functions, for the area of the local authority.

1.3. The performance report must be published on or before 31 July following the reporting year to which it relates, and a copy provided to each constituent authority, in this case NHS Orkney and Orkney Islands Council.

1.4. The Annual Performance Report is based on information collected by Public Health Scotland and Scottish Government to highlight the performance of the Orkney Health and Social Care Partnership, in respect of both the National Suite of Indicators, the Ministerial Strategic Group (MSG) Indicators (known as the Core Suite of Indicators), and National Health and Wellbeing Outcomes.

1.5. Public Health Scotland is responsible for the collation and publication of the data used by Integration Authorities. Public Health Scotland published data, for 2025/26, in two separate releases, on 8 May 2026 and 7 July 2026.

1.6. The May data release was a "management information" release and not for publication. Furthermore, data from the 2026 Health and Care Experience survey was not included until the 7 July publication.

1.7. Guidance issued by Public Health Scotland for the use of data in the Annual Performance Reports published by Integration Authorities states that "Figures quoted in the final APRs should be from the 7 July 2026 publication as this is the most up to date information and is the information that is publicly available".

1.8. The final meeting of the Integration Joint Board, prior to recess, was 17 June 2026, several weeks before the PHS data release on 7 July 2026.

1.9. On 17 June 2026, the Integration Joint Board agreed that, in order to meet the Board's obligations to publish the Annual Performance Report and submit a copy to Scottish Government on or before 31 July, powers be delegated to the Chief Officer, in consultation with the Chair and Vice Chair, to approve the draft report for submission to the Scottish Government by the deadline of 31 July 2026. The Board further agreed that the Annual Performance Report be submitted to the Board, for approval, at the first meeting after the summer recess.

1.10. On 2 September 2026, the Integration Joint Board considered and approved the Annual Performance Report. The approved Annual Performance Report will now be submitted to Scottish Government.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Note the Annual Performance Report for 2025/26, prepared by the Integration Joint Board, attached as Appendix 1 to this report.

3. Key Performance Highlights

3.1. The following narrative highlights some findings that are directly related to the six Strategic Priorities.

3.2. Tackling Inequalities and Disadvantage:

i. Investment by the Integration Joint Board allowed the creation of a new Learning Disability Band 5 Nurse post, with a priority to develop a register of people with a learning disability, and to offer 100% of those people a comprehensive health check.

ii. Furthermore, as one of the overarching Strategic Priorities, several initiatives addressed by other priorities ensured that services continue to be available to and accessed by all. This includes the expansion of the Improving the Cancer Journey service, to include people with a cardiac-related illness, which helped a total of 91 people over the last year.

3.3. Early Intervention and Prevention:

i. There have been numerous initiatives and programmes, launched over the last year, that are continuing to ensure that preventative approaches are reducing the need for more intensive, and costly, interventions at a later date. These range from a healthy lifestyles' programme in all Orkney schools, to a falls prevention programme for older people, and include other

initiatives around vaccination, oral health and children's speech and language therapy.

3.4. Unpaid Carers:

i. The second Orkney Unpaid Carers Conference was held at the Pickaquoy Centre in late 2025, whilst early 2026 saw the appointment of a dedicated Carer Lead who commenced in post in April 2026.
ii. Some initiatives fell slightly short of anticipated results, but officers expect that the appointment of the Carer Lead will now ensure delivery of the Integration Joint Board's goals for unpaid carers, as well as assist with the local authority's obligations under the Carers (Scotland) Act 2016.

3.5. Supporting People to Age Well:

i. The Integration Joint Board decided that the fourth wing at Hamnavoe House be used to provide short breaks care, as soon as financial and recruitment resources are in place.
ii. Services have also embraced improvements in technology, with 60% of Telecare devices now being digital, rather than analogue. With only digital devices now being installed, this figure will continue to grow.
iii. Whilst the number of people supported by the Care at Home service has only increased slightly, from 171 to 175, a large increase in service users requiring two carers at each visit, along with an increase in the number of people receiving more than 10 hours of care, per week, has seen an ever-increasing burden on the service.

3.6. Community Led Support:

i. Quarterly meetings with Isles and Mainland Community Councils allowed greater insight into the health and social care needs in each community.
ii. Other initiatives, such as the Improving the Cancer Journey initiative, referred to at section 3.2 above, are demonstrating how community-based resources can provide low level support with life-changing outcomes.

3.7. Mental Health and Wellbeing:

i. Significant progress has been made with providing vital mental health supports and therapies by both statutory and Third Sector services.
ii. The Blide Trust continues to support clients 365 days a year and welcomed 85 new members in the last year. Whilst unable to recruit to the remainder of the All Age Nurse Led Psychiatric Liaison Team, the single postholder

commenced a limited Liaison service for the Hospital late in 2025/26 and a planned service for GPs is due to commence in 2026/27.

iii. MORSE, an electronic patient records system, commenced in the Community Mental Health Team which will have significant advantages for Mental Health Services.

For Further Information please contact:
Stephen Brown, Chief Officer, Orkney Health and Social Care Partnership, extension 2601, Email stephen.brown3@nhs.scot.

Implications of Report

1. **Financial:** There are no financial implications arising directly from this report. Any actions arising from the Annual Performance Report 2025/26 should be met from within existing approved budgets.
2. **Legal:** In terms of Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, Orkney's Integration Joint Board must prepare an annual performance report within four months of the end of the reporting year. The Integration Joint Board must provide a copy of the performance report to each constituent authority, in this case NHS Orkney and Orkney Islands Council.
3. **Corporate Governance:** Not applicable.
4. **Human Resources:** Not applicable.
5. **Equalities:** An Equality Impact Assessment is not required for performance reporting.
6. **Island Communities Impact:** An Island Communities Impact Assessment is not required for performance reporting.
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:** Not applicable.
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

Orkney Health and Social Care Partnership Strategic Plan 2025 – 2028.
Orkney Health and Social Care Partnership Strategic Plan Delivery Plan 2025/26.
Orkney Health and Social Care Partnership Strategic Plan Delivery Plan 2026/27.

Appendix

Appendix 1: Orkney Integration Joint Board – Annual Performance Report 2025/26.

Annual Performance Report 2025/26

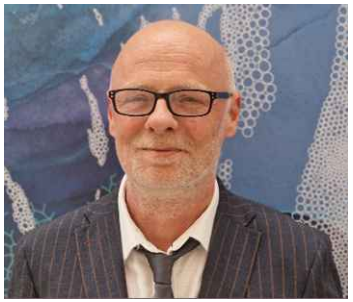
Orkney Integration Joint Board

Contents

Foreword

We are delighted to present the 2025/26 annual performance report for the Orkney Integration Joint Board. We want to start by acknowledging, and thanking, everyone who works in health and social care, including those in the third sector, for all that they do to support and care for those in our communities. They often go above, and beyond, demonstrating daily hard work, dedication and compassion for the individuals they care for and support.

The aim of this annual performance report is to show what we have achieved and what our challenges were over the last year. You can see updates on the progress of the Strategic Plan Delivery Plan 2025/26 as well as the actions we are hoping will make a difference to our communities in 2026/27.



As always, our biggest challenge (which is similar across Scotland), remains our workforce gaps. There continues to be nationwide issues in recruiting to positions in many areas of service including social care, dental and allied health professions. It is testament to our existing staff teams across Orkney that we have managed to not only keep services operating but, in many instances, still managed to make improvements which benefits our communities. There is, of course, still much to do and the financial constraints faced by all public sector bodies in the years ahead will be a real test of how we work with our communities and those who need our support.

Joanna Kenny, Chair, Orkney Integration Joint Board, and Stephen Brown, Chief Officer, Orkney Health and Social Care Partnership.

Overview

Integrating health and social care services means people in Orkney get the best possible support and care. This is especially true of folk that need support from both health and social care services, at the same time.

The Scottish Government has set nine National Health and Wellbeing Outcomes in 2015. These show the improvements that joining up, or integrating, health and social care services can make. You can read more about these Outcomes here.

The Outcomes are:

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

In 2016, the Orkney Health and Social Care Partnership was created. This allowed us to work more closely on delivering the Government's National Health and Wellbeing Outcomes.

The Orkney Integration Joint Board (IJB) has the job of planning services, providing resources and monitoring how health and social care services perform. The IJB must report to Scottish Government on how services have performed and must produce an Annual Performance Report every year.

You can read more about what the IJB does, along with the people who are members of the IJB here.

Every three years, the IJB must also produce a Strategic Plan. The current Strategic Plan was written in 2025. You can read the Strategic Plan 2025 – 2028 here.

The Strategic Plan sets out the IJB's Strategic Priorities and this annual report shows what progress has been made when measured against these Priorities.

It covers the financial year from 1 April 2025 to 31 March 2026.

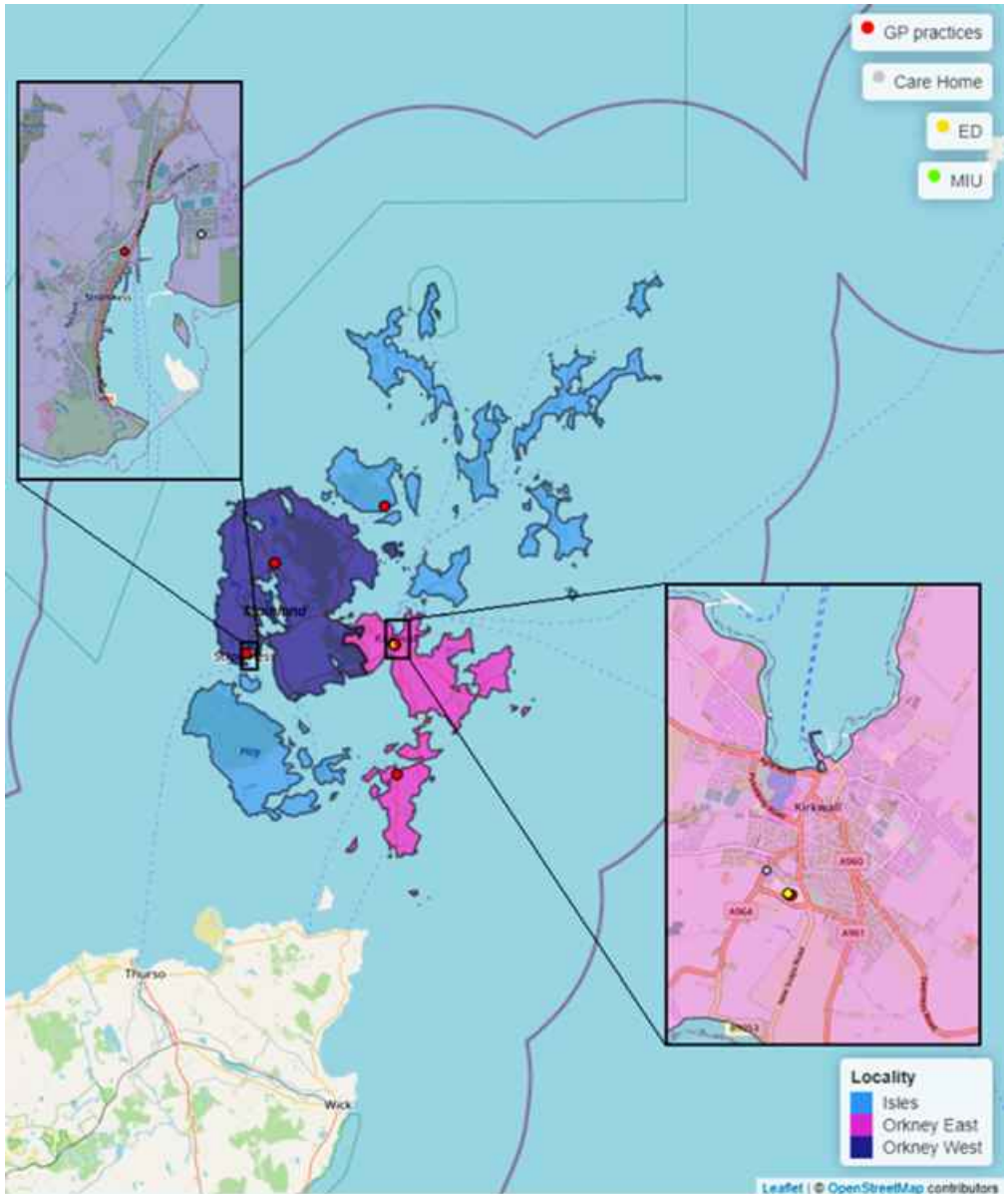
Our Localities

All IJBs across Scotland divide their area into separate localities – Scottish Government ask for at least two. Orkney is currently divided into three localities: the Isles, the West Mainland and the East Mainland, although this will reduce to just two – the Isles and the Mainland – during the coming year.

The tables below give some information about the population of each locality, as well as how they compare against the overall population of Orkney and the rest of Scotland.

Many organisations use localities to plan and deliver their services.

Some figures show as “0”. This is because small numbers sometimes make it possible to identify certain people, which we want to avoid.



Indicator	Type	Period	Isles	East	West	Orkney	Scotland
Demographics							
Total population	Count	2024	2,684	12,129	7,207	22,020	5,546,900
Gender ratio male to female	Ratio	2024	1:0.99	1:1.02	1:1.07	1:1.03	1:1.06
Population over 65	%	2024	33	23.4	27.1	25.8	20.5
Population in least deprived SIMD* quintile	%	2020	0	0	0	0	20
Population in most deprived SIMD* quintile	%	2020	0	0	0	0	20
Housing							
Total number of households	Count	2024	1,763	6,321	3,745	11,829	2,740,513
Households with single occupant tax discount	%	2024	31.5	38.3	33.2	35.7	38.4
Households in Council Tax Band A-C	%	2024	88.6	61.7	63.6	66.3	58.5
Households in Council Tax Band F-H	%	2024	0.6	4.5	3.5	3.6	13.9
Population Health							
Male average life expectancy in years**	Mean	2020 - 2024	83.6	79.2	80.5	79.3	77.2
Female average life expectancy in years**	Mean	2020 - 2024	81.7	83	84.7	82.8	81.1
Deaths aged 15-44 per 100,000	Rate	2022 -2024	63.4	139	70.2	110.9	104.8
Population estimated to have at least one Long Term Condition	%	2024/25	28.1	26.8	26	26.7	22.5
Cancer registrations per 100,000	Rate	2020 - 2022	651.4	599.9	551.8	596.3	629.7
Anxiety, depression and psychosis prescriptions.	%.	2024/25	20.3	21.5	18.4	20.3	20.8

Source – Public Health Scotland (PHS) Local Intelligence Support Team (LIST) Locality Profile May 2026. All data is taken from the most recent year published.

* SIMD – Scottish Index of Multiple Deprivation.
** At HSCP and Scotland level, the period is a three-year aggregate (1 January 2022 to 31 December 2024).

Indicator	Type	Period	Isles	East	West	Orkney	Scotland
Lifestyle and Risk Factor							
Alcohol-related hospital admissions per 100,000	Rate	2023/24	325.7	587.4	384.7	493.7	548.5
Alcohol-specific mortality per 100,000	Rate	2019 - 2023	22.2	14.2.	26	19.9	21.8
Drug-related hospitalisations per 100,000	Rate	2021/22 - 2023/24	20.6	46.9	46.9	45.7	181.2
Bowel screening uptake	%	2021 -2023	65.6	71	70.9	70.2	66.4
Hospital and Community Care							
Emergency admissions per 100,000	Rate	2024/25	7,377	8,830	7,701	8,283	10,626
Unscheduled bed days per 100,000	Rate	2024/25	65,276	65,496	59,692	63,569	75,436
A and E attendances per 100,000	Rate	2024/25	13,301	39,344	28,181	32,516	26,915
Delayed discharges (65+) per 100,000	Rate	2024/25	38,192	63,735	42,682	52,517	51,401
Potentially Preventable Admissions per 100,000	Rate	2024/25	1,080	1,509	1,041	1,303	1,694
Hospital Care (Mental Health)							
Psychiatric patient hospitalisations per 100,000	Rate	2021/22 - 2023/24	7.9	124.1	104.3	105.2	216.1
Unscheduled bed days per 100,000	Rate	2024/25	745	10,875	5,425	7,856	18,134

Source - PHS LIST Locality Profile May 2026.

Key Achievements and Challenges Over 2025/26

Achievements and Challenges

Like our colleagues in local authorities, the NHS and other public organisations, up and down the country, we continue to see budgets squeezed, whilst demand for services continues to rise; we are increasingly asked to do more with less.

Increasing Demand

Nonetheless, perhaps the greatest achievement of health and social care services is that people are living longer lives – with Orkney folk often living the longest – and this is something of which we are very proud.

This also means that people often live with a number of health conditions, meaning they rely increasingly on services to help them in their daily lives. For example, our Care at Home service continues to support an increasing number of people, in their own homes.

For those unable to live at home anymore, our residential care facilities provide 24/7 care and support. Our new Kirkwall care home, Kirkjuvagr House, is now complete and is expected to welcome its first residents towards the end of the summer 2026. Situated just above The Pickaquoy Centre, and named after the Old Norse name for Kirkwall, Kirkjuvagr House is a state of the art facility that will provide superb accommodation for our frail and vulnerable folk.

We are also using technology to tackle demand and ensure we are as efficient as possible. For example, our colleagues use meeting apps to attend meetings, where this is appropriate, reducing the need to travel. We are also improving existing technology, with more than 60% of Telecare users having been upgraded from analogue to digital systems.

Recruitment

Our greatest challenge remains the recruitment and retention of our workforce. This is not just an Orkney problem; health and social care partnerships right across the country - and beyond – struggle to recruit and retain staff. There is no doubt, however, that, like our colleagues in the other island groups, we feel this pressure acutely here.

One example is the number of days people are having to spend in hospital, when they are ready to go home, has increased another unwelcome consequence of the challenges we have around recruitment.

Our greatest challenge remains recruitment.

We have tried many things to tackle this. One example is our strategic partnership with the Open University, where a number of people have progressed through the Social Work sponsorship scheme, with two successfully securing a placement in the last year.

Despite these efforts – and those in the summary, below – we continue to rely on our agency colleagues to ensure that we can maintain health and social care services for folk in Orkney.

Highlights

Some of the other highlights from the last year include:

- The Council's ''Growing A Sustainable Social Care Workforce" project has seen an increased interest in care posts with one service successfully filling all posts for the first time in many years.
- In partnership with UHI Orkney, the Introduction to a Career in Care, six-week course, continues to attract candidates, with all students guaranteed an interview within a care setting. Some 24 students have completed the course within the last year.
- We have made good progress in recruiting to the Community Nursing team, which has seen the vacancy rate reduce from 50% to 15%.
- We continue to grow our Public Dental Service with two trainee dental nurses recruited recently a role that allows the postholder to earn as they learn.

- Whilst challenges remain around funding and recruitment, the IJB approved the use, in principle, of the fourth wing of Hamnavoe House as a short breaks facility.
- We have successfully supported several young people to return home to Orkney from placements in mainland Scotland.
- Completion rates for Community Payback Order's varied across Scotland in 2024/25 whereas Orkney saw their completion rate improve to 97%.

Orkney's completion rate for Community Payback orders increased to 97%.

- Colleagues have worked with Public Dental Services and General Dental Services over the last year and are increasingly confident about the ability of General Dental Services to open registration for NHS patients in the near future.
- Colleagues from the Orkney IJB, NHS Orkney and Orkney Islands Council have developed something called 'The Routemap to Reform for Public Services in Orkney' and have submitted this to Scottish Government.
- The Suicide Prevention Task Force developed a Suicide Prevention Action Plan for the period 2025/26.

Our Strategic Priorities

We are now in the second year of our Strategic Plan, which lays out the priorities for community health and social care services.

The plan includes six Strategic Priorities, which the IJB believes best address the health and social care issues in Orkney. The six priorities are:

1. **Tackling Inequalities and Disadvantage.**
2. **Early Intervention and Prevention.**
3. **Unpaid Carers.**
4. **Supporting People to Age Well.**
5. **Community Led Support.**
6. **Mental Health and Wellbeing.**

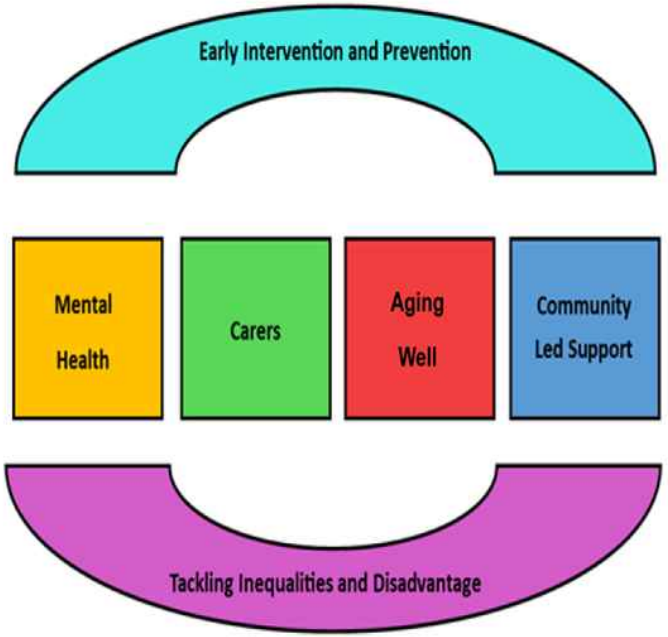
You can read the plan here.

As in previous years, a selection of our services were asked to tell us about what has been happening during the past year, and we have included their contributions in the following sections.

But this is not exhaustive: there are many, many teams, throughout NHS Orkney, Orkney Islands Council and the third sector, who deliver vital community health and social care services daily across Orkney.

The Performance Management Framework 2026 – 2028 (and now aligned with the review date for the current Strategic Plan) helps the IJB to assess the effectiveness of the Orkney HSCP and, especially, whether it is achieving the objectives highlighted in the Strategic Plan.

We also have a Delivery Plan to help us measure our progress in delivering the Strategic Plan. Each Strategic Priority includes Milestones: these are things we must do if we are to deliver our objectives. These Milestones each include at least one action, sometimes several actions, with each describing how we will know if we have achieved the declared Milestone. We call these actions Measures or Outcomes.



Every three months, we report to the IJB's Performance and Audit Committee on how we are doing and the progress we have made.

This might sound a little complicated, but we have included a table at the beginning of each Strategic Priority description, and this should make it a lot clearer.

Key to Tables	Complete	On Target	Risk of Delay in Completion	Severe Risk of Delay in Completion

Priority Area 1 – Tackling Inequalities and Disadvantage

The below table shows the progress for the actions contained within the Strategic Plan Delivery Plan 2025/26.

Milestone	Outcome/Measure	Status	Narrative
We will ensure that all school children across Orkney are able to access a breakfast.	All young people attending school will have access to a free breakfast.		A Brightstar Breakfast, which is a funding initiative supported by Scottish Government for a one year pilot, for six primary schools, is due to commence imminently. 83% of respondents expressed an interest in island communities to be part of the pilot. Discussions continue on the logistical challenges being faced, but most schools are ready to commence.
We will provide annual health checks to those with Learning Disabilities.	We will increase the percentage of Learning-Disabled people receiving annual health checks to 100%.		Historically, there have been challenges with the delivery of annual health checks in the population of Orkney. Following investment by the IJB a new post was created; one of the top priorities being to develop a register of individuals with Learning Disabilities with a diagnosis of Learning Disability registered in each GP surgery in Orkney. As at 31 March 2026, 100% of those individuals have been offered a health check with as significant number then being onward referred for further treatment.

Tackling inequalities and disadvantage is directly linked with all our Strategic Priorities.

We will continue to address this by:

- Making access to services easier for everyone.
- Keeping children, young people and vulnerable adults safe.

- Working with our statutory, third sector and community partners to address financial hardship.
- Making sure Orkney is a happy and safe place for everyone.

Most of the previous sections include many examples of services that also fit this priority area.

The Isles

Access to services in the ferry-linked isles can be a real challenge, so we continue to try to bring services to the isles wherever possible.

When this is not possible, we try to arrange Mainland appointments that make travel to, and from, the isles convenient or use technology to avoid the need to travel to Kirkwall or the Scottish mainland.

Improving the Cancer Journey

Improving the Cancer Journey (ICJ) is a non-clinical support service delivered by NHS Orkney's Public Health department, in partnership with Macmillan Cancer Support. The service supports anyone in Orkney affected by cancer, including people with a diagnosis and those close to them, by helping address the practical, emotional, financial and social challenges that often sit alongside clinical care.

Individuals referred to ICJ are offered something called a Holistic Needs Assessment, which helps identify what matters most to them at that point in time. This approach recognises that cancer can impact many areas of life, including financial, practical, physical, spiritual and emotional. Based on the assessment and ongoing conversations with the service user, the ICJ Link Workers develop a tailored support plan and connect service users with appropriate local and national services.

Over the past year, the ICJ service has received referrals from a wide range of health, social care and third sector partners. Support is offered flexibly, including by telephone, video call (Near Me), or face to face, ensuring everyone can access the service across our rural and island communities.

The ICJ service helped 91 people during the last year.

Recently, the ICJ service has expanded beyond cancer to begin supporting people living with long term conditions, starting with cardiac health. This expansion has been supported by Macmillan Cancer Support, showing a shared ambition to extend the benefits of the ICJ service. Referrals are triaged to ensure support is offered first to those with the greatest need, enabling the service to respond flexibly and equitably. As the service continues to develop, there are plans to further expand ICJ to support even more long term conditions, across Orkney, responding to local need.

During the last year, the ICJ service helped 87 people with a cancer diagnosis and four with a cardiac-related diagnosis.

ICJ is a great example of work that helps reduce inequalities by supporting people earlier, addressing non-medical issues, and helping people make their way through complex systems, at times of real vulnerability.

What Will We Do During the Coming Year?

The below table shows the actions contained within the Strategic Plan Delivery Plan 2026/27.

Delivery Milestones	Outcome/Measure	Timescale
We will deliver a Brightstar Breakfast Pilot from August 2025 to July 2026 to enable that school children involved in the pilot are able to access breakfast.	Complete a pilot evaluation and share the findings with the Cost of Living Task Force.	31 July 2026.
We will establish a Fuel Poverty Action Plan.	Develop and approve a Fuel Poverty Action Plan.	30 September 2026.

Priority Area 2 – Early Intervention and Prevention

The below table shows the progress for the actions contained within the Strategic Plan Delivery Plan 2025/26.

Milestone	Outcomes/Measure	Status	Narrative
Implement a partner-approved systems-based approach to Physical Activity.	Deliver update to the IJB in February 2026 to update on progress and outcomes.		Progress has been slow owing to challenges around recruitment. Significant progress is expected once the new Service Manager (Leisure and Culture) is recruited. Progress will be shared with the IJB in the summer of 2026.
Launch a programme to promote healthy lifestyles in schools, reaching 100% of students, by June 2025.	Deliver workshops on nutrition, mental health, and physical activity, in partnership with educators.		The School Health team have a health promotion programme in every school across Orkney, with a different topic for each year group, and have been delivered over the last year. The service will offer sessions around lifestyle topics, to the secondary schools, during this academic year, in addition to health promotion.
Establish a data-driven falls prevention programme, for older people, by June 2025.	Analyse hospital and community data to identify risk patterns and implement tailored interventions.		NHS Falls Prevention classes will continue to be delivered by the Ageing Well Service, following a short pause due to staffing and winter pressures. Funding from endowments has been secured for additional training in Falls Prevention strength and balance classes. This will improve the resilience of community-based programmes (NHS, third sector, and external providers), and support delivery in the outer Isles, where feasible.
Implement a single pathway for neurodevelopmental	Children and families will experience more timely assessments, with longest waits reducing from 101		The single point of entry Neurodevelopmental Pathway has been agreed amongst key stakeholders. Project management and administration support is being confirmed to progress implementation. Additional capacity

Milestone	Outcomes/Measure	Status	Narrative
assessment for children and young people.	weeks to 12 weeks, in line with National Outpatient appointment targets.		will be required to address the significant waiting lists. A piece of work is being undertaken, via two Scottish Government projects, to review the waiting lists to ensure an accurate understanding of local need/numbers requiring assessment and ongoing support. Work is also progressing to support early intervention approaches to supporting children and their families while on the waiting list.

Prevention and early intervention are at the forefront of strategies to improve the lives of people in Orkney, as well as reducing demand on community health and social care services. Whatever their circumstances, we want everyone in Orkney to do their best to keep themselves healthy.

Our communities and our local environment are essential to good health, as well as keeping us active and connected.

Vaccination Service

The Spring 2025 COVID Programme saw a slight decrease in the number of invited people receiving their vaccination from 71.2% in 2024 to 67.2% in 2025. This is, however, well ahead of the national average of 60.6%.

We vaccinated 2,356 eligible folk in Orkney, against COVID, in the last year.

The RSV (Respiratory Syncytial Virus) Programme in 2025 invited those turning 75 years for a vaccination. The uptake in this age group was 66%, compared to the Scottish average of 68.4%, although the low numbers invited in Orkney may affect the data.

The uptake of Childhood Immunisations in Orkney remains amongst the highest in the Country, offering some reassurance in a time where the UK has lost its measle-free status.

From January 2026, the UK introduced the MMRV (Measles, Mumps, Rubella and Varicella) vaccine into the childhood range of immunisations, in the place of MMR (Measles, Mumps and Rubella). It offers the same strong protection, with the added benefit of protection against chickenpox in a single vaccine. This has been rolled out in Orkney and has been received well by

parents/guardians. There will be a catch-up programme later in the year for children of three-years four-months, though to six-years, who have not had chickenpox.

Childhood Immunisation in Orkney is amongst the highest in Scotland.

The Vaccination Team is working on a range of initiatives aimed at increasing the numbers of Teenage Immunisations, along with improving Flu vaccination rates amongst health and social care staff. This follows a campaign in 2025 where there was a small increase in flu vaccinations for health care workers, from 37.7% in the previous year to 45.9%, and social care workers, from 10% in the previous year to 12.1%.

Oral Health

The Oral Health Team works with partners throughout Orkney to identify and contact our more vulnerable families. The Childsmile Team regularly visits community groups, including local toddler and young families nurture groups, to provide oral health advice and support.

They regularly team up with partners in the Early Years' Education Team, schools, and through the third sector, including Home-Start and BookBug to contact families.

The National Dental Inspection Programme offers a brief dental inspection from nursery to P7. This currently acts as an opportunity to prioritise children with highest need for dental appointments. The latest report (2025 which you can read here) continues to show that Orkney has a small group of children with obvious decay experience. Reaching and supporting these children and families, to help improve oral health routines and access dental treatment where required, is a nationally and locally driven priority, and the team will continue to develop the community-based programme of work to reach our families.

No Health Without Oral Health

Oral health is important to general health, and the service works to promote No Health Without Oral Health as a value for all. The mouth and the rest of the body has something called a bidirectional relationship. General diseases can impact our oral health, and poor oral health can worsen underlying health conditions. This includes poorer health for people with diabetes, respiratory illnesses or heart disease. No Health Without Oral Health is an important focus which needs to be well understood. They work throughout the community to challenge culture and spread key oral health messages, attending community events, such as Stromness Shopping Week and visiting groups, such as The Men's Shed.

The service provides oral health products for the local Foodbank on a regular basis and make sure that these are available in schools for any child who requires extra for home. These are also provided to care homes and Hospital wards to support daily oral care, along with training that is provided for staff in good practice in oral care.

The Oral Health Team works throughout the community to challenge culture and spread key oral health messages.

The Public Dental Service is signed up to provide alcohol brief interventions and smoking cessation advice. We are very aware of the impact of life circumstances, and increasingly now the cost of living on health and wellbeing, and we endeavour to make sure that good daily oral care can be easier for everyone.

Access to dental services is an ongoing concern in Orkney as recruitment of dental staff continues to be challenging. Some progress has been made in recruiting dental clinicians in General Dental Service practices, but there are ongoing recruitment issues and efforts in the Public Dental Service. For many families and adults, living in Orkney and not registered with a dentist, they will continue to rely on the Public Dental Service Emergency Service.

Health Visiting

The team continues to deliver a high level of service to the families in Orkney, being one of the only Health Boards offering all contacts face to face, in the home, including the ferry-linked isles.

The infant feeding team includes peer support workers who go above and beyond to help and support new parents, running baby walks and the antenatal workshops held on a weekend along with health staff.

School Health

The School Health Team are going from strength to strength. One of the team was honoured with the Queen's Nurse Award at the end of last year and has represented Orkney school nursing at various conferences around the UK, as well as a self-funded trip to the International School Nurse Conference in Japan!

The team are now running a babysitting course with pupils in the secondary schools. This includes pupils caring for realistic interactive baby dolls that they take home.

The team have also started to run a parenting course for parents of school age children. They have successfully completed one course and have another starting soon.

There are lots of plans for the future to grow the service, including taking this to the isles.

Their current school nurse student qualifies in August which will then mean the team is fully staffed although they are currently going through a restructure to build in a specialist looked after children/team lead role into the service.

Paediatric Occupational Therapy

The team is now fully staffed since a new member started in September. The team have reviewed their current services and are looking at what opportunities they can achieve in the near future and the longer term.

Recently they held a webinar entitled 'Working together to support sensory processing' which was attended by both parents and professionals. Following positive and constructive feedback, the team plans to do further sessions.

Children and Young People (CYP) Speech and Language Therapy

GIRFEC (Getting It Right For Every Child) is at the heart of everything the service does. They continue to prioritise strong partnership working which ensures that children are involved in the decisions that affect them. Relationship building with families and other professionals underpins this. They continue to raise awareness of the profession, and the important role speech and language therapists play in Orkney for individuals, families, the CYP workforce and CYP communities. An example of effective multi-agency working has been embedding SCERTS (State Council of Educational Research and Training) into planning for children and young people. You can read more about SCERTS an educational and therapeutic framework used to support autistic children, here.

The team continues to develop services for all CYP with speech, language and communication difficulties, as well as eating/drinking difficulties.

GIRFEC is at the heart of speech and language therapy services.

A recent service improvement is the development of the enquiry line, accessed by telephone and email. This has significantly improved access to the service and their ability to provide earlier support to families and professionals. They offer conversations where parents/professionals are listened to, and supported, via signposting and personalised targeted supports. This enables the service to be helpful at an earlier stage in the child's Speech and Language Therapy.

They also continue to expand their work with other services, promoting environments that enable all children to thrive and develop speech, language and communication skills for meeting their potential in life.

ICON

The ICON programme is an evidence-based program used by health and social care workers to help parents cope with infant crying: **I**nfant crying is normal, **C**omforting methods can help, **O**k to walk away and **N**ever ever shake a baby.

ICON seeks to reduce the incidence of traumatic head injury in babies and young children. The ICON programme has been rolled out across Orkney, with training provided to all GP practices, maternity staff, children's health teams and social workers. It is also part of all antenatal workshops with new parents.

Neurological Services

Our neurological services give service users named points of contact for people who are affected by Multiple Sclerosis (MS), Motor Neurone Disease (MND) and Parkinson's Disease (PD). These services offer comprehensive assessments and reviews, to guide plans for treatment, care and support. This approach makes sure decisions are made with the service user and their family or carers.

This also allows the service to identify opportunities for:

- Improved symptom management.
- Reduction of risks.
- Early intervention.
- The reduction or avoidance of hospital admission.

- Ways to support people to live as meaningful a life as possible.

Teamwork and communication with other services and agencies (both local and national) is key to this approach.

Local professionals are working with colleagues to develop courses of treatment and support for conditions other than MS, MND, and PD which will follow the national guidelines for Neurology and Rehabilitation. This work will help services to identify any areas where improvements are needed and, furthermore, will support services in their efforts monitoring their performance against established standards.

What Will We Do During the Coming Year?

The below table shows the actions contained within the Strategic Plan Delivery Plan 2026/27.

Delivery Milestones	Outcomes/Measure	Timescale
We will implement GIRFE tools across Orkney Health and Social Care Partnership community services.	By March 2027, GIRFE (Getting It Right for Everyone) processes — including Team Around the Person (TAP), My Life Plan documentation, and agreed care coordination steps — will be implemented across all core Orkney Health and Care community services, building on the early pilot work and ensuring that GIRFE tools are used consistently in day-to-day practice to support coordinated, person-centred care.	31 March 2027.
We will identify support for drug and alcohol for children and young people.	Scope out and develop specialist drug and alcohol support for children and young people under the age of 18.	31 March 2027.
We will develop and implement an Early Language and Communication Strategy for Children.	Prioritising support for early years speech, language and communication in line with the Scottish Government Early Years Speech Language and Communication Action Plan.	31 December 2026.

Delivery Milestones	Outcomes/Measure	Timescale
We will implement a single pathway for neurodevelopmental assessment for children and young people.	Children and families will experience more timely assessments, with longest waits reducing from 101 weeks to 12 weeks, in line with National Outpatient appointment targets.	31 March 2027.
The new Public Protection webpages to accompany the Growing Up In Orkney webpages will be published.	The new Public Protection Webpages will go live.	31 September 2026.
We will improve registration for Orkney residents for NHS dental services.	Continue to develop professional and operational relationships with General Dental Services with a view to monitoring dental capacity and improve recruitment.	31 March 2027.

Priority Area 3 – Unpaid Carers

The below table shows the progress for the actions contained within the Strategic Plan Delivery Plan 2025/26.

Milestone	Outcome/Measure	Status	Narrative
Hold a second Orkney Unpaid Carer Conference.	Hold the conference before the end of 2025.		The second Orkney Carer Conference took place on Thursday, 27 November 2025.
Offer an assessment to all unpaid carers seeking support and measure that number.	Increase the number of carers offered an assessment from 33 in 2022, to 60 by the end of 2025.		Carer assessments are now offered to all unpaid carers seeking support, as a matter of course. Determining the number of assessments offered has proven difficult, with current systems unable to properly capture these figures. The number of completed assessments in 2025 was 21; however, services believe this figure to be significantly higher. The number offered is higher still, but the inability of systems to capture this information is preventing this figure from being accurately reported. Efforts are ongoing to identify how systems can capture this information as a matter of course.
Prepare and publish a dedicated Young Carer Strategy.	Young Carer Strategy will be approved and published, by March 2026.		The initial draft of this document is currently the subject of consultation and input from the Crossroads Orkney Young Carers' Group. Once this is complete, it is anticipated that the finished Strategy will be ready for publishing. Securing young carer input is proving more difficult than originally anticipated. However, it is expected that this work will be complete very shortly.

Milestone	Outcome/Measure	Status	Narrative
Deliver an Unpaid Carer-Friendly policy for staff employed by OIC.	Prepare and publish an OIC Unpaid Carer-Friendly policy by the summer of 2025.		A policy has been drafted and considered by the Council's Corporate Leadership Team. The consultation process with Unions is ongoing and it is hoped the policy will go to a future meeting of Human Resources Sub-committee. The process has taken longer than anticipated.
Begin training frontline workers throughout statutory and third sector organisations, making them “carer-aware”.	Undertake training of at least 100 frontline workers by the end of March 2026.		Suitable training modules have been identified and officers are working to have the introductory video included on learning platforms. This short video will equip staff to be "carer aware” and will enable rapid training of a large cohort of staff, including all frontline care staff. Officers have determined the launch of the new video will likely see more success and, crucially, more views, if this is launched concurrently with the Council's Support for Carer Friendly Policy. It has, therefore, been decided to delay the launch of the video until the Policy is approved by the Council’s HR Sub-committee. The video will be launched to NHS Orkney colleagues at the same time. This Milestone has been carried forward to the new Strategic Plan Delivery Plan.
We will reach more people delivering care to family or friends, who have not sought carer services, and measure that number.	Increase the number of unpaid carers contacting Crossroads Care Orkney, for support, from 78, in 2022, to 150, by 2026.		There were 96 new contacts in 2026 which represents an increase of 23%, but is well short of the goal of 150. It is anticipated the recent appointment to the new Carer Lead role in late February 2026, will significantly increase this figure in coming years, as well as the Carer Awareness training and the introduction of the Council's Carer Friendly Policy. Consequently, this Milestone has been carried over to the new Delivery Plan.

Some Facts and Figures:

800,000	The estimated number of unpaid carers in Scotland[1].
30,000	The estimated number of young carers in Scotland[2].
3 out of 5	The number of us who will become carers at some stage in our lives[3].
£52.4 million	The estimated value of care delivered by unpaid carers in Orkney.
300	The approximate number of carers known to support services in Orkney.
3,000	The estimated number of unpaid carers in Orkney.

The support given by unpaid carers in Orkney is estimated to be worth £52.4 million.

1-3 – Carers UK.

Unpaid Carer Conference 2025

A second Unpaid Carer Conference was held in November 2025. With the first conference having focused upon celebrating the role of unpaid carers, the second conference focussed on the services and support available to carers in Orkney.

With support from across the statutory and third sectors, as well as input from key stakeholders, including our young carers. Post-conference feedback was largely positive, with many people reflecting that they were unaware of the scope and breadth of services available locally.

However, attendance was just under 100, down on the 2023 conference. Some feedback indicated more of a reluctance to venture out in November, so future editions of the conference will be held in the late spring/summer.

Carer Assessments

Everyone that we identify as a carer is automatically offered an assessment. However, our systems struggle to properly capture this information.

The number of assessments recorded in the 2025 calendar year was 21; however, we think this figure is a lot higher. We also know the number of assessments offered is higher still, but our systems are not recording this accurately.

To try and tackle this, we are working with our teams to ensure that changes are made to our electronic record system to properly capture this information, and we have included this as one of our goals over the coming year.

Young Carer Strategy

A first draft of a dedicated Young Carer Strategy was prepared some months ago.

We are very keen to make sure that young carers are involved in the preparation of the Strategy, so we have been trying for some time to get input from the Orkney Young Carers' Group. This has not been as easy as we hoped.

Nonetheless, officers are currently working with the Orkney Young Carers' Group to make sure that our young carers help to create a strategy that is relevant to them.

It is important that young carers help us to write the Young Carer Strategy.

Once this is complete and approved, we expect to publish the Strategy very shortly afterwards.

Orkney Islands Council's Unpaid Carer Friendly Policy

We learned from the two Unpaid Carer Conferences that many unpaid carers are concerned about how they can hold down a full-time job whilst caring for a loved one. Many told us that whilst their employers are supportive, they feel uncomfortable asking for the time off which they sometimes need in their working hours and at short notice.

