NHS
Orkney

Local Delivery Plan 2016/17

Our community, we care, you matter.....

1. Introduction

In preparing this year's Local Delivery Plan (LDP) we spent time together as a management team along with our colleagues from the Area Partnership Forum and Area Clinical Forum. Our event focused on both the national and local priorities and the policy 'game changers' notably: A Clinical Strategy for Scotland, public health reform and the integration of health and social care.

This year will be similar to recent years gone by as we look to mitigate our very high and high risks and establish sustainable services which can respond to anticipated future demand across our health and social care system. We have all worked hard to recruit to posts that were previously hard to fill and our thanks goes to the public, our communities and staff for their efforts in supporting our recruitment campaigns especially on the Isles. Our thanks also go to other NHS Boards who have helped us build resilience through joint appointments and contributing to pieces of work which add value to our evidence base and quality of information.

This LDP reflects on our desire to plan and deliver services around people and communities, implementing system wide transformational change and improvement, supported by investment in organisational development and e-health, to deliver:

- Improvements in population health and wellbeing whilst reducing inequalities
- Proportionate and effective healthcare that enhances care and service experience leaving our patients and their families with positive 'first and lasting impressions'
- High value from all our services.

As we go into 2016/17 I am thoughtful about the future and the need to accelerate opportunities with our partners to:

- Encourage and support preventative measures that address inequalities for patients and carers
- Routinely enable people to live well at home
- Create a community based multidisciplinary team approach that takes account of community planning and the wider determinants of health and wellbeing
- Deliver more integrated care, close to home for our frail elderly and people with complex multi-morbidities
- Be financially sustainable and design services around and with people and communities
- Be seen as an employer of choice as demonstrated through our investment in individual staff welfare, learning and development
- Deliver health and care that is rated amongst the best in Scotland for the people of Orkney in terms of quality, outcomes and local satisfaction with services.

Our Improvement & Co-Production Plan (attached at Appendix 1) responds to the nine national improvement priorities whilst contributing to our change and improvement agenda and takes account of:

- Planning and delivering primary care around people and communities

- Developing a whole team community based approach that works across silos to deliver the aspirations articulated in both the Chief Medical Officer's (CMO) Annual Report and the recent publication of a National Clinical Strategy for Scotland

- Contributing to a commissioning approach that supports the implementation of the 2020 vision and local health and social care integration

- Investing in a system wide programme of improvement that responds to the challenge set out by the CMO. To ensure that healthcare delivery is proportionate and relevant to individual patient's needs and uses minimally disruptive interventions (including lifestyle changes) wherever possible. In other words the emphasis is on maximising patient value from the available resources, reducing variation, harm and waste

- Preparing for the new hospital and the repatriation of services that takes account of both regional and national networks and how they contribute to providing high value, proportionate and effective local health services.

On a personal note I continue to be committed to living up to our values and to invite you to continue to work with me and the Senior Management Team as we look to create thinking space to become better informed to how best we implement ways that help us accelerate our transformational change and improvement programme – Our Orkney, Our Health – transforming services".

I thank you for your help and support to date and your ongoing contribution in implementing this ambitious Plan.

Cathie Cowan

Chief Executive

2. Local Delivery Plan 2016/17

The Local Delivery Plan (LDP) is the performance contract between Scottish Government and NHS Orkney. Our Plan acknowledges our corporate social responsibility as an organisation and employer within our local economy and sets out our ambitions to champion:

- Reductions in health inequalities and helping people including our staff to make better choices and positive steps toward health and wellbeing and better mental health

- Prevention, supported self management and integration as a means to deliver care routinely at home/in the community to the frail elderly, patients with multi-morbidities, patients with physical and mental health needs including dementia and palliative care needs

- Antenatal care and the early years to ensure our children have the best start in life and are ready to succeed

- Proportionate interventions and for doctors to further involve and discuss with their patients what is important for them as individuals – which may be deciding not to have treatment

- Building intelligence, innovation and improvement capacity to support the delivery of person centred and safe care delivery across our health and care system

- Success in primary care to support integration and locality based interventions with our key partners, notably the voluntary sector

- Service transformation across our health and care system to support ongoing financial sustainability and service resilience through the ongoing implementation of Our Orkney, Our Health – transforming services strategy

- Health and social care integration to optimise health and wellbeing Outcomes through targeted strategic commissioning and corporate support to the Integration Joint Board

- Developing and equipping our workforce and their ongoing commitment to patient care and high quality service delivery.

3. Our Challenges

The characteristics of a Health Board's population will be the major determinant of services that are required from that Board. Demand will be influenced by population age, profile and health status but also changes in expectation. The significant demographic changes expected in the next 20 years and the corresponding rise in need, particularly in the older population, will mean that the way social care and health services are provided to the local population will need to change also. In short, more people will need care, their needs will be greater, more complex and there will be fewer people of working age to provide that care.

The trend within Orkney is towards a rural population that is ageing and is particularly vulnerable to isolation and loneliness, and for whom it can be costly to deliver vital services. This is especially true for those older people in scattered and remote communities, such as the North Isles, who have little or no family support. The evidence clearly indicates that appropriate, well designed services which are accessible even for those older people living in very rural locations can have significant benefits for both service user and provider.

In general, from a population health perspective there are clear challenges to be addressed in Orkney which mirror those faced in Scotland – namely tackling misuse of alcohol, reducing obesity, addressing the harm associated with tobacco use and ensuring mental well-being. A particular focus on prevention, caring for multiple and chronic diseases and reducing avoidable health inequalities as outlined in the 2020 vision are key clinical actions.

NHS Orkney is undergoing a rapid phase of development, introducing new services for the population. The focus on the new hospital and primary care build, and the arrangements for integration of health and social care must not divert attention away from the delivery of safe person centred care in the present.

Orkney Health and Care (our local Integration Joint Board) has developed its Strategic Plan. We have supported the development process and will work to implement the directions for those functions delegated. The Plan creates a level of stability whilst focusing on a number of key developments notably in community services to support people keep well, stay well and get well. Along with the Board's 'Plan to Act' it will drive transformation locally within health and care services.

4. Our Performance

NHS Orkney continues to perform well in the majority of HEAT standards, inspections and in general from feedback received. It is our intention to sustain that level of performance and to invest in those areas where performance is below national or local measures.

In 2016/17 NHS Orkney will focus on improving how we monitor and report on performance from ward/department to Board level and have set aside funding to invest in a performance system. In addition we are keen to triangulate our performance measures in three ways: patient experience including clinical outcomes and patient feedback (stories, complaints and surveys – locally and nationally), incident and litigation reporting and workforce measures including i-matter feedback.

To help us use our data/intelligence confidently and competently we have commissioned NHS NSS to work with us using a shared services approach as we continue to pursue quality and improvement as our key corporate priority. We have also invested in the implementation of iMatter and this is currently being rolled out across our organisation.

We are keen as a Board to work closely with Orkney Health & Care the new Integration Joint Board (IJB) to progress integration and deliver well against the nine health and wellbeing outcomes.

Our Local Delivery Plan 2016/17 is made up of 5 parts underpinned by robust financial and workforce planning. The 5 parts include:

- Improvement & Co-production Plan that responds to the nine improvement priorities – Appendix 1
- LDP Standards – Appendix 2 and how these relate to the IJB
- Financial Planning that supports our workforce requirements and investment in person centred, safe and sustainable service change – Appendix 3
- Workforce and our ongoing commitment to the five priorities in the 'Everyone Matters: 2020 Workforce Vision' – Appendix 4
- NHS Orkney's contribution to the Community Planning and the work underway to improve local priority outcomes which relate to health and wellbeing and our commitment to tackling inequalities – Appendix 5.

Appendix 1

NHS Orkney

Improvement and Co-Production Plan 2016/17

Our community, we care, you matter.....

1 Introduction

The National Clinical Strategy reaffirms a commitment to the Scottish Government's 2020 Vision. A vision that directs us as providers of health and social care to ensure that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions including involving patients in what is important for them as individuals – which may be deciding not to have treatment
- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of readmission

NHS Orkney remains committed to a **co-productive approach** where members of the public move from being dependent on public services to being an equal partner in the development of services, and in the management of their own health. The Board sees co-production as a significant factor in developing its engagement and communication efforts and will continue to build on work through its transformational change workstreams to **improve population health and life expectancy**.