We are keen to promote the benefits of having a carer friendly workplace policy but, as the largest employer in the county, we felt it was important that Orkney Islands Council have a dedicated carer friendly policy themselves.

We have been working with our colleagues from the Council's Human Resources department to draw up a policy that includes the flexibility needed by employees with caring responsibilities. A draft has been prepared and is currently with Union representatives for comments.

Like several other Milestones, this process has taken much longer than we originally thought. Nonetheless, the final draft is expected to go before the Council's Human Resources Sub-committee in May 2026, for approval, and we hope to publish and promote the policy shortly afterwards.

Training Frontline Workers

We have learned that many unpaid carers simply do not know about the support available to them. The best opportunity to help those who are not currently looking for help and support is when our frontline workers, and the workers of our statutory and third sector partners, are with service users (in their homes, at school, or anywhere else that staff are face to face with people in Orkney).

Becoming “carer aware” is relatively straightforward; a basic understanding of who unpaid carers are, what support is available to them, and where to get that support, will allow anyone dealing with the public to help carers get the support they need.

We have seen a short video that covers all aspects of identifying unpaid carers and what support they can get, which is currently available on YouTube. We had expected to have launched this video on the Council’s learning platform, by now. However, we decided to launch this at the same time as the Council’s Carer Friendly Policy which, we hope, will give the video maximum exposure. We will then do the same with colleagues at NHS Orkney.

Increase the Number of Carers Seeking Support

It is estimated that there are more than 3,000 unpaid carers in Orkney.

Increasing the number of people looking for support in their role as an unpaid carer, has been a priority of ours for some time. We know of around 300 people who are unpaid carers. However, we believe that the actual number of unpaid carers in Orkney is likely to be nearer 3,000. This means, of course, that around nine out of ten unpaid carers are not getting the help and support that they are entitled to.

To try and tackle this, we have produced regular publicity campaigns on social media, in the paper and on the radio to highlight the vital role played by our unpaid carers and, most of all, to raise awareness of carers. This work has been supported by Crossroads Care Orkney, who regularly visit faith and social groups to talk about unpaid carers.

This approach has seen some success, with the number of carers looking for support, for the first time, increasing to 96 last year. However, this falls disappointingly short of our original target of 150.

Nonetheless, we will continue with our efforts to raise the profile of unpaid carers. What is more, we think that the introduction of frontline worker training, the Council's Carer Friendly Policy and, not least, the appointment of our new Carer Lead (more of which is below) will see this number continue to climb.

Dedicated Carer Lead and Carer Support Worker Roles

One of the greatest challenges around delivering our goals for unpaid carers have been around staff resourcing. However, we are pleased to announce that we have recently appointed a dedicated Carer Lead.

One of the first tasks on arrival of the new Carer Lead will be to recruit a Carer Support Worker, another role dedicated to supporting our unpaid carers. This person will deliver support directly to unpaid carers in Orkney, including helping carers to get the support they need from services, providing practical advice, as well as helping social work to increase the number of carer assessments that we do.

We are confident that recruiting to these roles, perhaps above everything else we are trying to do for unpaid carers, will help the Partnership deliver its commitment to support unpaid carers in Orkney.

Crossroads Care Orkney

We work with Crossroads Care Orkney, who deliver the Partnership's carer support service in Orkney. They provide help and support for unpaid carers through tailored support that takes account of both the carer and cared-for person's goals.

Crossroads Care Orkney provide emotional support, information and advice daily, through face to face chats, the phone, or email, whilst also supporting the Carers' Support Group. This happens on the second Wednesday of the month, in the Crossroads Care Orkney Office. Supporting carers is at the heart of the group, of course, but also gives carers the opportunity to have a break, mix with other carers, and strengthen their support networks.

Respite is provided, free of charge, in or outwith the home, giving the carer time to themselves, on a regular or occasional basis.

Crossroads Care Orkney also operates a lending library, with lots of different resources available, along with activities such as jigsaws and a Komp. You can read more about the Komp device here. The drop-in centre is open 9am-5pm, Monday to Friday.

During 2025/26 Crossroads Care Orkney provided support to 226 new unpaid carers and cared for people through the various methods of support on offer. The total number of referrals throughout 2025/26 was 285. This is inclusive of new and existing Carers and cared for people. 187 referrals were from existing Carers/cared for people who they provide occasional or extra respite for.

There were 98 new referrals to the service and this was for a mix of respite, privately purchased, purchased or following an assessment of need if it was identified that alternative support was required.

In total over 10,000 of care hours was provided across mainland Orkney and four of the non-linked isles by Crossroads Care Orkney.

Time to Live Fund

Crossroads Care Orkney are the designated delivery partner for the Time to Live (TTL) microgrant fund. This year on year funding is provided by the Scottish Government through Shared Care Scotland, and enables adult, parent and young carers to access funds and support to help them take short breaks. This is achieved by providing small, flexible grants to support bespoke respite opportunities, commonly referred to as breaks.

TTL was conceived to ensure carers have more opportunities to enjoy life outside of their caring role, so that they will feel better supported in sustaining their caring responsibilities and, alongside the cared-for person, will experience an improved sense of wellbeing. You can read more about the TTL fund here.

Carers have used their microgrant for many different purposes, including the purchase of garden furniture, art and craft kits, magazines, Pickaquoy Centre subscriptions, relaxation and beauty treatments, fiddle lessons, an iPad and trips away from the islands.

For those who need to take longer away from their caring role, Crossroads Care Orkney can deliver the practical support, through the provision of a Support Worker to undertake the tasks of the carer whilst they are away. This allows the carer to be assured that the person they support is safe and cared for in their absence.

The Time to Live Fund funds short breaks for carers.

As well as the TTL scheme, Crossroads Care Orkney also provide vouchers. This is particularly useful when a carer has identified what sort of break they would like. Recently, Kirkwall Business Improvement District (BID) vouchers have been given to carers. One carer used her voucher to pay for wedding make-up for their grandchild's wedding, commenting that having her make-up done for the wedding meant there was more time to relax, be pampered and to experience something completely new.

Orkney Young Carers Service

The Young Carers Support Worker, based at Crossroads Care Orkney, continues to give unpaid young carers the opportunity to have a break and mix with their peers. This service is highly valued by all who take part, giving opportunities to young people that they potentially would not have had otherwise. You can read more about the Orkney Young Carers' Service here.

Residential Short Breaks

Opportunities for short breaks have been extremely limited since the COVID-19 pandemic. Carers have repeatedly stated how knowing they have a break to look forward to has kept them going.

To address this, the IJB has recently approved the use, in principle, of the vacant Brinkies Wing at Hamnavoe House, as a 10-bed facility for short break provision. Challenges remain around implementing this service, not least around identifying funding for staffing and, of course, recruiting to the required care roles. Nonetheless, this is a significant first step in the process of delivering residential short breaks care.

What Will We Do During the Coming Year?

The below table shows the actions contained within the Strategic Plan Delivery Plan 2026/27.

Delivery Milestones	Outcome/Measure	Timescale
We will establish how PARIS can capture if a Carer Assessment has been offered to an unpaid carer and implement this change.	Upgrade PARIS to capture when a Carer Assessment has been offered to an unpaid carer.	31 March 2027.
Prepare and publish a dedicated Young Carer Strategy.	Publish the Young Carer Strategy.	30 September 2026.
Deliver an Unpaid Carer Friendly Policy for staff employed by Orkney Islands Council (OIC).	Prepare and publish an OIC Unpaid Carer Friendly Policy.	31 August 2026.
Begin training frontline workers throughout statutory and third sector organisations, making them “carer-aware”.	Undertake training of at least 100 frontline workers.	31 October 2026.
We will reach more people delivering care to family or friends, who have not sought carer services, and measure that number.	Increase the number of unpaid carers contacting Crossroads Care Orkney, for support, from 96, in 2025, to 110.	31 March 2027.

Priority Area 4 – Supporting People to Age Well

The below table shows the progress for the actions contained within the Strategic Plan Delivery Plan 2025/26.

Milestone	Outcome/Measure	Status	Narrative
Improve our preparedness for the analogue to digital switchover to ensure that our telecare services are fit for purpose.	We will increase the percentage of service users using digital from 26.5% to 60%.		The service now has less than half of its service user cohort with analogue equipment in situ (54.5% with digital and 45.5%, with analogue) and the service is continuing with the progression of all service users having digital equipment before June 2026. The service reached the milestone of 60% in March of 2026. As all new service users now receive digital equipment, this figure will continue to rise.
We will use projected need data to determine and agree the most appropriate use of the currently unutilised wing of Hamnavoe House.	A plan for how the fourth wing in Hamnavoe House will be commissioned, will be available with costings.		A report was presented to the February 2026 meeting of the IJB. The fourth wing will be commissioned as respite once both financial and human resource is in place.

Milestone	Outcome/Measure	Status	Narrative
Individuals who are referred for a social work assessment will receive this in a timely manner.	Reduce the outstanding social work assessments from, 59 (as at 31/03/25) to 25.		Adult Social Work continue to receive a significant number of referrals daily. Each referral continues to be screened by the duty social worker and added to the Duty Desk (waiting list). Unless there are an Adult Support and Protection or Adults with Incapacity element, referrals are discussed, updated and where possible allocated at the weekly huddle meeting. The average figure of those in the community awaiting an assessment over a 12 week period, at the last update in March, was 34.5. Over the latest 12 week period, this has increased. The waiting time for assessment had reduced from almost 8 weeks to 6 weeks, at the last update, but is now around 8 weeks. These figures are subject to regular fluctuation as capacity within the team, not to mention the number and complexity of referrals varies.
Further improve access to Care at Home provision.	Increase the number of service users in receipt of Care at Home by 5%. from 171 (as at 31/03/25) to 180.		As previously mentioned, the number of service users, at any one time, is variable due to numerous factors. However, the service has robust capacity management and waiting list protocols in place to ensure any capacity that does become available is re-allocated timeously. The service currently has 175 individuals in receipt of care at home provision. Although we have not achieved the target of 180 service users it is important to note that 15 individuals require two carers at each visit and a further 61 individuals are in receipt of more than 10-hours care per week.

Milestone	Outcome/Measure	Status	Narrative
We will continue to improve the quality of residential care provision in Orkney.	All Care Home Inspectorate Grades will be at Good or above.		There are three care homes for individuals over 65. These are included in the Registered Services report which is presented to the Performance and Audit Committee. The care homes continue to progress with their respective action plans which have been submitted to the Care Inspectorate. A Project Initiation Document (PID) has been developed which seeks to review and redetermine appropriate staffing levels and grades. There will also be work on developing a more attractive rota. It is anticipated that these significant pieces of work will stabilise the workforce going forward.

A lot of resources are invested in residential care services, such as Hamnavoe House in Stromness, and our new care home, Kirkjuvagr House, in Kirkwall, as well as supported accommodation services, such as Braeburn Court in St. Margaret's Hope. Nonetheless, recognising that people consistently tell us that they want to receive support in their own home, we work with our service users and families to ensure our vulnerable folk can be supported at home, for as long as possible.

Dementia

Dementia support services saw the end of the current Orkney Dementia Strategy in 2025. The independent evaluation found that the Strategy had a meaningful and positive impact on the lives of many people living with dementia, and their carers. Feedback from service users used in the evaluation frequently mentioned the compassion and dedication of both professionals and volunteers, including greater opportunity to remain at home, in a person's own community, as well as a growing culture of inclusion, with dementia becoming more visible, talked about and understood within the wider community.

It also highlighted the challenges, noting that there are sometime delays in accessing care at home services, as well as a lack of respite support for those caring for people with dementia.

Age Scotland Orkney

Over the past year, Age Scotland Orkney has seen significant growth across both the organisation and the range of services delivered. Demand for support continues to increase, and they have responded by expanding their services, strengthening partnerships, and adapting services to meet the needs of the community, as well as user feedback.

A big achievement this year was their rapid response to the cost of living challenges for older people throughout Orkney. Working in partnership with Orkney Citizens Advice Bureau (CAB), they helped older people to access benefits and additional financial support.

They also made payments directly to 145 households using a Community Card, which was used to purchase essential items, locally, over the winter months. Working with Orkney CAB allowed them to reach a high number of older people in a tight timeframe.

This work was supported by grant funding from the Islands Cost Crisis Emergency Fund through Orkney's Cost of Living Task Force.

Developing their services have been a big focus. Age Scotland Orkney's foot care provision has expanded, from one to two qualified practitioners, alongside the creation of a second clinic room, which has effectively doubled the number of people they can help. Both practitioners are now also trained to deliver their new ear wax removal service, further extending and improving the services they offer.

Another example of working in partnership with other organisations is the outreach social sessions, within the Balfour Hospital (Inpatients 1 and 2), which is helping people who are experiencing extended hospital stays.

The Admiral Nurse Service provides specialist dementia support.

Their Dementia Orkney Project remains an important area of work. Delivered in partnership with Orkney IJB, Dementia UK and Dementia Friendly Orkney, the Admiral Nurse Service continues to provide specialist dementia support. Post Diagnostic Support has also continued to grow and there are discussions underway regarding how the service might be expanded in the future.

Orkney Health and Social Care Partnership.

The quality of Age Scotland Orkney's care remains exceptionally high. Their Here2Care service received outstanding results in its most recent Care Inspectorate inspection:

- **Supporting people's wellbeing:** 6 – Excellent.
- **Staff team quality:** 6 – Excellent.
- **Care planning:** 5 – Very Good.

They have also invested in their infrastructure, completing major building refurbishment and roof maintenance at their Victoria Street home. The improved building now offers a warm, accessible environment, with expanded clinical and multi-use spaces. This has enabled them to offer additional activities such as weekly yoga sessions for older people and confidential spaces for dementia diagnosis clinics.

Overall, it has been a year of strong growth, high performance, and effective partnership working. You can read more about Age Scotland Orkney here.

What Will We Do During the Coming Year?

The below table shows the actions contained within the Strategic Plan Delivery Plan 2026/27.

Delivery Milestones	Outcome/Measure	Timescale
Establish routine frailty assessment processes.	By March 2027, frailty assessment using the Rockwood Clinical Frailty Scale (CFS) will be routinely undertaken across Orkney Health and Care community services, with at least 10% of people aged 65 and over having a documented CFS score recorded within their GP record, in line with the Healthcare Improvement Scotland Focus on Frailty programme.	31 March 2027.

Delivery Milestones	Outcome/Measure	Timescale
Establish a digital Ageing Well Hub.	In partnership with older adults and carers, establish a digital Ageing Well hub that provides self-management tools and signposting, by December 2026.	31 December 2026.
Reduce the number of individuals who are on the Waiting List for a new care at home package across the communities of Orkney.	Reduce the number of individuals who are waiting on a new care at home package, residing in the communities of Orkney, from 42 individuals by 15%.	31 March 2027
Have a fully digital Telecare/Community Care Alarm Service.	Transition all remaining individuals with analogue Telecare/Community Care Alarm equipment to have the service 100% digitally operational.	31 March 2027.
We will improve the proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.	The proportion of care services graded 'good' (4) and above will increase from 92.1% in 2024/25 to 95%.	31 March 2027.
We will initiate and conduct a review of the Social Care model to make it more attractive as a career.	Approve the Social Care Project Initiation Document.	30 June 2026.
The successful transition from St Rognvald House to Kirkjuvagr House.	Residents will move to their new home.	30 September 2026.
We will look to attract people into a career in Social Care.	Host a social care recruitment event/open day at Kirkjuvagr House.	31 July 2026.

Priority Area 5 – Community Led Support

The below table shows the progress for the actions contained within the Strategic Plan Delivery Plan 2025/26.

Milestone	Outcome/Measure	Status	Narrative
Engage in the co-production of community action plans for Orkney's parishes, by December 2025.	Action plans will be available and will include key health and social care data and plans.		Officers have been in contact with colleagues in the Council's Infrastructure and Organisational Development directorate, who are leading the work on Local Place Plans, to ensure health and social care contribution to the plans. External consultants are working with community groups to prepare Local Place Plans, assisted by Council Officers. Partnership officers are now representing health and social care services at these meetings. The shift to Local Place Plans (replacing Community Action Plans, which are now, generally, produced by Development Trusts) has been ongoing for the last year or so. Officers are scheduled to attend a Local Place Plan workshop in Shapinsay, and continue to seek opportunities to engage with communities and have direct input on the production of Local Place Plans. Locality Leads were appointed in February 2026 and will ensure that there is an annual agenda item on Local Place Plans at both the Joint Isles Health and Care meetings and the Joint Mainland Health and Care meetings.
We will convene and host quarterly evening meetings with Islands Community Councils and Mainland Community Councils to	Schedule of meetings and minutes will be available.		Within the Integration Joint Board's webpages, a list of the community engagement meetings is available. Following agreement and approval of the previous minutes at the next meeting they are then uploaded on the webpages.

Milestone	Outcome/Measure	Status	Narrative
enhance responsiveness to their health and social care needs.			

Community Led Support (CLS) is all about co-production and collaboration. You can read a full introduction to CLS here.

Despite early success with our Blethers, we have not been able to build on this in last few years. CLS is still at the heart of the Partnership's planning nonetheless. Indeed, it is one of the six Strategic Priorities in the current Strategic Plan.

We are now working with our partners in the third sector and communities to take CLS forward, not least in the co-production of Local Place Plans, where we will look to include initiatives to improve the health and wellbeing of communities.

We have also continued support for the Community Link Practitioners (CLPs) service as well as the Improving the Cancer Journey Service, described in more detail in the Tackling Inequalities and Disadvantage section. You can go directly to this section here.

What Will We Do During the Coming Year?

The below table shows the actions contained within the Strategic Plan Delivery Plan 2026/27.

Delivery Milestones	Outcomes/Measure	Timescale
Engage in the co-production of community action plans for Orkney's parishes, by March 2027.	Action plans will be available and will include key health and social care data and plans, by March 2027.	31 March 2027.
We will annually discuss Place Plans at the Joint Isles Health and Care Place Plans will be an agenda item on both the Joint Isles Health and Care Meeting and the Joint Mainland Health and Care Meeting.	Place Plans will be an agenda item on both the Joint Isles Health and Care Meeting and the Joint Mainland Health and Care Meeting.	30 September 2026.

Priority Area 6 – Mental Health and Wellbeing

The below table shows the progress for the actions contained within the Strategic Plan Delivery Plan 2025/26.

Milestone	Outcome/Measure	Status	Narrative
Publish and implement a Suicide Prevention Plan, by April 2025.	Suicide Prevention Plan will be considered and approved by IJB and the Orkney Community Planning Partnership.		The Suicide Prevention Action Plan was presented to the Integration Joint Board in May 2025, for noting. Progress against the plan's stated Outcomes will be reported to a future meeting of the Integration Joint Board.
Introduce an electronic patient record system for those with mental health issues.	Morse will be fully operational and performance data easier to produce.		The Community Mental Health Team went live with Morse at the beginning of March 2026 with the exception of Child and Adolescent Mental Health Services, who will go live in June 2026.
Recruit to the All Age Nurse Led Psychiatric Liaison Team.	The All Age Nurse Led Psychiatric Liaison Team is established and operational.		The Band 7 Lead commenced on 3 November 2025, unfortunately it has not been possible to recruit to the other posts to date despite repeated advertisement. During 2026/27 the service will consider what liaison can be offered and how to revise posts to garner interest.
Raise greater awareness of mental health supports available.	We will promote the suicide prevention app 'SOS' and report throughout the year it's utilisation.		The app has been promoted throughout the community using fliers, advertisements, social media and other promotional methods. Attendance at prominent mental health events such as the Come Ashore Cup were well received by the public and additionally, we have followed up with sessions with some of the Young Farmer groups. The SOS app played an important role at Orkney's first Suicide Prevention event where it was the final presentation before bringing presentations to a close. Additional support has recently been provided with attendance at education inset days where the SOS app and suicide prevention

Milestone	Outcome/Measure	Status	Narrative
			was discussed with teachers who were given the opportunity to ask follow up questions. The app is undergoing further development with some feedback received and responded too. Longer term plans seek to develop the app further to be available of IOS and Android app stores to make this more accessible to the community.
The School Health Team will work with families and schools to offer LIAM (Lets Introduce Anxiety Management Programme) to eligible children.	Eligible children will be offered a place on LIAM programme. Audit and Feedback will inform development of the service and future offer.		The School Health Team have an open offer to all eligible pupils to be offered the LIAM programme. There are a number of pupils on the programme with more in the assessment process. There is a limit to the number of children that can be seen at one time due to their only being two practitioners that can deliver the programme. This is an increase in the number of referrals from previous years and will continue to be audited for appropriateness of referrals and feedback gathered from pupils attending. There is now a short waiting list for LIAM due to increased demand. Feedback so far has been positive with minimal changes required to the offer. There are ongoing conversations with both secondary schools around the offer for group sessions but the block to this so far has been getting the dynamics right to ensure that a group setting would be appropriate for those taking part.
Establish Mental Health Practitioner roles to ensure that GPs can access appropriate supports for patients at an early stage.	Mental Health Practitioners will be in place and providing support to patients.		Mental Health Practitioner roles could not proceed at this time, owing to a change in how Primary Care Improvement Plan funds are deployed, as well as a pause in the promised national funding support.
Expand the use of telehealth for remote	To increase the number of sessions using Near Me from 80% to 90%.		Telehealth/remote consultation sessions are still 80%. This is due to additional trainee staff who are providing face to face sessions in

Milestone	Outcome/Measure	Status	Narrative
consultations and therapy sessions.			Orkney as part of their development. This also allows patients the choice should they prefer a face to face appointment.

Mental Health Officer

We have five Mental Health Officers who provide a service 24/7, on top of their main jobs, and who fulfil the statutory responsibilities of the Council. These responsibilities include:

- Protecting health, safety, welfare, finances and property.
- Safeguarding of rights and freedom.
- Duties to the Court.
- Public protection in relation to mentally ill offenders.

Type of Order and Intervention (Adults)	2021/22	2022/23	2023/24	2024/25	2025/26
Mental Health Compulsory Treatment Orders.	*	*	7	8	8
Short Term Detentions	*	20	9	9	9
Emergency Detentions	16	12	11	13	13
Other MHO assessments (those not leading to Detentions, assessments to extend or vary orders and social circumstances reports)	62	62	56	66	54
Mental Health Tribunals	*	*	8	8	8

Please note that * indicates a number less than five, which cannot be published.

Orkney Blide Trust

Orkney Blide Trust is a charity that provides support for those who currently have, or who have had, experience of mental ill health. The Partnership commissions services from the Orkney Blide Trust.

They open every day (365 days) and in 2024/25, welcomed 85 new members/service users (86 in 2023/24 and 80 in 2022/23) and had 260 members (240 in 23/24 and 187 in 2022/23) at the end of March 2025. On average they welcomed around 660 members (700 in 2023/24 and 650 in 2022/23) and professionals to their premises each month.

Members were supported both informally and in one to one meetings at their premises in Kirkwall and in the community by the Housing Support Service and Befriending Projects. The Trust organised a range of active, therapeutic and purposeful activities as requested by members to support their mental health recovery.

"Over the past year the Blide has been focussing on outreach work and challenging stigma in order to remove some of the barriers that people in our community face to accessing mental health support and opportunities for recovery."

This year, Orkney Blide Trust supported members to access opportunities for outdoor activities through the Community Health and Wellbeing Fund and was able to continue the service for Care Experienced Young People (age 16 to 25) for an additional year.

They also converted an outbuilding into a workshop for members to learn how to use tools and developed an enthusiastic and active gardening group.

"Being able to come into the Blide and talk, face-to-face, with my key worker has been a huge help to me personally. Opening up is something I have struggled with for many years, so having an environment where I can share feelings and thoughts that I would otherwise let build up and cause issues in my life has been invaluable to me."

The Orkney Distress Brief Intervention service (DBI) continued to provide timely and compassionate support to around 50 people from our local community who were in distress and had come into contact with the Police.

You can read about The Blide here.

What Will We Do During the Coming Year?

The below table shows the actions contained within the Strategic Plan Delivery Plan 2026/27.

Delivery Milestones	Outcomes/Measure	Timescale
Recruit to the All Age Nurse Led Psychiatric Liaison Team.	The All Age Nurse Led Psychiatric Liaison Team is established and operational.	30 September 2026.
Improve the process for Adults with ADHD.	Develop an Adult ADHD Pathway.	End of March 2027.
We will develop a sustainable Adult Psychiatry Model.	The referral criteria for Adult Psychiatry will be updated.	31 March 2027.
Improve services for individuals with enduring mental health.	Implement the actions from the Mental Welfare Commission Local Visit Action Plan.	31 October 2026.
We will develop and improve on admission and discharge pathways for older adults, ensuring safe transition from Royal Cornhill Hospital to the community in Orkney.	An Admissions and Discharge Pathway will be established.	31 October 2026.

Financial Performance and Best Value

The IJB agrees a budget and commissions a range of services within the functions delegated to it. IJB financial governance includes:

- Approval of high level strategies and plans.
- Quarterly financial monitoring reports.
- Publication of the annual Statement of Accounts.

In 2025/26 the IJB controlled the direction of £78,826,000 of financial resource to support the delivery of its strategic objectives. The table, below, shows the contributions from each organisation:

NHS Orkney	NHS Orkney Set Aside	Orkney Islands Council	Total Orkney IJB
£36,225,000	£11,187,000	£31,414,000	£78,826,000

The IJB was responsible for £78,826,000 in 2025/26.

The Scottish Government requires Public Authorities to assess whether Best Value has been achieved in terms of the planning and delivery of services. You can read more about Scottish Government's definition of Best Value here. This should include, where applicable, identification of whether there were opportunities for further efficiencies. Best Value ensures that we have services in place that are efficient, economic, are sustainable, and that deliver improved outcomes for Orkney.

Revenue Expenditure Monitoring Reports were presented at IJB meetings throughout the year. The purpose of the reports is to set out the current, and projected, financial year end positions. In March 2026, the IJB's Performance and Audit Committee recommended that the IJB approve the Committee's remit to also provide additional scrutiny on financial matters.

This section of the report will be updated once the final accounts for 2025/26 are approved and audited.

Audit and Performance Reports

Health and social care services delivered by statutory providers, such as NHS Orkney and Orkney Islands Council, as well as third sector providers, are monitored and inspected in a range of ways. This is to give assurance about the quality of care. You can read more about what a statutory provider is here. The Orkney IJB is required to report details of inspections carried out relating to the services for which they are responsible.

It is the job of the Care Inspectorate to look at the quality of care in Scotland, making sure it meets high standards, whilst Healthcare Improvement Scotland provides assurance to the public about the quality and safety of healthcare, through the scrutiny of NHS Hospitals and services.

Performance and Audit Committees

The Performance and Audit Committee (PAC) met on the following dates over 2025/26 and discussed the subjects, below, that relate to this report. You can read each report by clicking on the links below:

18 June 2025

External Audit Actions Progress Update.

Internal Audit - Annual Report and Opinion.

Internal Audit - Financial Planning, Monitoring and Reporting Internal Audit.

Strategic Priorities Progress Report.

Registered Services within Orkney Health and Care - Inspection Assurance Report.

25 September 2025

External Audit Annual Audit.

Strategic Priorities Progress Report.

3 December 2025

External Audit Actions Progress Update.

Internal Audit Actions Progress Update.

Registered Services within Orkney Health and Care - Inspection Assurance Report.

Strategic Plan Priorities Progress Report.

18 March 2026

Internal Audit - Strategic Planning and Links with Localities.

Registered Services within Orkney Health and Care - Inspection Assurance Report.

Strategic Plan Priorities Progress Report.

Joint Clinical and Care Governance Committee

The Joint Clinical and Care Governance Committee (JCCGC) met on the following dates over 2025/26 and discussed the subjects, below, that relate to this report. Information on these can be found in the JCCGC minutes presented to the IJB.

2 April 2025

- Corporate Risks Aligned to JCCGC.
- Integrated Performance Report.
- Primary Care – Dental Services Update.
- Children's Health Assurance Report.
- Mental Health Assurance Report.

3 July 2025

- Corporate Risks Aligned to JCCGC.
- Integrated Performance Report.
- Primary Care Improvement Plan Annual Update.
- Joint Inspection of Adult Support and Protection.

1 October 2025

- Corporate Risks Aligned to JCCGC.
- Integrated Performance Report.
- Public Health Annual Report 2024/25.
- Annual Social Work and Social Care Services' Experience Report.
- Children's Health Assurance Report.
- Mental Health Assurance Report.
- Primary Care Services Update.
- Primary Care – Dental Services Update.

4 February 2026

- Corporate Risks Aligned to JCCGC.
- Integrated Performance Report.
- His Majesty's Inspectorate of Constabulary in Scotland – Draft Custody Inspection Report – Orkney.
- Chief Social Work Officer Annual Report 2024/25.

Local Government Benchmarking Framework

The Local Government Benchmarking Framework (LGBF) brings together a wide range of information about how all Scottish Councils perform in delivering services to local communities. It breaks down the information into four family groups of eight, depending on which performance figures, or metrics, are being looked at.

Below, we will set out a number of indicators in two of the categories of indicators collated and reported on by the Improvement Service in the LGBF: Adult Social Care Services and Vulnerable Children.

Both of these categories fall in the People Services group of metrics, which is grouped by affluence, or deprivation, of each area, as shown in the table below:

People Services	Children, Social Work and Housing Indications			
	Family Group 1	**Family Group 2**	**Family Group 3**	**Family Group 4**
	East Renfrewshire.	Moray.	Falkirk.	Eilean Siar.
	East Dunbartonshire.	Stirling.	Dumfries and Galloway.	Dundee City.
	Aberdeenshire.	East Lothian.	Fife.	East Ayrshire.
	City of Edinburgh.	Angus.	South Ayrshire.	North Ayrshire
	Perth and Kinross.	Scottish Borders.	West Lothian.	North Lanarkshire.
	Aberdeen City.	Highland.	South Lanarkshire.	Inverclyde.
	Shetland Islands.	Argyll and Bute.	Renfrewshire.	West Dunbartonshire.
	Orkney Islands.	Midlothian.	Clackmannanshire.	Glasgow City.

The least deprived areas are shown on the left, in Family Group 1, and the most deprived Partnerships are shown on the right, in Family Group 4.

Orkney Health and Social Care Partnership.

Tables, below, with an upward arrow  *indicates improvement in ranking, an arrow pointing side to side*  *indicates no movement, while a downward arrow*  *indicates deterioration in ranking.*

Adult Social Care Services

Seven out of 11 Adult Social Care indicators were updated with new data in the most recently available set of data, dated 31 March 2026.

Of these, two indicators showed a drop in national ranking, two ranking positions stayed the same, and three measures showed an improvement in ranking.

The table on the next page shows Orkney's performance in the 11 Adult Social Care Services metrics, compared with the other areas, and compares the ranking with the previous year. Position 1 of 32 would be considered a top performer with 32 of 32 as the worst.

Since publication of the 2024/25 report, PHS has adjusted the benchmarking data, to bring figures into line with other Scottish Government reports, which means that the national ranking for some indicators has changed, and as a result, Orkney's position in some measures for the previously reported period has changed. This is reflected in the table with an asterisk after the Previous Rank indicating a number that has been updated by the Improvement Service.

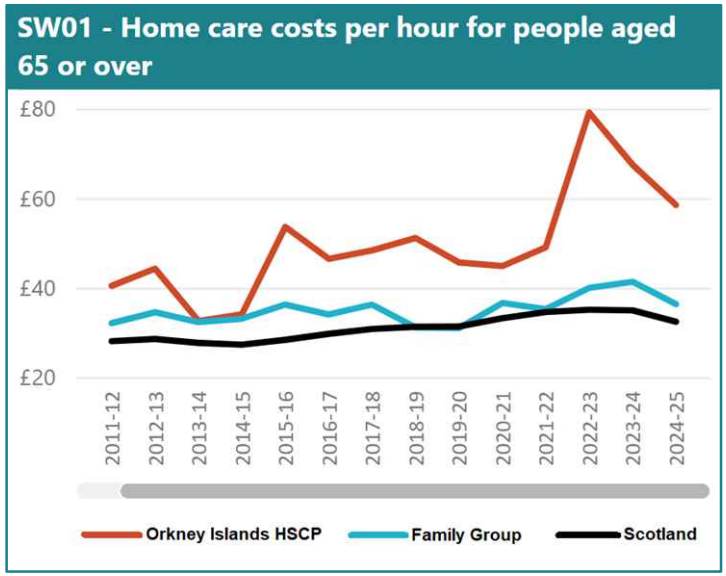
There is also a note on each of the indicators to show whether previously reported years' data have been updated and any impact this has had on the rankings.

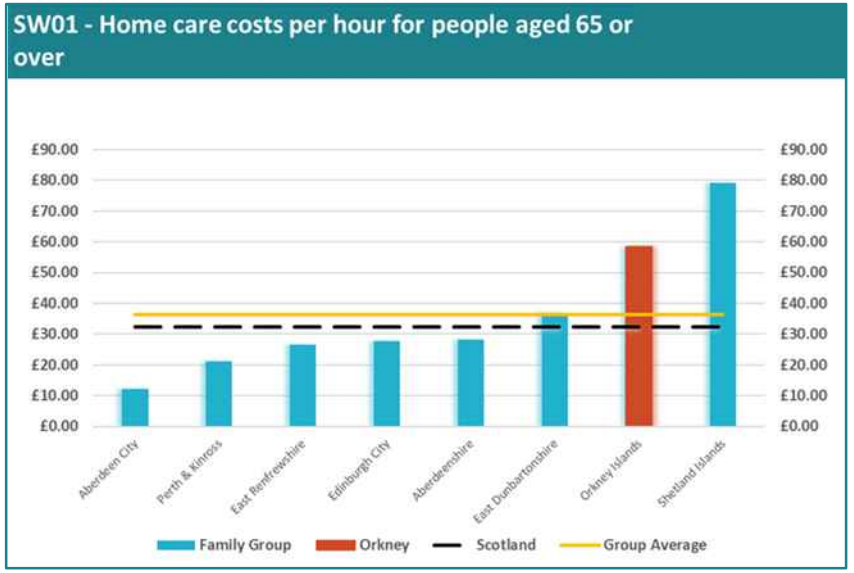
Number	Measure	Direction of travel	Previous Rank	Most Recent	
				Rank	Year
SW01	Home care costs per hour for people aged 65 or over		30	30	2024/25
SW02	Self Directed Support (direct payments (DP) and managed personalised budgets (MPD)) spend on adults 18+ as a percentage of total social work spend on adults 18+		17	23	2024/25
SW03a	The percentage of people aged 65 and over with long term care needs who are receiving personal care at home		27 *)	24	2024/25
SW04b	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life		2	6	2025/26
SW04c	Percentage of adults supported at home who agree that they are supported to live as independently as possible		8	2	2025/26
SW04d	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided		4	2	2025/26
SW04e	Percentage of carers who feel supported to continue in their caring role		10	16	2025/26
SW05	Residential cost per week per resident for people aged 65 or over		31	30	2024/25
SW06	Rate of readmission to hospital within 28 days per 1,000 discharges		1	2	2024/25
SW07	Proportion of care services graded ‘good’ or better in Care Inspectorate inspections		2	31	2025/26
SW08	Number of days people spend in hospital when they are ready to be discharged per 1,000 population (75+)		21 *)	21	2024/25

*) *Ranks changed since publication of the Annual Performance Report 2024/25 due to adjustment of historical data.*

SW01 – Home care costs per hour for people aged 65 and over

These figures reflect the cost to run the service and are not charges that individuals pay. PHS has adjusted previous years' cost for an hour's home care to be in line with other Government reporting. While the cost has changed, this has not resulted in a change to Orkney's national or group ranking. The hourly rate we reported last year increased by 3.7% from £64.99 to £67.39.





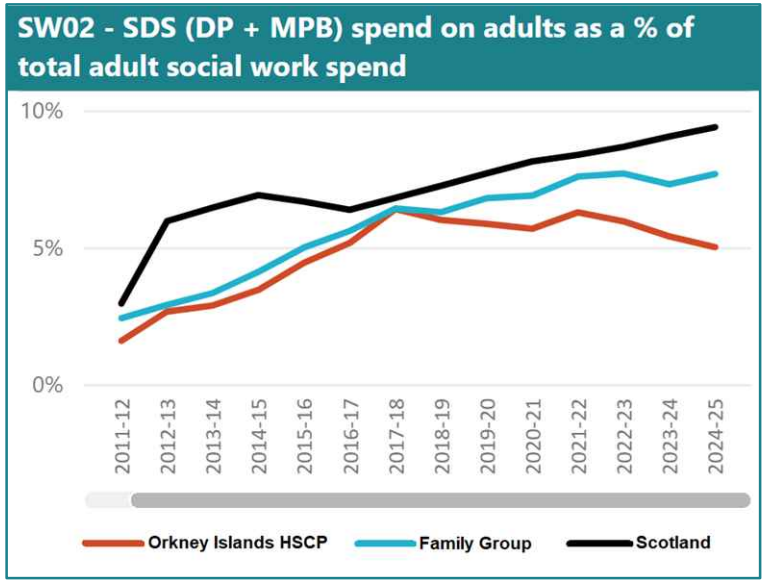
The reduction in cost shown in last year's report has continued, meaning the cost has reduced from £67.39 (after adjustment) for 2023/24 to £58.43 for 2024/25, a reduction of 13% on the previous period.

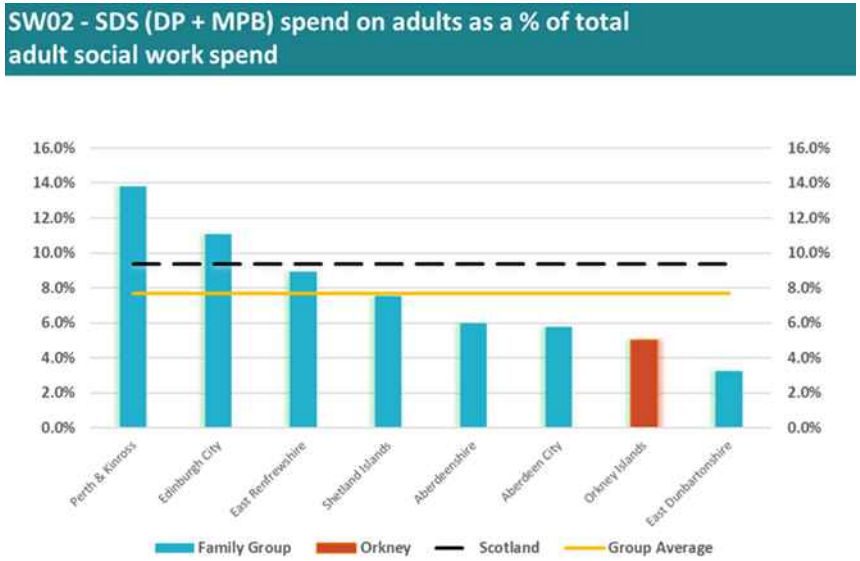
Orkney remained in 30th out of 32, with only Shetland and Eilean Siar being more expensive, at £79.11 and £100.46 respectively.

The ranking in the family group has remained at seven out of eight, with an hour's home care costing around 81% more than the national average of £32.37, and 61% more than the group average of £36.29. The gap from Orkney's cost to the national and family group averages has become smaller compared to last year's report, when the gaps were 93% and 63% respectively.

SW02 – Self Directed Support spend on adults aged 18+ as a percentage of total social work spend on adults aged 18+

This indicator has not changed since last year's report. SDS refers to Self Directed Support, DP is Direct Payments and MPB is Managed Personal Budgets.





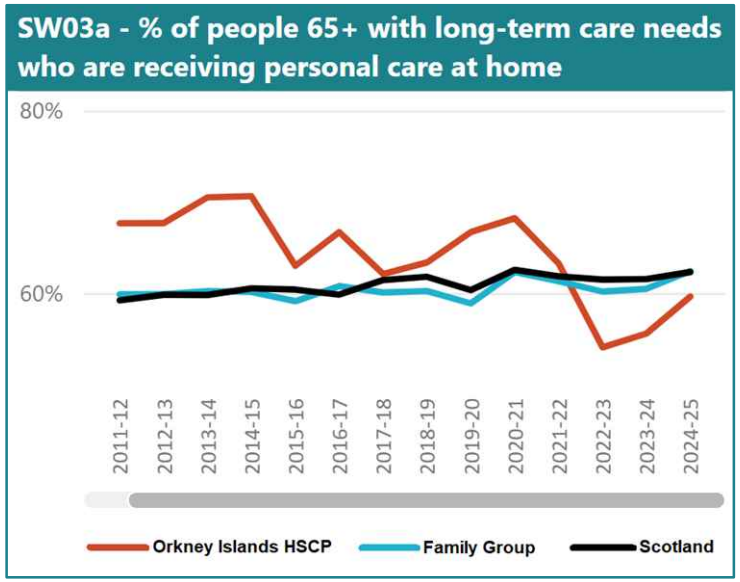
Nationally, Orkney went from the national position of 16th to 23rd, with Self Directed Support representing 5.0% of total social work spending during 2024/25, continuing the reduction from 6.3% in 2021/22.

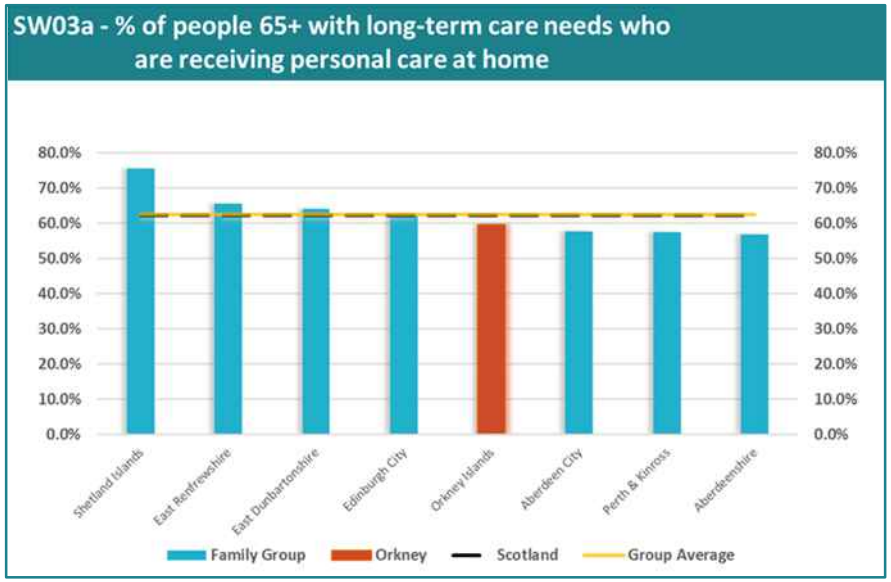
By comparison, the national average for 2024/25 has continued to increase and stands at 9.4%, up from 9%. The family group average has increased slightly from 7.3% in 2023/24 to 7.7% for this reporting period.