As a Board we are engaged in a competive dialogue process to support the design/build of a **new hospital and healthcare facility in Kirkwall** through our Transforming Clinical Services Programme. Delivery of the new hospital development is an integral part of implementing the Board's clinical strategy and securing its vision for the future of integrated health and care services across Orkney.

To support this process we have **engaged with members of the public, our staff and our partners** in relation to the new build and more importantly the design of a local health and care system 'fit for the future' informed by:

- The needs of our population and the range of services and
- Plans to use resources to meet those needs in ways which are sustainable in the long term.

Integration of health and social care remains a high priority as we build on what we have already established through our local health and social care partnership known as Orkney Health and Care.

Our 'Three Horizons' work will support the local **transformational change** programme which will focus on service priorities. These include building a stronger primary care service, agreeing and implementing improvement activities following the independent review of mental health services, repatriating hospital outpatient, diagnostic and short stay based services currently provided in NHS Grampian and investing in technology to:

- Support care delivery at home or close to home

- Improve our business intelligence and
- Implement a paper light strategy including an electronic medical record.

NHS Orkney has made considerable progress to embed the principles of the 2020 vision into everyday work, and deliver against the Local Delivery Plan (LDP) standards. We will continue to invest in **building improvement capacity** to further enhance our performance. In 2015/16 we developed the monitoring and reporting of performance from ward/department through to Board level, invested in the roll out of Trakcare (electronic patient administration system) in partnership with NHS Grampian and in a performance reporting/management system. We will continue to triangulate performance measures in three ways:

- Patient experience including clinical outcomes and patient feedback (stories, complaints and surveys – locally and nationally)
- Incident and litigation reporting, and
- Workforce measures, including iMatter feedback.

To help **use our data/intelligence confidently and competently** we have commissioned NHS National Services Scotland (NSS), using a shared services approach, as we continue to pursue quality, safety and improvement to support the delivery of person centred and safe care across our health and care system.

The **development and equipping of our workforce** is ongoing and we use iMatter to help inform cultural and organisational change in ways that motive and enable staff to deliver high quality, person centred and safe care.

2. Developing our local Improvement and Co- Production Plan

Overview

NHS Orkney recognises the application of the nine **national strategic priorities** to our local health and care economy which provide a focus for delivering improvement during 2016/17:

- Health Inequalities and Prevention
- Antenatal and Early Years
- Safe Care
- Person Centred Care
- Primary Care
- Integration
- Scheduled Care
- Unscheduled Care
- Mental Health.

Whilst addressing these priorities it is essential that we also embrace a new way of thinking under the auspices of our 'Third Horizon' approach. This approach promotes a review of current delivery of services to challenge whether activity is 'propping up the old system' or **opening minds to a potential new provision of care model co-produced with the community and our staff.**

This work is of particular relevance to NHS Orkney as new models of service delivery are considered in light of the new hospital and healthcare facility, together with health and social care integration. The approach to **support and encourage innovation and transformational change** was introduced to the Corporate Management Team during early 2015 and has already impacted on previous planned service assumptions. The **clinical focus** resonates with our managers, many of whom are clinicians by background and aligns with the fundamental nature of our business, namely improving the health and wellbeing of the population.

2.1 Health Inequalities and Prevention

NHS Orkney recognises the importance of **reduction of health inequalities**, but also the challenge of identifying health inequalities in this remote and rural setting where area deprivation tools such as SIMD (Scottish Index of Multiple Deprivation) may perform less well than in urban settings. Even in urban areas it is recognised that many disadvantaged individuals do not live in the most deprived areas as identified by SIMD.

Improvement Aims	Actions	Measures
Smoking cessation – 31 people will not be smoking at 12 weeks following a quit date in the 60% most deprived zones (LDP standard)	Continue to deliver a free confidential cessation service. Discontinue Local Enhanced Services (LES) with GP practices for referral into smoking cessation service and invest that money into text based follow up and support (FLORENCE) system to supplement 1-1 cessation support with an advisor. This will particularly support people on the outer Isles. Deliver bespoke training to Isles practitioners on raising the issue of smoking. Ascertain smoking prevalence in Isles practices. Establish agreed targets for numbers of people who will undertake quit attempts in GP practices in most deprived areas ie Northern Isles.	Number of people who are not smoking at 12 weeks following setting a quit date in 60% most deprived zones Targets for most deprived areas
Sustain outcomes achievement through effective commissioning of services by the Alcohol and Drug Partnerships	Use an outcomes based approach to commissioning services within the funds available for Alcohol and Drug Partnership (should be known before July 2016). The current planning assumption is that the level of available resource will be consistent with last year.	Maintain ADP agreed outcomes as evidenced through quarterly accountability reporting mechanism

Improvement Aims	Actions	Measures
National standard for delivery of Alcohol Brief Interventions (ABIs) - Aim is to deliver 249 ABIs in the year 2016/17 with 80% to be within priority areas (LDP standard)	Continue to work with Alcohol and Drug Partnership (ADP) to deliver. Embed ABI delivery as a requirement in service agreements with newly commissioned services for ADP. Target SIMD 2 zones within outer Isles for ABI delivery by delivery of bespoke training to Isles practitioners. Investigate possibility of training in and delivery by other key individuals in most deprived areas. Establish agreed targets for most deprived areas i.e. Northern Isles.	Total number of ABIs delivered Achievement of 80% target in priority areas Targets for most deprived areas
The number of hospital bed days due to alcohol related problems will reduce ISD data shows reduction in admission rates but still high and also data shows core of individuals with repeated admissions	Continue to work with ADP partners to deliver key outcomes related to alcohol. Patient flow coordinator to identify people with recurrent admissions for alcohol related problems and signpost individuals for intensive support. Development of multiagency care planning for individuals who have multiple admissions related to alcohol.	Reduce by 10% the number of hospital bed days due to alcohol related problems Number of people with repeated admissions reduces
The percentage of children in Primary 1 (P1) who are at risk of overweight or obesity will reduce in Orkney National data shows that Orkney continues to have the highest level of children at risk in Scotland Obesity across ages is a priority for the Healthy and Sustainable group of the Community Planning Partnership (CPP)	Multiagency healthy weight steering group will continue to deliver key actions to address this issue.	Reduce % of P1 children with a BMI in the obese category

Improvement Aims	Actions	Measures
The percentage of adults who are obese in Orkney will reduce. Scottish Healthy survey data shows % of adults in Orkney who are obese is higher than the Scottish level People who are an unhealthy weight are at risk of poor health including Type 2 diabetes	**Tier 1 prevention** Healthy weight steering group will continue to deliver on key actions. **Tier 2** On line E-counterweight to be piloted on Isles. Weight management groups to continue, and open out to self referral but targeting young women and women who are between pregnancies. **Tier 3** 1-1 support for individuals by dietician. Offer Counterweight Plus low calorie liquid based diet to suitable individuals who are morbidly obese. **Tier 4** Pilot use of text based support to individuals (FLORENCE).	Need to devise way of collecting reliable data locally for % adults who are obese and monitor Quantitative data - Weight management support programmes provide data on BMI, % weight loss over course and then at follow up Qualitative data - Evaluation of programmes delivered including testimonies from people 1 bariatric referral annually
Reduce the percentage of women who are obese when they attend their first appointment with the midwife Orkney has a higher than national average % of obesity in pregnant women	Healthy weight steering group will continue to deliver on key actions within the Maternal obesity action plan**.**	Percentage of women who have a BMI over 30 at booking appointment reduces