In the family group, Orkney was ranked fifth out of eight in 2023/24 but has now dropped to seventh out of eight, with only East Dunbartonshire spending a smaller proportion at 3.3%. Perth and Kinross spent the largest amount at 13.8%.

SW03a – Percentage of people aged 65 and over with long term care needs receiving personal care at home

The data was adjusted between last year's report being published and this year's data becoming available, meaning the graphs have changed from what was shown in last year's report. Orkney's national ranking for 2023/24 was adjusted down from 26th to 27th, although its group ranking has stayed the same.



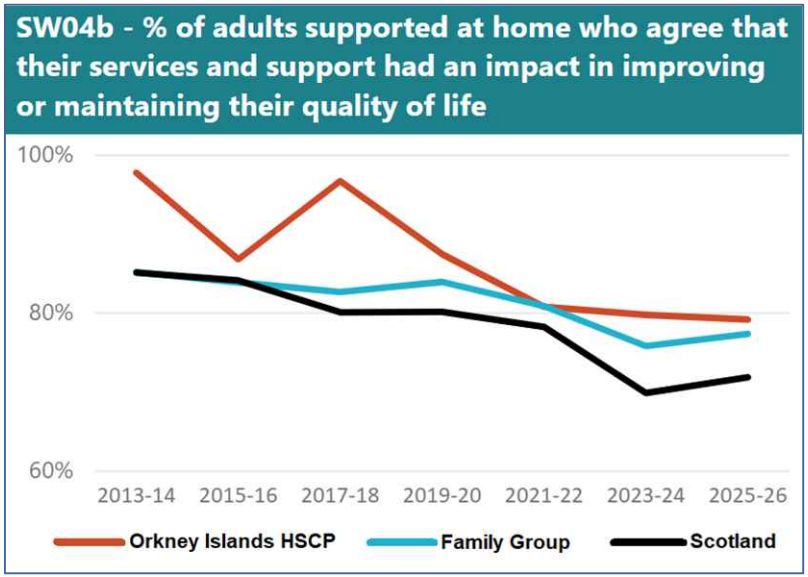


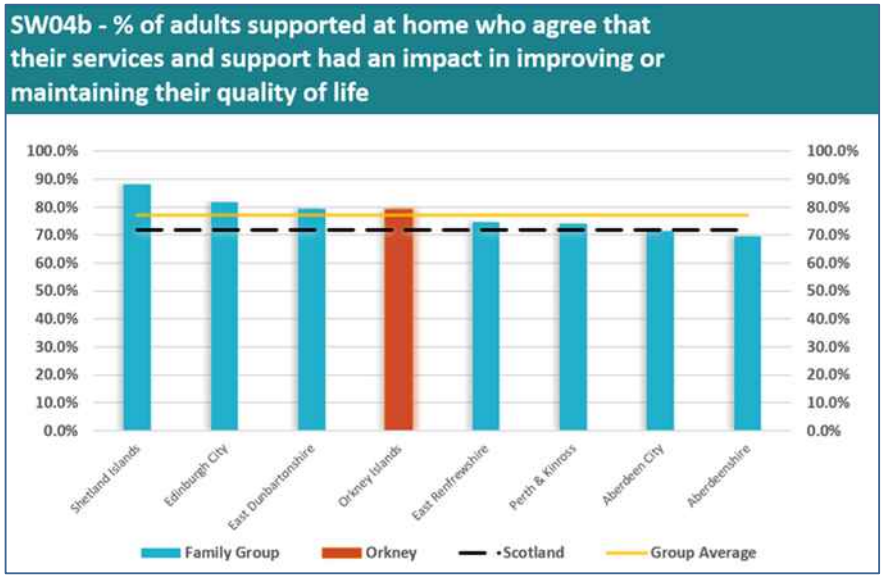
The percentage has continued to increase from 55.6% (adjusted) to 59.6%, an increase of 4% on the previous (adjusted) period. This sees Orkney's place in the national rankings from 27th (adjusted) to 24th for 2024/25.

In the family group, Orkney moved up from seventh to fifth out of eight, with 59.6% of people with a long term care need receiving personal care at home; this is just below the national and group averages of 62.3% and 62.4% respectively. In Shetland, 75.6%of people aged 65 and over who have long term care needs, receive personal care at home, the highest in the family group, while in Aberdeenshire, who are ranked eighth in the family group, 56.8% of people with long term care needs receive personal care at home.

SW04b – Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

This indicator was updated with the results for the year 2025/26. Previous years' figures were not adjusted.



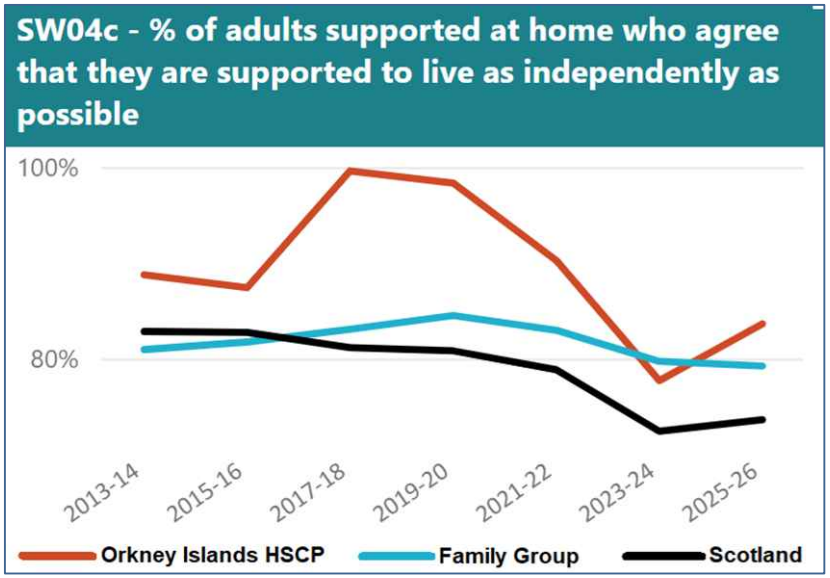


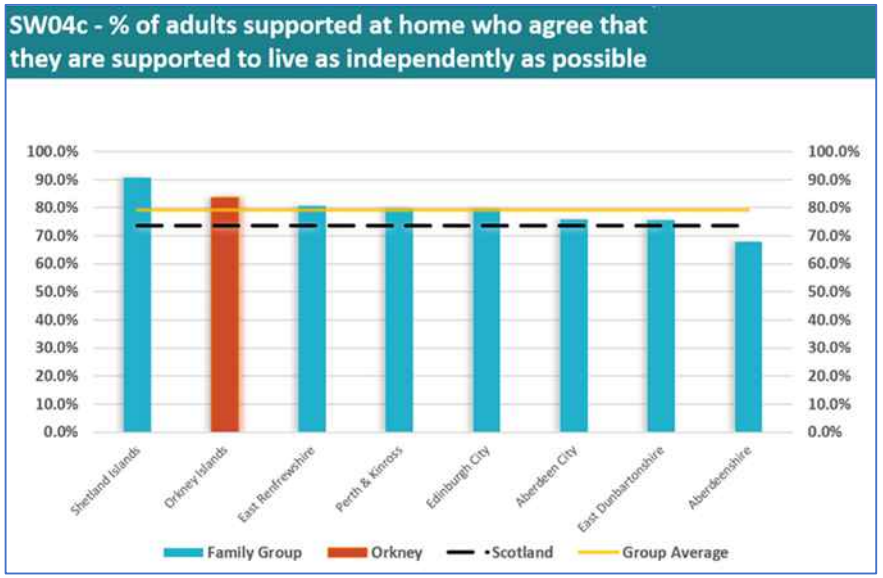
Orkney's performance continued to reduce slightly compared to the previous period for which data are available, from 79.6% to 79.1%. Orkney dropped from second to sixth out of 31 in the national rankings.

In the family group, Orkney went from second to fourth out of eight, with Shetland ranking first, both in the family and national group rankings, with 88.1%. Aberdeenshire ranked last in the group, with 69.7%, while Midlothian ranked 32nd in the national rankings, with 55% of supported adults agreeing that their services and support had an impact in improving or maintaining their quality of life.

SW04c – Percentage of adults supported at home who agree that they are supported to live as independently as possible

This indicator was updated with the results for the year 2025/26. Previous years' figures were not adjusted.



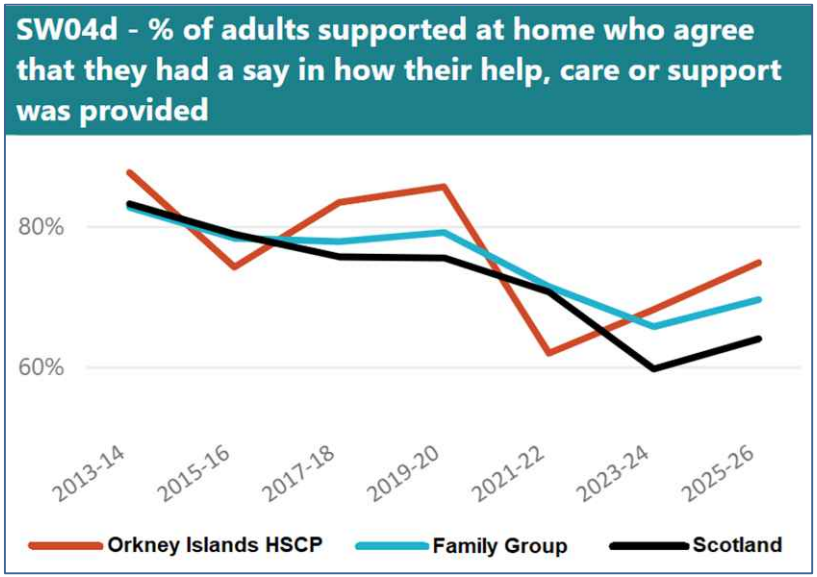


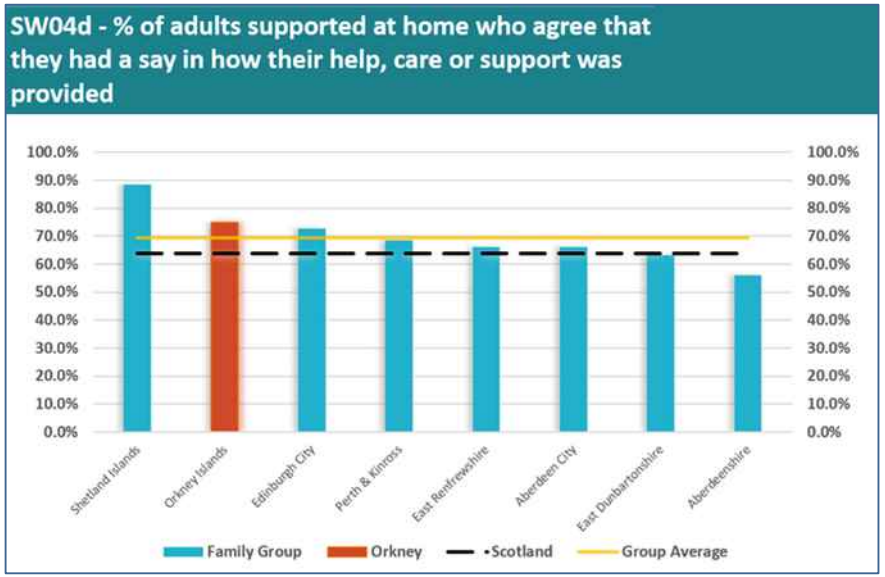
Orkney's percentage of adults who agree they are supported to live as independently as possible has increased by 5.9% compared to the previous period, to 83.6%, returning Orkney's performance above the group average of 79.2%. It is also above the national average, which has increased slightly, to 73.6% compared to the previously reported period.

After the drop in rankings for 2023/24, Orkney's position in the national rankings has improved from eighth position to second out of 32 for 2025/26, behind Shetland at 90.7%; Orkney's ranking in the family group for 2025/26 has improved from fifth to second out of eight.

SW04d – Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

This indicator was updated with the results for the year 2025/26. Previous years' figures were not adjusted.



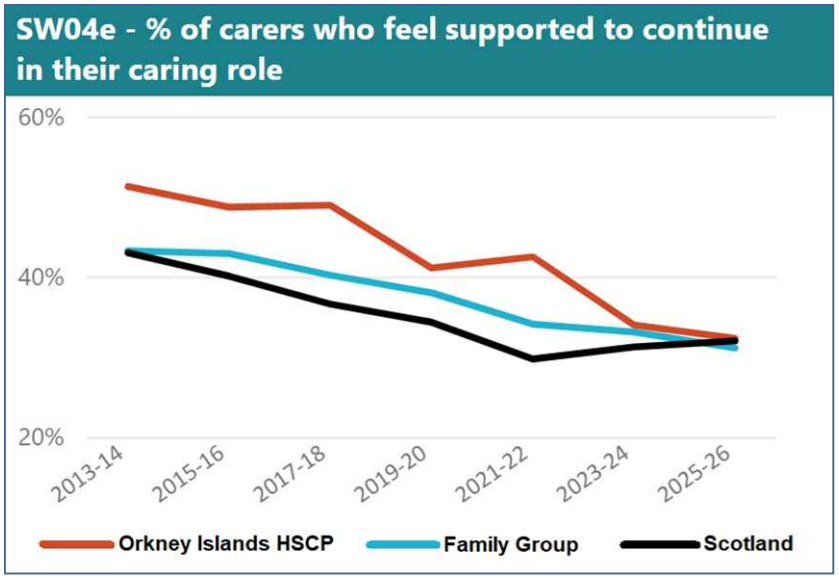


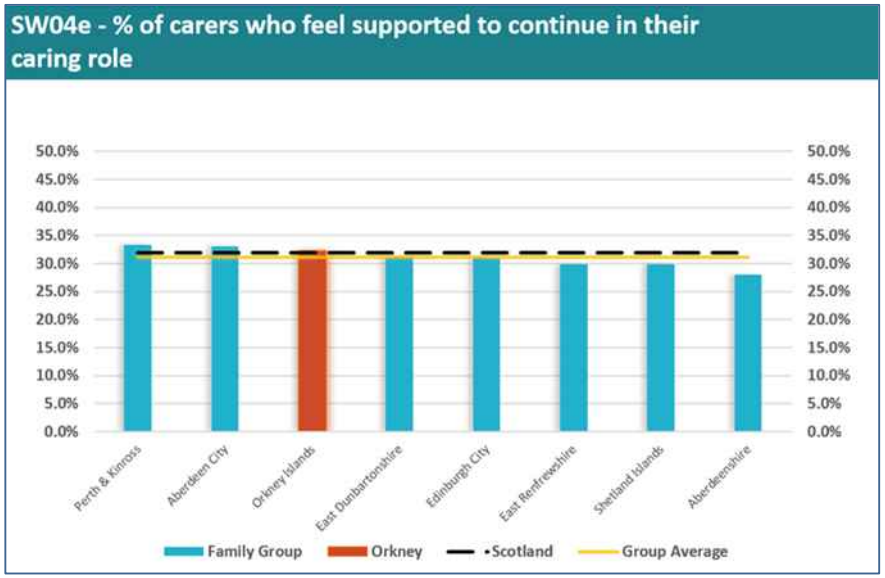
The percentage of adults who agree that they had a say in how their help was provided has generally followed the national and group averages, although Orkney's percentage has swung around these averages, and has been on a downward trajectory, with 2021/22 having the lowest figure, at 61.9%. For 2023/24, the percentage increased to 68.1%and this upward trend has continued for 2025/26, with the figures increasing further to 74.8%.

Orkney has moved from fourth out of 32 areas nationally to second and maintained its second place in the family group; Shetland tops both the national and family group rankings, with 88.4% of supported adults agreeing they had a say in how their support was provided.

SW04e – Percentage of carers who feel supported to continue in their caring role

This indicator was updated with the results for the year 2025/26. Previous years' figures were not adjusted.



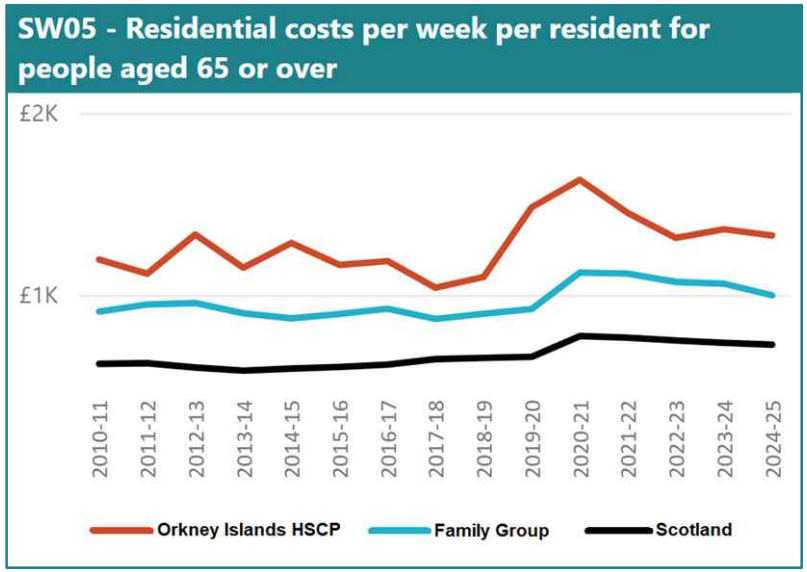


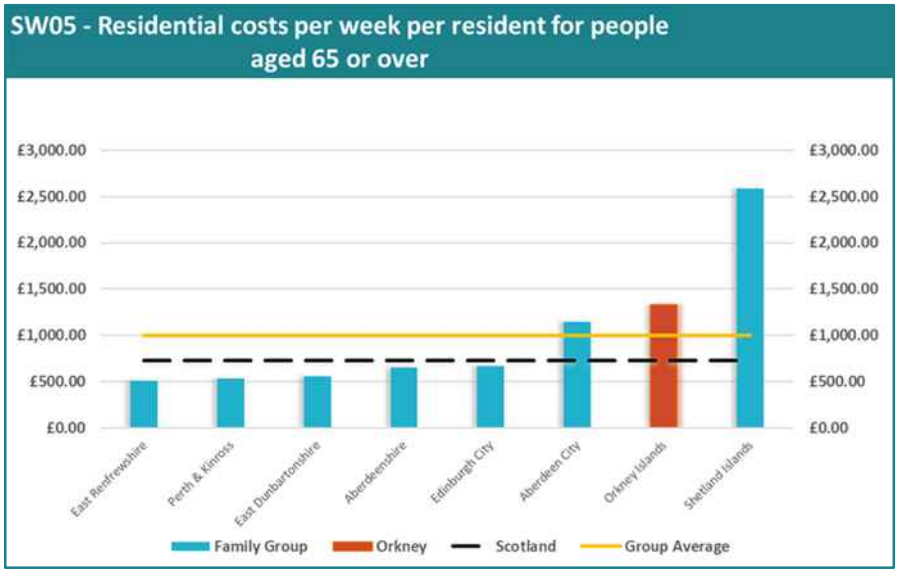
Orkney's percentage of carers who feel supported to continue in their caring role has continued to reduce since the previous reporting period, from 34% in 2023/24 to 32.3% for 2025/26.

In the family group, Orkney's rank stayed the same as the previous period, at third out of eight areas, behind Perth and Kinross and Aberdeen City, while nationally, Orkney's ranking has continued to drop for 2025/26, from tenth to 16th out of 32.

SW05 – Residential costs per week per resident for people aged 65 or over

Since publication of last year's report, the figures for this indicator have been adjusted for inflation, meaning that the cost of a week's residential care in 2023/24 is now shown as costing £1,359.05 instead of the previously reported £1,310.58. This adjustment has not had an effect on previously reported rankings.





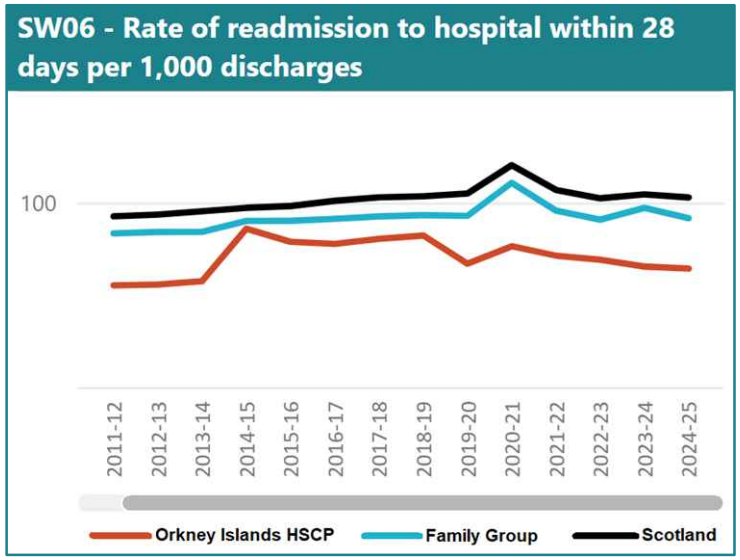
A week's residential care in Orkney during 2024/25 cost approximately £1,325, which is a reduction of just below £34 compared with last year's adjusted price for a week's stay in a residential care home, a reduction of 2.5%.

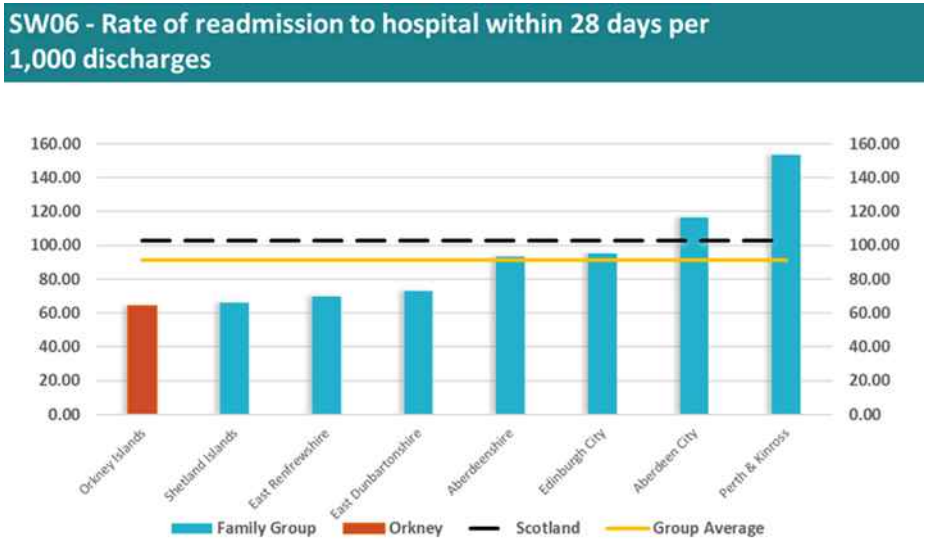
Orkney has moved up by one place in the national rankings, from 31st to 30th out of 32.

The placing in the family group has not changed, as Orkney remains the second most expensive in the family group for a week's residential stay, with only Shetland being more expensive, at £2,588 per week, compared with a national average of £725, and a group average of £996 per week. East Renfrewshire is the least expensive for a week's residential stay at £505.

SW06 – Rate of readmission to hospital within 28 days per 1,000 discharges

PHS has adjusted historic information for this indicator, meaning that Orkney's readmission rate for 2023/24 increased slightly, from 64.87 readmissions per 1,000 discharges to 65.3. Despite this adjustment, Orkney's rankings for last year's report have not changed.



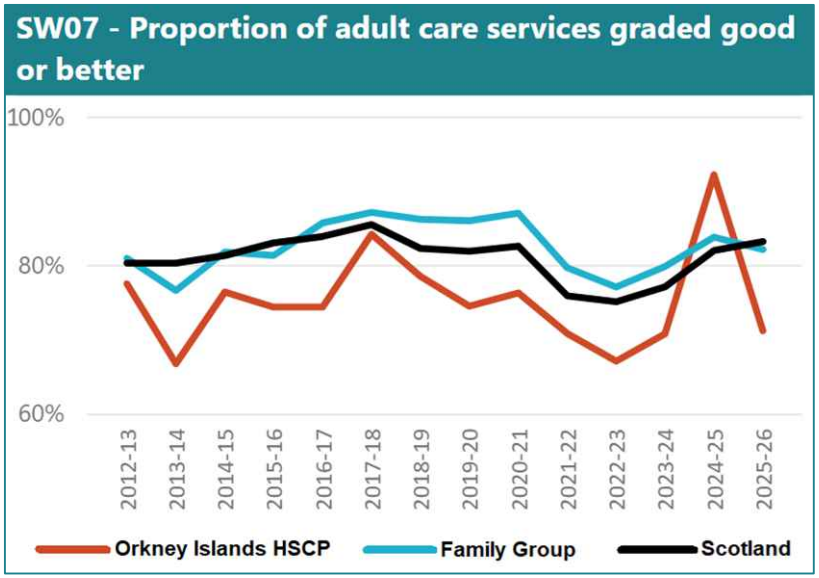


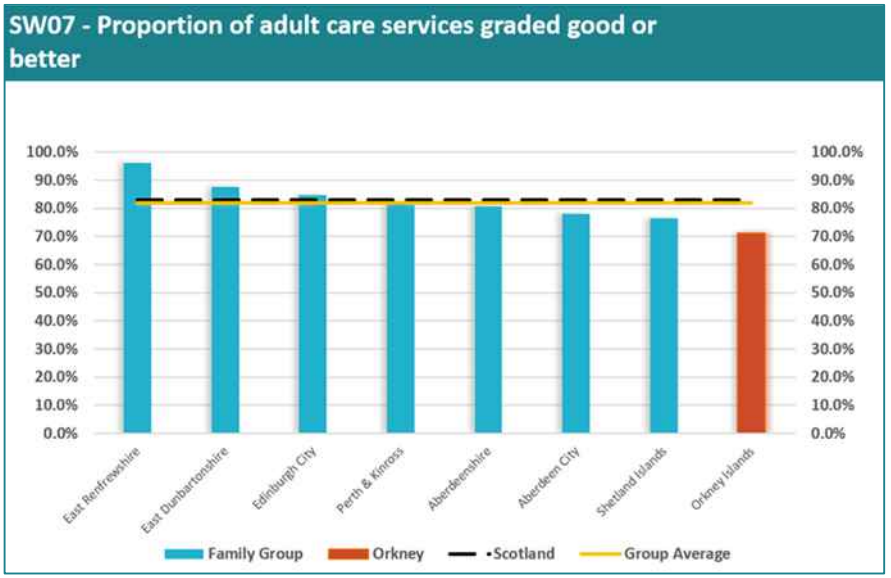
Orkney's rate remained below the national and family group averages and has shown a slight reduction compared to last year figure, going from 65.3 readmissions (adjusted) per 1,000 discharges to 64.2 per 1,000. This is a reduction of approximately 1.6%, and well below the national average of 102.8 readmissions and the group average of 91.52 readmissions.

Despite the small improvement in the readmission rate, Orkney dropped to second out of 32 in the national rankings, being overtaken by Moray. Orkney's family group ranking has stayed the same, with the lowest number of readmissions out of eight. Perth and Kinross had the highest readmission rate at 153.46 readmissions.

SW07 – Proportion of adult care services graded good or better

No adjustments were made to this indicator between the 2024/25 report and this year's report.





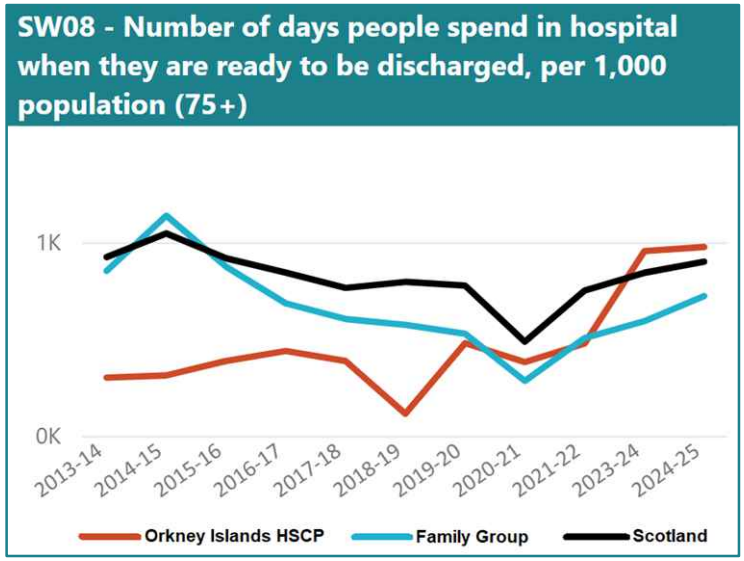
After last year's increase in the proportion of adult care services being graded good or better for Orkney, there was a sharp drop, from 92.1% to 71.1%. This has resulted in Orkney moving from second in the national ranking to 31st, with only Angus being ranked lower with 68%.

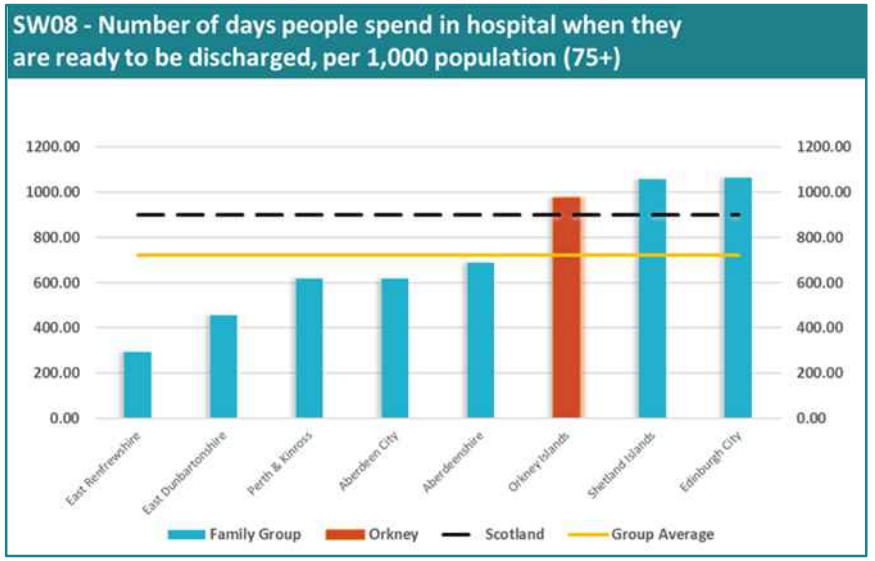
In the family group, Orkney's position went from second out of eight areas to eighth. East Renfrewshire comes in in first position, in both the family group and national rankings, with 96.2% of adult care services being rated good or better.

SW08 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

The Information Service has adjusted previously reported figures, meaning that Orkney's national ranking for 2023/24 has been adjusted from 22nd to 21st out of 32. The family group ranking was adjusted from seventh to sixth out of eight.

Due to the adjustments, some areas figures have been removed from the data table. Orkney is one of these, with the number for 2022/23 not appearing in the data or the "over time" graph below.





Orkney's number of days people spend in hospital when they are ready to be discharged has increase from the previous period, from 953 days (adjusted) to 973 days, a 2% increase on the last year.

Orkney's ranking has not changed, staying in 21st place in the national table after adjustment.

In the family group, Orkney's ranking for 2024/25 has remained the same as the adjusted ranking for last year, staying in sixth place in the table. East Renfrewshire has the lowest number of days spent in hospital when ready for discharge, at 295, while Edinburgh City is the highest at 1,065 days.

Vulnerable Children

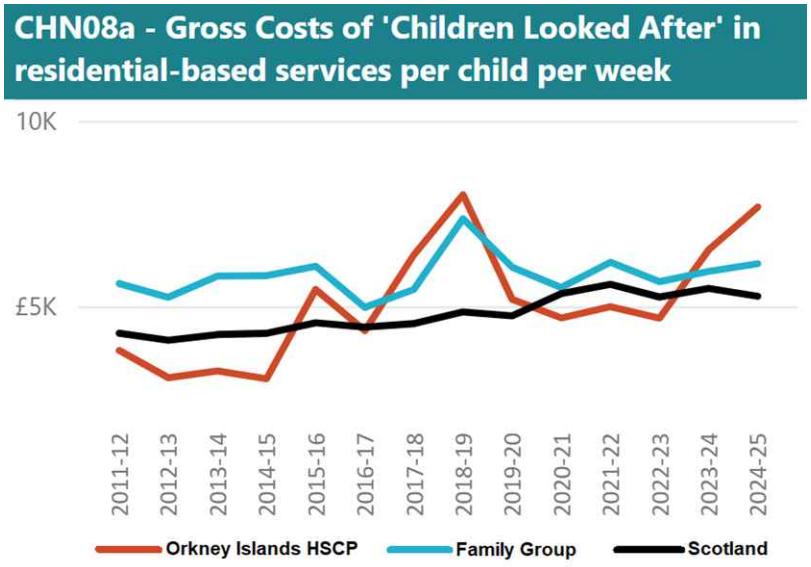
The Vulnerable Children indicators are reported here for the first time, so information on adjusted metrics for previous years is not available at this point but will be added in next year.

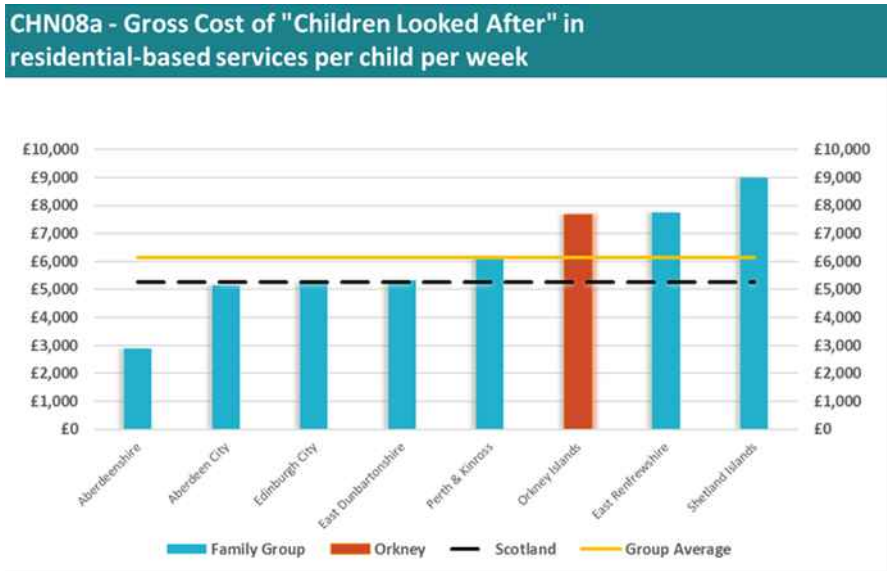
The table on the next page shows Orkney's performance in the five Vulnerable Children metrics, compared nationally and with the family group, and compares the ranking with the previous year. Position 1 of 32 would be considered top performer with 32 of 32 as the worst.

Based on the data available at this point, two indicators showed a drop in ranking, two remained the same as the previously reported period, and one showed an improvement in ranking.

Number	Measure	Direction of travel	Previous Rank	Most Recent	
				Rank	Year
CHN08a	Gross Cost of "Children Looked After" in residential-based services per child per week		23	29	2024/25
CHN08b	Gross Cost of "Children Looked After" in a community setting per child per week		32	21	2024/25
CHN09	Proportion of children being looked after in the community		32	32	2023/24
CHN22	Proportion of Child Protection re-registrations within 18 months		1	1	2024/25
CHN23	Proportion of Looked After Children with more than 1 placement in the last year		12	31	2024/25

CHN08a - Gross Cost of "Children Looked After" in residential-based services per child per week

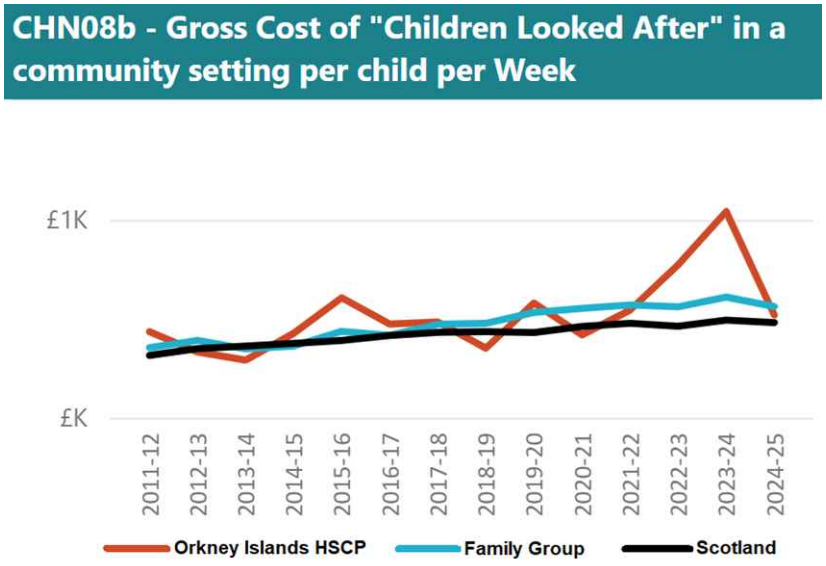


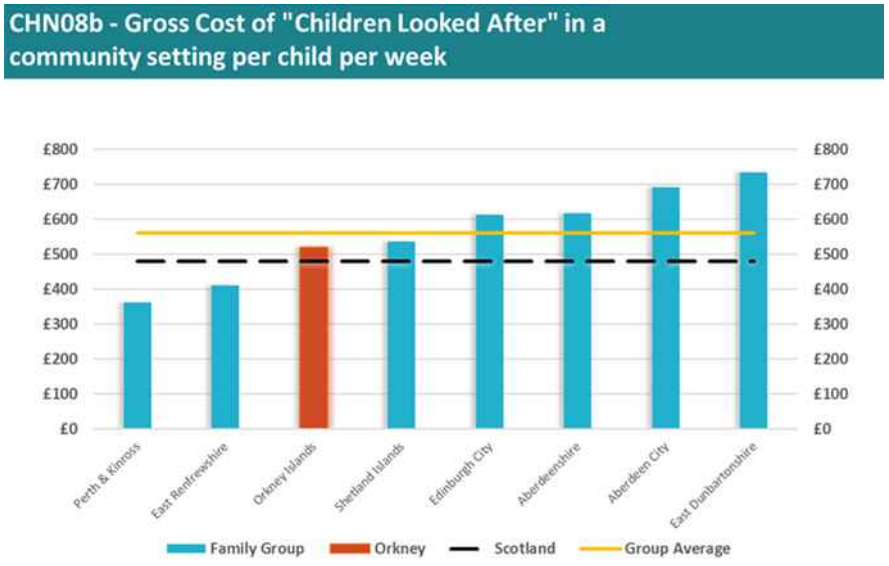


The gross cost of a week's residential services for a Looked After Child for Orkney has increased from £6,518.56 to £7,670.33 between 2023/24 and 2024/25, an increase of £1,151.77 or around 25%. In the national rankings, Orkney moved from 23rd to 29th out of 32. Shetland was the most expensive, with £9,004.81, while Aberdeenshire was the least expensive, at £2,880.97.

In the family group, Orkney moved from fifth to sixth out of eight for 2024/25, one place down compared to the previous period. The most expensive is Shetland, as in the national table. The least expensive in the family group is Aberdeenshire, at £2,880.97.

CHN08b - Gross Cost of "Children Looked After" in a community setting per child per week

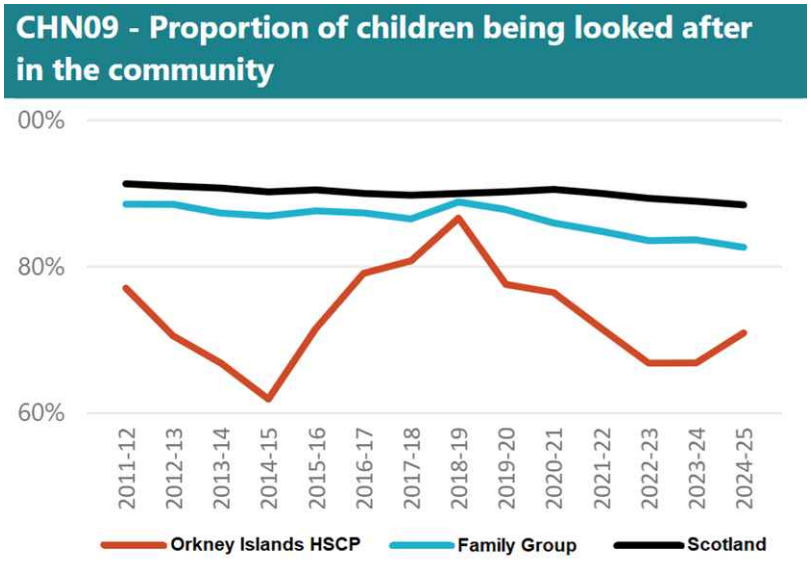


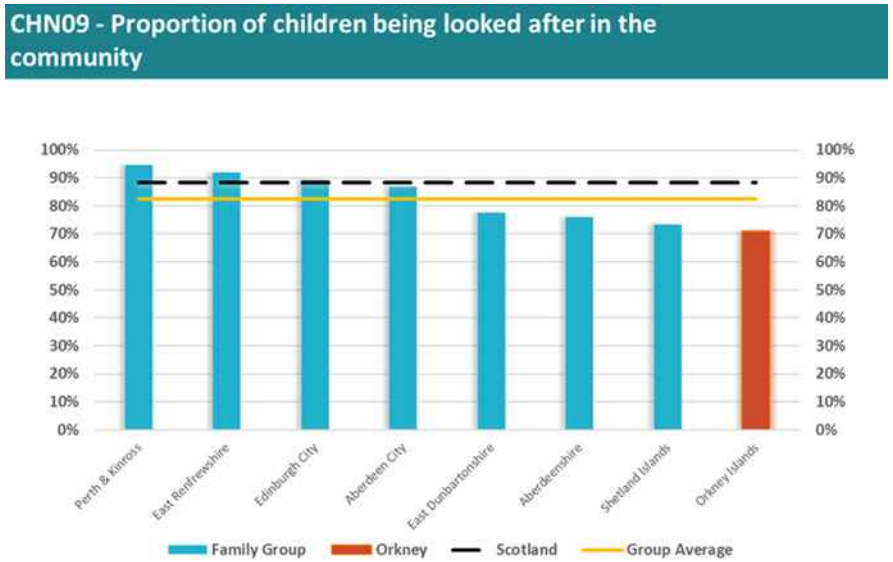


Compared with the previous period of 2023/24, the gross cost of children looked after in a community setting in Orkney has reduced from £1,040.73 to £518.1 per child per week. This is slightly less than half of the previous period's figure meaning that Orkney climbed from 32nd to 21st out of 32 nationally, and from eighth to third in the family group.

Stirling is the least expensive in Scotland for a week's care in a community setting for looked after children, at £196.15; while the most expensive nationally is East Dunbartonshire, at 733.87, which also makes them the most expensive Partnership in the family group. The least expensive in the family group is Perth and Kinross at £361.55.

CHN09 - Proportion of children being looked after in the community

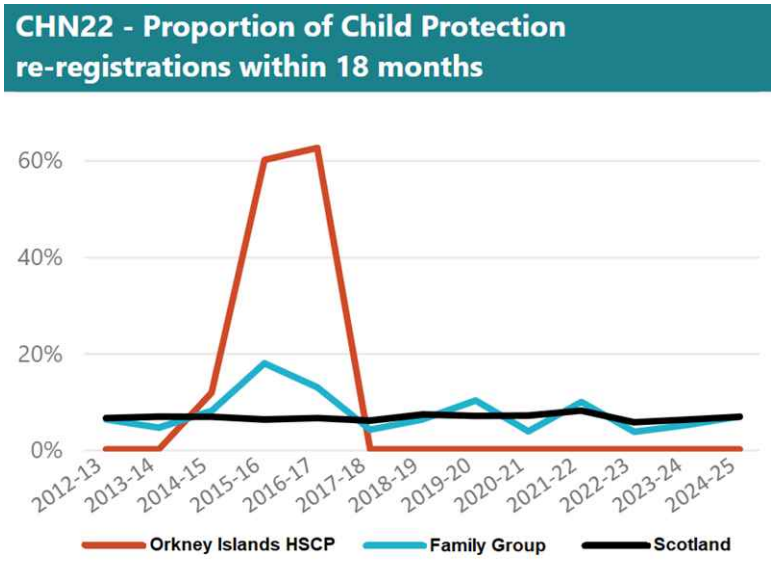


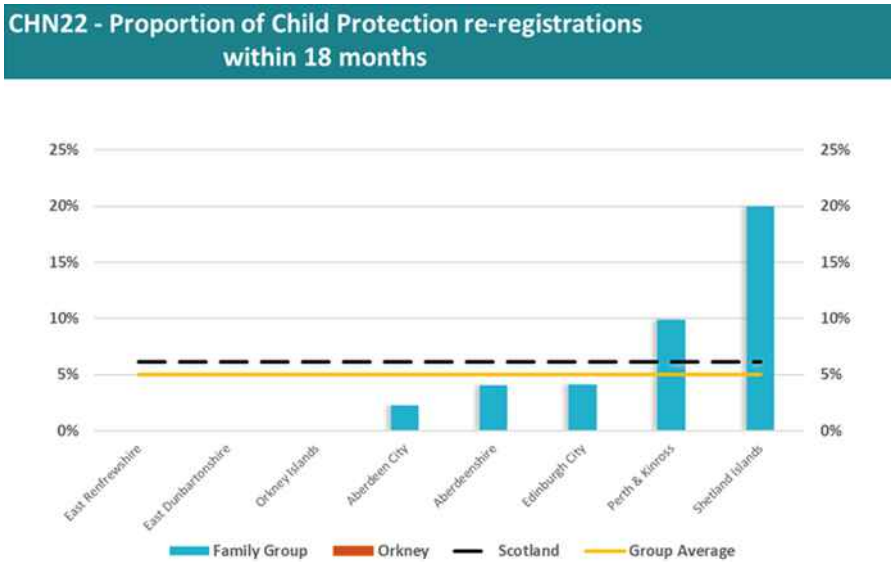


The proportion of children being looked after in the community in Orkney during 2024/25 was 70.8%, an increase of 4.1% on the previous period. This sees Orkney remaining in 32nd of 32 in the national ranking for this measure compared with the previous reporting period of 2023/24.

North Lanarkshire tops the national rankings, with 96% of children being looked after in a community setting. In the family group, Orkney also finds itself in the last position, while Perth and Kinross has the highest proportion of children is looked after in the community at 94.5% in the family group.

CHN22 - Proportion of Child Protection re-registrations within 18 months

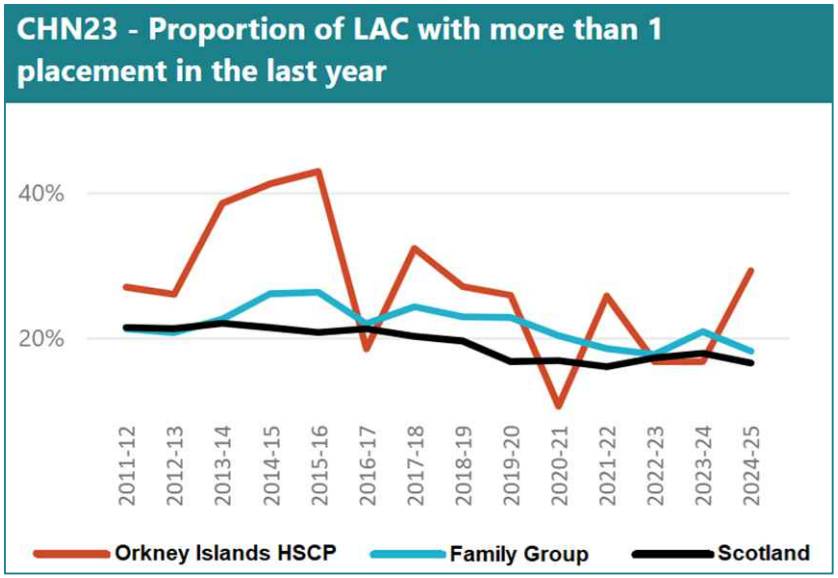


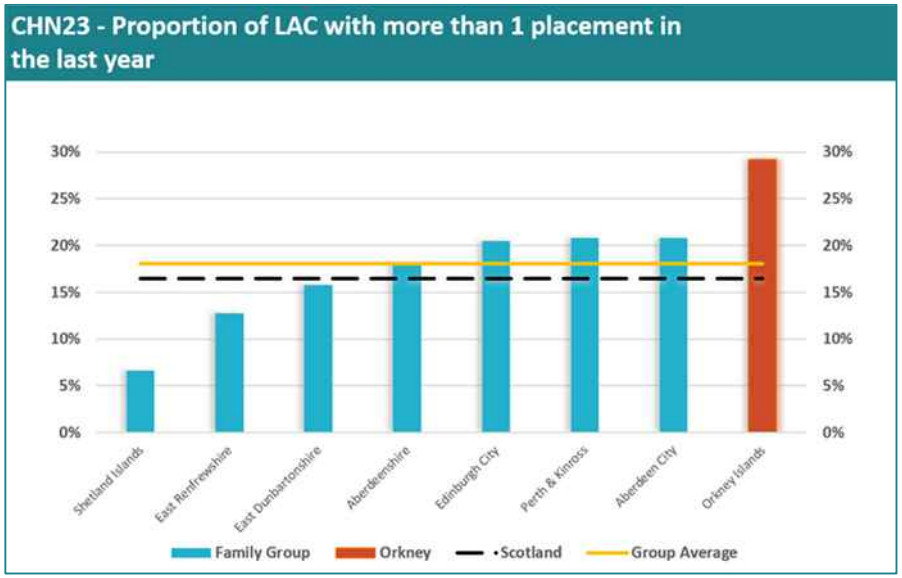


The proportion of Child Protection re-registrations within 18 months for Orkney has been steady at zero for most of the reporting periods under review except for three years. Between 2014/15 and 2016/17, when there was a spell of re-registrations of up to 62.5% for 2016/17, Orkney dropped to 32nd out of 32 for the national, and eighth out of eight in the family group rankings.

Since then, there have been no further Child Protection re-registrations within 18 months, and Orkney has been at the top of the national and group rankings, though that spot is shared with four others nationally, and with East Renfrewshire and East Dunbartonshire in the family group.

CHN23 - Proportion of Looked After Children with more than 1 placement in the last year





The proportion of Looked After Children with more than once placement in the last year for 2024/25 for Orkney increased from 16.7% in 2023/24, to 29.2% for 2024/25, an increase of 12.5%. This sees Orkney drop from 12th out of 32 areas to 31st in the national ranking, with only Eilean Siar having a higher percentage of Looked After Children having more than one placement in the last year at 30.6%.

Shetland was the area with the smallest proportion, with 6.7%, and is ranked first in both the national and family group rankings.

In the family group, Orkney went from first to eighth out of eight.

Health and Wellbeing Indicators

Nine National Health and Wellbeing Outcomes have been set by the Scottish Government and each IJB uses these outcomes to set their local priorities.

Underpinning the National Health and Wellbeing Outcomes sits a core suite of integration indicators, which all HSCPs report their performance against. These National Indicators (NI) have been developed from national data sources to ensure consistency in measurement.

There are 23 indicators but four of them (indicators 10, 21, 22 and 23) are waiting to be finalised for reporting. Indicators 1 to 9 are based on the Scottish Health and Care Experience Survey (HACE) commissioned by the Scottish Government during 2025/26. The survey is carried out every two years, and figures for these indicators were published on the PHS website on 7 July 2026.

The primary source of data for indicators 12 through to 16 are Scottish Morbidity Records which are nationally collected discharge-based hospital records. Following recommendations made by PHS and communicated to all HSCPs, the most recent reporting period available is calendar year 2025; this ensures that these indicators are based on the most complete and robust data currently available.

National indicators 1 – 9

These are reported for the period 2025/26.

Indicator	Title	Orkney	Scotland	Isles	East	West
NI – 1	Percentage of adults able to look after their health very well or quite well.	92.6%	90.6%	n/a	n/a	n/a
NI – 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	83.6%	73.6%	n/a	n/a	n/a
NI – 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	74.8%	63.9%	n/a	n/a	n/a

Indicator	Title	Orkney	Scotland	Isles	East	West
NI – 4.	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	50.0%	65.0%	n/a	n/a	n/a
NI – 5	Percentage of adults receiving any care or support who rate it as excellent or good.	77.1%	72.1%	n/a	n/a	n/a
NI – 6	Percentage of people with positive experience of care at their GP practice.	89.2%	70.7%	n/a	n/a	n/a
NI – 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	79.1%	71.7%	n/a	n/a	n/a
NI – 8	Percentage of carers who feel supported to continue in their caring role.	32.3%	31.9%	n/a	n/a	n/a
NI – 9	Percentage of adults supported at home who agreed they felt safe.	88.5%	74.7%	n/a	n/a	n/a

Due to data limitations, locality data is not available for indicators 1 to 9.

National Indicators 11 – 20

These are reported for the year indicated.

Indicator	Title	Orkney (previous data)	Orkney	Scotland	Year of latest data
NI – 11	Premature mortality rate per 100,000 persons.	356	271	426	2024
NI – 12	Emergency admission rate (per 100,000 population).	9,975	9,408	11,470	2025[1)]
NI – 13	Emergency bed day rate (per 100,000 population).	81,589	87,405	108,988	2025[1)]

Indicator	Title	Orkney (previous data)	Orkney	Scotland	Year of latest data
NI – 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges).	64	59	104	2025[1)]
NI – 15	Proportion of last 6 months of life spent at home or in a community setting.	91.4%	91.4%	89.3%	2025[1)]
NI – 16	Falls rate per 1,000 population aged 65+.	13.6	12.3	22.2	2025[1)]
NI – 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.	70.7%	71.1%	83.1%	2025/26
NI – 18	Percentage of adults with intensive care needs receiving care at home.	69.5%	64.0%	64.7%	2024
NI – 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population).	1,023	1,615	873	2025/26
NI – 20[2)]	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	26.8%	20.1%	24.0%	2019/20

Source: PHS Core Suite of Integration Indicators May 2025.

[1)] Data for 2024/25 is incomplete at time of writing, so 2024 has been used as a proxy for the financial year.
[2)] NI-20 information is not being published beyond 2019/20.

Orkney Localities data for National Indicators 12 to 16 between 2016/17 and 2025/26.

The most recent year for which data for these indicators are available at locality level is 2025/26.

In previous years, the most recent year's-worth of data were added to the tables for Indicators 12 to 16 without revising/correcting the previous year's finalised figures.

This has now been corrected for the years for which data are available on PHS's performance platform, meaning going back to 2018/19, the data have now been adjusted to match the figures reported on the PHS platform.

Orkney Health and Social Care Partnership.

NI – 12 – Emergency admission rate for adults (per 100,000 population)

Locality	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Isles	8,964	10,286	11,538	9,718	8,290	10,800	7,983	7,592	8,894	6,074
East	9,994	11,214	11,682	11,152	10,632	10,874	10,514	10,186	10,719	8,503
West	8,990	7,881	8,941	8,278	8,717	9,864	9,332	8,386	9,465	6,742

NI – 13 – Emergency bed day rate for adults (per 100,000 population)

Locality	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Isles	75,326	77,300	92,913	87,202	83,203	73,666	74,577	83,254	82,256	47,158
East	89,217	92,465	82,316	101,138	75,996	91,736	88,399	98,687	91,384	67,935
West.	83,784	74,743	91,332	73,662	71,618	84,066	95,267	93,075	80,405	68,250

NI – 14 – Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges)

Locality	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Isles	76	85	75	69	65	73	44	60	50	30
East	76	86	85	73	84	74	74	73	72	62
West	81	67	81	54	66	65	69	54	61	51

NI – 15 – Proportion of last 6 months of life spent at home or in a community setting

Locality	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Isles	90%	92%	93%	89%	92%	94%	90%	93%	89%	97%
East	92%	91%	88%	90%	92%	92%	90%	89%	90%	92%
West	92%	90%	91%	91%	94%	92%	92%	91%	93%	90%

NI – 16 – Falls rate per 1,000 population aged 65+

Locality	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Isles	13	13	10	5	10	6	16	16	7	8
East	23	19	21	22	17	16	21	18	16	10
West	21	15	11	16	17	18	20	18	15	11

Source: PHS Core Suite of Integration Indicators 7 July 2026.

Looking Forward

Our Strategic Priorities sit within the context of significant, and ongoing, demographic changes. For example, the 2022 census found that 49% of our population is aged 50 or above compared to a national average of 42%. Furthermore, the National Records of Scotland predict that by 2043, the number of working age people will decrease by 8% whilst those aged 75 and over will increase by 86%. Not only do these figures suggest that demand for health and care services for older people will increase markedly, but also that the numbers of people available to deliver the care and support needed will decline.

The anticipated increase in demand and shrinking of the workforce sits within a landscape of dwindling budgets, something that is unlikely to ease in the short or medium term. These challenges are not only behind our focus on early intervention and prevention, and community led solutions to support but also at the core of how we will deliver our other Strategic Priorities.

For example, we are in the early stages of a root and branch review of how we deliver adult social care services, both in our care facilities and in people's homes. At the heart of this extensive project is an intention to make social care a desirable career for people especially young people.

Our plans are not restricted to health and social care services alone. We are working with colleagues across the statutory and third sector to identify multi-agency approaches to the many challenges we face. For example, the availability of housing is often a factor in why we face recruiting challenges. Orkney Islands Council's Housing colleagues have developed ambitious plans for increasing the availability of housing, in the medium term, which should make it easier for families to move to Orkney and fill the many vacancies across all occupations in Orkney including health and social care services.

Contact Us

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Jeśli potrzebujesz tego dokumentu w innym formacie, skontaktuj się z nami pod adresem OHACfeedback@orkney.gov.uk lub telefonicznie 01856873535 (rozszerzenie 2601).

Якщо вам потрібен цей документ в іншому форматі або мовою, будь ласка, зв'яжіться з нами за адресою OHACfeedback@orkney.gov.uk або телефоном 01856873535 (збільшення 2601).

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Please tell us your story - good or bad - about your experience of Orkney HSCP services.

www.careopinion.org.uk.

For further information:

Website: https://www.orkney.gov.uk/Service-Directory/S/OHSCP.

Telephone: 01856873535 extension 2601.

Email: OHACfeedback@orkney.gov.uk.

Post: Orkney Health and Social Care Partnership, School Place, Kirkwall, Orkney KW15 1NY.

Item: 16

Policy and Resources Committee: 22 September 2026.

Public Service Reform – Update.

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

1. Overview

1.1. This report presents an update on Public Service Reform, for members' information.

1.2. NHS Orkney and Orkney Islands Council are currently addressing a combined annual deficit of approximately £26 million. This represents an unsustainable financial position, which is exacerbated by ongoing demographic changes and public protection pressures, which mean that securing more efficient joined up service provision is the best option for sustaining public services in Orkney.

1.3. The Scottish Government's Programme for Government 2025/26 included a pledge, by the end of the current Parliament, to publish: "Preferred models for Single Authority Models in Argyll and Bute, Orkney and Western Isles that have been developed jointly by local government and health and enable a shift towards prevention. This will include a plan and timeline for implementation, with at least one area transitioning to shadow arrangements".

1.4. The Scottish Government has offered to support Orkney, through Orkney Islands Council, with £300,000 of funding from its Invest to Save Fund, to support capacity to work with partners on a public service reform model for Orkney.

1.5. The Scottish Government had set a number of deadlines for submission of work. The Scottish Government had also intimated that it expected Orkney Islands Council to liaise with the Integration Joint Board and NHS Orkney and submit a detailed reform model by 12 December 2025.

1.6. Members will recall that, on 9 December 2025, the Council was presented with the Public Service Reform – Orkney's Routemap to Reform for approval which highlighted the established principles to guide the focus of the work.

1.7. These principles are:

- There must be benefit to the community. Public Service Reform must deliver clear and measurable benefits to the community.

- Accountability to the Orkney community. The decision-makers of services to the public will be fully and transparently accountable to the people of Orkney.
- Understanding of the national situation. Local models of service delivery will relate to and work effectively with regional and national models.
- Reduced duplication. Key objectives will be to improve efficiency, pool resources, streamline bureaucracy and improve cohesion across Orkney's public services.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Note the work undertaken by the Council and its partners to date in progressing work around the Public Service Reform agenda.

3. Key Highlights

3.1. The Steering Group have continued to meet on a regular basis since the last highlight report to Board was provided. The frequency of these meetings has just recently increased from every three weeks to twice a month.

3.2. As Members will recall, the Public Service Reform Event was held at the St Magnus Centre on 8 June 2026 which brought together NHS Orkney, Integration Joint Board and Elected Members along with senior leaders across both NHS Orkney and Orkney Islands Council. The day was facilitated by John Sturrock KC and had input from a range of local leaders as well as the Auditor General and Chair of the Accounts Commission. While some of those in attendance had reservations, feedback from the day was overwhelmingly positive with invitees being asked to make a pledge on what they will do to progress Public Service Reform in Orkney.

3.3. One of the outputs from the Public Service Reform Event was to draft an action plan. This has now been reviewed and honed with clear SMART target dates identified.

3.4. Adverts are now open for a Project Manager and Project Officer to support the work, and the Chief Executives of NHS Orkney and Orkney Islands Council alongside the Chief Officer are exploring what further leadership support will be required to accelerate progress.

3.5. Officer discussions with local leaders and Scottish Government continue monthly as Government prepares to announce its new Programme for Government in early September 2026.

3.6. The first Joint NHS Orkney and Orkney Islands Council Corporate Leadership Team/Executive Team Meeting was held on 13 July 2026 at the Harbour Authority Building. Further dates are organised to build on initial conversations.

3.7. On 12 August 2026, the Chief Officer met with the Head of Facilities, NHS Orkney, and the Service Manager (Fleet), Orkney Islands Council, to initiate discussion for potential collaboration within their remits.

3.8. Leaders across the organisations are looking at how to progress Public Service Reform in Orkney such as organising meetings with NHS and Council staff where opportunities arise or where there are challenges being faced in one organisation where the other organisation may be able to assist.

3.9. The Steering Group had a scheduled facilitated session with John Sturrock on 4 September 2026, and a follow up session for November which is being organised at the time of writing this report.

For Further Information please contact:
Stephen Brown, Chief Officer, extension 2601, Email stephen.brown3@nhs.scot.

Implications of Report

1. **Financial:** Significant analysis would be required to assess the financial impacts of the Routemap to Reform and any proposals impacting operating structures that may be agreed in the future. Delivery of actions developed from the 8 June Public Service Reform event is required to be met from existing budgets, ideally from the £300,000 provided by the Scottish Government for this purpose. The Project Manager and Project Officer, and associated costs, should also be funded through this funding source.
2. **Legal:** There are no immediate legal implications directly arising as a result of this report.
3. **Corporate Governance:** Not applicable.
4. **Human Resources:** Public Service Reform does not create any immediate HR changes or implications at this stage as it only outlines principles to be applied to the exploration of greater collaboration and ways of working between public sector partners in Orkney. As exploration of opportunities to work differently arise, full consideration of the impact on staff will require to be analysed and set out. In addition, two posts have been created with the Invest to Save funding to support the partners with the transition process.
5. **Equalities:** Not applicable.
6. **Island Communities Impact:** Not applicable.

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:** Not applicable.
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

Item 14 Public Service Reform, General Meeting of the Council - 9 December 2025.

Item: 17

Policy and Resources Committee: 22 September 2026.

Registered Services within Orkney Health and Care – Inspection Assurance.

Report by Chief Officer, Orkney Health and Social Care Partnership

1. Overview

1.1. This report presents inspection activities for registered services within the Orkney Health and Social Care Partnership for members' assurance.

1.2. The Care Inspectorate is the national regulator for care services in Scotland and inspects services across Scotland to ensure services are meeting the right standards. There are a range of services the Care Inspectorate requires registration for, including the following:

- Childminding.
- Daycare of children.
- Care homes for adults.
- Care at home.
- Support Services.
- Housing Services.
- Adoption.
- Care homes for children.
- Fostering.
- Nursing agency.
- Offender accommodation.
- School care accommodation.
- Secure care.
- Adult Placement Services.

1.3. Further detail on the definitions of each of these services can be found here. Any care service must be registered, or they cannot operate. The Care Inspectorate's website can be found here.

1.4. The Care Inspectorate also works with partner agencies, including Healthcare Improvement Scotland; His Majesty's Inspectorate of Constabulary in Scotland; and Education Scotland, to scrutinise how well different organisations in local areas work strategically to support adults and children.

1.5. The Care Inspectorate routinely visits all care sector settings, and these can be either announced, announced (short notice) or unannounced visits.

1.6. The Care Inspectorate uses a six-point scale when evaluating the quality of performance across quality Indicators:

6.	Excellent.	Outstanding or sector leading.
5.	Very Good.	Major strengths.
4.	Good.	Important strengths, with some areas for improvement.
3.	Adequate.	Strengths just outweigh weaknesses.
2.	Weak.	Important weakness, priority actions required.
1.	Unsatisfactory.	Major weaknesses – urgent remedial action required.

1.7. Details of the Care Inspectorate Regulatory Inspections which were undertaken since March 2026 to 31 August 2026 are provided within sections 3 to 9, with the accompanying inspection reports attached as Appendices 1 to 6.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Note the inspection activity for registered services within Orkney Health and Care, for the period March to 31 August 2026, summarised in section 3 of this report.

3. Summary of Inspections

3.1. The table below details the services for which the Care Inspectorate has published its inspection findings in the period from March 2026 to 31 August 2026. The previous inspection results are shown within brackets.

Service.	Inspection Completed Date.	Grade.				
		Wellbeing.	Leadership.	Staffing.	Setting.	Care and Support.
Rendall Road	17.10.25 (12.08.24).	3 (N/A).	N/A (N/A).	N/A (N/A).	N/A (N/A).	N/A (4).
Hamnavoe House	03.02.26 (24.10.25).	N/A (N/A).	N/A (N/A).	4 (N/A).	N/A (N/A).	N/A (N/A).
Braeburn Court	04.02.26 (18.07.24).	4 (4).	5 (4).	4 (4).	N/A (N/A).	N/A (4).
Kalisgarth Care Centre	06.02.26 (22.10.24).	5 (5).	3 (4).	4 (4).	N/A (N/A).	3 (4).
Supported Living Network	20.03.26 (23.05.24).	5 (4).	N/A (4).	4 (4).	N/A (N/A).	N/A (4).
Short Breaks	20.03.26 (25.04.24).	4 (4).	N/A (4).	4 (4).	N/A (4).	N/A (4).

4. Rendall Road

4.1. An unannounced inspection was undertaken in respect of Rendall Road between 22 and 23 September 2025.

4.2. There was one Requirement following the inspection in relation to submitting notifications to the Care Inspectorate as required by their notification guidance, which required to be completed by 15 December 2025. This Area for Improvement has been completed, which was specifically around requiring a triple lock rather than a double lock for medication storage.

4.3. There was also one Area for Improvement in relation to reviewing the existing medication procedures and practices.

4.4. The Care Inspectorate confirmed that the previous Area for Improvement made in September 2025 in respect of mandatory training was met.

4.5. There has been a delay in reporting and providing assurance on this inspection due to Children's Services submitting a complaint to the Care Inspectorate regarding the methodologies adopted in the inspection and the subsequent reduction in grade awarded.

4.6. The Care Inspectorate concluded that the grade of Adequate would be maintained, though agreed to allocate a new Inspector to Children's Residential Services and has recently published updated national guidance on regulated service inspections.

5. Hamnavoe House

5.1. An announced at short notice follow up inspection was undertaken in respect of Hamnavoe House on 29 January 2026.

5.2. There were no Requirements or Areas for Improvement identified from this inspection. However, the service will continue to look at different ways to support individuals in meaningful ways and support staff to continue to provide the best quality care and support possible.

5.3. The Care Inspectorate confirmed that the previous Requirement made in June 2025 in relation to ensuring that assessments for individuals reflect their abilities and wishes and are reviewed regularly as well as reviewing staffing arrangements to enable staff to work in a person-centred way is complete. This was met but outwith the timescales.

5.4. The previous Areas for Improvement made in June 2025 in relation to ensuring quality assurances and checks are undertaken regularly were met.

5.5. The inspection on 24 October 2025 was a progress inspection where no grades are provided.

6. Braeburn Court

6.1. An unannounced inspection was undertaken in respect of Braeburn Court's housing support and care at home support services between 26 and 28 January 2026.

6.2. There were no Requirements or Areas for Improvement identified from this inspection. However, the service will continue to look at different ways to support individuals in meaningful ways and support staff to continue to provide the best quality care and support possible.

7. Kalisgarth and Very Sheltered Housing (Kalisgarth Care Centre)

7.1. An unannounced inspection was undertaken in respect of Kalisgarth and Very Sheltered Housing (Kalisgarth Care Centre)'s housing support and care at home support services between 2 and 6 February 2026.

7.2. There were two Requirements following the inspection that, by 22 May 2026, the service must:

- Establish, and maintain, a culture of continuous improvement with robust quality assurance and auditing processes by:
    - Ensure effective quality assurance and auditing systems are in place.
    - Ensure appropriate capacity to undertake quality assurance activities.
    - Ensure quality assurance activities are used to identify improvements and inform the service improvement plan.
- Ensuring that each individual supported has a review of their personal plan at least six monthly or sooner should there be changes required by having:
    - A discussion with the individual and/or their guardian regarding their outcomes and needs.
    - A record of discussions, decisions made and any actions taken.
    - Clear updates to relevant documents such as care plans, risk assessments.

7.3. There were no new Areas for Improvement required.

7.4. The previous Area for Improvement made on 14 November 2024 has yet to be met in relation to staff supervision. The service has progressed this work and it is hoped that the Care Inspectorate will close this action on their next visit.

8. Learning Disabilities Service – Supported Living Network

8.1. An unannounced inspection was undertaken in respect Learning Disabilities Service – Supported Living Network between 16 and 19 March 2026.

8.2. There were no Requirements or Areas for Improvement identified from this inspection. However, the service will continue to look at different ways to support individuals in meaningful ways and support staff to continue to provide the best quality care and support possible.

9. Short Breaks

9.1. An unannounced inspection was undertaken in respect Short Breaks between 17 and 19 March 2026.

9.2. There were no Requirements or Areas for Improvement identified from this inspection. However, the service will continue to look at different ways to support individuals in meaningful ways and support staff to continue to provide the best quality care and support possible.

For Further Information please contact:
Stephen Brown, Chief Officer, extension 2601, Email stephen.brown3@nhs.scot.

Implications of Report

1. **Financial:** There are no immediate financial implications arising from the recommendations contained within this report. Any action plans generated as a result of the inspection recommendations must be met from within existing approved budgets.
2. **Legal:** There are no immediate legal implications arising from the recommendations contained within 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:**
10. **Risk:** Addressing the recommendations, or requirements, contained within any Care Inspectorate inspection report enables services to improve service delivery and can mitigate the risks services may face.
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: Care Inspectorate Inspection Report – Rendall Road.
Appendix 2: Care Inspectorate Inspection Report – Hamnavoe House.
Appendix 3: Care Inspectorate Inspection Report – Braeburn Court.
Appendix 4: Care Inspectorate Inspection Report – Kalisgarth Care Centre.
Appendix 5: Care Inspectorate Inspection Report – Supported Living Network.
Appendix 6: Care Inspectorate Inspection Report – Short Breaks.

Rendall Road
Care Home Service

Kirkwall

Type of inspection:
Unannounced

Completed on:
17 October 2025

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2003009091

About the service

Rendall Road residential children's house(s) are situated over two properties within Orkney. The first is a new purpose-built, six-bedroom detached property and is registered to accommodate four young people. The second property is a terraced house, situated in St. Margaret's Hope and is registered to accommodate two young people.

About the inspection

This was an unannounced inspection which took place on 22 and 23 September 2025, between the hours of 10:30 and 19:15. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with two young people and one family member
- spoke with 10 carers and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals and reviewed survey responses.

Key messages

- Young people experienced warm and nurturing care and support.
- Not all young people had consistently experienced positive feelings of safety, security and wellbeing, as a result of provider led decision making.
- Significant risk situations involving a few young people had not been notified to the Care Inspectorate in line with regulations and national guidance.
- A few young people had successfully moved on to their own accommodation.
- Most young people were doing well in education and employment.
- There was inadequate assurance of safe medication practices.
- Young people were actively involved in their care and support.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's rights and wellbeing?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's rights and wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Young people experienced warm and nurturing care from carers, who in most instances, had a well-developed understanding of their needs and wishes. The care of young people was also proactively supported by partners, to support positive outcomes to young people's health and wellbeing and also to reduce risk.

We spoke with young people who told us that they liked their home and the carers who supported them each day. Young people also acknowledged specific workers who had supported them to make sure their voice was heard. This was well evidenced generally and significantly through advocacy support for young people. We joined young people and carers for dinner and observations of everyday conversation, helped to confirm the positive impact of these respectful relationships.

Since the last inspection, some young people's safety, feelings of security and wellbeing had been impacted by a range of factors. The decision to reaccommodate young people, at the last minute, due to pressures on available provision, had led to poor outcomes. Those young people's feelings of security and wellbeing had been significantly impacted. On other occasions, risk situations involving a few young people had increased and, in some instances, this had placed them at significant risk. We had not been notified of the elevated risk to young people, in line with regulations and national guidance and have made a requirement regarding the need for provider to inform the Care Inspectorate, when young people are at risk of harm (see requirement 1).

The provider had worked hard to maintain safe staffing levels, but this continued to be difficult. Although the team of carers were committed to being as flexible as possible, there were times when young people had been supported by agency staff, who had little knowledge of their needs. On other occasions, the allocation of carers who were less familiar with the needs of specific young people, at a time of heightened anxiety for those involved, could have been better considered. The lasting impact of this experience creating emotional uncertainty for their future care.

Where young people were doing well, they had been successfully supported to move on to their own accommodation, while continuing to seek support from carers, as they learned to navigate young adulthood. Others were experiencing the world of work for the first time and were responding positively to new opportunities. Young people who had previously experienced difficulties at school, were responding positively to amended plans for their education.

We had been notified by the provider about a concern relating to medication practices. While reviewing medication procedures, there was inadequate assurance of the knowledge required about current medicines being administered to young people. We also found that there was a need for more robust measures to be in place, for any medication which is stored and administered out with the house. The provider should review medication procedures and ensure safe practices are understood by all carers (see area for improvement 2).

Family connections were fully supported where this was agreed as part of young people's care plan, and it was clear that family relationships were important to young people and helped them to maintain a sense of

identity and belonging. The provider was committed to enabling family time, despite in some instances, families living some distance away.

Involvement of young people in their care was well evidenced. Attendance at meetings and discussions with carers and partners helped to ensure that young people's views informed decisions affecting their care. Personal support plans also identified aspects of daily life that were important to young people and these plans helped to evidence their progress.

Requirements

1. By 15 December 2025, the provider must ensure the health, welfare and safety of all young people.

This must include, but is not limited to:

(a) Submit notifications to the Care Inspectorate as required by our notification guidance entitled: - 'Children and young people's care services: Guidance on records you must keep and notifications you must make', March 2025.

This is in order to comply with section 53(6) of the Act and Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

Areas for improvement

1. To ensure the safety and wellbeing of all young people, the provider should review existing medication procedures and practices. This will reduce risk and promote improved outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure children and young people receive high quality care and support, the provider should ensure that all aspects of mandatory training are completed by carers.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 12 September 2025.

Action taken since then

We reviewed training records for all carers, including mandatory training. We were satisfied with progress and advised the provider where some minor improvement could be made.

This area for improvement was met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	3 - Adequate
7.1 Children and young people are safe, feel loved and get the most out of life	3 - Adequate

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Hamnavoe House
Care Home Service

Coplands Road
Stromness
Orkney
KW16 3BW

Telephone: 01856 850 311

Type of inspection:
Announced (short notice)

Completed on:
3 February 2026

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2003009101

About the service

Hamnavoe House was opened in 2020. The home has four wings, three of which are currently in use. Care and support is currently provided for up to 30 older people, with the service being registered to provide a care service to a maximum of 40 older people in total.

Each wing within Hamnavoe House provided smaller group living for up to 10 older people, with a communal lounge, dining area and kitchen. There was good access to outdoor spaces and the service had access to a minibus for some trips out from the care home.

About the inspection

This was a follow up inspection which took place on 29 January 2026. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke and spent time with three people using the service
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents

Key messages

- Staffing levels had improved in this service
- Staff had more time to meet people's needs and wishes
- Regular checks and monitoring for the care home environment worked well
- People's home was well looked after

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team? 4 - Good

We assessed this as good. This means there were important strengths with only some areas for improvements. This evaluation is an improvement on the previous inspection's evaluation.

For this follow up inspection, the focus was on sufficient staff numbers to provide suitable support. For the last few months staff levels had been increased and this had a positive impact on the care and support people experienced. There were new, agreed, levels for what number of staff were required to suitably meet people's needs and wishes. Staff and management reported that this benefitted people as the service could be more responsive to people and meet their needs in a timely way. Activity support hours had also increased and this provided people with the opportunities to spend their day in different ways that were enjoyable or interesting to them. Overall, there was a more relaxed atmosphere in the home and people were supported in ways that suited them.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 24 September 2025, the provider must ensure that people's staffing arrangements are right to support their health and wellbeing.

To do this, the provider must, at a minimum:

a) ensure assessments for people reflect people's abilities and wishes and reviewed regularly so as to give a full and accurate picture of what staff levels should be, including at different times during the day, and
b) review staffing arrangements to enable staff to work in a person centred and person led way with people.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This requirement was made on 25 June 2025.

Action taken on previous requirement
This Requirement was met. See under Key Question 'How good is our staff team'.

The service provider had responded to this requirement in an effective manner. Careful thought went into what actions were necessary to improve the staffing situation. The management team were ensuring that staffing, including the staff rota, was planned in advance, able to be flexible, and was reflective of the needs and wishes of people.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's safety, health and wellbeing, the provider should ensure quality assurance and checks are undertaken following best practice and on an set, appropriate and regular basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ' My environment is secure and safe' (HSCS 5.17)

This area for improvement was made on 25 June 2025.

Action taken since then

This area for improvement was met. The checks and monitoring for ensuring the quality, suitability and safety of the premises were consistently undertaken. Checks took place at agreed, assessed intervals, for example, daily, weekly or monthly. The manager had quality assurance measures in place so that it could confirmed the checks were happening as agreed. People can be confident that their care home is well looked after, maintained and kept safe.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Braeburn Court
Housing Support Service

Braeburn Court
St. Margaret's Hope
Orkney
KW17 2RR

Telephone: 01856 831 501

Type of inspection:
Unannounced

Completed on:
4 February 2026

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2011303830

About the service

Braeburn Court is a purpose-built facility designed to provide a housing support/care at home support service to older and vulnerable people in their own tenancies. The service is registered to support up to 14 tenants. The main building has some of the tenant's flats, the service's office and there is a communal area for tenants to use. One of the flats is used for respite accommodation.

The other tenancies are semi-detached bungalows next to the main building.

About the inspection

This was an unannounced inspection which took place between 26 and 28 January, 2026. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with five people using the service and four relatives/representatives
- Spoke with nine staff and management
- Spoke to visiting professionals
- Reviewed questionnaires prior to inspection
- Reviewed care documentation and staffing information

Key messages

- People reported positively on their staff members
- The service communicated well with family members and external professionals
- People benefitted from the support provided
- There were favourable comments about the management team
- Management were in touch with what going on and supportive to people and staff
- Where improvements can be made, this was identified by the service and steps were taken

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 4 - Good

We evaluated this key question as good. This means there were a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths had significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People made choices about how they spent their day, what they liked to do and, generally, how they would like their support to be provided. People's family members, or representatives, were also involved and consulted, if needed, in deciding what would be most suitable. People's wishes were followed as much as possible. People were respected.

People's independence was supported. There was good awareness of not doing more for a person than they wanted or needed. People's abilities were promoted and respected.

People were able to keep up with important others in their lives. Where a person needed and wanted some support for keeping in touch with a family member, for instance, then the service put in place arrangements to help this happen. If a person had a representative, such as a Power of Attorney, to help with decisions and ensuring their wishes were followed, the service knew this and made sure that they communicated with and included people's representatives appropriately. People's wellbeing benefitted.

The care and support provided by the service to a person was based on assessment and consideration of a person's abilities, wishes and needs. Each person was treated as an individual. Where matters for their health and wellbeing were complex, the service sought the involvement and input of relevant others. As well as family members, other agencies, such as the NHS or Social Work, discussed matters, provided advice and input as necessary. Steps like these helped to make sure people were getting the right care and support and in a way that suited them. People can trust the service communicates and works well with other agencies. People received person centred care and support. Services working well together benefitted people.

There were good examples of the service being flexible when people's needs increased and how it strove to ensure continuing compassionate and person centred support for people.

The service aimed to make sure it had enough information about each person's wishes and needs. People's care information had good detail for staff to follow. However, there were still some gaps in information and care and support plan documentation. Management had identified this in their own quality monitoring activities. Improvements in recording practice and support plan detail were being made but this was still a work in progress. People can be reassured that management and staff were improving practice and making sure all their key care and support information was completed and recorded accurately. Progress with this will mean people can have more confidence that their care and support will consistently meet their needs and assist them to keep safe and well.

People and their family/representatives had regular opportunities for review meetings. Reviews were opportunities for people to express their views and wishes on the care and support they received. At these meetings, the service could check everything was okay with the care and support provided and if any changes were needed to help ensure that the support was as good as it could be. The service was provided to people with a range of needs, including complex needs. People can trust that their support was well organised and monitored, and generally the service was operating in a responsible way.

How good is our leadership? 5 - Very Good

We evaluated this key question as very good. This means there are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

When visiting this service, we focused on how vision and values informed the service and practice. It was clear the management understood the importance of having a vision for the service. Coupled with this, there were many examples of health and social care values being promoted and informing people's experience of the care and support provided.

There was a robust service improvement plan in place. Improvements were considered as to how much a proposed change or action would benefit people. This was a person centred approach to improvement. There was a clear commitment to following through on actions identified to improve the service's support. Progress was being made and there was very good evidence that people, families and staff saw that changes made were resulting in improvement in the service. People can have confidence that management have a positive attitude and address matters in a careful and practical way.

At this service, there was some effective use of questionnaires and feedback for the management, and whole service, to gain further insight into what works well for people and staff. Information like this can prove invaluable in understanding the service's care and support.

People and families reported on how communication had steadily improved in recent months. People's wishes were known and they were able to make decisions that suited them whenever possible. Family members/representatives felt they were being communicated with and kept appropriately involved in their relative's life and important decisions. People's best interests and meaningful connections were supported as much as possible.

Management showed strong leadership skills, for instance, recognising staff's strengths and how to develop these. Management were open and constructive in their approach with staff members. This helped to promote a positive culture within the staff team. The team as a whole were more able to recognise their role in being leaders, promoting rights, speaking up when needed and putting forward ideas. This benefitted people.

Management highlighted ideas that encouraged person centred and person led care and support. An example was 'moments that matter' idea which focused on what's important to a person. What made their day better, and, for instance, left them with a good feeling, sense of contentment or achievement.