Improvement Aims	Actions	Measures
Providing a targeted approach to health promotion and support for people with Learning Disability (LD)	Invest in appointment of LD nurse to deliver targeted health checks to people with a LD. Public Health and LD nurse work to provide easy read literature about screening programmes for people with a LD. Plan to support individuals to attend for screening when offered.	Increased % of people with a LD who have received a health check in the previous 12 months Gather baseline data of who has attended/taken up offer of screening following delivery of planned actions compared to previous years
Promote physical activity for adults	Work through Physical Activity and Sport Strategy subgroup of the Healthy & Sustainable Communities CPP Delivery Group to agree and deliver actions to increase usage rates of the Healthy Living Centres (HLCs).	Increase in the usage rates of the HLCs (data provided by leisure services Orkney Islands Council)
Health Promoting Health Service – health inequalities and person centred care NHS Orkney will plan and deliver hospital services that ensure routine enquiry for vulnerability is built into person-centred care and, therefore, those at risk of poverty or inequality attain the best possible health outcomes.	Focus efforts on priority settings by selecting one or two services to pilot vulnerability assessments, possibly in maternity, Macmillan, and mental health. This could include • Training of staff in assessing vulnerability and awareness training of services to which patients/clients can be signposted. • Routine enquiry in assessment of vulnerability through: o Asking patients if they have money worries and offering a direct referral to advice services o Support for patients who are, or are at risk of, homelessness o Support in access to services for vulnerable groups.	Evidence of routine enquiry in documentation of an assessment of vulnerability in priority settings Evidence of actions within health inequalities strategy and/ or community planning structures

Improvement Aims	Actions	Measures
Employment policies of NHS Orkney support people to gain employment Employment polices of NHS Orkney ensure fair terms and conditions for all staff	Modern apprenticeships offered Work experience offered to people trying to get into employment via Employability Orkney. Flexible working and carer leave covered in policies.	Government target for modern apprenticeships- 2/year Number of people provided with work experience Staff governance return to Scottish Government
Addressing inequalities in our communities	NHS Orkney procurement policy should support employment and income for people and communities with fewer economic levers. Use community benefit as part of new hospital and healthcare facility to create wealth and employment for local people including an apprenticeship scheme for the life of the project (25 years).	Review of award of contracts to local businesses

2.2 Antenatal Care and Early Years

Giving our children the **best start in life to enable them to succeed** is a key priority for us and our partners. Getting It Right for Every Child (GIRFEC) is the national approach for improving outcomes and life chances for children and young people. The Children and Young People Scotland (2014) Act deals with two key elements of the GIRFEC approach, the Named Person and the Child's Plan. In Orkney this work is woven through our partnership **Early Years** workstreams. Documentation and information sharing processes are being reviewed to support implementation by August 2016. Electronic records, IT compatibility locally and nationally needs to be solved to enhance contact time.

Improvement Aims	Actions	Measures
Reduce infant mortality	Continued implementation of the Maternity and Child Quality Improvement Collaborative (MCQIC) programme for Maternity and Neonatal. Work is underway to support delivery of those reporting measures relevant to NHSO. We have identified the need for different ways of working for neonatal care with a corresponding increase in workload particularly on call and call outs. We are reviewing the casemix of women remaining in Orkney. A business case taking account of our consultant/midwife jointly led service model will be developed for repatriating care. Initially this would be for Induction of Labour. Maintaining UNICEF Baby Friendly accreditation for both Maternity and Community. Implementation of the BMI pathway for pregnant women, supporting exclusive breast feeding to six months and weaning advice for the "early years". Improving uptake of Healthy Start. Badgernet will be phased in for all new bookings from June 2016. The electronic record will be used before transfer to the new healthcare facility.	Successful re-accreditation and participation in the SPS Maternity Collaborative Locally relevant MCQIC measures Repatriation, less travel costs Capacity for, and outcomes of procedures Improved breast feeding rates 100% use of Badgernet
27 – 30 month review: children have all the developmental skills and abilities expected	We will implement The Children's Scotland (2014) Act new statutory guidance in relation to the Named Person effective from August 2016. NHS Orkney is on track with the implementation of this. A national 3 day learning update programme for qualified health visitors has been developed for existing staff and RGU delivered the programme locally in April 2016. The sessions included Leadership, Named Person, Child Development and Speech and Language development.	85% of children within the Orkney CPP will reach the expected developmental milestones at the time of the child's 27 – 30 month review, by end 2016

Improvement Aims	Actions	Measures
	We are up to date with recruitment and training of additional health visitors. Further recruitment will commence when funding is confirmed (must commence in June 2016 to meet timescale for registration with RGU). The planned increase in staffing presents challenges and if we have insufficient suitable applications, alternative approaches will be discussed with Scottish Government colleagues. Information sharing solutions have been explored. A generic email account is linked to every HV email account to ensure all named person concerns are picked up. All HV can confirmed that they are aware of the information sharing protocols in relation to education, police and social work systems. The Lead Healh Visitor attended the masterclass and is cascading this training to all health staff. It has been built into Child Protection level 2 training which is mandatory. We will work with the CPP to ensure sustainable solution for consistent co-ordination and reporting on Early Years Collaborative. We continue to develop systems and processes to improve our **antenatal care** standard of at least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation. (Bookings are on average four per week and any variation can have a significant disproportionate effect when reporting).	Recruitment of required additional staff. Meet the requirements of the HV pathway Compliance with Named Person procedures from August Timely and quality reporting on collaborative At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation
Local school nursing services are provided in line with the national priorities	Testing of the new School Nursing pathway is underway. However, implementation of the new pathway is currently at risk following the retirement of the team lead and sole qualified School Nurse (SN). We are actively recruiting. Should it be required, we will undertake a risk assessment and develop a mitigation plan to support how the service operates for the medium term.	Measures will be developed nationally and the local plan will be aligned with these Front line service delivery is not adversely affected by staff changes – pathway requirements continue to be met

2.3 Person Centred Care

NHS Orkney is **committed to the delivery of person centred care** through the joint commitment of health and social care professionals to work collaboratively to ensure services are coordinated and tailored to the needs of the individual. People using our services will be supported to ensure they have the required knowledge, skills and confidence they need to more effectively manage and make **informed decisions about what is important for them as individuals** – which may be deciding not to have treatment. All interactions between service users and professionals will be characterised by listening, dignity, compassion in accordance with the "Five must do's with me". NHS Orkney recognises the importance of palliative and end of life care and the aims of the Strategic Framework for Action (2015). Everybody who needs access to palliative and end of life care will have access regardless of age, gender, social group, ethnicity, diagnosis or location and the patient and their significant others will be partners in decision making and plans at all stages of the journey including preferences regarding place of death.

Improvement Aims	Actions	Measures
What matters to you?	The gathering of feedback will be extended across health and social care to inform service improvements and developments to ensure patients and the public are full partners in the development of care aims and outcomes. Feedback from complaints and commendations will be passed to individual teams, service managers, governance groups and the Board. The Patient Experience Officer will collate feedback, develop action plans in conjunction with service users and teams, follow up on actions and feed back to the individual concerned and the wider organisation. Discussions regarding end of life care and choices will be clearly documented within palliative care anticipatory care plans and communicated to relevant staff.	Feedback and discussion from service users through Patient Opinion, Feedback Boxes, I-Pad surveys, Board Patient Safety Walk rounds, patient stories and service specific questionnaires Action plans will be collated and presented to Safe and Effective Care group and then to the relevant team leads for review to ensure learning across the whole system Documentation audits Patient and carer feedback Audit regarding place of death

Improvement Aims	Actions	Measures
Who matters to you?	Relatives and carers will be encouraged to be involved in care as appropriate and according to the individual wants and needs of the service users. Revised clinical documentation will identify the key contacts for each individual service user and will reflect discussions and engagement of all relevant individuals, in care planning. A review of clinical protocols, procedures and policies will prompt clinical staff to further involve and discuss with their patients what is important for them as individuals – which may be deciding not to have treatment. Visiting times will be reviewed and displayed within the hospital promoting protected mealtimes whilst encouraging carer input as requested according to individual needs.	Documentation audits will demonstrate compliance with requirements and be reported through the Person Centred Care Governance Group Welcome boards will be developed for service areas and visiting times reviewed following feedback from local surveys
What information do you need?	Information in a variety of formats will be available to service users and carers to enhance and inform decision ensuring those involved have all the information required to be equal partners in the management of their health and care needs. Information leaflets and other written, electronic and virtual information will be available in a variety of areas and formats. A single point of referral has been developed and implemented for adult services to streamline access and will continue to be reviewed for impact and value. The role of the third sector and the support offered will be promoted and signposted through Orkney Health and Care's Strategic Commissioning Plan. The role of volunteers will be enhanced and highlighted within the organisation particularly to those service users who are vulnerable or in need of additional input or support. Access to bereavement services will be enhanced and spiritual care support will be available in the hospital and trialled in a community location with a view to future roll out.	Staff will be aware of the various information formats and how to access these Audit and service review Sample of staff awareness of third sector services linked to audit and service review of Single Point of Referral service Implementation of National Volunteer Database Reports through Spiritual Care Steering Group

Improvement Aims	Actions	Measures
Nothing about me without me	Service users and carers will be partners in care and treatment decisions to ensure they are fully informed and empowered to effectively make decisions about what is important for them as individuals – which may be deciding not to have treatment. . The use of anticipatory care plans will be reviewed, promoted and extended to ensure a better flow of information across health and social care ensuring the patient and their carers have ownership and are full partners in decision making regarding care and treatment. Service users will be encouraged to engage and participate in service planning and directed to third sector agencies such as Advocacy Orkney, Patient Advice and Support Service, (PASS), Citizen's Advice if required. Experience based co-design and the use of feedback and complaints will be promoted to highlight the need for a more person centred care planning approach with patients being involved in all aspects of decision making regarding care and treatment.	Documentation will reflect discussions and ongoing audits and surveys will determine areas where this could be improved Reduction in the number of complaints regarding lack of information and discussions regarding treatment and care
Personalised contact	All complaints and feedback will be acknowledged. Service users and carers will have opportunities to present their stories, ensure learning is shared and disseminated. Triangulation with the review of Datix incidents and complaints/comments will continue with feedback through the governance groups and team meetings. User involvement and participation in service planning and oversight will be encouraged and developed across the organisation with public members becoming active members of the Strategic Planning Group, Orkney Health and Care Board and individual service reviews. Entrance boards in the hospital and other clinical areas will encourage patients and visitors to raise concerns or issues at a local level and those responsible for that area to feel and be empowered to discuss and respond and implement any immediate improvements or escalate accordingly.	Timescale performance The revised complaints policy will be implemented and staff trained to manage complaints and feedback directly at local levels wherever possible Membership of the Orkney Health and Care Board and Strategic Planning Group Patient and public feedback

2.4 Safe Care

A recent audit by our internal auditors and reported to the Audit Committee highlighted good progress being made in changes implemented to further improve **clinical governance** arrangements. We have an approved clinical governance strategy which ensures processes are in place to identify significant risks to the corporate objectives. The Strategy aims to establish a robust and effective framework for the management of clinical governance. The framework is proactive in understanding clinical governance, builds upon existing good practice, and is integral to decision making, planning, performance reporting and delivery processes.

The provision of high standards of **patient safety and experience** within our strategy and approach is fundamental to being able to provide high standards of health care and services. It is important that we continue to monitor what is happening in our organisation and by using improvement methodology strive for consistent best practice and share our learning. In doing so our philosophy for clinical governance recognises the feeling of value achieved by people who are able to deliver high quality care, and its purpose is to facilitate this. In working together we can understand the risks we face and eliminate or mitigate them to an acceptable level thereby **preventing harm to our patients**.

We will continue to encourage **clinical engagement and executive leadership** in the delivery of the 10 Essentials of Safety through the implementation of the principles of the Scottish Patient Safety Programme. Leadership walk rounds, Datix recording reviews and dissemination of lessons learned, audits and reviews continue to contribute to the evidence base and demonstrate compliance and adoption and sharing of learning.

Improvement Aims	Actions	Measures
To improve delivery of risk assessment and appropriate treatment to reduce harm and mortality from Venous Thromboembolism (VTE)	Continue to promote the use of VTE bundles including assessment within the Balfour hospital. Ensure staff have the necessary skills, competence and understanding to deliver safe care including the use of thromboprophylaxis. Ensure documentation is effective in demonstrating compliance and alignment to the principles of person centred care and the “five must do’s with me”.	VTE audits Training needs assessment and competency frameworks Documentation audit

Improvement Aims	Actions	Measures
To reduce mortality and harm from sepsis by improving recognition and timely delivery of evidence based interventions for patients in acute hospitals	Sepsis bundles are in place and staff training in the recognition and management of acute presentations for suspected sepsis continues. NEWS documentation has been implemented and will be further rolled out to primary care, community settings and discussions will take place with the Scottish Ambulance Service. Training continues to be delivered locally to ensure skills and competency of clinical staff including early recognition of the deteriorating patient. In this regard the Board has invested in the roll out of ALERT training.	Documentation audit Audits through mortality and case note reviews Training records
To reduce harm from pressure ulcers by reliable delivery of risk assessment and evidence based interventions	SSKIN bundles are in use in the Balfour hospital, community and care homes; these will be audited to ensure compliance. Staff will continue to receive training to ensure competency in the management of skin integrity. An investment plan is in place to ensure we have and can replace pressure relieving equipment to support prevention. NHS Orkney will continue to access specialist support from NHS Grampian tissue viability services. Patients and carers will continue to be active partners in the role of pressure ulcer prevention.	Reduction in the numbers of grade 2 and above pressure ulcers reported DATIX reports Root cause analysis reviews Documentation reviews
To reduce harm from falls whilst promoting recovery, independence and rehabilitation	Falls prevention classes will be expanded across community settings. Falls rehabilitation programmes will continue and falls bundles will be in place and utilised across health and care settings. Medicines reconciliation and reviews will continue. Patient education and partnership working targeted at raising awareness will continue to support a reduction in the number of hospital admissions related to falls.	Number of falls with harm reported through DATIX will be reduced. Number of hospital related admissions will be reduced Medicine reconciliation audits Documentation audit

Improvement Aims	Actions	Measures
To reduce harm from Catheter Associated Urinary Tract Infections (CAUTI) by the reliable delivery of evidence based interventions.	The use of the catheter insertion and maintenance bundles will be embedded and rolled out consistently across acute and community settings. Staff will receive training to ensure they have a greater understanding of the use and appropriateness of catheter insertion and management. Antimicrobial prescribing will continue to be monitored to ensure appropriate use and compliance with local policies. Patient information and education to support best practice will be developed and rolled out.	Reduction in the number of CAUTI reported Reduction in the uses of urinary catheters Antimicrobial prescribing audits Documentation audits
To reduce cardiac arrests in general ward setting by improving the response to and review of deteriorating patients in acute health care	We will continue to roll out training in the recognition of the deteriorating patient (ALERT training) as per SIGN 139. We have implemented the National Early Warning Score (NEWS) documentation in the hospital with a view to roll out to community settings and Scottish Ambulance Service (SAS) later in 2016. SBAR reporting and case note audits are in place to ensure good compliance. Daily patient safety huddles create a space to share current workload and identify patients at risk of deterioration, discuss flow and the sharing of staff and resources.	Training records Hospital Standardised Mortality Ratio (HSMR) reviews and case note audits Multi-disciplinary weekly mortality reviews

Improvement Aims	Actions	Measures
To improve outcomes for patients with heart failure by the reliable delivery of evidence based interventions	Review the provision of cardiology services including heart failure in NHS Orkney in response to Scottish Government visit in late 2015 – expected completion date June 16 Ensure the provision of heart failure services and support is appropriate to the identified level of need to minimise off island travel and improve patient outcomes based on implementation of evidence based interventions	Completed review and recommendations for improvement Increase in care provided closer to home Reduction in off island travel Increased percentage of high risk patients with anticipatory care plans Patient satisfaction surveys Improved outcomes demonstrated through audit and data review
To provide appropriate, reliable and timely care to patients using evidence- based therapies to prevent surgical site infections	MRSA and CPE screening takes place on all patients on admission to the Balfour Hospital. Standardisation of surgical procedures, skin cleansing, prophylactic antimicrobial use and wound management will be key features in our surgical site prevention audits programmed in year. Revised HAI standards and cleaning requirements as per national guidance are implemented and compliance will be monitored.	Documentation audits Surgical safety pauses SSI audits Self assessments and inspection reports
To improve accurate medicines reconciliation and the management of high risk medicines. A Safer Use of Medicines Network supports improvement in this area.	Medicines reconciliation will take place consistently in both hospital and community settings. Prescribing practices will be monitored and opportunities for improvement and change identified. Patients will be active partners in the management of their medication and appropriate use wherever possible. Polypharmacy reviews will be undertaken.	Medicine reconciliation audits Reduction in non-formulary prescribing compliance Reduction in medicines waste

Improvement Aims	Actions	Measures
Reduction in the number of HAI associated infections – Cdifficile and Staph Aureus Bacteraemia	Rigorous MRSA and CPE screening on admission Ensure any symptomatic patients are managed appropriately and isolated according to standard infection control precautions and HAI standards All confirmed CDifficile or SAB infections will be reviewed using root cause analysis led by the Executive Clinical Directors, and the consultant microbiologist to identify areas for improvement and lessons learned Antibiotic prescribing will be monitored using point prevalence studies in both acute and primary care	Case note review and audit HAI audits Root cause analysis Review of prescribing practice Point prevalence studies

2.5 Primary Care

The National Clinical Strategy reaffirms the **role of primary care in delivering the 2020 vision** and keeping people healthy in the community for as long as possible. It is a prerequisite for tackling health inequalities, for successful adult health and social care integration and for addressing some of the challenges of unscheduled care. It should promote an integrated and asset-based approach to providing care to patients across the health and social care system. Working collaboratively with community based specialists, local authorities, third sector organisations and communities can indentify solutions or different approaches to providing care that is not currently available.