Staff and management continually evaluated people's experiences to ensure that, as far as possible, people at Braeburn Court were provided with the right care and support in the right place to meet their outcomes. People were well informed and their views were important to drive improvement.

Management were viewed as very approachable, open to listening, knowledgeable and fair. Staff found management easy to talk to, encouraging and trust worthy. People's wellbeing and health benefitted from a responsible and confident staff team. People supported and families reported they had trust and confidence in the management.

The service can further develop its approach to people's care and support, its assurance activities to further guarantee a high quality of support, and explore ways to get people and family members/representatives even more centrally involved in directing the service's activity, support and improvement.

How good is our staff team? 4 - Good

We evaluated this key question as good.

When recruiting new staff, the service ensured all necessary checks were undertaken to ensure their suitability for working in a health and social care role. For new staff, there were steps in place to help them get to know people, understand their role and responsibilities and generally gain confidence. People can trust new staff were given time to settle in and learn how to support them well.

People got on with their staff members. They had got to know them and felt comfortable with them. Family members and friends also spoke favourably about staff. Some comments made about staff were:

- 'Majority of staff are fine.'
- 'Happy with staff.'
- 'Staff have been lovely.'
- 'Warm staff.'

Staff reported that, overall, they felt they worked well as a team. There was good communication between staff. There was a meeting from one staff shift to the next to pass on all relevant information. Staff also reported that it was easy to talk to the management. People can trust their staff members were supported well, enjoyed supporting them, had a positive approach and were motivated.

There were some good arrangements to support staff and to develop their practice. Staff had regular team meetings and supervisions. These were reported on positively. Staff said they were meaningful opportunities to share information, discuss the service and address matters. These meetings helped the service to run well and aided people getting person centred and appropriate support.

Management monitored staff levels at the service to make sure staff levels were sufficient to suitably meet people's needs and wishes. There was some flexibility in staffing levels, for example, when a person's health deteriorated and some extra support was needed. There was also examples of staff being used to enable someone to do something in their local community. Management should continue to assess staff levels to ensure the service suitably meets people's needs and wishes in a person centred way.

Staff had training to help equip them with the right knowledge and skills for providing care and support to people at Braeburn Court. Training records showed some gaps in the training and where staff had fallen behind in refresher courses. As a result, people cannot always be confident staff were up to date with training. This was a risk as people may not always be fully getting the right, and safe, support for their health and wellbeing. Management were aware of this and were taking actions to improve this area. An assessment of training needs should also be undertaken to inform the training plan. Taking suitable actions in this area will help make sure people's care and support is right for them.

There were a couple of incidents with people's support that had caused concern. Staff had highlighted matters where they thought practice could be improved. The management had taken steps to address this. However, they had not always appropriately shared this information with partner agencies. We advised of the importance of sharing information with the Care Inspectorate. This will enable us to ask appropriate questions and confirm people's wellbeing and health is suitably supported. Along with other improvements being made, there was good evidence that going forward this matter will improve.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	5 - Very Good
2.1 Vision and values positively inform practice	5 - Very Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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Kalisgarth and Very Sheltered Housing
Housing Support Service

Kalisgarth Care Centre
Pierowall
Westray
Orkney
KW17 2DG

Telephone: 01856 871 134

Type of inspection:
Unannounced

Completed on:
6 February 2026

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2005106915

About the service

Kalisgarth and Very Sheltered Housing service provides a housing support and care at home service to people living within Kalisgarth Care Centre, which is a purpose-built facility with private tenancies.

The service is located in the village of Pierowall on Westray, a Northern Orkney Island. Those supported by the service are also able to attend the adjoining day service which operates on a Monday and Wednesday, where they have opportunities to socialise with people from the wider community.

The provider is Orkney Islands Council.

About the inspection

This was an unannounced inspection which took place between 2 and 6 February 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke or interacted with six people using the service and three of their family or representatives
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- There were limited quality assurance measures in place.
- People received responsive and attentive care and support.
- Formal reviews of people's care and support were not being undertaken.
- Staff supervision arrangements continued to require improvement.
- People benefitted from a consistent team of care staff providing their support.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 5 - Very Good

We found significant strengths in aspects of the care provided and how this supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced warm and compassionate care which supported them to meet their outcomes effectively. Staff showed a strong understanding of people's health conditions and worked consistently to promote their wellbeing and independence. People were supported to access healthcare appointments and referrals as required, and there were strong links with external professionals, this meant people benefitted from responsive care and support.

One professional told us:

"Kalisgarth stands out as one of the best [facilities] I have been involved with."

Staff appeared confident in how to safely administer medication. We sampled medication administration documents which were well maintained and completed appropriately. Where people were prescribed PRN ('as required') medication, we would expect a clear protocol to be in place outlining how, when, and why the medication should be administered. PRN protocols were not in place in the service, however, the management team responded immediately and provided assurances these would be completed promptly.

People were supported with flexible visit times to suit their routines and wishes, and staff were proactive in ensuring people could be supported at a time which was right for them.

One person told us:

"I can press the bell and they're there in a shot. It's a wonderful place."

Infection prevention and control (IPC) measures were well established, and staff consistently used appropriate personal protective equipment (PPE), this promoted good hygiene and reduced the risk of infection.

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality assurance processes within the service were not being undertaken consistently and processes were not robust, this limited the management's oversight of the service and the ability to identify and drive improvement (see requirement 1). A service improvement plan was in place, demonstrating an awareness of how to progress improvement in the service, however, this had not been updated since 2024, and the service had not yet started to use self-evaluation tools to inform this. We recognised that ongoing pressures on the management team had contributed to this, and that they were dedicated to supporting improvement within the service.

Medication competency checks were being undertaken as part of staff medication training, this provided assurances that medication practice was being monitored within the service. Where accidents or incident

had occurred, we found some records were inconsistent, and statutory notifications to the Care Inspectorate had not always been made.

Staff told us they felt the registered manager was approachable and supportive. People told us they felt comfortable approaching the management team and were confident that they would act quickly to support with any concerns or queries. Due to the rural location of the service, staff felt that the service could feel isolated from support when a manager was not on-site and felt more regular senior management visibility would be beneficial to staff morale.

Requirements

1. By 22 May 2026 the provider must ensure people receive care and support which is well-led and managed by establishing and maintaining a culture of continuous improvement with robust quality assurance and auditing processes.

To do this the provider must, at a minimum:

a) ensure effective quality assurance and auditing systems are in place for all aspects of service delivery which support improved outcomes for people

b) ensure appropriate capacity within, and support for, the leadership team to undertake quality assurance activities effectively, and for these to continue in the absence of the registered manager

c) ensure quality assurance activities are used to identify improvements and inform the service improvement plan, with clear actions and timescales for each improvement.

This is to comply with Regulation 4(1)(a) and (b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a warm and friendly atmosphere at Kalisgarth. Staff spoke confidently about their roles, they demonstrated a clear understanding of their responsibilities, and how best to support people to meet their outcomes.

The staff team had remained stable and consistent, with many longstanding staff members, this meant people benefitted from a consistent staff team who knew them well and had good working relationships. Staff showed flexibility and dedication to their roles, often covering short term absences or vacancies which meant agency staff use in the service was very rare. We encouraged the provider to review the level of

support staff, such as administration support, available to the service, and how these roles could be effectively used to benefit service provision.

Safer recruitment processes were being following, providing assurance that appropriate pre-employment checks were being carried out for new staff. A variety of training was available to staff which provided them with the knowledge needed to undertake their roles effectively, this included both eLearning and in-person training. At times in person training had been disrupted by logistics or adverse weather conditions due to the rural location of the service.

People told us staff were kind, patient, and responsive. One person told us:

"They're more than helpful, they're wonderful, just wonderful. They know what they're doing, it's all very organised."

Staff supervision was not being carried out in line with the organisational policy. Supervision enables staff to develop and improve their practice through reflection and supports the leadership team with the opportunity to have a robust oversight of staff practice (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

How well is our care and support planned? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People's personal plans or care plans, were of good quality and contained clear and relevant information relating to people's health and wellbeing. Risk assessments had been completed and were updated routinely to ensure staff had the information needed to support people safely.

Some daily notes and charts, such as oral care records, were not being completed consistently. The service may benefit from considering where documents are located or stored and whether reviewing this could support more consistent record keeping.

Legal documentation and records, such as those relating to people's capacity, health, or legal proxies was stored appropriately.

Six-monthly care reviews were not being undertaken in the service. Reviews provide an opportunity to gather feedback from people regarding their care and support, and discuss whether it is meeting their outcomes (see requirement 1).

Requirements

1. By 22 May 2026 the provider must ensure that each person supported by the service has a review of their personal plan at least once every six months, or sooner if there is a change in their health, safety, or welfare.

This must include, at a minimum:

a) a discussion regarding a person's outcomes and support needs with the person and/or their legal representative

b) a record of discussions, decisions made, and any actions taken

c) clear updates to relevant documents, such as personal plans and risk assessments.

This is to comply with Regulation 5(2)(b) and 5(2)(c) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should ensure staff supervision is carried out in accordance with the provider's policy and procedures to ensure staff are supported to discuss and develop their roles and reflect on practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 14 November 2024.

Action taken since then

Annual staff appraisals had been undertaken. Staff had not received 1:1 supervision in line with the organisation's policy and procedures.

This area for improvement has not been met and will remain in place.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Learning Disabilities Service - Supported Living Network
Housing Support Service

St Colm's Building
Pickaquoy Road
Kirkwall
KW15 1RP

Telephone: 01856 871 431

Type of inspection:
Unannounced

Completed on:
20 March 2026

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2016346425

About the service

The Learning Disabilities Service - Supported Living Network is registered to provide a care at home service for adults with learning disabilities living in their own home. The support is based upon individually assessed need, both within people's own tenancies and shared living arrangements in the community.

The service operates from its office base in St Colm's, Kirkwall. The provider is Orkney Health and Social Care Partnership.

At the time of inspection, the service was supporting 14 people.

About the inspection

This was an unannounced inspection which took place on 16 to 19 March 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and three of their family, we also reviewed five survey responses
- spoke with 13 staff and management, we also reviewed three survey responses
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were cared for with warmth and respect by staff who understood their needs and encouraged them to achieve their goals in life.
- Staff worked in a person-centred way in how they communicated with people and responded to their needs and wishes.
- Managers were using quality assurance processes to evaluate people's experiences and identify how the service could continue to improve.
- Staff worked well together as a team and benefited from comprehensive training and access to support and supervision.
- Consistency of staffing was a concern but the service was reviewing how this could be addressed within the current recruitment challenges.
- People and families engaged in regularly reviewing their care and support.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. Therefore, we evaluated this key question as very good.

We observed warm, compassionate care for individuals based on staff having a clear understanding of what contributed to people's happiness. We saw how staff anticipated people's needs and promoted their choices. One example was clear guidance on specific words or gestures people used to communicate their wishes. Another example was how the knowledge and skill of staff promoted positive behaviour and reduced anxiety for people by creating a safe and calm environment. This meant staff used creative approaches in promoting how people could positively direct their own care and support.

People were enabled to make health and lifestyle choices that promoted their physical and mental health. We heard about people's enjoyment of community social events and celebrating their individual achievements in learning new skills. We heard of examples where people were actively supported to maintain friendships and family connections. One family member told us, "Staff there are absolutely brilliant and do a lot with my relative" and another confirmed, "I think our relative has excellent carers."

Staff recognised changing health needs and people benefited from access to community healthcare. Medication and finances were managed well and enabled people to have as much control as possible in supporting their independence. One professional told us, "They know people very well and notice when there are changes and link in with the appropriate health professionals" and another confirmed, "They have responded well to a person's diagnosis and have supported them around medical appointments and how best to manage their condition." This meant people benefited from the right healthcare at the right time from the right people.

Families and individuals engaged in reviewing their care and were updated about significant changes to their emotional and physical wellbeing. We heard of examples where people benefited from a person-centred and solution-focused approach. One professional told us, "They have been good at thinking outside the box around care delivery, being adaptive and responsive" and another confirmed, "Consideration is given to how much people themselves will cope with a review with their thoughts being obtained in the most suitable and comfortable way for each individual." This meant people's rights were upheld and their contribution valued.

We heard about how complaints could be managed better and discussed with the provider how these will be followed up and any learning documented for the future. This means that the service would be taking an improvement-focused approach. The service could further improve by ensuring there are clear protocols in place for 'as needed' medication, particularly when used as part of supporting positive behaviour for people. This would ensure best practice in reviewing the effectiveness of any medication and that the person is benefiting from its use.

How good is our staff team? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staffing arrangements were regularly reviewed to ensure people's needs were met. Many staff had been working within the service for several years and knew people well. We saw how assessments of staffing reflected how people's emotional wellbeing may change and flexibility was needed to ensure their needs were met. We saw how there was enough time for staff to engage in meaningful conversations and develop positive relationships with people. Staff worked well together and spoke with us about responding flexibly to changing situations. One professional told us, "They take time to get to know the person and support people to develop their life skills" and this was corroborated by a staff member who told us, "People have a lot of choice and time for meaningful support." This meant that the right number of staff with the right skills were mostly working at the right times to support people's outcomes.

Team meetings were arranged in advance to provide opportunities for staff to discuss their work. Staff spoke positively about regular training and supervision and the approachability of the seniors within the service. One staff member told us, "I think everyone is wonderful, staff care very deeply about people and want the best for them" and another confirmed, "The teams are really good at pulling together in times of absence to cover the shifts and great at making sure people have the best possible opportunities and experiences." This meant people benefited from a warm atmosphere because staff developed good working relationships.

However, we heard from families, staff, and professionals that more contracted staff were needed to ensure consistent support for people. One professional told us, "The shortages in staff make staffing inconsistent" and families we spoke with shared these concerns and the potential impact upon their relative. We discussed the recruitment challenges with the provider, who was already working hard to identify longer-term solutions and improve the level of stable support available for people. This will be reviewed at the next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

To find out more

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Short Breaks, 32/34 Pickaquoy Loan
Care Home Service

St. Colm's Complex
Pickaquoy Road
Kirkwall
KW15 1RP

Telephone: 01856 871 431

Type of inspection:
Unannounced

Completed on:
20 March 2026

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2004060192

About the service

Short Breaks is based in Kirkwall. It is registered to provide respite care to a maximum of four adults. The service is currently offering care and support to individuals who were awaiting transition to alternative and permanent care arrangements. The service had updated their aims and objectives to reflect this. Whilst this was responsive to meet individual needs, it had resulted in reduced capacity for respite stays at the service.

The service aims to provide "a homely and welcoming atmosphere where people can feel comfortable and relaxed". The main part of the home has four single en-suite bedrooms, a lounge, and large kitchen. One bedroom is used by staff. The service also an attached a self-contained flat, which is designed to promote independent living opportunities.

About the inspection

This was an unannounced inspection which took place on 17, 18 and 19 March, 2026. The inspection was carried out by tow inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with three people using the service and three family members
- Spoke with eight staff and management
- Observed practice and daily life
- Reviewed documents
- Received feedback from visiting professionals

Key messages

- People enjoyed and looked forward to staying at Short Breaks
- The staff team were committed to providing person centred support and knew people well
- People had opportunities to be active in their local community when staying at the service
- Staff had good working relationships and found their seniors to be approachable and helpful
- Management were assessing how well the service met people's needs and wishes
- Management had identified improvements and were striving to achieve these

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 4 - Good

We evaluated this key question as good. This meant the service had clear strengths in what it provided and these outweighed any areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes. Improvements should still be worked on to ensure people experience a consistent service that meets their wishes and needs well.

People got a lot out of staying at Short Breaks. They enjoyed being there and got on well with their staff members.

Staff had a good level of information about people, and people's care and support plans explained their needs and wishes well. Staff had a good understanding of how to support a person in a way that suited them. Staff members had a compassionate, friendly and relaxed manner. Guidance provided for staff was specific to each person and showed a person centred approach. People can trust that staff had suitable knowledge and skills.

Where people had complex health and wellbeing needs this was recognised. Appropriate assessments of these needs had taken place, and people's care and support plans had sufficient detail to guide staff. The service also had good relationships with key other agencies in health and social care. If someone's health or wellbeing needs changed, then the service would communicate with appropriate agencies, people supported and their families to make sure that the service's support continued to be suitable. People got timely and responsive care and support. People were supported to keep safe and well.

The service had developed positive ways to make sure people felt welcomed and comfortable at the Short Breaks service. As an example of this, people who attended regularly could have their own box of familiar items that they kept at the service. When they arrived, staff would have prepared their bedroom with some or all of these items. This was person centred.

The service kept appropriate records of support provided, for example, when someone was supported with their medication needs or a person had a fall when at the service. If a serious matter arose for a person, staff knew the appropriate people and agencies to contact, for instance a person's G.P. and family. People can have confidence in the staff's response to concerns.

People and/or their family or representative, were able to attend regular meetings (review meeting) to discuss the support and care they received from the service. They could discuss how they were getting on, whether the service was still suiting them and any changes they may like or need in terms of the care and support provided. People views were listened to, acted upon when suitable and respected.

The service had quality assurance measures in place to help in making sure the service was meeting people's expectations and achieving high standards. Mostly, this was good but some had fallen behind schedule. The service was aware of this and intended to improve in this area in the coming months.

There were some aspects of the service that could be considered further and improved. There was a large garden area that could be developed more, made more accessible and attractive for people to use. Some thought had already gone into this.

Importantly, we also discussed how the service was not able to provide as many short break opportunities to people as it usually did and this limited the aims of the service. The service was committed to helping those who were awaiting longer term accommodation to move on to suitable more permanent arrangements.

How good is our staff team? 4 - Good

We evaluated this key question as good.

People and family members were positive about the service's staff. They reported that staff had a respectful, responsible and friendly manner.

The service made sure that staff recruited were suitable for a role in health and social care. Appropriate checks were undertaken, interviews took place and new staff were given a good introduction to their role. This included shadowing more experienced staff members, guidance information and initial training. People can have trust in the service's recruitment processes.

People liked their staff members. Some comments from people and families were:

- 'She's a star'.
- Staff members are 'brilliant'.
- 'A lot of the staff are brilliant'.

Some comments were still very favourable but included some concerns such as:

- 'Wish we could get more staff'.
- 'Don't always know every staff member.'

Staff members reported they felt they had the right training and training records reflected this. Staff worked well together, too, recognising they needed to be flexible at times to manage changes in plans. They felt well supported by their seniors, communication was good and they normally got a speedy reply to any questions or concerns. Staff working well together supported good experiences and wellbeing for people.

The service should look at making sure people and their family members always know which staff will be on and have some information about the staff member. The service could also aim for there to be an even more regular, stable, staff group providing the support in the Short Breaks. This will aid people in knowing who the staff members are and offer more continuity of care and support.

Recruitment challenges in this service were acknowledged. Positively, council and agency staff were seen to make a good team and their focus was on the people supported and their best interests.

Staff feeling supported is an important element of robust care and support provision for people.
Some staff were not getting regular formal supervision and some others management oversight activities to support best practice were not always happening. Staff, however, did report feeling well supported in more informal ways such as easily being able to report matters and discuss them with senior support workers.
People's staff members had positive values and motivation.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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Item: 18.1

Policy and Resources Committee: 22 September 2026.

Revenue Expenditure Outturn.

Report by Head of Finance.

---

1. Overview

1.1. This report presents the revenue financial outturn position as at 31 March 2026 in respect of service areas for which the Policy and Resources Committee is responsible.

1.2. On 4 March 2025 the Council set its overall revenue budget for financial year 2025/26. On 17 June 2025, the Policy and Resources Committee recommended approval of the detailed revenue budgets for 2025/26, which form the basis of the individual revenue expenditure monitoring reports.

1.3. Individual revenue expenditure monitoring reports are circulated every month to inform elected members of the up-to-date financial position. Quarterly revenue expenditure monitoring reports are presented to individual service committees.

1.4. In terms of revenue spending, at an individual cost centre level, budget holders are required to provide an explanation of the causes of each material variance and to identify appropriate corrective actions to remedy the situation.

1.5. Material variances are identified automatically as Priority Actions within individual budget cost centres according to the following criteria:

- Variance of £10,000 and more than 110% or less than 90% of anticipated position (1B).
- Not more than 110% or less than 90% of anticipated position but variance greater than £50,000 (1C).

1.6. Priority Actions can be identified at the Service Function level according to the same criteria and these are shown in the Revenue Expenditure Statements. As with individual cost centre variances, each of these Priority Actions requires an explanation and corrective action to be identified and these are shown in the Budget Action Plan.

1.7. The details have been provided following consultation with the relevant Directors and their staff.

1.8. The figures quoted within the Budget Action Plan by way of the underspend (-) and overspend position will always relate to the position within the current month.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Note the revenue expenditure monitoring statement in respect of service areas for which the Policy and Resources Committee is responsible, for financial year 2025/26, attached as Annex 1 to this report, indicating a budget underspend position of £2,593,600.

ii. Note the revenue financial detail by service area statement of service areas for which the Policy and Resources Committee is responsible, for financial year 2025/26, attached as Annex 2 to this report.

iii. Note the explanations given and actions proposed in respect of significant budget variances, as outlined in the Budget Action Plan, attached as Annex 3 to this report.

For Further Information please contact:
Pat Robinson, Service Manager (Accounting), extension 2621, Email: pat.robinson@orkney.gov.uk

Implications of Report

1. **Financial:** The Financial Regulations state that Directors can incur expenditure within approved revenue and capital budgets. Such expenditure must be in accordance with the Council's policies and objectives and subject to compliance with the Financial Regulations.
2. **Legal:** Regular financial monitoring and reporting help the Council meet its statutory obligation to secure best value.
3. **Corporate Governance:** In terms of the Scheme of Administration, monitoring, on a quarterly basis, the levels of revenue expenditure incurred against approved budgets, in respect of each of the service areas for which the Committee is responsible, is referred to the Policy and Resources Committee.
4. **Human Resources:** N/A.
5. **Equalities** Equality Impact Assessment is not required for financial monitoring.
6. **Island Communities Impact:** Island Communities Impact Assessment is not required for financial 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:** N/A.
10. **Risk:** N/A.
11. **Procurement:** N/A.
12. **Health and Safety:** N/A.
13. **Property and Assets:** N/A.
14. **Information Technology:** N/A.
15. **Cost of Living:** N/A.

List of Background Papers

Policy and Resources Committee, 25 February 2025, Budget and Council Tax Level for 2025/26.

Policy and Resources Committee, 17 June 2025, Detailed Revenue Budgets.

Annexes

Annex 1: Financial Summary.

Annex 2: Financial Detail by Service Area.

Annex 3: Budget Action Plan.

Annex 1: Financial Summary **March 2026**

The table below provides a summary of the position across all Service Areas.

General Fund Service Area	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Central Administration	(81.6)	917.1	(998.7)	N/A	917.1
Law, Order & Protective Services	116.6	152.7	(36.1)	76.4	152.7
Other Services	11,739.9	13,298.7	(1,558.8)	88.3	13,298.7
	11,774.9	**14,368.5**	**(2,593.6)**	**81.9**	**14,368.5**
Service Totals	**11,774.9**	**14,368.5**	**(2,593.6)**	**81.9**	**14,368.5**

Annex 2: Financial Detail by Service Area **March 2026**

The following tables show the spending position by service function

General Fund

Central Administration	PA	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Chief Executive	**1B**	(42.1)	0.0	(42.1)	N/A	0.0
Corporate Services		132.6	137.6	(5.0)	96.4	137.6
Finance	**1B**	(231.7)	39.1	(270.8)	N/A	39.1
Development & Infrastructure	**1B**	(268.9)	41.2	(310.1)	N/A	41.2
HR and Organisational Development	**1B**	417.0	560.3	(143.3)	74.4	560.3
I.T. and Facilities	**1B**	65.0	123.0	(58.0)	52.8	123.0
Corporate and Democratic Core	**1B**	(39.8)	63.2	(103.0)	N/A	63.2
Legal Services	**1B**	(58.2)	8.2	(66.4)	N/A	8.2
Cleaning Holding Account		47.3	47.3	0.0	100.0	47.3
Movement in Reserves		(102.8)	(102.8)	0.0	100.0	(102.8)
Service Total		**(81.6)**	**917.1**	**(998.7)**	**N/A**	**917.1**

Changes in original budget position:

Original Net Budget	13.2
Islands Deal Adjustment	(38.1)
HR and Organisational Development	460.3
Apportionment Realignment	218.8
IAS19 Adjustment	(10.0)
CNES (Comhairle nan Eilean Siear) Realignment	(20.2)
Invest to Save Funding	293.1
	917.1

Law, Order & Protective Services	PA	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Civil Contingencies	**1B**	118.0	154.1	(36.1)	76.6	154.1
Movement in Reserves		(1.4)	(1.4)	0.0	100.0	(1.4)
Service Total		**116.6**	**152.7**	**(36.1)**	**76.4**	**152.7**

Changes in original budget position:

Original Net Budget	183.1
Budget Transfer – Road Safety Education	(29.6)
Apportionment Realignment	(0.8)
	152.7

Other Services	PA	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Corporate Management	**1C**	3,746.3	3,680.9	65.4	101.8	3,680.9
Corporate Priorities	**1B**	(83.9)	129.6	(213.5)	N/A	129.6
Area Support Team (CP)		15.5	20.7	(5.2)	74.9	20.7
Registration		69.1	60.5	8.6	114.2	60.5
Miscellaneous Property		267.0	257.0	10.0	103.9	257.0
Payments to Joint Boards		563.4	575.5	(12.1)	97.9	575.5
Elections	**1B**	227.4	142.5	84.9	159.6	142.5
Licensing	**1B**	(12.8)	1.7	(14.5)	N/A	1.7
Grants	**1B**	183.6	220.6	(37.0)	83.2	220.6
Publicity		22.1	21.4	0.7	103.3	21.4
Twinning	**1B**	12.2	0.0	12.2	N/A	0.0
Community Councils		502.2	529.3	(27.1)	94.9	529.3
Accounting for Pensions	**1B**	244.7	(8,802.8)	9,047.5	N/A	(8,802.8)
Interest on Loans and Balances	**1B**	(2,146.8)	(500.0)	(1,646.8)	429.4	(500.0)
Miscellaneous - OS	**1B**	172.1	2,208.1	(2,036.0)	7.8	2,208.1
Movement in Reserves	**1B**	6,143.7	10,484.8	(4,341.2)	58.6	10,484.8
Non-Distributed Costs		53.3	53.3	0.0	100.0	53.3
Cost of Collection	**1B**	583.6	704.2	(120.6)	82.9	704.2
Finance Charges	**1B**	1,177.2	3,511.4	(2,334.2)	33.5	3,511.4
Service Total		**11,739.9**	**13,298.7**	**(1,558.8)**	**88.3**	**13,298.7**

Changes in original budget position:

Original Net Budget	12,353.3
Occupational Health Recharge	(0.1)
Islands Deal Adjustment	93.3
Islands Cost Crisis Emergency Fund	214.0
Invest to Save	6.9
Redeterminations	411.1
Long Term Plans for Towns	363.2
Apportionment Realignment	(431.7)
Budget Realignment – IAS19	10.0
Crown Estate - Redeterminations	1,331.9
General Revenue Grant Correction	(0.4)
Budget Reallocation – Orkney Ferries	7.0
CNES (Comhairle nan Eilean Siear) Realignment	20.2
World Heritage Site Programme	10.2
SIP Budget Realignment	(266.7)
Long Term Plans for Town	(363.2)
HR and Organisational Development	(460.3)
	13,298.7

Central Administration

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R10A	**Chief Executive** Less than anticipated expenditure by £42.1K	Gavin Mitchell	Underspend is due to staff vacancies across the service.	Continue endeavours to fill vacant posts. There will continue to be an underspend into the 2026/27 staffing budget to reflect the period across which posts remain unfilled.
R10C	**Finance** Less than anticipated expenditure by £270.8K	Erik Knight	£213.5K of the variance is a result of staff turnover and vacancies within several Finance teams during the year. A further £30.0K relates to a one-off windfall in IT software costs. The balance, £27.3K is made up of minor underspends in Administration Costs, Supplies and Services and Third-Party Payment lines across the 12 Finance cost centres.	Recruitment has been successful in most cases, with one temporary part-time Payroll post being unsuccessful in two recruitment exercises.
R10D	**Development & Infrastructure** Less than anticipated expenditure by £310.1K	Kenny MacPherson	Variance relates to staff vacancies within two teams, in particular. As the budget is set on assumption of all posts being occupied, vacancies will normally trigger an underspend.	Efforts continue to recruit to these posts. There will continue to be an underspend in the staffing budget to reflect the period across which posts remain unfilled.

Central Administration

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R10E	**HR & Organisational Development** Less than anticipated expenditure by £143.3K	Andrew Groundwater	The largest area of underspend for £67K is related to the Occupational Health budget which was in its first year of a new approach with a centralised budget and contract. HR and Organisational Development saw underspends due to staff turnover in the year. The Trade Union facility time budget was underspent due to some Unions not having been able to appoint to their office holder roles.	The approach to budget setting and control around Occupational Health is being reviewed to avoid future over or under spends.
R10F	**I.T. and Facilities** Less than anticipated expenditure by £58.0K	Kenny MacPherson	Variance relates to staff vacancies within two teams, in particular. As the budget is set on assumption of all posts being occupied, vacancies will normally trigger an underspend.	Efforts continue to recruit to these posts. There will continue to be an underspend in the staffing budget to reflect the period across which posts remain unfilled.
R10H	**Corporate & Democratic Core** Less than anticipated expenditure by £103.0K	Gavin Mitchell	Underspend is due to staff vacancies across the service. A number of these vacancies have since been filled.	Continue endeavours to fill vacant posts. There will continue to be an underspend into the 2026/27 staffing budget to reflect the period across which posts remain unfilled.

Central Administration

Service Function	**Service Description**	**Responsible Officer**	**Variance Reason**	**Action Notes**
R10I	**Legal Services** Less than anticipated expenditure by £66.4K	Gavin Mitchell	Underspend is due to staff vacancies.	Continue efforts to fill vacant posts.

Law, Order & Protective Services

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R23F	**Civil Contingencies** Less than anticipated expenditure by £36.1K	Kenny MacPherson	Variance relates to staff vacancies within two teams, in particular. As the budget is set on assumption of all posts being occupied, vacancies will normally trigger an underspend.	Efforts continue to recruit to these posts. There will continue to be an underspend in the staffing budget to reflect the period across which posts remain unfilled.

Other Services

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R10G	**Corporate Management** More than anticipated expenditure by £65.4K	Alex Rodwell	The overspend is due to staff costs within one of the budget lines.	The Service is working with Finance to align the staffing budget in the relevant cost centre for financial year 2026/27.
R10J	**Corporate Priorities** Less than anticipated expenditure by £213.5K	Alex Rodwell	The primary reason for the underspend is due to staff vacancies within Improvement and Performance which have remained vacant and are being considered as part of the next stage of the approved management restructure. Additionally, not all Trade Unions have allocated their full facility time which is causing an underspend against this cost centre.	The budget from vacancies within Improvement and Performance are now being realigned, putting the required staffing structures in place as part of the next level of implementation of the management restructure. The situation will be monitored for the Trade Union facility time.

Other Services

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R39F	**Elections** More than anticipated income by £84.9K	Gavin Mitchell	There was an error in the budget in that no reference was made to funding received from the Scottish Government for administration of the Scottish Parliamentary Election.	The budget has been updated to reflect the correct budgetary position for the 2026/27 financial year.
R39G	**Licensing** Less than anticipated expenditure by £14.5K	Gavin Mitchell	Increased income this year due to short-term let licence renewals.	Short-term let licences are renewable every three years. The fee income is applied to cover the cost of the Licensing Officer post.
R39H	**Grants** Less than anticipated expenditure by £37.0K	Erik Knight	The underspend relates to underspends in Community Care Grants. This cost centre is driven by demand. Applications for this funding, and awards, have been below budget allocation.	None.

Other Services

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R39L	**Twinning** More than anticipated expenditure by £12.2K	Alex Rodwell	Part of the overspend was caused by £4K of additional costs associated with the Christmas Tree Lighting and Norwegian Constitution Day. The remaining £8K of overspend was associated with spending for the Arctic Circle event and was against the 3-year budget for those activities which expired in 2024/25.	The Head of Performance and Business Support will work with the Democratic Services team to look at Twinning and civic events spending for 2026/27. While the budget has not increased, events are costing more, including costs associated with the need to use a local contractor. The team will explore opportunities to adjust the scope of events where practicable to deliver them within the budget available. The Christmas Tree lighting event remains the single biggest cost.
R39N	**Accounting for Pensions** More than anticipated expenditure by £9,047.5K	Erik Knight	This variance reflects the nominal interest on the application of the asset ceiling in the 2024/25 statutory accounts. This accounting cost has been created through the application of IAS19 and IFRIC14 accounting requirements. No budget was created for this element.	None.

Other Services

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R39S	**Interest on Loans and Balances** More than anticipated income by £1,646.8K	Erik Knight	Income in this budget area is made up of interest from commercial loans of £8.0K, and interest earned on balances of £2,138.8K. Interest earned reflects monies deposited on a short-term basis. The level of cash flow available for this purpose was higher during the year through timing of grant receipts, and the purpose for these receipts – for example the £10.0M connectivity funding was available to deposit during the year. Interest earned also reflects interest earned on 'borrowing' between Funds.	Treasury Management processes are operating effectively. The Council's internally managed investments outperformed the benchmark for the quarter ending 31 March 2026.
R39T	**Miscellaneous – OS** Less than anticipated expenditure by £2,036.0K	Erik Knight	The budget includes adjustments in respect of National Insurance increases (£1,018.0K), staff pay increases (£703.0K) and other smaller settlement adjustments which were already reflected in the approved 2025/26 Council budget.	None.

Other Services

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R39U	**Movement in Reserves** Less than anticipated expenditure by £4,341.2K	Erik Knight	A number of year end allocations and accounting adjustments have generated this variance. For example, the other side of the asset ceiling adjustment noted at R39N, the movement of Crown Estate income to the Crown Estate Fund, etc. The budget does not reflect all these year-end movements resulting in a budget variance.	None.
R39X	**Cost of Collection** Less than anticipated expenditure by £120.6K	Erik Knight	£88.3K relates to an underspend in Discretionary Rates Reliefs cost. The remainder, £32.3K, relates to underspends in Administration costs.	Level and number of rates reliefs varies from year to year, however Discretionary Rates Reliefs costs have been consistent in recent years indicating budget may be set too high. Administration costs have also been relatively consistent in recent years. Consider budget realignment.

Other Services

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R39Y	**Finance Charges** Less than anticipated expenditure by £2,334.2K	Erik Knight	This budget area includes the Loan Charges budget – the budget to repay Council 'mortgages'. This budget has been underspent in recent years due to low level of General Fund borrowing for capital projects. Ideally the Council could accelerate existing loan repayments, however this budget has deliberately been underspent to cover the cost of overspends elsewhere within the General Fund.	Continue to maximise external funding for Council capital projects to minimise borrowing requirements. Continue to encourage Directors and their directorates to deliver operational savings to make future capital projects affordable within General Fund financial envelope.

Item: 18.2

Policy and Resources Committee: 22 September 2026.

Revenue Expenditure Outturn – Orkney Health and Care.

Report by Head of Finance.

1. Overview

1.1. This report presents the revenue financial outturn position as at 31 March 2026 in respect of service areas within the Orkney Health and Social Care Partnership, for which the Council is responsible.

1.2. On 4 March 2025, the Council set its overall revenue budget for financial year 2025/26. On 17 June 2025, the Policy and Resources Committee recommended approval of the detailed revenue budgets for 2025/26, which form the basis of the individual revenue expenditure monitoring reports.

1.3. Individual revenue expenditure monitoring reports are circulated every month to inform elected members of the up-to-date financial position. Quarterly revenue expenditure monitoring reports are presented to individual service committees.

1.4. In terms of revenue spending, at an individual cost centre level, budget holders are required to provide an explanation of the causes of each material variance and to identify appropriate corrective actions to remedy the situation.

1.5. Material variances are identified automatically as Priority Actions within individual budget cost centres according to the following criteria:

- Variance of £10,000 and more than 110% or less than 90% of anticipated position (1B).
- Not more than 110% or less than 90% of anticipated position but variance greater than £50,000 (1C).

1.6. Priority Actions can be identified at the Service Function level according to the same criteria and these are shown in the Revenue Expenditure Statements. As with individual cost centre variances, each of these Priority Actions requires an explanation and corrective action to be identified and these are shown in the Budget Action Plan.

1.7. The details have been provided following consultation with the relevant Directors and their staff.

1.8. The figures quoted within the Budget Action Plan by way of the underspend (-) and overspend position will always relate to the position within the current month.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Note the revenue expenditure monitoring statement in respect of service areas within the Orkney Health and Social Care Partnership, for which the Council is responsible, for the period 1 April 2025 to 31 March 2026, attached as Annex 1 to this report, indicating a budget overspend position of £2,026,000.

ii. Note the revenue financial service area statement in respect of service areas within the Orkney Health and Social Care Partnership, for which the Council is responsible, for the period 1 April 2025 to 31 March 2026, attached as Annex 2 to this report.

iii. Note the explanations given and actions proposed in respect of significant budget variances, as outlined in the Budget Action Plan, attached as Annex 3 to this report.

For Further Information please contact:
Pat Robinson, Service Manager (Accounting), extension 2621, Email: pat.robinson@orkney.gov.uk

Implications of Report

1. **Financial:** The Financial Regulations state that Directors can incur expenditure within approved revenue and capital budgets. Such expenditure must be in accordance with the Council's policies and objectives and subject to compliance with the Financial Regulations.
   In addition, in accordance with the Orkney Integration Scheme, when forecasting an overspend, the Chief Officer and the Chief Finance Officer of the Integration Joint Board are required to prepare a recovery plan setting out how they propose to return to a breakeven position.
2. **Legal:** Regular financial monitoring and reporting help the Council meet its statutory obligation to secure best value.
3. **Corporate Governance:** In terms of the Scheme of Administration, monitoring the levels of revenue expenditure incurred against approved budgets, in respect of each of the service areas for which the Committee is responsible, is referred to the Policy and Resources Committee.
4. **Human Resources:** N/A.
5. **Equalities:** An Equality Impact Assessment is not required for financial monitoring.

6. **Island Communities Impact:** An Island Communities Impact Assessment is not required for financial 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:** N/A.
10. **Risk:** N/A.
11. **Procurement:** N/A.
12. **Health and Safety:** N/A.
13. **Property and Assets:** N/A.
14. **Information Technology:** N/A.
15. **Cost of Living:** N/A.

List of Background Papers

Policy and Resources Committee, 25 February 2025, Budget and Council Tax Level for 2025/26.
Policy and Resources Committee, 17 June 2025, Detailed Revenue Budgets.

Annexes

Annex 1: Financial Summary.
Annex 2: Financial Detail by Service Area.
Annex 3: Budget Action Plan.

Annex 1: Financial Summary **March 2026**

The table below provides a summary of the position across all Service Areas.

General Fund Service Area	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Social Care	33,400.9	31,374.9	2,026.0	106.5	31,374.9
	33,400.9	**31,374.9**	**2,026.0**	**106.5**	**31,374.9**
Service Totals	**33,400.9**	**31,374.9**	**2,026.0**	**106.5**	**31,374.9**

Annex 2: Financial Detail by Service Area **March 2026**

The following tables show the spending position by service function

General Fund

Social Care	PA	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Administration - SW	**1C**	2,954.0	3,040.1	(86.1)	97.2	3,040.1
Childcare	**1C**	5,684.9	5,566.0	118.9	102.1	5,566.0
Older People - Residential	**1B**	8,752.2	7,606.4	1,145.8	115.1	7,606.4
Older People - Independent Sector	**1B**	1,179.1	702.9	476.2	167.7	702.9
Older People - Day Centres	**1B**	237.4	282.8	(45.4)	83.9	282.8
Disability	**1C**	6,697.0	6,124.5	572.5	109.3	6,124.5
Mental Health	**1B**	23.5	389.0	(365.5)	6.0	389.0
Other Community Care	**1C**	1,483.9	1,608.5	(124.6)	92.3	1,608.5
Occupational Therapy		524.3	562.4	(38.1)	93.2	562.4
Home Care	**1C**	5,846.3	5,382.1	464.2	108.6	5,382.1
Criminal Justice	**1B**	182.9	243.8	(60.9)	75.0	243.8
Integration Joint Board	**1B**	181.1	212.1	(31.0)	85.4	212.1
Movement in Reserves		(345.7)	(345.7)	0.0	100	(345.7)
Finance & Capital Charges		0.0	0.0	0.0	0.0	0.0
Service Total		**33,400.9**	**31,374.9**	**2,026.0**	**106.5**	**31,374.9**

Changes in original budget position:

Original Net Budget	31,414.3
Children's Social Care Pay Uplift & SRA Kinship Care	57.0
Apportionment Realignment	(96.4)
	31,374.9

Social Care

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R19A	**Administration – SW** Less than anticipated expenditure £86.1K	Alex Rodwell	Underspend of £127.9K relates to a Year-End movement on Bad Debt Provision and an underspend within Supplies and Services. Payments to Voluntary Organisations exceeded budgeted/expected demand levels and the related grant income from NHS Orkney which offsets some of this spend could not be increased beyond pre-agreed levels in-year causing a £50k overspend.	This favourable position will continue to be monitored to establish whether it is recurring. Budgets for 2026/27 have been set at a more realistic level reflecting current spend patterns and the position will continue to be monitored closely.
R19C	**Childcare** More than anticipated expenditure by £118.9K	Darren Morrow	There was a continued reliance on agency staffing due to recruitment issues and long-term sickness. The overall staffing budget was £488K overspent. £1,105K was spent on agency staff which includes accommodation and travel. Outwith Orkney Placements to ensure children and young people's care needs are met safely was overspent by £12K.	Continue to work on recruiting permanent staff to reduce reliance on agency staff. Outwith Orkney Placements – multi agency work will continue to bring children and young people back to their communities as soon as it is safe to accommodate this. There is a difficulty in securing local education provision for complex educational needs which is slowing the rehabilitation back to Orkney of a number of children and young people.

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R19D	**Older People – Residential** More than anticipated expenditure by £1,145.8K	Lynda Bradford	There was a continued reliance on agency staffing due to recruitment issues and long-term sickness absence within residential care homes. £1,799K was spent on agency costs to comply with safe staffing legislation and meet regulatory requirements. There were also lower than anticipated income from resident charges.	Continue to work on recruiting permanent staff to reduce reliance on agency staff, alongside monitoring of resident charge income.
R19E	**Older People – Independent Sector** More than anticipated expenditure by £476.2K	Lynda Bradford	The trend of increasing need for the provision of residential care by third parties Outwith Orkney continued into the 2025/26 financial year.	New packages are subject to considerable scrutiny via the Extraordinary Package of Care process; it is then approved by the Chief Officer. Increases in established packages also required to be approved.
R19F	**Older People – Day Centres** Less than anticipated expenditure by £45.4K	Lynda Bradford	The favourable variance is mainly due to higher than anticipated income from day-care charges introduced this year, along with an underspend on staff costs due to vacancies.	Monitor and adjust in-year more proactively. Ongoing recruitment to vacant posts.
R19G	**Disability** More than anticipated expenditure by £572.5K	Lynda Bradford	The overall disability staffing budget was £947K overspent. £975K was spent on agency staff which includes accommodation and travel. This overspend is also made up of additional users who initially came in for respite but due to unforeseen circumstances have required to remain.	Continue to work on recruiting permanent staff to reduce reliance on agency staff. A piece of work is underway to understand better increasing demands faced by this service.

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R19H	**Mental Health** Less than anticipated expenditure by £365.5K	Lynda Bradford	The favourable variance is primarily driven by additional grant income received above the budgeted level from NHS Orkney, together with an underspend on staff costs due to vacancies.	Recruitment is underway for Mental Health administration posts.
R19I	**Other Community Care** Less than anticipated expenditure by £124.6K	Lynda Bradford	The underspend is primarily due to staff changes and vacancies within the Adult Social Work team.	Recruitment efforts continue to be ongoing.
R19K	**Homecare** More than anticipated expenditure by £464.2K	Lynda Bradford	Due to vacancy rates and long-term sickness, Care at Home services required considerable agency backfill which is accountable for the majority of the overspend. This is required to meet safe staffing levels and regulatory requirements. The agency spend here was £2,008K. Within Home Care Direct Payments there was an underspend of £367.2K due to the budgeted increase in Self-Directed Support/Direct Payments not occurring in-year due to continuous review of needs.	Continue to work on recruiting permanent staff within Care at Home to reduce reliance on agency staff. The 2026/27 budget for Home Care Direct Payment has been set with a more realistic growth/uptake of Self-Directed Support/Direct Payments in this area.

Service Function	Service Description	Responsible Officer	Variance Reason	Action Notes
R19L	**Criminal Justice** Less than anticipated expenditure by £60.9K	Darren Morrow	Third party payments budget set unrealistically too high and not adjusted in-year, partially offset by higher than budgeted staff costs.	This favourable position will continue to be monitored to establish whether it is recurring.
R19N	**Integration Joint Board** Less than anticipated expenditure by £31K	Stephen Brown	Final recharge of NHS Orkney shared posts costs lower than forecast due to staff movements.	No action required.

Item: 18.3

Policy and Resources Committee: 22 September 2026.

Revenue Expenditure Outturn – Summary

Report by Head of Finance.

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1. Overview

1.1. This report presents the revenue financial summary outturn position of expenditure incurred across the Council, for financial year 2025/26.

1.2. On 4 March 2025, the Council set its overall revenue budget for financial year 2025/26. On 17 June 2025, the Policy and Resources Committee recommended approval of the detailed revenue budgets for 2025/26, which form the basis of the individual revenue expenditure monitoring reports.

1.3. Individual revenue expenditure monitoring reports are circulated every month to inform elected members of the up-to-date financial position. Quarterly revenue expenditure monitoring reports are presented to individual service committees. Annex 1 to this report combines the individual service revenue expenditure monitoring reports and summarises the position for the Council.

1.4. In terms of sources of funding, the income position at function level is attached as Annex 2, with an explanation of the causes of each material variance and corrective actions, attached at Annex 3.

1.5. In response to members' requests regarding further detail in relation to spend on agency staff, Annex 4 provides a breakdown of spend across various General and Non-General Fund services for the previous three financial years.

1.6. When the internal audit relating to the procedures and controls around the use of consultants was reported to the Monitoring and Audit Committee on 13 November 2025, one of the recommendations was that, in order to ensure clarity around the value of consultancy work across the Council, the quarterly revenue expenditure monitoring reports submitted to the Policy and Resources Committee should contain a section on consultancy spend. Annex 5 provides details on consultancy spend for the previous three financial years.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Note the summary revenue expenditure monitoring statement for financial year 2025/26, attached as Annex 1 to this report, indicating the following:
   - A total General Fund overspend of £306,800.
   - A surplus in Sources of Funding of £306,600.
   - A net Non-General Fund surplus of £4,550,600.

ii. Note the sources of funding statement for financial year 2025/26, attached as Annex 2 to this report.

iii. Note the explanations given and actions proposed in respect of significant budget variances, as outlined in the Budget Action Plan, attached as Annex 3 to this report.

iv. Note the expenditure in relation to agency staff for financial years 2023/24, 2024/25 and 2025/26, attached as Annex 4 to this report.

v. Note the expenditure in relation to consultancy services for financial years 2023/24, 2024/25 and 2025/26, attached as Annex 5 to this report.

For Further Information please contact:
Pat Robinson, Service Manager (Accounting), extension 2621, Email: pat.robinson@orkney.gov.uk

Implications of Report

1. **Financial:** The Financial Regulations state that Directors can incur expenditure within approved revenue and capital budgets. Such expenditure must be in accordance with the Council's policies and objectives and subject to compliance with the Financial Regulations**.**
2. **Legal:** Regular financial monitoring and reporting help the Council meet its statutory obligation to secure best value.
3. **Corporate Governance:** In terms of the Scheme of Administration, monitoring the general levels of revenue expenditure incurred against approved budgets is referred to the Policy and Resources Committee.
4. **Human Resources:** N/A.
5. **Equalities:** Equality Impact Assessment is not required for financial monitoring.
6. **Island Communities Impact:** Island Communities Impact Assessment is not required for financial 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:** N/A.
10. **Risk:** N/A.
11. **Procurement:** N/A.
12. **Health and Safety:** N/A.
13. **Property and Assets:** N/A.
14. **Information Technology:** N/A.
15. **Cost of Living:** N/A.

List of Background Papers

Policy and Resources Committee, 25 February 2025, Budget and Council Tax Level for 2025/26.
Policy and Resources Committee, 17 June 2025, Detailed Revenue Budgets.

Annexes

Annex 1: Financial Summary.
Annex 2: Financial Detail by Service Area.
Annex 3: Budget Action Plan.
Annex 4: Agency Costs.
Annex 5: Consultants Costs.

General Fund Service Area	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Education	50,995.1	50,531.8	463.3	100.9	50,531.8
Leisure Services	4,424.7	4,362.9	61.8	101.4	4,362.9
Other Housing	1,871.8	2,313.9	(442.1)	80.9	2,313.9
Education, Communities & Housing	**57,291.6**	**57,208.6**	**83.0**	**100.1**	**57,208.6**
Roads	5,218.9	4,270.0	948.9	122.2	4,270.0
Transportation	33,446.9	33,405.9	41.0	100.1	33,405.9
Operational Environmental Services	3,480.0	3,321.7	158.3	104.8	3,321.7
Environmental Health & Trading Standards	1,172.6	1,232.5	(59.9)	95.1	1,232.5
Development	2,901.0	3,103.8	(202.8)	93.5	3,103.8
Planning	1,427.0	1,521.1	(94.1)	93.8	1,521.1
Enterprise & Infrastructure Committee	**47,646.4**	**46,855.0**	**791.4**	**101.7**	**46,855.0**
Social Care	33,400.9	31,374.9	2,026.0	106.5	31,374.9
Orkney Health & Care	**33,400.9**	**31,374.9**	**2,026.0**	**106.5**	**31,374.9**
Central Administration	(81.6)	917.1	(998.7)	N/A	917.1
Law, Order & Protective Services	116.6	152.7	(36.1)	76.4	152.7
Other Services	11,739.9	13,298.7	(1,558.8)	88.3	13,298.7
Policy & Resources	**11,774.9**	**14,368.5**	**(2,593.6)**	**81.9**	**14,368.5**
Total Service Spending	**150,113.8**	**149,807.0**	**306.8**	**100.2**	**149,807.0**
Sources of Funding					
Non-Domestic Rates	(11,759.0)	(11,759.0)	0.0	100.0	(11,759.0)
Council Tax	(14,384.1)	(13,674.0)	(710.1)	105.2	(13,674.0)
Revenue Support Grant	(105,898.0)	(105,898.0)	0.0	100.0	(105,898.0)
Movement in Reserves	(18,072.5)	(18,476.0)	403.5	97.8	(18,476.0)
Total Income	**(150,113.6)**	**(149,807.0)**	**(306.6)**	**100.2**	**(149,807.0)**
Net Service Spending	**0.2**	**0.0**	**0.2**	**0.0**	**0.0**

Non-General Fund	**Spend**	**Budget**	**Over/(Under)**	**Spend**	**Annual Budget**
Service Area	**£000**	**£000**	**£000**	**%**	**£000**
Sundry Accounts	6,928.5	6,547.6	380.9	105.8	6,547.6
Repairs & Maintenance	2,362.0	2,362.0	0.0	100.0	2,362.0
Asset Management Sub-Committee	**9,290.5**	**8,909.6**	**380.9**	**105.8**	**8,909.6**
Housing Revenue Account	(745.0)	(920.0)	175.0	81.0	(920.0)
UHI Orkney	622.2	0.0	622.2	0.0	0.0
Education, Communities & Housing	**(122.8)**	**(920.0)**	**797.2**	**13.3**	**(920.0)**
Scapa Flow Oil Port	(2,444.2)	(353.9)	(2,090.3)	690.6	(353.9)
Miscellaneous Piers & Harbours	(330.6)	(2,214.8)	1,884.2	14.9	(2,214.8)
Harbour Authority Sub-Committee	**(2,774.8)**	**(2,568.7)**	**(206.1)**	**108.0**	**(2,568.7)**
Strategic Reserve Fund	(6,844.9)	(1,322.3)	(5,522.6)	517.7	(1,322.3)
Investments Sub-Committee	**(6,844.9)**	**(1,322.3)**	**(5,522.6)**	**517.7**	**(1,322.3**
Net Service Spending	**(452.0)**	**4,098.6**	**(4,550.6)**	**(110.3)**	**4,098.6**

Annex 2: Financial Detail by Service Area **March 2026**

The following table shows the spending position by service function

Sources of Funding	PA	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Non-Domestic Rates		(11,759)	(11,759)	0	100	(11,759)
Council Tax	**1C**	(14,384)	(13,674)	(710)	105	(13,674)
Revenue Support Grant		(105,898)	(105,898)	0	100	(105,898)
Movement in Reserves	**1C**	(18,073)	(18,476)	404	97	(18,476)
Service Total		**(150,113)**	**(149,807)**	**(307)**	**100**	**(149,807)**

Changes in original budget position:

Original Net Budget	118,205
School Milk	4
Inter-Island Connectivity	28,991
Children's Social Care Pay	51
No One Left Behind	53
Nature Restoration Fund	49
Pay and Employers National Insurance Contributions	1,721
Island Cost of Living	214
Ukraine and others, resettlement	58
SRA Kinship Care	6
Holiday activities for Disabled Children	2
Single-Use Vapes	1
Fairer Futures Partnerships: Adopt & Adapt Funding	69
Discretionary Housing Payments- Housing Emergency Action Plan	7
Discretionary Housing Payment Top Up	2
Rapid Rehousing Transition Top Up	20
Teacher induction scheme	37
Scottish Welfare Fund	13
Invest to Save	300
Electoral Registration Officers	4
	149,807

Sources of Funding

Service Function	**Service Description**	**Responsible Officer**	**Variance Reason**	**Action Notes**
R37C	**Council Tax** More than anticipated income by £710.1K.	Erik Knight	Analysis suggests the budget forecast for 2nd homes and empty property surcharge was overly prudent.	Carry out further analysis to confirm this understanding and integrate findings into future budget setting.
R37U	**Movement in Reserves** Less than anticipated income by £403.5K.	Erik Knight	The movement in reserves is lower than anticipated as the draw from the Workforce Management Fund for graduate trainees and apprentices was less than budgeted.	None.

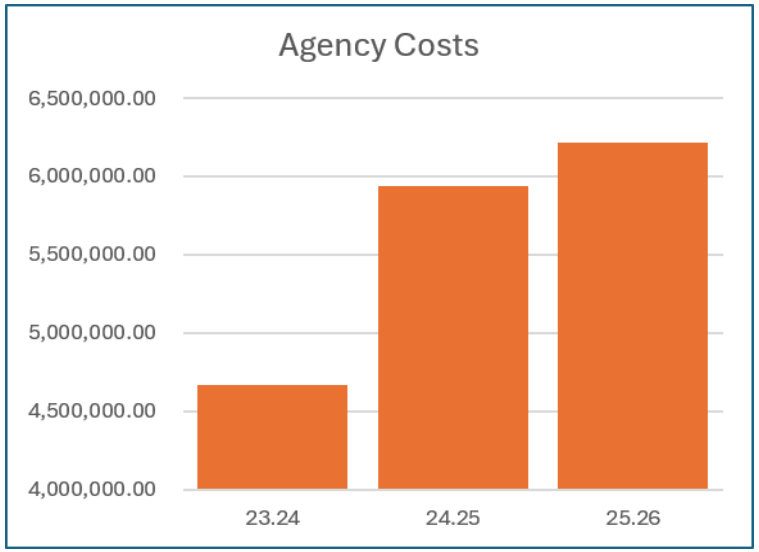
Agency Costs

Annex 4

General Fund Service	23.24	24.25	25.26
	£000	£000	£000
Education	1.7	-	-
Leisure	50.7	41.8	29.5
Other Housing	-	-	-
Roads	-	0.2	11.7
Transportation	-	-	-
Operational, Environmental Services	3.0	-	3.7
Env Health & Trading Standards	-	-	43.3
Development	-	-	1.1
Planning	39.1	64.6	74.2
Social Care	4,537.4	5,769.8	6,022.9
Central Administration	5.1	21.9	-
Law, Order & Protective Services	-	-	-
Other Services	-	-	-
Sundry Accounts	-	-	-
Repairs and Maintenance	-	-	-
Non-General Fund Service		-	-
Housing Revenue Account	25.1	30.2	25.6
UHI Orkney		-	-
Scapa Flow Oil Port	3.5	13.4	-
Misc Piers & Harbours	-1.1	-	-
Strategic Reserve Fund		-	-
Total	**4,664.5**	**5,941.9**	**6,212.0**

	23.24	24.25	25.26
	£000	£000	£000
Staffing	4,664.5	4,940.3	5,154.7
Accommodation	inc above	769.5	865.0
Travel	inc above	213.3	183.3
Other Costs	inc above	18.8	9.0
Total	**4,664.5**	**5,941.9**	**6,212.0**

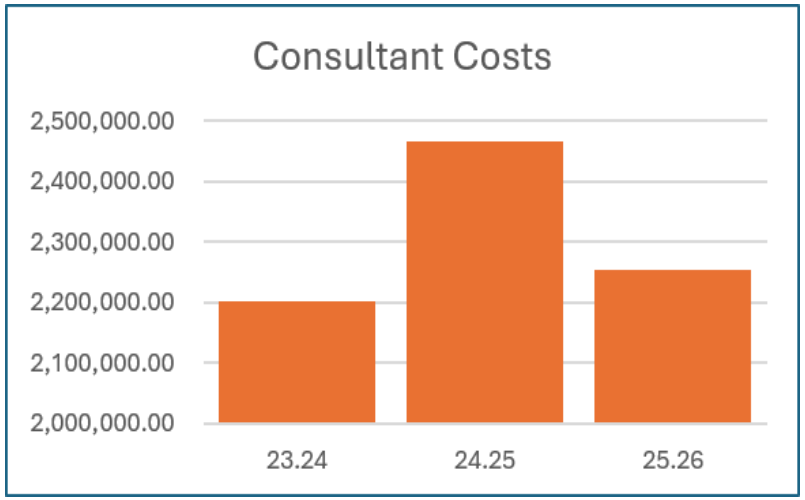
*Costs only split down further in 24.25 onwards. Some costs also miscoded to other subjectives in 23.24 so overall costs might be higher for that year.



Consultant Costs

Annex 5

General Fund Service	23.24	24.25	25.26
	£000	£000	£000
Education	7.9	4.2	-
Leisure	41.6	12.4	-
Other Housing	-	10.3	58.8
Roads	63.0	1.0	2.9
Transportation	7.0	131.5	79.1
Operational, Environmental Services	-	29.5	6.4
Env Health & Trading Standards	5.9	-	-
Development	384.5	450.8	326.0
Planning	113.1	156.2	136.7
Social Care	65.6	80.5	78.1
Central Administration	108.3	156.1	237.7
Law, Order & Protective Services	-	-	-
Other Services *	51.3	105.5	189.7
Sundry Accounts	46.7	28.2	88.5
Repairs and Maintenance	1.0	-	-
Non-General Fund Service			
Housing Revenue Account		16.4	134.8
UHI Orkney	19.2	1.3	20.5
Scapa Flow Oil Port	224.4	73.2	18.6
Misc Piers & Harbours	736.5	483.8	652.7
Strategic Reserve Fund	327.0	725.6	223.6
Total	**2,203**	**2,466.1**	**2,254.1**



Costs could be higher if not coded to consultants subjective.

*This includes all the costs in relation to consultants for Capital Project Appraisals (CPA).

Item: 19.1

Policy and Resources Committee: 22 September 2026.

Revenue Expenditure Monitoring.

Report by Head of Finance.

---

1. Overview

1.1. This report presents the revenue financial summary position of expenditure incurred as at 30 June 2026, in respect of service areas for which the Policy and Resources Committee is responsible.

1.2. On 10 March 2026 the Council set its overall revenue budget for financial year 2026/27. On 16 June 2026, the Policy and Resources Committee recommended approval of the detailed revenue budgets for 2026/27, which form the basis of the individual revenue expenditure monitoring reports.

1.3. Individual revenue expenditure monitoring reports are circulated every month to inform elected members of the up-to-date financial position. Quarterly revenue expenditure monitoring reports are presented to individual service committees.

1.4. In terms of revenue spending, at an individual cost centre level, budget holders are required to provide an explanation of the causes of each material variance and to identify appropriate corrective actions to remedy the situation.

1.5. Material variances are identified automatically as Priority Actions within individual budget cost centres according to the following criteria:

- Variance of £10,000 and more than 110% or less than 90% of anticipated position (1B).
- Not more than 110% or less than 90% of anticipated position but variance greater than £50,000 (1C).

1.6. Priority Actions can be identified at the Service Function level according to the same criteria and these are shown in the Revenue Expenditure Statements. As with individual cost centre variances, each of these Priority Actions requires an explanation and corrective action to be identified and these are shown in the Budget Action Plan.

1.7. The details have been provided following consultation with the relevant Directors and their staff.

1.8. The figures quoted within the Budget Action Plan by way of the underspend (-) and overspend position will always relate to the position within the current month.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Note the revenue expenditure monitoring statement in respect of service areas for which the Policy and Resources Committee is responsible, for the period 1 April to 30 June 2026, attached as Annex 1 to this report, indicating a budget underspend position of £331,600.

ii. Note the revenue financial service area statement in respect of service areas for which the Policy and Resources Committee is responsible, for the period 1 April to 30 June 2026, attached as Annex 2 to this report.

iii. Note the explanations given and actions proposed in respect of significant budget variances, as outlined in the Budget Action Plan, attached as Annex 3 to this report.

For Further Information please contact:
Pat Robinson, Service Manager (Accounting), extension 2621, Email: pat.robinson@orkney.gov.uk

Implications of Report

1. **Financial:** The Financial Regulations state that Directors can incur expenditure within approved revenue and capital budgets. Such expenditure must be in accordance with the Council's policies and objectives and subject to compliance with the Financial Regulations.
2. **Legal:** Regular financial monitoring and reporting help the Council meet its statutory obligation to secure best value.
3. **Corporate Governance:** In terms of the Scheme of Administration, monitoring the levels of revenue expenditure incurred against approved budgets, in respect of each of the service areas for which the Committee is responsible, is referred to the Policy and Resources Committee.
4. **Human Resources:** N/A.
5. **Equalities** Equality Impact Assessment is not required for financial monitoring.
6. **Island Communities Impact:** Island Communities Impact Assessment is not required for financial 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:** N/A.
10. **Risk:** N/A.
11. **Procurement:** N/A.
12. **Health and Safety:** N/A.
13. **Property and Assets:** N/A.
14. **Information Technology:** N/A.
15. **Cost of Living:** N/A.

List of Background Papers

Policy and Resources Committee, 3 March 2026, Budget and Council Tax Level for 2026/27.
Policy and Resources Committee, 16 June 2026, Detailed Revenue Budgets.

Annexes

Annex 1: Financial Summary.
Annex 2: Financial Detail by Service Area.
Annex 3: Budget Action Plan.

Annex 1: Financial Summary **June 2026**

The table below provides a summary of the position across all Service Areas.

General Fund Service Area	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Central Administration	3,530.4	3,806.0	(275.6)	92.8	332.7
Law, Order & Protective Services	22.0	27.1	(5.1)	81.2	171.0
Other Services	734.1	785.0	(50.9)	93.5	12,493.4
	4,286.5	**4,618.1**	**(331.6)**	**92.8**	**12,997.1**
Service Totals	**4,286.5**	**4,618.1**	**(331.6)**	**92.8**	**12,997.1**

Compared to last month, the total number of PAs has changed as follows:

Service Area	No. of PAs P02	 P03	Service Functions	PAs/ Function
Central Administration	6	4	9	44%
Law, Order & Protective Services	0	0	1	0%
Other Services	7	5	17	29%
Totals	13	9	27	33%

Annex 2: Financial Detail by Service Area **June 2026**

The following tables show the spending position by service function

General Fund

Central Administration	PA	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Chief Executive		297.2	297.5	(0.3)	99.9	0.0
Corporate Services	**1C**	898.8	987.4	(88.6)	91.0	319.5
Finance		717.1	693.9	23.2	103.3	0.0
Development & Infrastructure	**1B**	572.4	747.5	(175.1)	76.6	0.0
I.T. and Facilities		792.7	794.9	(2.2)	99.7	0.0
Corporate and Democratic Core	**1B**	5.8	20.3	(14.5)	28.6	0.0
Legal Services		155.3	161.0	(5.7)	96.5	0.0
Cleaning Holding Account	**1B**	91.1	103.5	(12.4)	88.0	0.0
Movement in Reserves		0.0	0.0	0.0	N/A	13.2
Service Total		**3,530.4**	**3,806.0**	**(275.6)**	**92.8**	**332.7**

Changes in original budget position

Original Net Budget	13.2
Apportionment Realignment	319.5
	332.7

Law, Order & Protective Services	PA	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Civil Contingencies		22.0	27.1	(5.1)	81.2	171.0
Service Total		**22.0**	**27.1**	**(5.1)**	**81.2**	**171.0**

Other Services	PA	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Corporate Management		147.7	153.1	(5.4)	96.5	4,596.5
Corporate Priorities		358.4	353.8	4.6	101.3	1,678.8
Area Support Team (CP)		5.5	4.6	0.9	119.6	21.6
Registration		6.1	10.0	(3.9)	61.0	66.3
Miscellaneous Property	**1B**	(7.0)	15.5	(22.5)	N/A	258.8
Payments to Joint Boards		0.0	0.0	0.0	N/A	603.1
Elections	**1B**	(34.5)	(22.8)	(11.7)	151.3	45.7
Licensing		4.7	13.2	(8.5)	35.6	6.2
Grants	**1B**	21.1	63.8	(42.7)	33.1	189.1
Publicity		1.6	0.0	1.6	N/A	0.0
Twinning	**1B**	4.0	(8.8)	12.8	N/A	0.0
Community Councils		142.0	144.0	(2.0)	98.6	517.5
Interest on Loans and Balances		(1.2)	0.0	(1.2)	N/A	(500.0)
Miscellaneous - OS		0.4	3.6	(3.2)	11.1	69.6
Movement in Reserves		0.0	0.0	0.0	N/A	749.9
Cost of Collection	**1B**	18.3	(4.0)	22.3	N/A	690.3
Finance Charges		67.0	59.0	8.0	113.6	3,500.0
Service Total		**734.1**	**785.0**	**(50.9)**	**93.5**	**12,493.4**

Changes in original budget position

Original Net Budget	12,813.1
NILPS – Budget Realignment	(0.2)
Apportionment Realignment	(319.5)
	12,493.4

Annex 3: Budget Action Plan **June 2026**

Central Administration

Function	Function Description/ Explanation	Action Category/ Action Description	Responsible Officer	Deadline	Status
R10B	**Corporate Services** Less than anticipated expenditure by £88.6K. A mixture of under and overspends are present within this function area. The overspends relate to some budgets that have not yet been transferred to the relevant cost centre. Regarding staffing there are underspends due to vacancies and some adjustments of the structures (budgets moved but staffing payments need to be adjusted) not yet completed.	**Management input required** Head of Service to meet with Finance to discuss relevant service function budget structures. Budget Holders to engage with relevant services to ensure cost centres are correctly set-up and budgets applied. Vacancy now filled for Corporate Strategy which will avoid further underspend in that cost centre.	Alex Rodwell	30/09/2026	Ongoing
R10D	**Development & Infrastructure** Less than anticipated expenditure by £175.1K. Variances from budget in this Service Function due to vacancies spread across different cost centres.	**No action required** No budget action required - the budget is designed for 100% occupancy of posts and therefore any vacancy is likely to cause an underspend and trigger a Priority Action. There are no underlying recruitment issues.	Lorna Richardson	22/06/2026	Ongoing

Central Administration

Function	Function Description/ Explanation	Action Category/ Action Description	Responsible Officer	Deadline	Status
R10H	**Corporate and Democratic Core** Less than anticipated expenditure by £14.5K. Underspend is due to vacancies in the Corporate Policy Team which have since been filled.	**No action required** The underspend in the staffing budget reflects the period during which the posts were unfilled (April to June 2026). There will continue to be an underspend in the budget to reflect the period across which the posts had remained unfilled.	Gavin Mitchell	31/03/2027	Ongoing
R10O	**Cleaning Holding Account** Less than anticipated expenditure by £12.4K. Underspend due to staff vacancies within both Cleaning Labour and Cleaning Administration.	**Raise journals request** Building Cleaning staffing vacancies are being filled through recruitment. There will continue to be an underspend in the budget to reflect the period across which the posts had remained unfilled.	Alex Rodwell	30/09/2026	New

Other Services

Function	Function Description/ Explanation	Action Category/ Action Description	Responsible Officer	Deadline	Status
R39C	**Miscellaneous Property** Less than anticipated expenditure by £22.5K. This budget covers numerous properties, including those that may be declared surplus, on the market for sale or subject to other fluctuations. This can lead to variations in costs incurred depending on the circumstances of each, and therefore the costs through this budget are difficult to predict or profile.	**No action required** No action is required.	Kenny Macpherson	28/08/2026	Ongoing
R39F	**Elections** More than anticipated income by £11.7K. There was an error in the budget in that it omitted to include reference to the funding due to be received from the Scottish Government to administer the Scottish Parliamentary Election in May 2026.	**Raise virements request** The 2026/27 budget is being updated to reflect the correct budgetary position.	Gavin Mitchell	31/08/2026	Ongoing

Other Services

Function	Function Description/ Explanation	Action Category/ Action Description	Responsible Officer	Deadline	Status
R39H	**Grants** Less than anticipated expenditure by £42.7K. Two third sector Grant Funding Agreements are still being finalised which has delayed payment.	**Raise journals request** Two third sector grant funding agreements have now been finalised with invoices received and processed for payment. A journal has been completed to transfer this funding to this cost centre.	Alex Rodwell	31/07/2026	Ongoing
R39L	**Twinning** Less than anticipated income by £12.8K Common Good Fund annual allocation was budgeted to be applied to this cost centre by the end of June.	**No action required** Journal has now been processed for this allocation, no further action required.	Alex Rodwell	31/07/2026	Ongoing
R39X	**Cost of Collection** Less than anticipated income by £22.3K June month end journals not posted timeously.	**Raise journals request** Ensure journals are posted timeously to the correct accounting period.	Erik Knight	31/07/2026	Ongoing

Item: 19.2

Policy and Resources Committee: 22 September 2026.

Revenue Expenditure Monitoring – Orkney Health and Care.

Report by Head of Finance.

1. Overview

1.1. This report presents the revenue financial summary position of expenditure incurred as at 30 June 2026, in respect of service within the Orkney Health and Social Care Partnership, for which the Council is responsible.

1.2. On 10 March 2026, the Council set its overall revenue budget for financial year 2026/27. On 16 June 2026, the Policy and Resources Committee recommended approval of the detailed revenue budgets for 2026/27, which form the basis of the individual revenue expenditure monitoring reports.

1.3. Individual revenue expenditure monitoring reports are circulated every month to inform elected members of the up-to-date financial position. Quarterly revenue expenditure monitoring reports are presented to individual service committees.

1.4. In terms of revenue spending, at an individual cost centre level, budget holders are required to provide an explanation of the causes of each material variance and to identify appropriate corrective actions to remedy the situation.

1.5. Material variances are identified automatically as Priority Actions within individual budget cost centres according to the following criteria:

- Variance of £10,000 and more than 110% or less than 90% of anticipated position (1B).
- Not more than 110% or less than 90% of anticipated position but variance greater than £50,000 (1C).

1.6. Priority Actions can be identified at the Service Function level according to the same criteria and these are shown in the Revenue Expenditure Statements. As with individual cost centre variances, each of these Priority Actions requires an explanation and corrective action to be identified and these are shown in the Budget Action Plan.

1.7. The details have been provided following consultation with the relevant Directors and their staff.

1.8. The figures quoted within the Budget Action Plan by way of the underspend (-) and overspend position will always relate to the position within the current month.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Note the revenue expenditure monitoring statement in respect of service areas within the Orkney Health and Social Care Partnership, for which the Council is responsible, for the period 1 April to 30 June 2026, attached as Annex 1 to this report, indicating a budget overspend position of £740,200.

ii. Note the revenue financial service area statement in respect of service areas within the Orkney Health and Social Care Partnership, for which the Council is responsible, for the period 1 April to 30 June 2026, attached as Annex 2 to this report.

iii. Note the explanations given and actions proposed in respect of significant budget variances, as outlined in the Budget Action Plan, attached as Annex 3 to this report.

For Further Information please contact:
Pat Robinson, Service Manager (Accounting), extension 2621, Email: pat.robinson@orkney.gov.uk

Implications of Report

1. **Financial:** The Financial Regulations state that Directors can incur expenditure within approved revenue and capital budgets. Such expenditure must be in accordance with the Council's policies and objectives and subject to compliance with the Financial Regulations.
   In addition, in accordance with the Orkney Integration Scheme, when forecasting an overspend, the Chief Officer and the Chief Finance Officer of the Integration Joint Board are required to prepare a recovery plan setting out how they propose to return to a breakeven position.
2. **Legal:** Regular financial monitoring and reporting help the Council meet its statutory obligation to secure best value.
3. **Corporate Governance:** In terms of the Scheme of Administration, monitoring the levels of revenue expenditure incurred against approved budgets, in respect of each of the service areas for which the Committee is responsible, is referred to the Policy and Resources Committee.
4. **Human Resources:** N/A.
5. **Equalities:** An Equality Impact Assessment is not required for financial monitoring.

6. **Island Communities Impact:** An Island Communities Impact Assessment is not required for financial 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:** N/A.
10. **Risk:** N/A.
11. **Procurement:** N/A.
12. **Health and Safety:** N/A.
13. **Property and Assets:** N/A.
14. **Information Technology:** N/A.
15. **Cost of Living:** N/A.

List of Background Papers

Policy and Resources Committee, 3 March 2026, Budget and Council Tax Level for 2026/27.
Policy and Resources Committee, 16 June 2026, Detailed Revenue Budgets.

Annexes

Annex 1: Financial Summary.
Annex 2: Financial Detail by Service Area.
Annex 3: Budget Action Plan.

Annex 1: Financial Summary **June 2026**

The table below provides a summary of the position across all Service Areas.

General Fund Service Area	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Social Care	8,884.4	8,144.2	740.2	109.1	33,759.8
	8,884.4	**8,144.2**	**740.2**	**109.1**	**33,759.8**
Service Totals	**8,884.4**	**8,144.2**	**740.2**	**109.1**	**33,759.8**

Compared to last month, the total number of PAs has changed as follows:

Service Area	No. of PAs P02	 P03	Service Functions	PAs/ Function
Social Care	10	9	12	75%
Totals	10	9	12	75%

Annex 2: Financial Detail by Service Area **June 2026**

The following tables show the spending position by service function

General Fund

Social Care	PA	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Administration - SW		459.3	503.7	(44.4)	91.2	2,849.4
Childcare	**1C**	1,405.0	1,315.8	89.2	106.8	5,497.0
Older People - Residential	**1B**	2,515.8	2,000.9	514.9	125.7	8,011.9
Older People - Independent Sector	**1B**	217.0	323.0	(106.0)	67.2	1,285.7
Older People - Day Centres		163.1	177.4	(14.3)	91.9	288.5
Disability	**1C**	1,875.8	1,743.3	132.5	107.6	5,962.7
Mental Health	**1B**	67.7	100.6	(32.9)	67.3	414.5
Other Community Care	**1B**	411.7	464.5	(52.8)	88.6	1,939.1
Occupational Therapy		131.6	133.2	(1.6)	98.8	563.4
Home Care	**1B**	1,643.5	1,340.8	302.7	122.6	5,298.6
Criminal Justice	**1B**	68.4	21.0	47.4	325.7	162.2
Integration Joint Board	**1B**	(74.5)	20.0	(94.5)	N/A	1,486.8
Service Total		**8,884.4**	**8,144.2**	**740.2**	**109.1**	**33,759.8**

Social Care

Function	Function Description/ Explanation	Action Category/ Action Description	Responsible Officer	Deadline	Status
R19C	**Childcare** More than anticipated expenditure by £89.2K. There are some agency worker costs in the fostering budget, resulting in an overspend. The Outwith placement budget is showing a notable underspend. This is due to invoice timescales.	**Monitor the situation** Permanent recruitment to the fostering team has been successful and agency workers will be phased out over a period of six months. The Outwith Orkney budget will align when invoices are brought up to date. This is expected in Quarter 2.	Darren Morrow	30/06/2026	Ongoing
R19D	**Older People - Residential** More than anticipated expenditure by £514.9K The majority of this overspend is due to ongoing need to use overtime and agency staff to backfill vacancies and sickness absence to meet the safe staffing legislation. The current vacancy rate is sitting at 48.59 FTE. There has also been the need to increase staff ratios for some service users.	**Monitor the situation** Efforts continue to try to recruit to posts. A social care transformation programme has been approved and will commence in 2026/27 though resulting improvement will take time.	Lynda Bradford	30/09/2026	Ongoing
R19E	**Older People - Independent Sector** Less than anticipated expenditure by £106.0K. Third party payments to Outwith Orkney adult placement agencies have been slower than anticipated as they have not invoiced in a timely manner.	**Monitor the situation** As invoices are issued and processed this variance should eliminate as the payments come into line with the profiled budget.	Lynda Bradford	30/09/2026	Ongoing

Social Care

Function	Function Description/ Explanation	Action Category/ Action Description	Responsible Officer	Deadline	Status
R19G	**Disability** More than anticipated expenditure by £132.5K. This overspend is twofold: there is a need to utilise agency staff to cover vacancies but also some unavoidable unfunded service delivery within the in-house service. There is also an overspend in disability direct payments. Once a need has been assessed there is a requirement to fund a care package to meet that need however all new packages are robustly scrutinised and reviewed.	**Monitor the situation** Recruitment and managing sickness absence is robustly undertaken and this service will be included in the social care transformation programme 2026/27. Business cases will be required in respect of the additional unavoidable service delivery.	Lynda Bradford	31/10/2026	New
R19H	**Mental Health** Less than anticipated expenditure by £32.9K. There were vacant administration posts within this cost centre. Posts have been recruited to however incumbents not yet in post.	**Monitor the situation** Once post holders are in place this underspend will not increase further. Pre-employment checks are currently underway, and anticipated start date will be around September.	Lynda Bradford	30/09/2026	Ongoing
R19I	**Other Community Care** Less than anticipated expenditure by £52.8K. There are two vacancies currently within Adult Social Work of which are currently undergoing recruitment.	**Monitor the situation** Interviewing of shortlisted candidates is taking place during July.	Lynda Bradford	30/09/2026	Ongoing

Social Care

Function	Function Description/ Explanation	Action Category/ Action Description	Responsible Officer	Deadline	Status
R19K	**Home Care** More than anticipated expenditure by £302.7K. The service has a high number of vacancies (34.14 FTEs) that are being covered by agency staff however, those agency staff are crucial to allow the service to operate safely. There is also an overspend in direct payments. Once an assessed need has been identified a package of care requires to be funded; this is however subject to scrutiny at the point of commencement and later via reviews.	**Monitor the situation** Recruitment efforts continue. Recruitment incentives are being offered. A transformational social care programme will commence later during 2026/27.	Lynda Bradford	30/09/2026	Ongoing
R19L	**Criminal Justice** More than anticipated expenditure by £47.4K This is caused due to receipt of Section 27 Government grant being phased into the budget in Period 3, but this will not come in until Period 4.	**No action required** The budget will be reprofiled to reflect the true position.	Darren Morrow	30/06/2026	Ongoing
R19N	**Integration Joint Board** Less than anticipated expenditure by £94.5K Invoice from NHS Orkney to be processed and paid. The accrual reversal is causing the variance.	**Monitor the situation** Payment to NHS Orkney to be processed as soon as possible which will eliminate the variance arising from the accrual reversal.	Stephen Brown	15/06/2026	Ongoing

Item: 19.3

Policy and Resources Committee: 22 September 2026.

Revenue Expenditure Monitoring – Summary.

Report by Head of Finance.

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1. Overview

1.1. This report presents the revenue financial summary position of expenditure incurred across the Council as at 30 June 2026.

1.2. On 10 March 2026, the Council set its overall revenue budget for financial year 2026/27. On 16 June 2026, the Policy and Resources Committee recommended approval of the detailed revenue budgets for 2026/27, which form the basis of the individual revenue expenditure monitoring reports.

1.3. Individual revenue expenditure monitoring reports are circulated every month to inform elected members of the up-to-date financial position. Quarterly revenue expenditure monitoring reports are presented to individual service committees. Annex 1 to this report combines the individual service revenue expenditure monitoring reports and summarises the position across the Council.

1.4. In terms of sources of funding, the income position at function level is attached as Annex 2, with an explanation of the causes of each material variance and corrective actions, attached at Annex 3.

1.5. In response to members' requests regarding further detail in relation to spend on agency staff, Annex 4 provides a breakdown of spend across various General and Non-General Fund services for the period 1 April to 30 June 2026.

1.6. When the internal audit relating to the procedures and controls around the use of consultants was reported to the Monitoring and Audit Committee on 13 November 2025, one of the recommendations was that, in order to ensure clarity around the value of consultancy work across the Council, the quarterly revenue expenditure monitoring reports submitted to the Policy and Resources Committee should contain a section on consultancy spend. Annex 5 provides details on consultancy spend for the period 1 April to 30 June 2026.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Note the summary revenue expenditure monitoring statement for the period 1 April to 30 June 2026, attached as Annex 1 to this report, indicating the following:
   - A total General Fund underspend of £1,449,300.
   - A deficit in Sources of Funding of £599,100.
   - A net Non-General Fund surplus of £12,117,100.

ii. Note the sources of funding statement for the period 1 April to 30 June 2026, attached as Annex 2 to this report.

iii. Note the explanations given and actions proposed in respect of significant budget variances relating to sources of funding, as outlined in the Budget Action Plan, attached as Annex 3 to this report.

iv. Note the expenditure in relation to agency staff for the period 1 April to 30 June 2026, attached as Annex 4 to this report.

v. Note the expenditure in relation to consultancy services for the period 1 April to 30 June 2026, attached as Annex 5 to this report.

For Further Information please contact:
Pat Robinson, Service Manager (Accounting), extension 2621, Email: pat.robinson@orkney.gov.uk

Implications of Report

1. **Financial:** The Financial Regulations state that Directors can incur expenditure within approved revenue and capital budgets. Such expenditure must be in accordance with the Council's policies and objectives and subject to compliance with the Financial Regulations**.**
2. **Legal:** Regular financial monitoring and reporting help the Council meet its statutory obligation to secure best value.
3. **Corporate Governance:** In terms of the Scheme of Administration, monitoring the general levels of revenue expenditure incurred against approved budgets is referred to the Policy and Resources Committee.
4. **Human Resources:** N/A.
5. **Equalities:** Equality Impact Assessment is not required for financial monitoring.
6. **Island Communities Impact:** Island Communities Impact Assessment is not required for financial 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:** N/A.
10. **Risk:** N/A.
11. **Procurement:** N/A.
12. **Health and Safety:** N/A.
13. **Property and Assets:** N/A.
14. **Information Technology:** N/A.
15. **Cost of Living:** N/A.

List of Background Papers

Policy and Resources Committee, 03 March 2026, Budget and Council Tax Level for 2026/27.
Policy and Resources Committee, 16 June 2026, Detailed Revenue Budgets.

Annexes

Annex 1: Financial Summary.
Annex 2: Financial Detail by Service Area.
Annex 3: Budget Action Plan.
Annex 4: Agency Costs.
Annex 5: Consultants Costs.