We now think differently and asses the patient journey across the whole health and social care system and across what we currently call 'in hours' and 'out of hours'. Engagement with the public regarding future provision of care in community settings is crucial to support people to live with one or more long term condition, to **empower people to take an active interest in healthier living and prevention**, to ensure provision of person-centred care and to deliver on our effective and safe ambitions.

NHS Orkney has continued to place a high priority on participation in strategic meetings. This allows increased understanding of issues and allows invaluable networking with colleagues in other board areas. We have developed closer working links with the other island boards through quarterly VC meetings which provide an additional supportive network for those working in similar remote island settings.

Improvement Aim	Actions to move towards Aim	Measures
Developing local solutions for Out of Hours (OOH) and GP contract in line with new strategies	Review all the services that currently are carrying out OOH provision of care to see if improvements or new models of care could be adapted. Lead GP will review implementation of the redirection guidance to enhance collaborative working between OOH services and A&E. We have expressed interest in piloting recommendations from the OOH Review around closer working with SAS and are awaiting further contact. We hold a monthly meeting to discuss ways of improving joint working. Locally SAS have recruited additional paramedics and we are looking to extend their "see, treat and refer" pathways and protocols Currently we are reviewing data around falls and how patients are followed up, and reviewing data around admissions to A&E. We hold monthly meetings with NHS24 and the Highland hub and as a result have a close working relationship with both. At these meetings we discuss any local issues and we update one another of any impending changes ie IT infrastructure. Additionally we attend a quarterly NHS 24 Highland and Islands partner team meeting which is at a more strategic level and allows a joint discussion. Both these meetings are held via teleconference.	Completed review with recommendations Greater number of redirected service contacts To be developed pending outcome of expression of interest

Improvement Aim	Actions to move towards Aim	Measures
Providing care closer to home	Develop Primary Care strategy with service users and communities looking at the whole care pathway (scheduled and unscheduled care). To ensure we get input from our GP community we plan to use some local enhanced funds for sessional payments to attend meetings. Terms of reference are due to be drawn up and it is planned that the first meeting will take place late June. An unscheduled care group has been set up to review the pathways between secondary and primary care. It is proposed that small working groups will look at differing areas. We have representation from 3 GPs including one from OOH and our Lead GP, along with Dental and Long Term Conditions. We will bring forward proposals to invest in services closer to home, which reduce the need to travel for care, are evidence based and provide more cost effective, person centred and local services. • We are liaising with a GP Practice and Aberdeen Royal Infirmary about setting up a local dermatology and phototherapy service. Currently patients have to travel off island for phototherapy and this would ensure they were able to have treatment locally thus saving them having to spend a whole day off island for each treatment cycle. • We are increasingly making more use of VC facilities to negate having patients travelling in from smaller islands to the mainland of Orkney for appointments. Each GP surgery has their own VC equipment . • VC clinics are also held locally by our LTC service to allow patients to have discussions remotely with consultants from Aberdeen and this works well. • As part of reviewing scheduled care we continue to extend VC review clinics. Following a discussion between NHS Orkney and the education department of Orkney Islands Council, we are exploring the feasibility of rooms in schools in some islands to allow increased VC capacity.	Ability to realign resources to provide care closer to home and improve person centred care Increase in care provided closer to home Improved patient experience Ability to expand service Reduction in patient travel spend

Improvement Aim	Actions to move towards Aim	Measures
Joined up and equitable model of nursing care on the Isles	Clarify management arrangements, following organisational change. Realign management appropriately for greater efficiency On some islands Advanced Nurse Practitioners are providing 24 hour care with a visiting GP service from an independent practice on the mainland. We are keen to support and develop this model of care and have recently rolled this out to an additional island on an interim basis. We have liaised with the elected community council members over this change of model and have ensured letters were sent to out to all affected patients. We have been reviewing the training needs of Community Nurses and Advanced Nurse Practitioners. We have agreed a core set of skills and are close to agreeing a handbook of skills and training required to keep up these skills. This work is aligned to the national transforming nursing roles work led by the Chief Nursing Officer and the development of advanced nurse practitioners. We are aware of the current district nursing review that is being carried out by Julia Egan. We await publication of her findings and will adapt local ones where appropriate. Given small numbers of patients on some outer islands we are keen to pursue the Buurtzorg model of care. Currently there is silo working between home care and nursing teams and we are keen to test a multi agency / multi disciplinary team working model based on Buurtzorg or Buurtzorg 'plus' principles. We have expressed interest in the national testing of this model and have been invited to participate in the second stage of the selection process for this opportunity, which takes place in June 2016.	Integrated approach Review current arrangements for nursing cover and develop options appraisal Agree core skills set More equitable and effective service
Continue to implement Isles Network of Care (INOC) model of care	We have recently merged 4 of our remote islands into one practice and have appointed a dedicated Practice Manager to oversee the running and governance of this practice. We will continue to reduce variation and improve quality. Our remote isles have small numbers of patients and this merge of 4 practices has resulted in a practice list of 2,000 patients. Given small numbers patient access is not an issue and the communities usually can have an appointment on same day of requesting. This joined up approach has allowed increased peer support and team working along with standardisation of procedures, and protocols.	Continued efficiencies Reduced variation

Improvement Aim	Actions to move towards Aim	Measures
More flexible and sustainable workforce	We will continue to develop different ways of working to address recruitment difficulties eg recruiting suitable candidates who are willing to provide cover 24 hours a day. Unfortunately we have had no interest from GPSTs in coming to Orkney for training. We have 2 training practices with no trainees. We are in the process of submitting a remote and rural bid for GP Recruitment and Retention and in doing so have engaged the North as a region. We are also continuing to work with the Army to provide practice placements for their nurse practitioners and working towards a formal agreement. The army have also expressed an interest in placements for GP colleagues and discussions will commence by May 2016. We have 1 remote and rural fellow this year with 2 expressing an interest for next year.	Reduction in temporary staffing costs and increase in proportion of temporary staff cover from known people. Placement provided for army colleagues Remote and rural fellow in place

Improvement Aim	Actions to move towards Aim	Measures
Using technology and information to support care and the transformation of services	Investment in eHealth systems which are compatible across sectors has been prioritised although the eHealth programme has yet to be finalised. However, lack of bandwidth and 3G is a problem for introducing reliable technological solutions to the more remote areas. A successful Technology Enabled Care (TEC) bid allowed all practices to have a video conferencing upgrade and work has commenced to enable the provision of secondary care clinics from Balfour Hospital to some residents on our outer islands using the technology available within primary care. The Living it Up platform and the Florence (Flo) system will enable patients to obtain further information about their conditions thus promoting self care and responsibility. The technology behind Flo is fairly straightforward. Clinicians (doctors or other health professionals such as nurses) can adjust the settings on Flo for each patient, defining when messages should be sent, what information they are asking for and how the system should respond. Flo sends regular text messages to patients helping them to monitor their health, sharing any information sent back by the patient with the person managing their care, eg a patient with hypertension could be asked to check their own blood pressure each morning and then to text the results back to Flo. If the results are outside agreed limits, Flo will pass this on to their clinician, while also suggesting that the patient makes an appointment or speak to someone on the phone. It enables much more detailed and regular monitoring of a person's health condition than is possible if a patient just attends regular appointments. Clinicians are also able to view real time information about their patients at any time via a simple web interface. An information sharing agreement will be in place which facilitates processes to share data between agencies. We will explore ways to use infrastructure to share data between agencies and develop a shared database where possible. Data sharing forms /policies/procedures need to be agreed between the different agencies to reduce bureaucracy and increase clinical time. On line booking and repeat prescriptions has been deferred to 2017/18 as part of the Board's eHealth programme. We submitted a bid in 15/16 to the digital services development fund but it was decided monies would be deferred to 16/17. We will submit a bid for this year when this becomes available. Electronic referrals for optometry have not been rolled out in Orkney yet. The consultants and optometrist prefer to do referrals via email because it suits their way of working. We accept that this will not be able to continue in the longer term and will be looking to discuss this change over the coming year. We are aware of the move to e-ophthalmic payments and will look to move towards implementation.	Patients will be seen nearer home and avoid un-necessary travel Reduction in patient travel costs Increase in care provided closer to home Positive reported patient experience for those who no longer have to travel Data sharing protocols in place and approved Self care will be increased – increase in care provided closer to home