Annex 1: Revenue Expenditure Summary **June 2026**

General Fund Service Area	Spend £000	Budget £000	Over/(Under) Spend £000	 %	Annual Budget £000
Education	11,763.0	12,725.4	(962.4)	92.4	53,095.6
Leisure Services	1,073.3	1,614.8	(541.5)	66.5	4,339.7
Other Housing	477.3	260.0	217.3	183.6	2,251.9
Education, Communities & Housing	**13,313.6**	**14,600.2**	**(1,286.6)**	**91.2**	**59,687.2**
Roads	1,337.4	1,926.8	(589.4)	69.4	4,431.4
Transportation	6,752.0	6,506.4	245.6	103.8	33,569.8
Operational Environmental Services	122.1	211.4	(89.3)	57.8	3,486.4
Environmental Health & Trading Standards	226.9	237.6	(10.7)	95.5	1,310.6
Development	283.7	346.0	(62.3)	82.0	2,829.2
Planning	213.0	278.2	(65.2)	76.6	1,690.5
Enterprise & Infrastructure Committee	**8,935.1**	**9,506.4**	**(571.3)**	**94.0**	**47,317.9**
Social Care	8,884.4	8,144.2	740.2	109.1	33,759.8
Orkney Health & Care	**8,884.4**	**8,144.2**	**740.2**	**109.1**	**33,759.8**
Central Administration	3,530.4	3,806.0	(275.6)	92.8	332.7
Law, Order & Protective Services	22.0	27.1	(5.1)	81.2	171.0
Other Services	734.1	785.0	(50.9)	93.5	12,493.4
Policy & Resources	**4,286.5**	**4,618.1**	**(331.6)**	**92.8**	**12,997.1**
Total Service Spending	**35,419.6**	**36,868.9**	**(1,449.3)**	**96.1**	**153,762.0**
Sources of Funding					
Non-Domestic Rates	(3,456.0)	(3,456.0)	0.0	100.0	(14,090.0)
Council Tax	(1,750.8)	(2,349.9)	599.1	74.5	(14,279.0)
Revenue Support Grant	(25,889.6)	(25,889.6)	0.0	100.0	(105,835.0)
Movement in Reserves	(20,000.0)	(20,000.0)	0.0	100.0	(19,558.0)
Total Income	**(51,096.4)**	**(51,695.5)**	**599.1**	**98.8**	**(153,762.0)**
Net Service Spending	**(15,676.8)**	**(14,826.6)**	**(850.2)**	**105.7**	**0.0**

Annex 1: Revenue Expenditure Summary **June 2026**

Non-General Fund Service Area	Spend £000	Budget £000	Over/(Under) Spend £000	 %	Annual Budget £000
Sundry Accounts	53.3	45.4	7.9	117.4	0.0
Repairs & Maintenance	422.2	354.4	67.8	119.1	2,439.5
Asset Management Sub-Committee	**475.5**	**399.8**	**75.7**	**118.9**	**2,439.5**
Housing Revenue Account	1,393.4	1,322.1	71.3	105.4	(1,070.0)
UHI Orkney	(17.7)	(972.9)	955.2	1.8	0.0
Education, Communities & Housing	**1,375.7**	**349.2**	**1,026.5**	**394.0**	**(1,070.0)**
Scapa Flow Oil Port	(241.5)	(592.6)	351.1	40.8	(268.1)
Miscellaneous Piers & Harbours	(21.7)	184.4	(206.1)	(11.8)	(1,240.3)
Harbour Authority Sub-Committee	**(263.2)**	**(408.2)**	**145.0**	**64.5**	**(1,508.4)**
Strategic Reserve Fund	2,057.8	15,422.1	(13,364.3)	13.3	756.9
Investments Sub-Committee	**2,057.8**	**15,422.1**	**(13,364.3)**	**13.3**	**756.9**
Net Service Spending	**3,645.8**	**15,762.9**	**(12,117.1)**	**23.1**	**618.0**

Annex 2: Financial Detail by Service Area **June 2026**

The following table shows the spending position by service function

Sources of Funding	PA	Spend £000	Budget £000	Over/(Under) £000	Spend %	Annual Budget £000
Non-Domestic Rates		(3,456.0)	(3,456.0)	0.0	100.0	(14,090.0)
Council Tax	**1B**	(1,750.8)	(2,349.9)	599.1	74.5	(14,279.0)
Revenue Support Grant		(25,889.6)	(25,889.6)	0.0	100.0	(105,835.0
Movement in Reserves		(20,000.0)	(20,000.0)	0.0	100.0	(19,558.0)
Service Total		**(51,096.4)**	**(51,695.5)**	**599.1**	98.8	**(153,762.0)**

Sources of Funding

Function	Function Description/ Explanation	Action Category/ Action Description	Responsible Officer	Deadline	Status
R37C	**Council Tax** Less than anticipated income by £599.1K. The budget is showing a £600k variance, £417k of this is due to timing of month end processes which were processed on 7 July. The remaining variance reflects Council Tax receipts being behind profile as receipts are up 13% on same period in previous year; Council Tax levels increased by 6%.	**Raise virements request** Seek to reprofile receipts to match trends in recent years.	Erik Knight	31/07/2026	Ongoing

Agency Costs 2026.27

Annex 4

General Fund Service	Spend
	£000
Education	-
Leisure	4.8
Other Housing	0.6
Roads	-
Transportation	-
Operational, Environmental Services	-
Env Health & Trading Standards	1.5
Development	-
Planning	15.6
Social Care	1,492.6
Central Administration	-
Law, Order & Protective Services	-
Other Services	-
Sundry Accounts	-
Repairs and Maintenance	-
Non-General Fund Service	-
Housing Revenue Account	7.2
UHI Orkney	-
Scapa Flow Oil Port	-
Misc Piers & Harbours	-
Strategic Reserve Fund	-
Total	**1,522.3**

	Spend
	£000
Staffing	1,152.0
Accommodation	292.0
Travel	42.0
Other Costs	36.3
Total	**1,522.3**

Consultant Costs 2026.27

Annex 5

General Fund Service	**26.27**
	£000
Education	0.2
Leisure	1.7
Other Housing	8.7
Roads	11.3
Transportation	10.5
Operational, Environmental Services	6.2
Env Health & Trading Standards	-
Development	3.5
Planning	29.6
Social Care	20.9
Central Administration	51.1
Law, Order & Protective Services	-
Other Services *	66.9
Sundry Accounts	28.9
Repairs and Maintenance	-
Non-General Fund Service	
Housing Revenue Account	(2.3)
UHI Orkney	(0.6)
Scapa Flow Oil Port	8.4
Misc Piers & Harbours	113.3
Strategic Reserve Fund	17.5
Total	**375.8**

Costs could be higher if not coded to consultants subjective.

*This includes all the costs in relation to consultants for Capital Project Appraisals (CPA).

Item: 20

Police and Fire Sub-committee: 25 August 2026.

1. Recommendations

It is recommended:

1.1.

That the Committee approves the attached minute as a true record.

2. Appendix

Draft Minute of the Meeting of the Police and Fire Sub-committee held on 25 August 2026.

Minute

Police and Fire Sub-committee

Tuesday, 25 August 2026, 14:00.

Council Chamber, Council Offices, School Place, Kirkwall.

ORKNEY ISLANDS COUNCIL

Present

Councillors David Dawson, Duncan A Tullock, Graham A Bevan, Alexander G Cowie, Raymond S Peace, Jean E Stevenson and Mellissa-Louise Thomson.

Clerk

- Sandra Craigie, Committees Officer.

In Attendance

- Stephen Brown, Deputising Chief Executive.
- Lorna Richardson, Director of Infrastructure and Organisational Development.
- Kenny MacPherson, Head of Property and Asset Management.
- Kelechi Eze, Solicitor.

Police Scotland:

- Chief Inspector Scott Robertson.

In Attendance via remote link (Microsoft Teams)

Scottish Fire and Rescue Service:

- David McGroarty, Group Commander.

Declarations of Interest

- No declarations of interest were intimated.

Chair

- Councillor David Dawson.

1. Performance Against Orkney Fire and Rescue Plan

After consideration of a report by the Local Senior Officer, copies of which had been circulated, and after hearing a report from David McGroarty, Group Commander, the Sub-committee:

Scrutinised the statistical performance of the Scottish Fire and Rescue Service, Orkney Islands area, for the period 1 January to 31 March 2026, detailed in the Quarterly Performance Report, attached as Appendix 1 to the report by the Local Senior Officer, and obtained assurance that progress was being made against the objectives.

Councillor Jean E Stevenson left the meeting during discussion of this item.

2. Conclusion of Meeting

At 14:53 the Chair declared the meeting concluded.

Signed: David Dawson.

Item: 21

Pension Fund Sub-committee, together with Pension Board: 27 August 2026.

1. Recommendations

It is recommended:

1.1.

That the Committee approves the attached minute as a true record.

2. Appendix

Draft Minute of the Meeting of the Pension Fund Sub-committee, together with the Pension Board, held on 27 August 2026.

Minute

Pension Fund Sub-committee, together with Pension Board

Thursday, 27 August 2026, 14:30.

Council Chamber, Council Offices, School Place, Kirkwall.

Present

Pension Fund Sub-committee:

Councillors Alexander G Cowie, P Lindsay Hall and Rachael A King.

Pension Board:

Employer Representatives:

Councillors David Dawson and Owen Tierney, Orkney Islands Council.
Karen Ritch, Orkney Ferries Limited.

Trade Union Representatives:

Karen Kent (Unison) and Eileen Swanney (Unison).

Present via remote link (Microsoft Teams)

Pension Fund Sub-committee:

Councillors Mellissa-Louise Thomson and Heather N Woodbridge.

Pension Board:

Councillor Graham A Bevan, Employer Representative.

Clerk

- Sandra Craigie, Committees Officer.

In Attendance

- Erik Knight, Head of Finance.
- Shonagh Merriman, Service Manager (Corporate Finance).
- Paul Maxton, Solicitor.
- Katie Gibson, Team Manager (Corporate Finance).
- Karen Rorie, Senior Accounting Officer (Treasury).

Apology

Pension Fund Sub-committee:

- Councillor Steven B Heddle.

Not Present

Pension Board, Trade Union Representative:

- Mark Vincent (GMB).

Declarations of Interest

- No declarations of interest were intimated.

Chair

- Councillor Alexander G Cowie.

1. Pension Fund – Annual Accounts

After consideration of a report by the Director of Enterprise and Resources, copies of which had been circulated, and after hearing a report from the Head of Finance, the Sub-committee:

Resolved, in terms of delegated powers, that the draft Annual Report and Accounts of the Orkney Islands Council Pension Fund for financial year 2025/26, incorporating the Annual Governance Statement at pages 18 to 25, attached as Appendix 1 to the report by the Director of Enterprise and Resources, be approved.

2. Conclusion of Meeting

At 14:40 the Chair declared the meeting concluded.

Signed: Alexander G Cowie.

Item: 22

Asset Management Sub-committee: 1 September 2026.

1. Recommendations

It is recommended:

1.1.

That the Committee approves the attached minute as a true record.

1.2.

That the Committee considers the recommendations at paragraphs 2 and 4.

2. Appendix

Draft Minute of the Meeting of the Asset Management Sub-committee held on 1 September 2026.

Minute

Asset Management Sub-committee

Tuesday, 1 September 2026, 09:30.

Council Chamber, Council Offices, School Place, Kirkwall.

ORKNEY ISLANDS COUNCIL

Present

Councillors Alexander G Cowie, Steven B Heddle, Ivan A Taylor and Heather N Woodbridge.

Councillor Graham A Bevan, who had been invited for Item 2.

Present via remote link (Microsoft Teams)

Councillors Janette A Park and Mellissa-Louise Thomson.

Clerk

- Sandra Craigie, Committees Officer.

In Attendance

- Lorna Richardson, Director of Infrastructure and Organisational Development.
- Erik Knight, Head of Finance.
- Sweyn Johnston, Head of Enterprise and Economic Growth (for Items 1 and 2).
- Kenny MacPherson, Head of Property and Asset Management.
- Thomas Aldred, Service Manager (ICT).
- Graeme Christie, Service Manager (Estates).
- Shonagh Merriman, Service Manager (Corporate Finance).
- Glen Thomson, Service Manager (Property and Capital Programme).
- Michael Scott, Solicitor.
- Alistair Morton, Team Manager (Energy) (for Items 1 to 4).
- Gwyn Evans, Strategic Projects.

Observing

- Kirsty Groundwater, Communications Team Leader.
- Nick Blyth, Climate Change Strategy Officer (for Items 1 to 4).
- Erika Leonard, Building Energy Engineer (for Items 1 to 4).

Apology

- Councillor Kristopher D Leask.

Declarations of Interest

- Councillor Ivan A Taylor – Item 2.
- Councillor Heather N Woodbridge – Item 3.

Chair

- Councillor Alexander G Cowie.

1. Exclusion of Public

On the motion of Councillor Alexander G Cowie, seconded by Councillor Heather N Woodbridge, the Sub-committee resolved that the public be excluded for Items 2 and 3 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.

2. Request to Lease Property

Councillor Ivan A Taylor declared an interest in this item and was not present during discussion thereof.

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 2, 6 and 9 of Part 1 of Schedule 7A of the Act.

After consideration of a joint report by the Director of Infrastructure and Organisational Development and the Director of Enterprise and Resources, copies of which had been circulated, and after hearing a report from the Service Manager (Estates), the Sub-committee:

Resolved to **recommend to the Council** what action should be taken with regard to a request to lease a property.

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.

Councillors Graham A Bevan, Janette A Park and Mellissa-Louise Thomson left the meeting at this point.

3. Leases on Terms Below Market Value

Councillor Heather N Woodbridge declared an interest in this item, in that she was a Director of an organisation which benefitted from a lease on terms below market value, and was not present during discussion thereof.

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 2 and 6 of Part 1 of Schedule 7A of the Act.

After consideration of a report by the Director of Infrastructure and Organisational Development, copies of which had been circulated, and after hearing a report from the Service Manager (Estates), the Sub-committee:

Noted that 34 tenants were currently listed as occupying Council assets and benefitting from rents at less than market value, as detailed in Appendix 1 to the report by the Director of Infrastructure and Organisational Development.

4. Stromness Swimming Pool – Proposals for Replacement Plant

After consideration of a report by the Director of Infrastructure and Organisational Development, copies of which had been circulated, and after hearing a report from the Head of Property and Asset Management, the Sub-committee:

Resolved to **recommend to the Council** that the oil boilers at Stromness Swimming Pool be replaced using new, efficient oil boilers complemented by photovoltaic solar panels, as alternative Zero Direct Emissions Heating technologies, such as air source heat pumps, were not currently considered economically viable for the unique circumstances associated with the property.

5. Information Technology and Cyber Security Strategy – Delivery Plan

After consideration of a report by the Director of Infrastructure and Organisational Development, copies of which had been circulated, and after hearing a report from the Service Manager (ICT), the Sub-committee:

Scrutinised the updated Delivery Plan, attached as Appendix 1 to the report by the Director of Infrastructure and Organisational Development, and obtained assurance with regard to progress being made in implementing the Information Technology and Cyber Security Strategy.

6. Revenue Expenditure Outturn

After consideration of a report by the Head of Finance, copies of which had been circulated, and after hearing a report from the Service Manager (Corporate Finance), the Sub-committee:

Noted:

6.1. The revenue financial summary statement in respect of service areas for which the Asset Management Sub-committee was responsible, for the period 1 April 2025 to 31 March 2026, attached as Annex 1 to the report by the Head of Finance, indicating a budget overspend position of £380,900.

6.2. The revenue financial service area statement in respect of service areas for which the Asset Management Sub-committee was responsible, for the period 1 April 2025 to 31 March 2026, attached as Annex 2 to the report by the Head of Finance.

6.3. The explanations given and actions proposed in respect of significant budget variances, as outlined in the Budget Action Plan, attached as Annex 3 to the report by the Head of Finance.

7. Revenue Expenditure Monitoring

After consideration of a report by the Head of Finance, copies of which had been circulated, and after hearing a report from the Service Manager (Corporate Finance), the Sub-committee:

Noted:

7.1. The revenue financial summary statement in respect of service areas for which the Asset Management Sub-committee was responsible, for the period 1 April to 30 June 2026, attached as Annex 1 to the report by the Head of Finance, indicating a budget overspend position of £75,700.

7.2. The revenue financial detail by service area statement in respect of service areas for which the Asset Management Sub-committee was responsible, for the period 1 April to 30 June 2026, attached as Annex 2 to the report by the Head of Finance.

7.3. The explanations given and actions proposed in respect of significant budget variances, as outlined in the Budget Action Plan, attached as Annex 3 to the report by the Head of Finance.

8. Corporate Asset Maintenance Programmes

Revenue Expenditure Outturn

After consideration of a report by the Head of Finance, copies of which had been circulated, and after hearing a report from the Service Manager (Corporate Finance), the Sub-committee:

Noted:

8.1. The summary position of expenditure incurred for financial year 2025/26 against the approved corporate asset maintenance programmes, as detailed in section 1.5 of the report by the Head of Finance.

8.2. The detailed analysis of expenditure figures and programme updates in respect of the approved corporate asset maintenance programmes for 2025/26, attached as Appendix 1 to the report by the Head of Finance.

9. Corporate Asset Maintenance Programmes

Revenue Expenditure Monitoring

After consideration of a report by the Head of Finance, copies of which had been circulated, and after hearing a report from the Service Manager (Corporate Finance), the Sub-committee:

Noted:

9.1. The summary position of expenditure incurred, as at 30 June 2026, against the approved corporate asset maintenance programmes for 2026/27, as detailed in section 1.5 of the report by the Head of Finance.

9.2. The detailed analysis of expenditure figures and programme updates in respect of the approved corporate asset maintenance programmes for 2026/27, attached as Appendix 1 to the report by the Head of Finance.

10. Corporate Asset Improvement Programmes

Capital Expenditure Outturn

After consideration of a report by the Head of Finance, copies of which had been circulated, and after hearing a report from the Service Manager (Corporate Finance), the Sub-committee:

Noted:

10.1. The summary outturn position of expenditure incurred for financial year 2025/26 in respect of the approved corporate asset improvement programmes, as detailed in section 1.5 of the report by the Head of Finance.

10.2. The detailed analysis of expenditure figures and programme updates in respect of the approved corporate asset improvement programmes for 2025/26, attached as Appendix 1 to the report by the Head of Finance.

11. Corporate Asset Improvement Programmes

Capital Expenditure Monitoring

After consideration of a report by the Head of Finance, copies of which had been circulated, and after hearing a report from the Service Manager (Corporate Finance), the Sub-committee:

Noted:

11.1. The summary position of expenditure incurred as at 30 June 2026 against the approved corporate asset improvement programmes for 2026/27, as detailed in section 1.5 of the report by the Head of Finance.

11.2. The detailed analysis of expenditure figures and programme updates in respect of the approved corporate asset improvement programmes for 2026/27, attached as Appendices 1 and 2 to the report by the Head of Finance.

12. Conclusion of Meeting

At 10:45 the Chair declared the meeting concluded.

Signed: Alexander G Cowie.

Item: 23

Human Resources Sub-committee: 1 September 2026.

1. Recommendations

It is recommended:

1.1.

That the Committee approves the attached minute as a true record.

1.2.

That the Committee considers the recommendations at paragraphs 1, 2, 3 and 4.

2. Appendix

Draft Minute of the Meeting of the Human Resources Sub-committee held on 1 September 2026.

Minute

Human Resources Sub-committee

Tuesday, 1 September 2026, 14:00.

Council Chamber, Council Offices, School Place, Kirkwall.

ORKNEY ISLANDS COUNCIL

Present

Councillors Alexander G Cowie, James R Moar, John A R Scott, Gwenda M Shearer, Ivan A Taylor, Duncan A Tullock and Heather N Woodbridge.

Clerk

- Sandra Craigie, Committees Officer.

In Attendance

- Lorna Richardson, Director of Infrastructure and Organisational Development.
- Gareth Waterson, Director of Enterprise and Resources.
- Gavin Mitchell, Head of Corporate Governance.
- Andrew Groundwater, Head of Human Resources and Organisational Development.
- Emma Chattington, Service Manager (Organisational Development).

Apology

- Councillor Janette A Park.

Declarations of Interest

- No declarations of interest were intimated.

Chair

- Councillor Alexander G Cowie.

1. Flexible Working Policy

After consideration of a report by the Director of Infrastructure and Organisational Development, together with an Equality Impact Assessment, copies of which had been circulated, and after hearing a report from the Head of Human Resources and Organisational Development, the Sub-committee:

Resolved to **recommend to the Council** that the Flexible Working Policy, attached as Appendix 1 to this Minute, be approved.

Councillors James R Moar and Heather N Woodbridge joined the meeting during discussion of this item.

2. Supporting Colleagues Experiencing Gender-Based Violence including Domestic Abuse Policy

After consideration of a report by the Director of Infrastructure and Organisational Development, together with an Equality Impact Assessment, copies of which had been circulated, and after hearing a report from the Head of Human Resources and Organisational Development, the Sub-committee:

Resolved to **recommend to the Council** that the Supporting Colleagues Experiencing Gender-Based Violence including Domestic Abuse Policy, attached as Appendix 2 to this Minute, be approved.

3. Bullying, Harassment and Discrimination Policy

After consideration of a report by the Director of Infrastructure and Organisational Development, together with an Equality Impact Assessment, copies of which had been circulated, and after hearing a report from the Head of Human Resources and Organisational Development, the Sub-committee:

Resolved to **recommend to the Council** that the Bullying, Harassment and Discrimination Policy, attached as Appendix 3 to this Minute, be approved.

4. Sexual Harassment Policy

After consideration of a report by the Director of Infrastructure and Organisational Development, together with an Equality Impact Assessment, copies of which had been circulated, and after hearing a report from the Head of Human Resources and Organisational Development, the Sub-committee:

Resolved to **recommend to the Council** that the Sexual Harassment Policy, attached as Appendix 4 to this Minute, be approved.

5. Conclusion of Meeting

At 14:32 the Chair declared the meeting concluded.

Signed: Alexander G Cowie.

Appendix 1

ORKNEY
ISLANDS COUNCIL

Flexible Working Policy

Prepared by HR and Organisational Development

www.orkney.gov.uk

Document Control Sheet

Review / approval history.

Date.	Name.	Position.	Version Approved.
March 2016	General Meeting of the Council	N/A	March 2016
April 2024	Andrew Groundwater	Head of HR and OD	2.0

Change Record Table.

Date.	Author.	Version.	Status.	Reason.
March 2024	Craig Walker	2.0	Agreed	Inclusion of statutory changes from Employment Regulations (Flexible Working) Act 2023
June 2026	HR & OD	TBC	Draft	Updated to incorporate Equally Safe at Work requirements.

Contents

Introduction

Supporting balance, inclusion and choice at work

At Orkney Islands Council, we're committed to being a supportive and inclusive employer. We know that life isn't one-size-fits-all, and we want our employees to feel empowered to shape working arrangements that help them thrive, at work and at home.

Flexible working is one of the ways we support you to balance your personal and professional responsibilities, including during times of significant personal challenge or change. Whether it's caring for others, managing health and wellbeing, or simply working in a way that suits your lifestyle, we're here to help make it work.

This policy sets out how you can request flexible working, what options are available, and how we'll work together to find solutions that support you and the needs of our services. We've developed this approach in partnership with our recognised trade unions and in line with our commitment to equality, inclusion.

Flexible working is an important part of our commitment to advancing equality, inclusion, and addressing structural inequalities. It is not only about when and where work is carried out, but also about removing barriers and supporting a diverse workforce. Evidence shows that access to flexible working can help reduce gender inequality, particularly by supporting those with caring responsibilities—who are more likely to be women—to remain in, progress in, and return to work.

It can also support you when facing challenging personal circumstances, such as gender-based violence, including domestic abuse, by providing greater autonomy, safety, and stability in your working arrangements. By embedding flexible working into our culture, we aim to create a more equitable and inclusive workplace where everyone has the opportunity to thrive.

Who this policy is for

This policy applies to all employees of Orkney Islands Council, whether you're in a permanent or temporary role. It covers staff employed under Scottish Joint Council (SJC), Scottish Negotiating Committee for Teachers (SNCT), UHI Orkney Academic (NJNC), and Chief Officials terms and conditions.

The aims of this policy are to:

- Enable employees to request changes to their working arrangements to help them balance their work and personal responsibilities, including caring responsibilities, health and wellbeing, and other individual circumstances.
- Support an inclusive and equitable workplace by promoting flexible working as a positive way of working that helps address gender inequality, reduces structural barriers, and supports employees experiencing challenging personal circumstances.
- Encourage a proactive, supportive approach to flexible working, where managers take a 'default yes' mindset and work collaboratively with employees to find solutions that meet both individual and service needs.
- Deliver positive outcomes for the Council by improving recruitment and retention, supporting employee wellbeing, reducing absence, and enhancing motivation, engagement, and performance.

What is flexible working?

Flexible working means any working arrangement that differs from the standard full-time pattern. For many roles at the Council, the standard is 35 hours per week, Monday to Friday, 09:00 to 17:00. Flexible working allows you to adjust this pattern to better suit your needs; while still ensuring we deliver high-quality services to our community.

There are lots of ways to work flexibly, including:

- **Part-time working** – working fewer hours or days than full-time.
- **Term-time working** – working during school terms only.
- **Flexible/Annualised hours** – working a set number of hours over the year, with flexibility in when those hours are worked.
- **Compressed hours** – working your usual hours over fewer days (e.g. a 4-day week).
- **Seasonal or part-year working** – working during specific times of the year, on a recurring basis.
- **Casual or relief working** – choosing when to accept work opportunities as they arise.
- **Location of work –** noting the Council has a separate linked policy covering hybrid and remote working.

Other relevant policies and support

There are other policies and procedures which may be relevant when considering flexible working options. These include:

- **Career Break Policy** – for extended periods away from work.
- **Carers Support Policy** – for employees with caring responsibilities.
- **Hybrid and Remote Working Policy** – for arrangements involving working from home or other locations.

These policies are available on MyView and may be considered alongside a flexible working request where appropriate.

We'll always consider requests for flexible working in a fair and consistent way, balancing your needs with the operational requirements of your team and service.

Manager responsibilities

Managers play a key role in enabling flexible working and are expected to take a proactive, supportive approach. This includes adopting a 'default yes' mindset, promoting flexible working options within their teams, and supporting open, constructive conversations with employees.

Managers should explore all reasonable options to accommodate requests, including alternative arrangements where needed, and ensure decisions are fair, consistent, and based on clear service needs. In doing so, they help create an inclusive working environment where flexible working is accessible to all.

Requesting Flexible Working

We want flexible working to be accessible and straightforward. If you're thinking about changing your working pattern, we'll work with you to explore what's possible.

Who can request flexible working?

Everyone who works for Orkney Islands Council, whether you're permanent or temporary, has the right to request flexible working from day one of employment. You can make up to two requests in any 12-month period. If your request relates to a disability and reasonable adjustments under the Equality Act 2010, you can make additional requests.

How to apply

To request flexible working, complete the **Flexible Working Request Form (Appendix 1)** and send it to your manager. The form helps make sure we have all the information needed to consider your request properly.

You'll need to include:

- Your current working pattern and contracted hours.
- The type of flexible working you're requesting.
- Whether the change is permanent or temporary (and for how long).
- Your preferred start date (at least two months from the date of application).
- Whether you've made any previous requests in the last 12 months.
- Whether your request relates to a disability under the Equality Act.

You're welcome to include the reason for your request, although this isn't required. Sharing your reasons can help your manager understand your needs and explore options with you.

What happens next?

Your manager will acknowledge your request and arrange a meeting with you within two weeks to talk it through. You can bring a colleague or trade union representative to the meeting if you wish.

We'll aim to complete the process within two months of receiving your request. During this time, we'll work together to explore your proposal, consider any alternatives, and agree on the best way forward.

Flexible working can also provide practical support for employees experiencing gender-based violence including domestic abuse for example by enabling changes to working hours, patterns, or location to support safety, access to support services, or recovery.

Employees are not required to disclose personal circumstances, however, sharing relevant information can help managers better understand your situation and provide appropriate

support. Where information is shared, managers will respond sensitively and work with you to explore appropriate arrangements. Support will be handled confidentially and in line with wider organisational policies and support services.

How decisions are made

We're committed to supporting flexible working wherever we can. Our starting point is to say yes, unless there's a clear reason why the arrangement wouldn't work for the service.

If we can't agree to your request, we'll explain why in writing, based on one or more of the legal reasons for refusal. These include:

- Significant additional costs.
- Difficulty reorganising work or recruiting cover.
- Negative impact on quality or performance.
- Inability to meet service or customer needs.
- Insufficient work during the proposed hours.
- Planned changes to the service or team structure.

We won't refuse a request based on personal opinions, team culture, or assumptions about your circumstances. We'll always take a fair, transparent and inclusive approach.

If your request isn't approved, we'll explore other options with you first and only say no if there's no workable alternative.

What happens if your request is approved?

Understanding the impact on your contract and benefits

If your flexible working request is approved, it may lead to changes in your contract and working arrangements. Here's what you need to know:

Changes to your contract

Any agreed change to your working hours, pattern, or location is a formal change to your contract. Most flexible working arrangements are permanent, meaning you won't automatically revert to your previous pattern unless a temporary arrangement has been agreed.

If you request a temporary change (for example, for up to 12 months), this will be clearly recorded and reviewed regularly. After the agreed period ends, you'll return to your original working pattern unless a permanent change is agreed.

Once approved, your manager will send the completed Flexible Working Request Form to HR, who will issue a formal contract variation. The contract variation must be in place before the arrangement can commence.

Impact on pay

If your new working pattern affects your pay (for example, if you reduce your hours), your manager will complete a Notification of Change Form and send it to Payroll and HR to make sure your pay is updated correctly.

Changes to your team's staffing

If your new arrangement affects your team's staffing levels (for example, if you reduce your hours), your manager will also submit a Change in Establishment Form to keep the staffing structure up to date.

Annual leave and public holidays

Flexible working can affect your annual leave entitlement — especially if you change your hours, move to term-time working, or switch to a part-year or seasonal contract.

Your manager will calculate your leave entitlement in two parts:

1. Based on your current working pattern (up to the change date).
2. Based on your new working pattern (after the change date).

Leave will be calculated in **hours**, not days, to make sure it's fair and accurate regardless of your working pattern. You can find more guidance in the Council's **Annual Leave and Public Holiday Policy** on MyView.

Pensions

Changing your working hours or pattern may affect your pension contributions and benefits. We recommend speaking to the Pensions service (Pensions@orkney.gov.uk) or your pension provider e.g. Scottish Public Pensions Agency (SPPA) to understand the impact before finalising your request.

Appeals and further support

Should your flexible working request be refused you have a right of appeal, should you wish. Your appeal should be submitted using the Flexible working request form within 14 days of receipt of your outcome. This should be submitted to a higher level of management than the manager who has turned down the original request. Appeals should be considered at the lowest level of management possible but as a minimum, be heard by a Service Manager. The decision of the appeal is final and there is no further right of appeal under this policy.

Review and Monitoring

This policy will be reviewed by Human Resources in conjunction with recognised Trade Unions in line with the Council's schedule for reviewing all Human Resources policies and procedures, normally every five years.

Where changes to employment law, best practice recommendations, or schemes of Conditions of Service require, a review may be undertaken within this timescale by agreement with the Head of Human Resources and Organisational Development.

Where provisions differ for teaching or other employee groups, this will be identified separately within the policy.

Appendix 2

ORKNEY
ISLANDS COUNCIL

Supporting colleagues experiencing Gender-Based Violence including Domestic Abuse

Prepared by HR and Organisational Development

www.orkney.gov.uk

Document Control Sheet

Review / approval history.

Date.	Name.	Position.	Version Approved.
TBC	General Meeting of the Council	N/A	

Change Record Table.

Date.	Author.	Version.	Status.	Reason.
Next scheduled review in xxxx.				

Contents

Introduction

At Orkney Islands Council we believe that every colleague has the right to feel safe, valued and supported at work. We know that some colleagues may be affected by gender-based violence (GBV) including domestic abuse, either directly or through concern for someone close to them. We want you to know that you are not alone and that support is available.

This policy sets out how we will support colleagues who may be experiencing gender-based violence. It does not describe the wider statutory duties the Council holds as a local authority.

For further information on our statutory responsibilities, relevant legislation, and the multi-agency public protection framework in Orkney, including arrangements to safeguard children, adults at risk, and those affected by gender-based violence, please refer to the following resources.

- Public Protection Committee
- Protect Orkney
- Safer Orkney - Orkney Partnership For Action Against Gender Based Violence and Abuse
- Domestic Abuse Policy for Housing Services
- Child Protection

We acknowledge that GBV is rooted in gender inequality and is not just experienced by women, it can impact anyone, including men, trans and non-binary people and those in same sex-relationships. Violence against women and girls (VAWG) is recognised nationally as part of GBV but our approach aims to support all victim-survivors.

We all need to have a better understanding of how to support our colleagues and team members who are impacted by GBV and wider awareness raising is fundamental to reducing the stigma that can sometimes be attached to these types of subjects.

If you're reading this because you've been affected, we want you to know that we are here to listen and will support you to feel safe at work if you speak out. We're committed to supporting all our colleagues and it is our intention to deal constructively, compassionately, and sympathetically with cases of domestic abuse when they are reported to us.

The purpose of this policy is to help you understand what gender-based violence is and give you information about what help is available both inside and outside of work whether you need it for yourself or to help someone else.

The aims of this policy are:

- To encourage us to talk more about gender-based violence (GBV) including domestic abuse.
- For those experiencing any form of GBV, to feel you can ask for the support you need.
- For managers to have the knowledge and confidence to know what to do if you need to provide support to a team member through this time.
- To give all colleagues information about where to access further guidance and support.
- To signpost specialist external organisations who can provide additional help and advocacy support.

If you are a concerned manager or colleague reading this policy, it's important to remember it's not your responsibility to be an expert on GBV or take on the role of counsellor. What you can do is be alert to the potential signs, provide support by listening and signpost to the appropriate, specialist help at the end of this policy.

If you're a manager and want to know more about how to help a colleague, you can read our guide for managers.

Who this policy is for

This policy applies to all employees of Orkney Islands Council, whether you're in a permanent or temporary role. It covers staff employed under Scottish Joint Council (SJC), Scottish Negotiating Committee for Teachers (SNCT), Orkney College Academic (NJNC), and Chief Officials terms and conditions.

What is Gender-Based Violence?

Gender-Based Violence (GBV) is a broad term that includes domestic abuse, sexual violence, coercive control, harassment, stalking, so-called 'honour-based' abuse, Female Genital Mutilation (FGM), forced marriage, and other forms of violence rooted in gender inequality.

We recognise the definition used nationally and by specialist services that describes domestic abuse as a pattern of controlling, coercive, threatening, degrading or violent behaviour between people who are personally connected. This includes people who are, or have previously been married, in civil partnerships or in relationships, or have a child together, or are relatives, including abuse of adult parents or adult children.

Gender-Based Violence can include (but is not limited to):

- Physical or sexual harm.
- Violent or threatening behaviour.
- Controlling or coercive behaviour.
- Economic or Financial Abuse.
- Digital or online Abuse.
- Psychological and emotional abuse.
- Stalking or harassment.
- Abuse linked to gender norms or expectations.
- 'Honour-based' abuse, forced marriage or Female Genital Mutilation (FGM).

Abuse can occur in any relationship regardless of gender, age, family structure, sexual orientation or cultural background, While GBV disproportionately affects women and girls, anyone can experience harm.

Recognising the signs of gender-based violence

Knowing the signs of gender-based violence is an important first step in ensuring that support can be offered.

It's important to remember that GBV including domestic abuse isn't always just physical abuse and can include:

- Being cut off from family and friends and intentionally isolating someone.
- Bullying, threats, or controlling behaviour.
- Controlling finances.
- Monitoring or limiting use of technology.
- Physical and/or sexual abuse.
- Controlling medication.
- Stalking either in-person or online.
- Being subjected to sexist, homophobic, transphobic or culturally-based controlling behaviours.
- Isolation linked to cultural or community pressures.
- Harassment or coercion linked to gender identity or sexual orientation.

Changes in someone's usual behaviour can be a sign that they are struggling and could benefit from a supportive check-in. The following examples can have many explanations but can be an indication of GBV:

- Frequent absence from work, lateness or needing to leave work early.
- Changes in work performance such as missed deadlines.
- Working longer or irregular hours.
- Changes in the way a colleague communicates – many personal calls or texts or a strong reaction to personal calls.
- Physical signs and symptoms such as unexplained or frequent bruises or other injuries.
- A change in behaviour – for example becoming more withdrawn than usual.
- Change in the amount of makeup worn.
- Changes in social behaviour – for example not turning up to social activities.

Telling someone

We know that you might not want to talk to anyone about what you are going through. However, you can speak to any trusted route you are most comfortable with. Your manager can provide initial support, signpost you to resources and help you with any disclosure conversations you would like to have with your colleagues. You do not have to tell your manager if that does not feel safe or comfortable.

Who you can speak to

You may choose to disclose to:

- Your line manager.
- HR and OD.
- A Wellbeing Champion.
- A Trade Union representative.
- Another trusted manager.
- A specialist external agency (e.g. Women's Aid Orkney or ORSAS).

What happens after you tell someone

There is no obligation to make a formal disclosure or take action you are not ready for. You will never be pressured to contact the police or pursue legal options unless required due to immediate risk.

If you're not ready to disclose anything to anyone at work, we would strongly encourage you to contact one of the specialist support agencies listed at the end of this policy. You may wish to seek support from one of the specialist support agencies to advocate for you when making a disclosure at work or when discussing and agreeing any workplace support plans or adjustments.

Your manager's role is to:

- Be alert to spotting the possible signs of GBV and have a supportive conversation with you if they are concerned.
- Provide initial help and support, including signposting to appropriate sources of professional help and support (like those at the end of this policy).
- Protect your confidentiality unless there is an immediate risk to your safety or a safeguarding concern involving a child or vulnerable adult.
- Support you to make any initial calls for help on a work phone if needed.
- Help you get paid differently if your abuse is financial.
- Agree measures to prioritise safety at work and make sure that your health and safety is protected.
- Help you to remain productive and efficient whilst at work.

Our **Employee Assistance Programme** also provides 24/7 access to telephone support, every day of the year. You can speak to a qualified counsellor by calling 0808 168 2143, or you can access support online through Optima Health EAP using the login details below:

Username: OIC001
Password: Wellbeing365!

If you are unsure about what you are experiencing and whether it is abuse or not, you can learn more about the signs by visiting one of the websites at the end of this policy.

If you're a manager and want to know more about how to help a colleague, you can read our guide for managers.

Roles and Responsibilities

Supporting colleagues affected by gender-based violence is a shared responsibility. Managers and HR and OD each play an important role in ensuring that disclosures are handled sensitively, support is offered appropriately, and any risks are managed.

Managers should refer to the Supporting colleagues experiencing gender-based violence: A guide for managers for detailed guidance on how to apply this policy in practice.

The role of line managers

Line managers are often the first point of contact for colleagues who choose to disclose their experience. Their role is to provide a supportive, non-judgemental response and to help ensure that appropriate workplace support is in place.

Line managers are expected to:

- Respond to disclosures sensitively, calmly and without judgement.
- Listen and believe the colleague and respect their choices.
- Maintain confidentiality and handle information appropriately.
- Work with the colleague to identify and agree appropriate support.
- Put in place reasonable workplace adjustments to support safety and wellbeing.
- Be aware of potential safeguarding concerns and take appropriate action where required.
- Seek advice and support from HR/OD when needed.
- Keep appropriate records in line with data protection requirements.
- Continue to review and adapt support over time.

Further guidance on how to carry out these responsibilities in practice is available in the manager guide.

Managers are not expected to be experts in gender-based violence or to take on the role of counsellor. Their role is to support colleagues within the workplace and help them access appropriate internal and external support.

Detailed guidance on how to respond to disclosures, have sensitive conversations and implement support is provided in the manager guide.

The role of HR and Organisational Development (HR and OD)

HR and OD provide advice, guidance and support to ensure that situations are handled appropriately, consistently and in line with organisational policies.

HR and OD will:

- Support managers in responding to disclosures and agreeing appropriate support.
- Provide advice on workplace adjustments, safety planning and risk management.
- Help ensure a consistent and fair approach across the organisation.
- Maintain confidentiality and handle information appropriately.
- Provide guidance on how this policy links with other policies and procedures.
- Support any formal employment processes where required, including where concerns relate to conduct.
- Promote awareness, training and organisational learning on GBV.

Time off work

We know that if you are experiencing GBV including domestic abuse, you may need time away from work to manage legal or accommodation issues and deal with family demands. We also know everyone's situation will be unique. We won't assume to know how much leave you might need as everyone's situation is different and, in some cases, time off work may make things more difficult for you. This policy isn't about creating a one-size fits all approach. It's about highlighting all the different ways that we can support you, so you can decide what works best for you.

Time off or changes to working patterns would need to be agreed in discussion with your manager. We will always be led by you and agree a reasonable amount of unpaid time off to support you.

If you need to take unplanned leave you can read more in our Leave of Absence policy. You may also wish to consider using flexible working arrangements to help manage your time.

If you are off sick for reasons relating to GBV including domestic abuse, then the discretion process can be applied. Please refer to our Managing Sickness Absence policy for further details.

Confidentiality

We understand how difficult it can be to speak about abuse. If you tell someone about your experience, it will be treated as confidential information and will only be shared with others with your agreement unless there is:

- An immediate risk to your safety.
- A safeguarding concern involving a child or vulnerable adult.
- A legal requirement or overriding public protection duty.

Where confidentiality must be broken, you will be informed unless doing so puts you or others at further risk.

Any breaches of confidentiality by any colleague will be taken seriously and may be subject to disciplinary action.

Providing feedback on your experience

We recognise that choosing to disclose an experience of gender-based violence or domestic abuse takes courage. It is important that colleagues feel supported, listened to and treated with respect throughout this process.

You are encouraged to share feedback on how your disclosure or the support you received was handled. Your feedback helps us to understand what is working well and identify where we can improve our approach.

You can provide feedback in a way that feels safe and comfortable for you. This may include:

- Speaking to Organisational Development, you can make initial contact by emailing od@orkney.gov.uk.
- Providing feedback through a trusted manager, trade union representative or wellbeing champion.
- Completing our confidential feedback form.

Providing feedback is entirely voluntary and will not affect any ongoing support or decisions related to your situation.