Improvement Aim	Actions to move towards Aim	Measures
Continue to review Public Dental Service (PDS) and implement General Dental Service (GDS)	NHS Orkney will continue its work to improve the oral health of our population. Anticipatory care programmes, in particular, Childsmile and Caring for Smiles are our starting point. From this essential work raising oral health awareness using preventative care pathways, we will further develop a wide ranging service that is delivered locally wherever possible. Our work to remodel the Public Dental Service (PDS) from a role as the only provider of NHS dental care goes on. The PDS has changed dramatically in recent years and will continue to do so as it adapts to a remit where access improvement, the equity of care and the delivery of enhanced skills services are its main components. We will encourage all those that can reasonably be seen by independent NHS care providers, to do so, and we will work with those independent service providers to support patient transfer as capacity allows. NHS Orkney Public Dental Service has been at the forefront of the delivery of enhanced skills treatment service for remote and rural Boards through informal managed clinical networks. Work continues to increase the number and scope of these services. There is now the imminent prospect of including endodontics to the treatments already provided and existing services are soon to see the addition of a dentist-led, on-island intravenous sedation service. This safer, more cost effective, provision of, particularly, surgical treatment, also sits well with our ongoing quality agenda.	Increase registrations Redesign of sedation services
Long term conditions 49% in Orkney compared with 44% in Scotland (data from 2014 Scottish Health Survey).	We have prioritised investment in an eHealth solution to allow service users to increase self management of long term conditions. We will review the effectiveness of our Managed Clinical Networks (MCNs) and put in place effective business support arrangements to ensure that they have a key role in driving evidence based practice. Through service transformation we will review the case for investment in services for Cardiology and Diabetes. Polypharmacy reviews are undertaken in care homes and community, addressing issues around the medicines management of LTC including compliance, side effects & drug / drug interactions and best practice prescribing. Primary care pharmacist regularly provides data to GP practices to support evidence based, quality prescribing in LTC's and provide input into LTCs MCN when required. Primary care pharmacist provides support to GP practices in managing LTCs as part of QoF Medicines Management indicators In the longer term and in line with S.Gov directive we are developing the role of 'general practice' pharmacists who will ultimately work within GP practices to support the effective treatment and effective prescribing in LTC's.	MCNs operate effectively with appropriate engagement Quarterly polypharmacy reviews Increased formulary compliance and cost reductions

Improvement Aim	Actions to move towards Aim	Measures
Effective and efficient prescribing	We will continue to drive forward with the strategy outlined in Prescription for Excellence to develop and maximise the use of pharmacist skills, improving the quality and cost effectiveness of prescribing practice. This will be supported by appointment of a General Practice pharmacist in a remote and rural setting and provide backfill to allow current pharmacist independent prescribers to work towards the vision of Prescription for Excellence. Significant work is ongoing within practices to increase input from community pharmacy services. One of our 17c practices, in conjunction with pharmacy, is leading on a review of primary care prescribing practice, to promote quality prescribing and reduce variation across the board while improving the interface between primary and secondary care and interfacing with the work of the Area Drug and Therapeutic Committee and the Scottish Patient Safety Programme. Prescribing support pharmacist undertakes individual reviews of patient's medication and advises GP's on prescribing issues identified. The role has also involved significant input into the governance of medicines management within care homes and development of staff training on medicines related subjects. In the longer term we hope to introduce pharmacy technicians to work within care homes providing additional medicines management support and pharmaceutical care. The role of telehealth care is identified in the government's document prescription for excellence. At the moment we perceive a need for additional IT infrastructure in the isles and other remote locations within Orkney. The delivery of some forms of pharmaceutical care can be delivered using this technology given appropriate support.	Reduce variation and waste Reduce expenditure
Improving safety	The Board will continue to support roll out of safety in primary care programme, which is now looking at including pharmacy and also systems for auditing and recording of blood tests taken which will ensure continued collaboration with secondary care colleagues. The development of capacity to deliver quality improvement using standard methods needs to be tailored to our remote and rural setting.	Avoidance of harm and learning from incidents will be demonstrable
Falls prevention	Work with communities to support the delivery of falls prevention programmes in the Isles will be progressed.	Reduction in numbers of trips/falls related hospital admissions

Improvement Aim	Actions to move towards Aim	Measures
Expand foot care provision using the third sector to provide an alternative service.	Establish a third sector personal foot care service and seek support from the Orkney Health and Care Board to commissions the community based service.	Number of people attending community based service Reduce the waiting time for people receiving NHS podiatry services
Prevention, early intervention, rehabilitation	Implement the Active and Independent Living programme focusing on prevention, early intervention, rehabilitation and promoting self care.	Measure against the national AILP framework and guidance

2.6 Integration

Arrangements to support the **establishment of an Integration Joint Board (known as Orkney Health and Care)** to plan, commission and oversee delegated functions by Orkney Islands Council and NHS Orkney to the Integrated Joint Board (IJB) are being finalised with this new legal entity being fully functional by April 2016. Consultation on Orkney Health and Care's Strategic Commissioning Plan (SCP) has also concluded and the **SCP will be approved in late March to inform commissioning decisions** from 1 April 2016. NHS Orkney has been fully involved in the development of the Strategic Commissioning Plan, ensuring that it is aligned with the LDP.

The commissioning process is an on-going and evolving process. There is a duty for the SCP to be reviewed and revised at least every three years, and this review must consider **national health and wellbeing outcomes**, performance against national indicators, and the delivery principles.

NHS Orkney and Orkney Islands Council will report on delegated functions and corresponding national and local standards to the Orkney Health and Care Board, along with relevant performance information against delegated functions and budgets. NHS Orkney and Orkney Islands Council along with the third sector have already good planning arrangements in place through both the Change Fund and Integration Fund processes to support unscheduled care standards such as the 4 hour Accident & Emergency, emergency admission and readmission emergency rates. It is intended that joint planning and investment in prevention, early intervention home care and care home placements will contribute to a reduction in length of hospital stay. It is important that robust planning reflects interdependencies, eg between unscheduled care which is part of the IJB and scheduled care which is not. The Board will want to consider, in conjunction with Orkney Health and Care, an annual Operational or Delivery Plan outlining how they will jointly deliver the priorities and national standards contained within the SCP and the LDP. The LDP and SCP sets out how the national and local standards will be aligned.

Improvement Aim	Actions to move towards Aim	Measures
Develop our approach to Strategic Commissioning with links to the LDP	SCP will be approved to direct service innovation, improvement and investment. Directions produced for specific delegated service areas, levels of service to be commissioned, implications for those being decommissioned, and standards will be progressed during this financial year. Scrutiny of progress on strategic commissioning will be undertaken by the Strategic Planning Group through 1/4ly meetings	Production of final plan and approval by Orkney Health and Care Each service covered by a Delivery Plan Meetings take place. Papers, minute and action log

Improvement Aim	Actions to move towards Aim	Measures
Ensure clarity of structures	Orkney Health and Care (OH&C) will have structures and systems in place to provide governance and support good evidence based decision making. Alignment with NHS Orkney's structures/systems will prevent overlap or unnecessary duplication. OH&C as a Board will require good performance information to be assured that commissioning decisions contribute to improving health and wellbeing, improving patient experience whilst demonstrating value for money.	Integration Scheme approved by Scottish Ministers and Integration Joint Board established
Support robust financial management and monitoring	Produce robust financial reporting to both the Board of OH&C and NHS Orkney. Reporting will be developed by the Chief Finance Officer in consultation with the Director of Finance. In addition, a reserves policy will be developed, describing how underspends and carry forwards can be dealt with to afford flexibility across financial years.	Service and financial performance against agreed national and local standards
Align delivery of national and local standards between the IJB and the Health Board.	Quarterly scrutiny of performance reports against standards, targets and indicators, ensuring that progress towards addressing strategic commissioning priorities can be identified. Alignment of standards, targets and indicators between SCP and LDP. Joint management of delivery. More detailed actions can be found by cross referencing to the service specific areas of the LDP.	Compliance with standards, and improved performance of delegated services

2.7 Scheduled Care

We expect the vast **majority of elective patients to be treated locally** or within NHSScotland facilities such as the Golden Jubilee. The new National Scheduled Care Programme (sustainability) will focus on assessing activity requirements to ensure the best possible performance against outpatient and inpatient / day case waiting times during 2016/17. It will also focus on the longer term objective of ensuring the optimal design, configuration and availability of scheduled care services over the next three, five and ten years in the context of an ageing and growing population.

Improvement Aim	Actions to move towards Aim	Measures
To enable timely access to quality, safe and effective healthcare services	Improve performance against 12 week target for new outpatients through focused improvement work in areas with most significant demand and capacity issues (orthopaedics, ophthalmology and dermatology) considering the future demand, configuration and design of services in line with the National Scheduled Care Programme.	LDP standards
	Implement newly agreed theatre schedule from 1 April 2016 to optimise surgical capacity and support the achievement of waiting times targets.	Theatre utilisation
	Implement patient reminder system for Inpatient (IP) and Outpatient (OP) attendances.	Less Do Not Attends (DNA)'s and Could not Attends (CNA)'s
	Establish full range of OP facilities in reconfigured Balfour Hospital and bring together all OP services within bookable consulting room space to test new hospital model.	Increased range of services provided through bookable OP consulting space
	Reorganise OP staff team and management to ensure that capacity is better aligned to support service delivery both now and in the new hospital.	Improved recording / reporting of OP activity on Trakcare
	Improve Hospital patient flow through quality improvement activities as part of the national "Leading Complex system change" project (Advancing Quality Alliance).	500 bed days freed up from improved discharge processes.
	Identify productive opportunities for reducing hospital length of stay (LOS) to deliver a 10% reduction - in line with bed model for new hospital and healthcare facility.	Reduction in hospital LOS
	Agree and implement improvement activities to increase the % of hospital discharges occurring before 12noon with an aim of moving this to 50% by the end of the financial year.	40 % of hospital discharges before 12noon
	Improve understanding relating to the high number of 0 day stays and develop improvement activities as appropriate.	Reduction in 0 day stays

Improvement Aim	Actions to move towards Aim	Measures
To provide quality, safe and effective care closer to home improving on island access to healthcare services.	Establish an on island visiting dexa scanning service in partnership with NHS Grampian Work with NHS Grampian to agree pathways and protocols for the increased use of Video Conferencing (VC) technology to deliver patient consultations, focussing on dermatology, gastroenterology, cardiology, orthopaedics and general surgical and medical clinics in the first instance. Progress GP dermatology review service including phototherapy service in partnership with NHS Grampian Consultant Dermatologist.	Increased care closer to home. Reduction in the number of patients travelling off island. Avoided travel costs

2.8 Unscheduled Care

The Accident and Emergency (A&E) **4 hour standard** follows clinical advice to sustain at least 95% of A&E patients being assessed, treated and admitted or discharged within four hours, as a step towards **achieving 98%**, which is among the toughest A&E standards in the world.

The Scottish Government introduced the 6 Essential Actions programme for unscheduled care in June 2015 which included a focus on optimising the admission and discharge balance in hospitals each day and appropriately avoiding admission wherever possible. During 2016/17 the programme will continue with a focus on **improving discharge processes** including collation of ward level admission and discharge information and review against operating models on a daily, weekly and monthly basis.

The LDP will provide a clear summary of actions being taken forward through the local 6 Essential Actions programme in 2016/17. This will include references to local plans including 6 Essential Actions, winter and Integration Joint Board Strategic Commissioning Plan.

Improvement Aim	Actions to move towards Aim	Measures
Clinically focused and empowered hospital management	Fully implement national redirection guidance and explore opportunities for strengthening minor injuries provision within primary care to reduce inappropriate demand on A&E service. Establish local Unscheduled Care (UC) Working Group (with appropriate clinical leadership to take forward improvement activities in relation to UC and prepare for the transition to the new hospital and healthcare facility in 2018.	Decrease in number of non-emergency patients treated within the A&E Department
Hospital capacity and patient flow realignment	Review all breaches of the 4 hour waiting times target and identify potential for improvement from learning. Areas identified for action thus far – timely access to diagnostics such as Labs and Imaging particularly out of hours, and access to a senior clinical decision maker. Opportunities for change, such as the introduction of criteria led discharge will be actively taken forward by the unscheduled care working group. New post of Patient Flow Co-ordinator will add dedicated capacity to the management of patients from presentation/admission to discharge. Further develop direct telephone access to acute consultants for GPs to support increase in patients managed within the community. Develop, and implement an effective policy on discharge including improved use of the discharge lounge.	Achievement of 4 hour waiting time standard – minimum of 98% Reduction in 12 hour breaches 40% of patients discharged before 12 noon 500 bed days freed up from improved discharge processes. Reduce inpatient bed day rates for over 75s

Improvement Aim	Actions to move towards Aim	Measures
Patient rather than bed management - operational performance	Increase availability of up to date information regarding more complex patients leading to more informed clinical decision making - ensure frontline hospital staff have access to Anticipatory Care Plans and Key Information Summaries (e-KIS) to inform provision of patient centred care. Identify and implement a process for direct GP and nurse admissions to avoid unnecessary admissions and smooth the admission process.	Increase number of staff trained in and actively using e-KIS Increase percentage of people in high risk groups with Anticipatory Care Plan GP referrals are directly admitted
Medical and surgical clinical processes arranged to pull patients from A&E	Develop a better understanding of the flow of patients from A&E to the acute ward and High Dependency Unit and through the UC working group use this information to make recommendations on improvement activities to support the achievement of this aim, focusing on the minimisation of patient movement after 16:00 hours in line with national guidance.	Proportion of admissions from A&E
Ensuring patients are cared for in their own homes	Increase the proportion of patients cared for in their own homes or a homely setting through collaboration with primary and community care colleagues to ensure community provision is able to respond rapidly and meet demand to avoid inappropriate admission eg polypharmacy, falls service, homecare.	Reduced rate of emergency admissions

2.9 Mental Health

Nationally, performance on the mental health access standards continues to show a considerable rise in the number of people starting treatment. A Mental Health Improvement Programme to support NHS Boards to **improve access to services** and meet the waiting times standard sustainably has been announced. The programme will be delivered by Healthcare Improvement Scotland which will establish a Mental Health Access Improvement Support Team (MHAIST). MHAIST will work in partnership with NHS Boards to identify enablers and barriers to the Board being able to deliver improved access and meet the waiting times standard, and support Boards to review their mental health access improvement plans in light of that joint consideration of local enablers and barriers to delivery. It will take a phased approach working intensively with a small number of Boards at a time.

NHS Education for Scotland will continue to deliver **a programme of education, training and support to increase workforce capacity** in Child and Adolescent Mental Health Services (CAMHS) and psychological therapies, and to improve the quality of supervision.