Where feedback is provided:

- It will be handled sensitively and confidentially.
- It will be reviewed by Organisational Development, to identify any learning or improvements.
- Any actions taken will focus on improving practice, support and consistency across the organisation.
- Feedback will be used in an anonymised way where possible to inform policy development, training and awareness.

We are committed to creating a culture of continuous improvement, where colleague experiences help shape how we support others in the future.

Your safety at work

Your safety is our priority. Where your experience of GBV may impact your safety at work, we will work with you to consider what measures may help you feel safer, such as:

- Screening or diverting phone calls and email messages.
- Making sure you don't work alone or in an isolated area.
- Helping you make alternative arrangements for you to travel safely to and from home or work.
- Changing contact details where appropriate.
- Planning an alternative entrance or exit from work.
- Considering a temporary change to your working patterns so they're not predictable to others.
- Agreeing what information to share with colleagues where appropriate, and how they should respond if a perpetrator visits the workplace.
- Providing a safe place to work in an OIC location even if most of your role can be carried out at home.

If you're managing someone who has disclosed GBV including domestic abuse to you, you should not directly involve yourself in the situation for example by confronting the alleged perpetrator. This could make things more difficult for them.

Your role in this situation is to:

- Provide support for your colleague in the workplace and make any adjustments to support their safety.
- Help your colleague find the right professional help.

Getting professional support and counselling

If you would prefer to speak to someone who is specially trained in GBV, you can contact one of the specialist organisations listed at the end of this policy.

Our **Employee Assistance Programme** offers direct and confidential support to all employees. This includes 24/7 access to telephone counselling, every day of the year. You can speak to a qualified counsellor by calling **0808 168 2143**, or you can access support online through Optima Health EAP using the login details below:

Username: OIC001
Password: Wellbeing365!

Making adjustments to support you

As well as making small changes to help keep you safe, there may be adjustments we can make at work to help you if you need to make temporary changes to working patterns to manage family demands.

We will work with you in a sensitive and supportive way to understand your needs and identify appropriate and reasonable support options. This may include:

- Temporary adjustments to your working hours.
- Hybrid or flexible working arrangements, if appropriate. Read more in our Hybrid and Remote Working Guidance.
- A safe and confidential space for conversations or support meetings.
- Adjustments to duties or work location to reduce contact or risk.
- Time during the working day to attend support appointments (for example solicitors, housing or social services).
- Turning your camera off when on video calls.
- Support with pay arrangements if financial abuse is occurring, **where safe to do so.**
- Signpost the support available through the Employee Assistance Programme.

Where your experience is likely to affect you at work, your manager will work with you to complete a risk assessment to understand more about how this might impact you and to discuss any adjustments you might need. They might also consider a safety plan to ensure your safety at work and they will always work with you to agree this. You can also use a Wellness Action Plan to identify how your experience has impacted you at work and use this to discuss any changes you might need. You can read more about Wellness Action Plans in our Mental Health and Wellbeing Policy or use the templates on our Staff Hub here.

Finances and pay

We want you to be in control of the pay that you receive from Orkney Islands Council. If you experience economic or financial abuse you may not have control of your MyView account or have access to the pay we give you. Your manager may be able to help you to reset your MyView password and change your bank details to a bank account you have control of, where this is safe to do so.

Helping someone else

We recognise that often employees are the first to spot the signs of GBV in their colleagues. Employees may also witness behaviours linked to GBV, such as harassment or coercive control. If you are worried about a colleague, we recommend that you can contact Women's Aid Orkney on 01856 877900, or Orkney Rape and Sexual Assault Service on 01856 872298 or by emailing contact@orsas.scot.

If you see or hear an assault or think that your colleague is in an emergency situation, call 999 and report it to the Police.

Procedures and Guidance

The Council has a range of supporting procedures and guidance to support implementation of this policy. These do not form part of the approved policy and, as such, are able to be amended and updated to reflect necessary changes to support more efficient and effective recruitment for the Council without formal review.

Review and Monitoring

This policy will be reviewed by Human Resources in conjunction with recognised Trade Unions in line with the Council's schedule for reviewing all Human Resources policies and procedures, normally every five years.

Where changes to employment law, best practice recommendations, or schemes of Conditions of Service require, a review may be undertaken within this timescale by agreement with the Head of Human Resources and Organisational Development.

Where provisions differ for teaching or other employee groups, this will be identified separately within the policy.

Raising awareness of gender-based violence

We recognise that GBV does not occur in isolation, it is closely linked to wider inequalities, including disparities in the types of jobs people do, how they are paid, and how they progress in the workplace.

The impact of gender-based violence on employees and the organisation

Gender-based violence (GBV), including domestic abuse, can have significant impacts on individuals and on the workplace. These impacts will be different for everyone and can affect physical health, emotional wellbeing, and day-to-day life.

For colleagues affected by GBV, this may include:

- Difficulties with concentration, confidence, or decision-making.
- Increased stress, anxiety, or trauma-related responses.
- Physical injury or ongoing health concerns.
- Sleep disruption or fatigue.
- Financial challenges, particularly where economic abuse is involved.
- Changes in attendance, such as absence, lateness, or altered working patterns.
- Feeling isolated, unsafe, or less able to engage at work.

We recognise that work can provide an important source of stability, routine, and support. However, without the right understanding and adjustments, the effects of abuse can make it more difficult for someone to manage work alongside their personal circumstances.

There can also be an impact on teams and the wider organisation. For example:

- Changes in workload or team capacity.
- Increased need for management support.
- Potential health and safety considerations where abuse affects the workplace.
- Wider impacts on team wellbeing.

By recognising these impacts, we can take proactive steps to support colleagues and help create a safe, inclusive and supportive working environment. Early understanding and support can make a meaningful difference in helping colleagues to remain in work and access the help they need.

Creating an open and informed workplace culture is key to reducing stigma and encouraging people to seek support when they need it.

GBV, inequality and financial independence

GBV is both a cause and a consequence of inequality. When people face barriers to equal access to employment, such as lower pay, fewer opportunities for promotion, or limited access to flexible working, it can reduce financial independence and limit choice. This can make it harder for someone experiencing abuse to leave unsafe situations or remain in work.

We also understand that financial dependence and poverty can increase vulnerability to abuse and reduce resilience. That's why supporting workplace equality is an important part of preventing violence and promoting safety.

Barriers and inequalities in the workforce

People from different backgrounds may face additional challenges. For example, individuals who are disabled, minority communities, Muslim, LGBTQ+, refugees, or older adults may experience multiple barriers to accessing and progressing in employment. Socio-economic background also plays a role, with those from working-class backgrounds more likely to be in lower paid or undervalued roles.

We see gendered patterns in jobs; women are more likely to work in care, admin, and early years roles, while men are more often found in IT, trades, and refuse collection. These patterns reflect wider gender norms and stereotypes, and they contribute to ongoing inequality.

Our commitment to equality and prevention

We're committed to addressing these issues. By promoting equal access to quality jobs, supporting flexible working, and tackling the gender pay gap, we can help create a workplace where all women feel safe, valued, and empowered.

Creating an inclusive workplace

You can find training resources on iLearn to increase your knowledge and skills on these following topics:

- Flexible Working.
- Sexual Harassment modules one and two.
- Violence against women and work modules one and two.
- Trauma skilled module one.
- Psychological First Aid – general module.

We also provide an in-person training sessions to equip you for Having sensitive conversations through our Corporate Learning Programme

Supporting colleagues and creating an inclusive, equitable workplace helps us all thrive and aligns with Scotland's national Equally Safe Strategy and our participation in Equally Safe at Work accreditation.

Related policies and other sources of support

Other related policies

Domestic abuse can intersect with other forms of unacceptable behaviour in the workplace, including bullying, harassment, and discrimination. If you are experiencing behaviour that undermines your dignity at work, you may also find support through our **Bullying, Harassment and Discrimination Policy**. This policy outlines our commitment to fostering a respectful, inclusive, and safe working environment for all colleagues.

The Bullying, Harassment and Discrimination Policy works alongside this policy to ensure that all employees are protected from harm and supported in raising concerns. If you're unsure which policy applies to your situation, please speak to your manager, or to HR.

Where you can find other support

There are lots of charities and other specialist support groups who offer information and support about domestic abuse. Here are some that you might find helpful:

Orkney Rape and Sexual Assault Service (ORSAS)
Provides free and confidential information, advocacy, and support to anyone in Orkney (age 13 and over) affected by any form of sexual violence. This includes survivors of sexual violence and their friends, partners and families. ORSAS also provide advice and support to staff in other agencies who are working with survivors.
Call: 01856 872298, email contact@orsas.scot or visit https://www.orsas.scot/ for more information.

Women's Aid Orkney
Provide free and confidential support to women and children who have been affected by domestic abuse.
Call: 01856 877900 or email: info@womensaidorkney.org.uk

Scottish Women's Aid
Scotland's lead domestic abuse organisation working towards preventing domestic abuse and supporting victim-survivors. Visit www.womensaid.scot for more information.

Scotland's Domestic Abuse and Forced Marriage Helpline
Support for anyone experiencing domestic abuse or forced marriage, as well as their family members, friends, colleagues, and professionals who support them. Call the 24hr service: 0800 027 1234, WhatsApp / Text: 07401 288595, or visit www.sdafmh.org.uk for more information.

Scottish Women's Rights Centre
Free legal information and advice for women experiencing gender-based violence.
Call: 08088 010 789, or visit www.scottishwomensrightscentre.org.uk

Rape Crisis Scotland Helpline
The national helpline for rape and sexual assault support.
Call: 08088 01 03 02 or text 07537 410027 – every day between 5pm – midnight
Email: support@rapecrisisscotland.org.uk or Webchat: www.rapecrisisscotland.org.uk

Shakti Women's Aid
Support and information for Black and minority ethnic women, children, and young people experiencing or who have experienced domestic abuse. Call: 0131 475 2399 or visit www.shaktiedinburgh.co.uk

Amina Muslim Women's Resource Centre
Culturally sensitive signposting and support service for Muslim and ethnic minority women. They also offer a service, Sahara, which provides support for women experiencing domestic or sexual abuse Helpline from Mon-Fri 10am-4pm: 0808 801 0301, visit www.mwrc.org.uk, or email sahara@mwrc.org.uk

Hemat Gryffe Women's Aid
Support to Asian, Black and minority ethnic women, children, and young people. Call the helpline (24hrs) on 0141 353 0859 or visit www.hematgryffe.org.uk

LGBT Helpline Scotland
Information and support for lesbian, gay, bisexual, and transgender people. The Helpline is open on Tuesdays, Wednesdays, Thursday from 12-9pm and Sundays from 1-6pm. Call: 0800 464 7000 or visit https://www.lgbthealth.org.uk/services-support/lgbt-helpline-scotland/

Feniks
Counselling support for adults from Polish and other Central Eastern European communities. Visit www.feniks.org.uk for online support.

Men's Advice Line Call: 0808 801 0327

Mankind Call: 01823 334 244

Galop - Supporting victims of domestic abuse in the LGBT+ community. Call: 0800 999 5428

Suzy Lamplugh Trust – Call the National Stalking Helpline on 0808 802 0300

Respect Helpline – For anyone worried about their own behaviour. Call: 0800 802 4040

The Lucy Faithful – Support for anyone wanting to change their own behaviours in relation to child abuse, especially online. Call: 0808 1000 900 for confidential support.

Hestia Respond to Abuse Helpline – a free resource for employers. Employers can call 020 3879 3695 Monday to Friday 9am to 5pm, or email adviceline.eb@hestia.org for support, guidance or information about domestic abuse and how to support employees and colleagues experiencing domestic abuse

CrimeStoppers is an independent charity giving people the power to speak up about crime 100% anonymously.

Perpetrators

We do not tolerate or condone gender-based violence in any form. We recognise that the responsibility for GBV lies with the perpetrator. However, if a colleague tells us about their abusive behaviour and genuinely wants to change, we will engage with them to identity the appropriate external support. This could include providing access to specialist support services decided on a case-by-case basis. Speak to your manager if you are looking for help or you can contact The Respect Helpline confidentially on 0808 802 4040.

Any use of OIC equipment, premises or time to commit acts of GBV will be seen as gross misconduct. It may result in disciplinary action up to and including dismissal. If the behaviour constitutes a criminal offence, we have a duty to contact the Police.

The safety of victim-survivors will always take precedence.

If you have been accused

We know that some colleagues may be in personal relationships at work, and we recognise that being accused of GBV can be upsetting. If an allegation is made, we will investigate it fairly, sensitively, and without pre-judging the situation.
If we find the allegation is untrue, we will ensure you are not treated unfairly in any way and will provide support where required.

This policy and guidance support Orkney Islands Council's commitment to the Equally Safe at Work accreditation programme and Scotland's national Equally Safe strategy to prevent and eradicate violence against women and girls, while supporting all victim-survivors of domestic abuse and gender-based violence.

Appendix 3

ORKNEY
ISLANDS COUNCIL

Bullying, Harassment and Discrimination Policy

Prevention, Awareness and Support

Prepared by HR and Organisational Development

www.orkney.gov.uk

Document Control Sheet

Review / approval history.

Date.	Name.	Position.	Version Approved.
TBC	General Meeting of the Council	N/A	

Change Record Table.

Date.	Author.	Version.	Status.	Reason.
Next scheduled review in xxxx.				

Contents

Introduction

At Orkney Islands Council, we are committed to creating a workplace where everyone feels safe, respected and valued. We take concerns about bullying, harassment and discrimination seriously and are committed to addressing them appropriately.

We recognise that experiencing inappropriate behaviour can have an impact on a person's emotional, physical and mental wellbeing. No one should feel uncomfortable, excluded or unsafe at work. That's why we take all concerns seriously and are committed to responding fairly, consistently and with compassion.

This policy supports our wider commitment to dignity at work. It sets out how we expect everyone to behave, what support is available, and how we will respond to concerns raised, ensuring that Orkney Islands Council remains a place where everyone can feel supported.

What to expect from this policy

This policy aims to explain:

- How we expect our colleagues to behave.
- What we mean by zero tolerance.
- What to do if you see or experience inappropriate behaviour.
- How we can all help to create a respectful working environment.
- How to access impartial support whether you are experiencing inappropriate behaviour, you have been accused, or you are supporting a colleague.

We all have a responsibility to create a culture where bullying, harassment and discrimination doesn't happen, and to challenge or report it if we see it happening.

Because we take these behaviours seriously, if we find you've bullied, harassed or discriminated against someone, made false allegations, or treated a colleague badly because they've raised a legitimate concern, we regard this as potential gross misconduct, and you may be dismissed using the disciplinary policy.

If you're a manager and want to know more about how to help a colleague, you can read our guide for managers.

Who this policy is for

This policy applies to all employees of Orkney Islands Council, whether you're in a permanent or temporary role. It covers colleagues employed under Scottish Joint Council (SJC), Scottish Negotiating Committee for Teachers (SNCT), UHI Orkney Academic (NJNC), and Chief Officials terms and conditions.

What is bullying?

Bullying can be described as unwanted behaviour from a person or group that is either:

- offensive, intimidating, malicious or insulting
- an abuse or misuse of power that undermines, humiliates, or causes physical or emotional harm to someone.

The bullying might:

- be a regular pattern of behaviour or a one-off incident.
- happen face-to-face, on social media, in emails or calls.
- happen at work or in other work-related locations.
- not always be obvious or noticed by others.

Examples of bullying at work could include:

- someone has spread a malicious rumour.
- a manager keeps giving you a heavier workload than everyone else.
- someone keeps putting you down in meetings.
- someone holding back information or deliberately ‘losing’ information.
- being excluded from team social events.
- someone has put humiliating, offensive or threatening comments or photos on social media.
- someone at the same or more junior level as you, keeps undermining your authority.

Bullying is not:

- Being held accountable for your performance or behaviour.
- Constructive feedback.
- Conflict or difference of opinions.

Upward bullying

Upward bullying is when a colleague bullies a more senior colleague or manager.

It can be from one colleague or a group of colleagues. Examples of upward bullying can include:

- showing continued disrespect.
- refusing to complete tasks.
- spreading rumours.
- doing things to make you seem unskilled or unable to do your job properly.

It can be difficult if you’re in a senior role to realise you’re experiencing bullying behaviour from your colleagues. However, a senior position does not make you immune to the impact and effects of bullying, and we would take any allegations just as seriously as any other.

What is harassment?

Harassment is when bullying or unwanted behaviour is about or because of any of the following protected characteristics under discrimination law (Equality Act 2010):

- Sex.
- Disability.
- Age.
- Race and ethnic or national origin.
- Sexual orientation.
- Gender reassignment.
- Religion or belief.

It includes unwanted conduct that is sexual in nature and treating someone badly because they either rejected it or because they went along with it. You can find out more about this in our Sexual Harassment Policy - Prevention, Awareness and Support.

Harassment and the law

Harassment is unlawful under the Equality Act 2010. If someone's behaviour is unwanted and causes offence, even if it wasn't done on purpose, it may be harassment. The unwanted behaviour doesn't have to be aimed at you for you to be offended by it. If it creates an intimidating or offensive environment for you or anyone else, then it could be harassment.

Examples of harassment at work could include:

- Sexually suggestive jokes, comments or innuendo, offensive gestures or whistling.
- Unnecessary touching.
- Suggestions that sexual favours may further someone's career, or that refusing them may damage it.
- Offensive remarks about a group's or an individual's race, ethic or national origin.
- Outing a colleague as trans or non-binary without their permission.
- Repeatedly using the wrong pronouns or name for someone who is trans or non-binary, despite having the correct information.
- Ridicule or assumptions based on racial stereotypes.
- Spreading rumours or gossip about someone's sexual orientation or gender.
- Making jokes or offensive remarks about someone's disability.
- Excluding someone because of their political opinion or religious group.

Harassment can be:

- A serious one-off incident.
- Repeated behaviours.
- Spoken or written words, imagery, graffiti, gestures, mimicry, jokes, pranks or physical behaviour that affects the person.

It's still against the law even if the person being harassed does not ask for it to stop.

Harassment because of pregnancy or maternity is treated differently under the discrimination law but is still unlawful under the prohibition of direct sex discrimination.

Also, whilst the law on harassment doesn't cover marriage and civil partnership, harassment because of marriage/civil partnership, is still unlawful under the prohibition of direct discrimination.

What we mean by zero tolerance

At Orkney Islands Council, Zero Tolerance means we will not ignore or minimise bullying, harassment or discrimination in any form. We take every concern seriously, whether raised informally or formally, and we are committed to responding fairly, using unbiased judgement and in line with our policies and values.

Where concerns are escalated formally, they will be thoroughly investigated through the disciplinary procedure, and appropriate outcomes will follow. Where concerns are proven, outcomes may include formal warnings, training, reassignment of duties (where appropriate), or dismissal, depending on the nature and severity of the behaviour.

Malicious complaints will also not be tolerated. Where proven, they will be addressed in line with our policies, including potential disciplinary action.

Zero tolerance does not mean dismissal in every case. It means we are committed to acting in a way that best fits the situation, supported by a fair and thorough process that considers the specific circumstances of each case.

What is discrimination?

By law, being discriminated against is when you are treated unfairly because of any of the following:

- Age.
- Disability.
- Gender reassignment.
- Marriage or civil partnership.
- Pregnancy or maternity.
- Race.
- Religion or belief.
- Sex.
- Sexual orientation.

These are known as 'protected characteristics'. It’s against the law for anyone to treat you less favourably because of them.

Examples of direct discrimination at work could be:

- Someone is not offered a promotion because they’re a woman and the job goes to a less qualified man.
- A close friend of a colleague has surgery to change their sex. Some colleagues find out about the surgery and stop inviting them to social events.

Victimisation

The law also protects you against victimisation, which means being treated badly because you have, plan to, or are thought to have:

- Brought an employment tribunal claim alleging discrimination.
- Complained about discrimination.
- Given evidence or information in relation to someone else’s claim about discrimination.

Getting advice and support

If you feel that you're being bullied, harassed, or discriminated against, it can sometimes be difficult to decide how you want to deal with it. It can help to talk this through with someone. We would always suggest that you speak to your manager initially to talk things through.

If you don't feel like you can speak to your manager, remember we have a network of Wellbeing Champions who you can speak to, or if you're a member of a trade union, you can also contact them for advice.

Our **Employee Assistance Programme** offers direct and confidential support to all employees. This includes 24/7 access to telephone counselling, every day of the year. You can speak to a qualified counsellor by calling 0808 168 2143, or you can access support online through Optima Health EAP using the login details below:

Username: OIC001
Password: Wellbeing365!

If you have witnessed bullying, harassment or discrimination it's best not to stay silent. If you can, speak to the person to who the negative behaviour is directed towards and ask them what support they need.

Resolving things informally

It's generally better to try to sort things out informally if possible. Explaining to the person responsible how it makes you feel and asking them to stop may get things resolved. They might not have meant to offend you or realise the impact of their words or actions.

But if you don't feel able to speak to the person, talk to your manager about the problems you're having. If it's appropriate, your manager may speak to them confidentially to say that their behaviour is inappropriate and needs to change. Wherever possible your manager will aim to resolve things quickly and informally without the need to use a formal process. Dealing with things informally is often much less stressful and quicker for everyone involved than a formal process.

Sometimes, your manager may decide that the nature of the complaint is such that it needs to be considered formally, for example if the complaint is very serious or where the informal approach would not be appropriate.

If you don't feel you can speak to your manager, or your complaint is about them, you can speak informally to your manager's line manager. There may be other people you feel comfortable speaking to, such as another manager, Wellbeing Champion, or your trade union if you're a member - or you can make a formal complaint.

Making a formal complaint

If you do not feel able to resolve the issue informally, you can raise a formal complaint. To do this, you should set out your concerns in writing and share them with your manager. If your complaint is about your manager, you can send it to their manager instead. We will consider your complaint as quickly and fairly as possible, and an appropriate manager will be appointed to review the concerns and decide what action is needed.

If you are not satisfied with the outcome, you may appeal the decision. Appeals must be submitted in writing and should be sent to a more senior manager than the one who made the original decision. Appeals will be considered at the lowest appropriate level of management, but as a minimum will be reviewed by a Service Manager. The appeal decision is final, and there is no further right of appeal or access to any other grievance process for the same matter.

We know it's not an easy thing to do to speak up about these things, so we'll investigate this as quickly as possible. If we find evidence, we'll take appropriate action against those involved.

Support and protection for colleagues

If you raise a concern in good faith, or you've witnessed bullying, harassment or discrimination at work, we'll give you support. We won't allow you to suffer negative treatment in your employment because of it.

Also, if you've been accused of bullying, harassment or discrimination and we find this is untrue, we won't allow you to suffer negative treatment in your employment because of it. We'll also give you support if you need it.

Getting emotional support

We know that experiencing inappropriate behaviour can make working life miserable and take an emotional, physical, and mental toll on our colleagues. We also know that it can be helpful to be able to get confidential emotional support from someone impartial and from outside any formal process.

If you are experiencing bullying, harassment, or discrimination, have been accused or are supporting a colleague and you need support or someone to talk to, remember our **Employee Assistance Programme** offers direct and confidential support to all employees. This includes 24/7 access to free and confidential telephone counselling, every day of the year. You can speak to a qualified counsellor by calling **0808 168 2143**, or you can access support online through Optima Health EAP using the login details below:

Username: OIC001
Password: Wellbeing365!

Performance management

Bullying isn't the same as managing someone's performance. If your manager is giving you work to do or managing your performance using an informal or formal process, and they're doing that in a professional and supportive way, this won't on its own be considered bullying.

But if you do feel that your manager's behaviour towards you is unacceptable, talk to them about it. If you feel like you can't do this, there are other ways you can raise your concerns.

Other situations to be aware of

Remember, you're responsible for your own behaviour while at work, any time you're representing Orkney Islands Council outside of the workplace or at any work-related event. We're all expected to be respectful and considerate of other people and our individual differences. For more information take a look at our Equality Statement.

Behaviour outside work

If you experience unwanted or offensive behaviour that happens outside of the workplace but still to do with your work, like at a work-related social event or training course, tell your manager. They'll investigate and deal with it in line with this policy.

Social media

If you put potentially offensive or inappropriate comments or images about, or directed at colleagues, customers or service users on social media sites, we'll take this very seriously and investigate it in line with the social media policy.

Behaviour of customers or external parties

If you experience or see inappropriate behaviour by customers or third-party contractors in your workplace, it's really important you don't feel like you just have to put up with it. Incidents of inappropriate behaviour should not be tolerated.

If you have experienced this type of unacceptable behaviour:

- You should report it to your manager as soon as you feel able to.
- Your manager will notify the relevant teams to ensure you receive the right support and advice.
- We will take steps to protect your safety and wellbeing, including reviewing working arrangements and addressing the behaviour directly with the third party where appropriate.

You have the right to feel safe and respected at work no matter who you're interacting with. If you're unsure what to do, speak to your manager or HR for guidance and support. The Council has policy guidance on Unacceptable Behaviour by Customers or Service Users, and this may also be a relevant document to consult.

If you need further support

If you have any questions about bullying, harassment or discrimination or have experienced inappropriate behaviour or unfair treatment, then speak to your manager or another manager. If you feel that you can't speak to your manager, then you can contact their manager, HR and OD, your Trade Union if you are a member, or one of the Wellbeing Champions.

Related policies

Bullying, harassment and discrimination can intersect with other forms of unacceptable behaviour in the workplace, including domestic abuse and gender-based violence.

If you are experiencing behaviour that undermines your dignity at work, you may also find support through our **Supporting colleagues experiencing Gender-Based Violence (including Domestic Abuse) and Sexual Harassment Policy - Prevention, Awareness and Support**. These policies outline our commitment to fostering a respectful, inclusive, and safe working environment for all colleagues.

These two policies work alongside this policy to ensure that all employees are protected from harm and are supported in raising concerns. If you're unsure which policy applies to your situation, please speak to your manager, to HR, your Trade Union representative or to one of our Wellbeing Champions.

Review and monitoring

This policy will be reviewed by Human Resources in conjunction with recognised Trade Unions in line with the Council's schedule for reviewing all Human Resources policies and procedures, normally every five years.

Where changes to employment law, best practice recommendations, or schemes of Conditions of Service require, a review may be undertaken within this timescale by agreement with the Head of Human Resources and Organisational Development.

Where provisions differ for teaching or other employee groups, this will be identified separately within the policy.

Appendix 4

ORKNEY
ISLANDS COUNCIL

Sexual Harassment Policy
Prevention, Awareness and Support

Prepared by HR and Organisational Development

www.orkney.gov.uk

Document Control Sheet

Review / approval history.

Date.	Name.	Position.	Version Approved.
xxxx	General Meeting of the Council	N/A	

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Contents

Introduction

At Orkney Islands Council, we believe every colleague has the right to feel safe, valued and respected at work. We recognise that sexual harassment is a serious issue that can affect anyone, regardless of gender, age, race, sexual orientation, or background.

If you're reading this because you've experienced sexual harassment or want to support someone who has, we want you to know that we are here to listen and support you, and will treat your disclosure seriously, compassionately and confidentially. This policy outlines what sexual harassment is, how to recognise it, and what support is available, both within the workplace and externally.

What to expect from this policy

This policy aims to help you to:

- Understand what sexual harassment is.
- Understand what we mean by zero tolerance.
- Know what to do if you experience or witness sexual harassment.
- Be clear on your manager's responsibility for dealing with complaints.
- Know how to access emotional support whether you are experiencing sexual harassment, have been accused of it, or are supporting a colleagues.

Who this policy is for

This policy applies to all employees of Orkney Islands Council, whether you're in a permanent or temporary role. It covers colleagues employed under Scottish Joint Council (SJC), Scottish Negotiating Committee for Teachers (SNCT), UHI Orkney Academic (NJNC), and Chief Officials terms and conditions.

What is sexual harassment?

Sexual harassment refers to any unwanted behaviour of a sexual nature that makes someone feel distressed, intimidated, degraded, humiliated, or offended. It can happen as a one-off incident or as part of a pattern of behaviour over time. What matters is how the behaviour is experienced not whether it was intended to cause harm.

This type of behaviour can occur in many different forms and settings, including in person, online, or through written communication. It may be subtle or more obvious, and can happen during work hours, at work related events, or in digital spaces connected to work. Sexual harassment can be perpetrated by anyone, including colleagues, managers, clients or members of the public, and it can affect people of all genders, backgrounds, and roles.

Examples of sexual harassment in the workplace include, but are not limited to:

- Sharing or circulating sexually explicit or inappropriate images or videos.
- Sending suggestive or inappropriate written communications, including letters, notes or emails.
- Displaying sexually inappropriate images, materials or posters in the workplace.
- Making lewd comments, jokes or sharing sexualised stories or anecdotes.
- Using inappropriate or offensive sexual gestures.
- Online harassment or stalking.
- Sexual assault or coercion.

Sexual harassment is not always obvious, and it doesn't have to be physical. Even behaviour that some may dismiss as 'banter' can cross a line if it makes someone feel unsafe or disrespected. If you're unsure whether something you've experienced or witnessed is sexual harassment, it's okay to ask questions and seek support. Everyone has the right to feel safe and respected at work.

Sexual harassment is a form of violence that anyone can experience, it is typically experienced more by women and is a driver of women's inequality in the workplace. It reflects and reinforces gendered power imbalances and contributes to a culture where women may feel unsafe, undervalued, or excluded. Addressing sexual harassment is therefore a key part of promoting gender equality and creating a respectful and inclusive working environment.

Recognising the signs of sexual harassment

Sexual harassment can take many forms and is not always immediately obvious. It may involve physical contact, verbal remarks, or non-verbal behaviours that make someone feel uncomfortable, intimidated, or degraded. These behaviours can be direct or subtle, and they may occur in person, online, or through other forms of communication.

You might notice a colleague becoming withdrawn, avoiding certain people or places, or showing signs of distress after interactions. They may seem anxious during meetings, particularly when certain people are present, or they may express discomfort about comments or jokes that others dismiss as harmless. Changes in behaviour, such as avoiding social events, becoming unusually quiet, or showing signs of stress, can also be indicators.

It's important to remember that sexual harassment doesn't always involve physical contact. It can include persistent unwanted attention, inappropriate remarks about someone's appearance, or repeated invitations that make someone feel pressured. Even if the behaviour is not directed at a specific individual, it can still create a hostile or offensive environment.

If you notice any of these signs in yourself or others, it's important to speak up or offer support. Everyone has the right to feel safe and respected at work.

Banter

Sometimes, experiences of sexual harassment are brushed off as 'banter', teasing, or just joking around. It might be described as part of the workplace culture or something that's 'just how people are'. But it's important to be clear: if the behaviour is of a sexual nature, is unwanted, and makes someone feel uncomfortable, intimidated, or disrespected, then it is sexual harassment regardless of how it's intended or how others perceive it.

Comments or actions that are framed as 'just having a laugh' can still cause real harm. What one person sees as harmless fun might feel degrading or humiliating to someone else. It doesn't matter if others think it's acceptable or commonplace, what matters is how it affects the person on the receiving end. If the behaviour violates someone's dignity or creates an environment that feels hostile, offensive, or unsafe, it should be taken seriously.

Everyone deserves to feel respected at work, and no one should have to tolerate behaviour that makes them feel uncomfortable just because it's labelled as banter.

Victimisation

It's important to be clear; victimisation is unlawful. Everyone has the right to raise concerns or support others without fear of retaliation or negative consequences. Creating a culture where people feel safe to speak out is essential to addressing sexual harassment and building a respectful workplace.

Victimisation happens when someone is treated unfairly or less favourably because they've raised a concern for example about sexual harassment, supported someone else in doing so, or are believed to be considering it. This might include being excluded from meetings, overlooked for opportunities, spoken to differently, or made to feel uncomfortable simply for speaking up or helping a colleague.

Orkney Islands Council will not tolerate any form of victimisation. Any behaviour that seeks to punish, isolate, or undermine someone for raising a concern will be taken seriously and may result in disciplinary action.

What to do if you experience sexual harassment

Taking a zero-tolerance approach

We adopt a zero-tolerance approach to sexual harassment. This means that we do not accept sexual harassment at Orkney Islands Council. Zero tolerance means we will never ignore or minimise bullying, harassment, or discrimination in any form, including sexual harassment. We take every concern seriously, whether raised informally or formally, and we are committed to responding fairly, using sound judgement and in line with our policies and values.

Where concerns are escalated formally, they will be investigated, and appropriate outcomes will follow. These may include formal warnings, mandatory training, reassignment of duties, or dismissal, depending on the nature and severity of the behaviour. Zero tolerance does not mean dismissal in every case. It means we are committed to acting in a way that fits the situation, supported by a fair and thorough process that considers the specific circumstances of each case. Malicious complaints will also not be tolerated. Where proven, they will be addressed in line with our disciplinary process.

Telling someone

We understand that speaking out about sexual harassment can be difficult. You can speak to any route you feel most comfortable with. This might be your line manager, HR and OD, a Wellbeing Champion, a Trade Union representative or another trusted manager.

Your manager's role is to:

- Listen without judgment, believe you and take your disclosure seriously.
- Provide initial support and signpost to help.
- Protect your confidentiality.
- Help you access support services.
- Work with you to make adjustments to ensure your safety and wellbeing at work.

If you don't feel like you can speak to your manager, remember we have an HR and OD team, a network of Wellbeing Champions and Trade Union representatives, who you can speak to.

Our **Employee Assistance Programme** also provides 24/7 access to telephone support, every day of the year. You can speak to a qualified counsellor by calling 0808 168 2143, or you can access support online through Optima Health EAP using the login details below:

Username: OIC001
Password: Wellbeing365!

If you're not ready to speak to someone at work, we encourage you to seek support from recognised organisations listed in the Useful resources section below.

Resolving things informally

Sometimes an informal approach may be enough to make the harassment stop, especially where it is unintended, and the person is not aware that their behaviour is unwelcome. In these instances, an informal conversation may lead to greater understanding and an agreement by that person that their behaviour will change.

If you feel comfortable speaking to the person responsible about how their actions are making you feel, and asking them to stop, we encourage you to do so. You shouldn't do anything which may put you at risk of further sexual harassment or other harm.

If you don't feel comfortable to speak to the person but would still like to try and resolve the matter informally, talk to your manager, or another colleague, who can speak to them on your behalf.

We understand there may be times when you don't feel that you can speak to your manager or your complaint is about your manager. In this situation we would encourage you to speak to another manager in the organisation, HR or a Trade Union representative if you are a member.

It is important to be clear that engaging in informal resolution initially does not prevent you from raising a formal complaint later.

Raising things formally

If you don't feel comfortable raising your concern informally, or if the behaviour is too serious to be addressed informally, you should make a formal complaint. A formal complaint of sexual harassment should be made in writing to your line manager, or to the next level of management if the complaint is about your manager. The matter will then be formally investigated.

This process ensures your concern is handled fairly, sensitively, and in line with our policies. You can find out more about the process in the Manager Guide, or you can speak to your manager, HR, a Wellbeing Champion, Trade Union or if you need support in preparing your complaint or understanding the procedure.

If you ask us not to take things further

If you raise a complaint but then ask us not to take the matter any further, we will respect your wishes wherever possible while keeping safety under review. Where action is required to protect you or others, we'll explain why and ensure support is in place.

Witnessing an incident

If you witness sexual harassment, we encourage you to speak up.

If you feel safe and comfortable, you may choose to intervene at the time of the incident, support the person affected, and encourage them to seek appropriate help. You can also offer to provide a witness statement or raise the concern with an appropriate manager on their behalf.

You will not be treated unfavourably for speaking up. However, it's important to prioritise your own safety. Please do not take any action that could put you at risk of harm.

Criminal offence

Some acts of harassment may amount to a criminal offence. We will support you if you wish to report a crime to the police. We won't pressure you to make any decision but, in some situations, we may decide we have to tell the police for example if we believe there is an ongoing risk to you or others' safety. If we do report it, we will talk to you before we do and let you know when we have told them.

Confidentiality

If you tell your manager about your experience, they'll keep this confidential and won't share this information unless you say it's okay – except if we've got serious concerns for your safety or that of others. This includes where there are safeguarding concerns about children or vulnerable adults, where there is a high risk to safety or where we must act to protect the safety of members of the public, including other colleagues or customers. All records about sexual harassment will be kept strictly confidential.

If someone is placing you or members of your family in genuine or immediate danger, we may need to report this to the police.

Where it's necessary for us to share confidential information, we will always discuss this with you first unless it's unreasonable to do so.

Any breaches of confidentiality by any colleague will be taken seriously and may be subject to disciplinary action.

If you have been accused

We understand that it is distressing to be accused of sexual harassment. We will not make assumptions. Any concerns will be handled through a fair, sensitive and thorough process.

If we find the allegations are untrue, we won't allow you to suffer negative treatment in your employment because of it and will give you support if you need it.

Keeping you safe at work

Your safety is our priority. Where your experience may affect your safety at work, your manager will complete a workplace risk assessment with you to identify risks and agree practical measures. This will be reviewed with you regularly. Examples might include:

- Screening or diverting communications.
- Adjusting work patterns or locations.
- Providing alternative contact details.
- Ensuring you are not working alone.
- Keeping records of incidents.
- Supporting you with travel arrangements.
- Agreeing what information to share with colleagues.

Speak to your manager if you need support with any of these measures.

Workplace adjustments

We will work with you to make any reasonable adjustments that help you feel safe and supported at work. These may include:

- Flexible working arrangements.
- Temporary changes to duties or location.
- Turning off your camera during video calls.
- Providing a safe space for meetings.
- Using a Wellness Action Plan to identify support needs.
- Referral to Occupational Health if appropriate.

Time off work

We understand that experiencing sexual harassment can affect your ability to work. You may need time off to attend appointments, seek support, or recover. We will work with you to agree flexible working arrangements. If absence is related to your experience, the discretion process within our Managing Sickness Absence policy may apply.

Requests for time off will be handled sensitively and confidentially.

Third party sexual harassment and reporting

Sexual harassment doesn't always come from within the organisation. Sometimes, colleagues may experience harassment from people they come into contact with through their work, such as customers, clients, suppliers, agency workers, visitors, or members of the public. This is known as **third party harassment**.

Even though these individuals are not part of our workforce, we have a duty to take reasonable steps to prevent and respond to harassment from third parties.

If you experience or witness sexual harassment from someone outside the organisation, you should never feel that you have to tolerate it or manage it alone. We operate a zero-tolerance approach to sexual harassment from anyone and are committed to supporting you.

If you experience third party harassment:

- You should report it to your manager as soon as you feel able to.
- Your manager will notify the relevant teams to ensure you receive the right support and advice.
- We will take steps to protect your safety and wellbeing, including reviewing working. arrangements and addressing the behaviour directly with the third party where appropriate.

You have the right to feel safe and respected at work no matter who you're interacting with. If you're unsure what to do, speak to your manager or HR for guidance and support.

Review and monitoring

This policy will be reviewed by Human Resources in conjunction with recognised Trade Unions in line with the Council's schedule for reviewing all Human Resources policies and procedures, normally every five years.

Where changes to employment law, best practice recommendations, or schemes of Conditions of Service require, a review may be undertaken within this timescale by agreement with the Head of Human Resources and Organisational Development.

Where provisions differ for teaching or other employee groups, this will be identified separately within the policy.

Perpetrators

Sexual harassment is a disciplinary offence. As an employee, if you are found to have committed sexual harassment, disciplinary action may be taken, up to and including dismissal.

In cases where sexual harassment involves an abuse of power, such as a senior employee targeting a more junior colleague this may be a factor that is considered in a disciplinary process.

As an employee, if you disclose that you have engaged in inappropriate behaviour and would like to access support to change, your manager will signpost you to appropriate services, such as the local Orkney Rape and Sexual Assault Service and Women's Aid Orkney.

Useful resources

There are many internal resources and external organisations that can offer further advice and practical guidance relating to sexual harassment:

Employee Assistance Programme (EAP)
Offers direct and confidential support to all employees. This includes 24/7 access to telephone counselling, every day of the year by contact the details below:

Call: 0808 168 2143
For online support visit: Optima Health EAP
Username: OIC001
Password: Wellbeing365!

Women's Aid Orkney
Provides free and confidential support to women and children who have been affected by domestic abuse.

Call: 01856 877900
Email: info@womensaidorkney.org.uk

Orkney Rape and Sexual Assault Service
Call: 01856 872298
Email: contact@orsas.scot

Scottish Domestic Abuse Helpline
Provides 24-hour Domestic Abuse and Forced Marriage advice and support.

Call: 0800 027 1234
Email: helpline@sdafmh.org.uk

Crimestoppers
An independent charity that allows people to report crime 100% anonymously. If you have information about criminal activity, you can speak up without revealing your identity.

For online information visit: www.crimestoppers-uk.org

Samaritans
A unique charity dedicated to reducing feelings of isolation and disconnection that can lead to suicide. They offer a safe space to talk, 24/7.

For online information visit: www.samaritans.org

LGBT Foundation
A national charity focused on LGBTQ+ health and wellbeing, offering support, advice, and resources tailored to the community.

For online information visit: www.lgbt.foundation

Scottish Women's Rights Centre
Provides frontline legal advice and support to women in Scotland who have experienced any form of violence or abuse.
For online information visit: www.scottishwomensrightscentre.org.uk

Rape Crisis Scotland
Scotland's national rape crisis organisation offering confidential support via helpline and text for anyone affected by sexual violence.
Call: Helpline (5pm–midnight): 08088 01 0302
Text: 07537 410 027
For online information visit: www.rapecrissscotland.org.uk

Equality Advisory and Support Service (EASS)
Provides advice and assistance on equality and human rights issues across England, Scotland, and Wales.
For online information visit: www.equalityadvisoryservice.com

Galop
The UK's LGBT+ anti-abuse charity, offering support to those experiencing domestic abuse, sexual violence, or hate crime.
For online information visit: www.galop.org.uk

NHS – Help After Rape and Sexual Assault
Provides guidance and support for anyone affected by rape or sexual assault, including access to medical care and emotional support.
For online information visit: www.nhs.uk/live-well/sexual-health/help-after-rape-and-sexual-assault

This policy and guidance support Orkney Islands Council's commitment to the Equally Safe at Work accreditation programme and Scotland's national Equally Safe strategy to prevent and eradicate violence against women and girls, while supporting all victim-survivors of domestic abuse and gender-based violence.