Improvement Aim	Actions to move towards Aim	Measures
To enable timely access to mental healthcare services – meet LDP standards for access to treatment	Focus on ensuring systems and process (in terms on management of demand, capacity and flow) support the ongoing provision of psychological therapies and CAMHS services in a timely manner to those in greatest need by working with the new Mental Health Access Improvement Programme for Psychological Therapies and Child and Adolescent Mental Health Services and making appropriate identified changes to practice in line with this work.	Evidence of active engagement with national programme Achievement of Psychological Therapies and CAMHS Waiting Time standards
To provide quality, safe and effective mental health services to meet local needs	Put in place appropriate long term arrangements for on-island psychiatry services with reciprocal supportive arrangements in place for cover and specialist advice to support overall service delivery through the North of Scotland Obligate Network. This will support quality of patient care in Orkney and effective and appropriate risk management of the welfare and care of individuals. Strengthen psychological therapies direct referral input into primary care and enhance collaborative working through establishment of Clinical Associate in Applied Psychology (CAAP) Primary Care worker post. This is part funded through the Mental Health Innovation Fund and part funded through the Improving Access to CAMHS and Psychological Therapies Fund Strengthen psychological therapies input into CAMHS service and support additional CAMHS capacity and welfare of CAMHS client group through establishment of CAAP CAMHS post. This is part funded through the Mental Health Innovation Fund and part funded through the Improving Access to CAMHS and Psychological Therapies Fund	Stable arrangement developed for Psychiatrist service to the isles. Reduction in changes of psychiatrist from 2014/15 and 2015/16 frequency Collaborative working arrangements with other areas established to support best service user / patient care Patient outcomes collected and reported through CORE tool Patient outcomes collected and reported through CORE tool

Improvement Aim	Actions to move towards Aim	Measures
	During 2015 an independent review of the Community Mental Health Team (CMHT) service was undertaken resulting in a significant number of recommendations for consideration by the IJB. As a matter of priority, NHS Orkney will develop a service option paper by end of April 2016 which responds to recommendations in the review. Review the skill mix of the CMHT and seek to implement a wider skill mix approach to develop a flexible approach to support the planned and targeted service delivery – this links to work with the Mental Health Access Improvement Programme. Once a revised service model and skill mix is established, undertake a training needs analysis to support the new model.	Clarity on potential options with a view to considering alternative in patient service provision. Outcome of discussions may lead to further actions Cost benefit analysis completed and considered by IJB in partnership with NHSO Board. Approved Standard Operating Procedure for each transfer where delay occurs Altered skill mix in service – in line with recommendations of the review and needs of the service
To provide safe and effective mental health care services closer to home	Increase the number of mental health consultations that are appropriate for undertaking by VC that are undertaken by VC. Pilot 'welcome home' peer support project for people being discharged from off island in-patient mental health treatment to support their transition home and minimise risk of short timescale readmissions due to challenges of re-integration.	Increase the volume of care provided closer to home Number of successful support home packages during the year
Meet waiting times target for people who misuse substances	Provide appropriate interventions to people who use substances to excess based on harm reduction and recover focused principles, and best evidence.	Meet the 3 weeks referral to treatment target for people who misuse substances
Support for people with a diagnosis of dementia	Provide post diagnostic support for people with a diagnosis of dementia	Meet the one year post diagnostic support target for people with a diagnosis of dementia

3. Workforce

Valuing our workforce and treating people well by delivering Everyone Matters.

The King's Fund – Our Time to Think Differently programme - stimulates **a debate about changes needed for our health and care system to meet future challenges**. Integration legislation challenges our assumptions about how health and social care is delivered, who delivers it and where it takes place. The challenges we face **need new ways of working, new thinking and new ideas.** We need to think differently about our workforce.

Today's professional workforce has been trained predominately to respond and work in an environment that is centred around single episodes of treatment in hospital. However, older people with multi-morbidities need integrated long term health and social care and so we have a mismatch between the location of our service delivery and our workforce as played out in Accident & Emergency in peak times or out of hours.

Staff across **NHS Scotland told us things need to change, be done better and take account of our core NHS values** and how they are aligned in everything we do:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork.

NHS Orkney has similar values developed and agreed with staff (Corporate Plan 2015/17). These values will shape our behaviours towards each other and our decisions locally. In return we will, as an employer, ensure that we have the right people with the right skills in the right jobs, and that we have managers and leaders with the skills to inspire and manage people whilst supporting their growth and development through meaningful appraisal.

Our Everyone Matters Action Plan is in Appendix 4 and responds to 5 key areas:

- Healthy organisational structure
- A sustainable workforce
- A capable workforce
- An integrated workforce
- Effective leadership and management

In the short to medium term there are a number of factors that will influence our workforce profile. Implementing the direction of the National Clinical Strategy, the 2020 Quality Strategy, and the transformational change programme to take us to our new hospital and healthcare facility, may impact on the number of staff we employ and the skill mix of the workforce. We will continue to use the Workforce Planning process (6 Steps Methodology) to encourage services to look at how efficiently and effectively they are using their workforce. This process is encouraging services to identify opportunities for working differently, ensuring that work and tasks are appropriately assigned to those best placed to carry out that work.

4. Financial Plan

NHS Boards are required to live within their financial allocation and demonstrate value for money. NHS Orkney benefitted in 2015/16 from an **uplift of £4.5m** due to the National Resource Allocation Formula, £3m of which was used to repay brokerage from previous financial years. 2016/17 will see the final repayment of brokerage.

This outcome is very good news for the people of Orkney as it **comes at a time when clinical strategies and services are being transformed as part of Our Orkney, Our Health Programme.** We will use this additional allocation across the years leading up to the opening of the new hospital and healthcare facility to improve the health of the population and enable people to routinely live well at home. This uplift is a once in a generation opportunity to ensure we provide health care that is amongst the best in Scotland in terms of quality, outcomes and local satisfaction with services.

The change in our planning horizon, moving from containing costs and borrowing to sustain financial balance, into an outlook of considered, planned investments and redesign provided the opportunity to remodel how we manage our finances.

- Budget delegation and devolution was improved during 2015/16 and through this we developed a greater sense of corporate accountability. Feedback from our planning process is that managers welcome an approach which delegates responsibility for delivery, and holds people to account.
- Our financial plan provides for historic cost pressures and sets aside funding for high cost areas such as drug costs, medical locums and the costs of off island treatment.
- We have introduced an open and transparent cost pressures and service development prioritisation process that is fit for purpose as we transform services.
- We take a risk based approach to financial management, identifying issues at the earliest opportunity thus allowing corrective action to be taken.

In terms of the outlook for 2016/17, we will begin to be able to **invest in services in a way which both drives and supports the transformation agenda.** Strong investment themes are ehealth and learning and development. This development process will be run alongside a continued drive to achieve savings and cost reductions.

Turning to our capital plans, these are principally being driven by the project costs for the new hospital and healthcare facility. We closed competitive dialogue in May 2016 and will be submitting the Full Business Case for approval during 2016/17.

We have developed a prioritised eHealth investment plan including electronic medical records, pharmacy, order communications and community systems.

There is no doubt that this is an improved financial outlook, but we are aware that it will need careful management to ensure maximum benefit from the additional resources over the next 3 to 4 years. It will be particularly important to have transparent and effective review and prioritisation procedures to support decisions on future investments.

Appendix 2

Local Delivery Plan Standards – 2016/17

Overview

NHS Orkney will continue to performance manage and address variation through its Senior Management Team and Board / Finance & Performance Committee. The Board will receive a performance management report at each public meeting. Actions to mitigate risks are captured in Risk Register reporting to all governance committees and the Board.

The Local Delivery Plan guidance states:

> *"NHS Boards and Local Authorities delegate appropriate national and local standards/targets to their Health and Social Care Partnerships, along with the relevant functions and budgets. Wherever functions and standards are delegated, it will be important to ensure that robust planning is in place to reflect interdependencies eg between scheduled and unscheduled care. The Board will want to consider, in conjunction with the Health and Social Care Partnership, an annual operational delivery plan outlining who they will jointly deliver the priorities of the Strategic Commissioning Plan and the Integrated Joint Board (IJB)."*

The Integration scheme for Orkney states:

> *"2.6.4. Performance Targets, Improvement Measures and Reporting Arrangements*
> *2.6.4.1. The Parties will identify a core set of indicators that relate to Services delegated to the Board as listed in annex 1 and 2 including the national indicators and targets that the Parties currently report against.*
> *2.6.4.3 Where there is an ongoing requirement in respect of organisational accountability for a performance target for the Health Board or the Council this will be taken into account by the Board when preparing the Strategic Commissioning Plan."*

The LDP contains the standards detailed below, of which some will be jointly delivered with the IJB through the IJB strategic commissioning process.

LDP Standard	Jointly with IJB
Preventing Ill Health and Early Intervention	
• People diagnosed and treated in the first stage of breast, colorectal and lung cancer (25% increase)	No
• Cancer - 31 days from decision to treat (95%)	No
• 62 days from urgent referral with suspicion of cancer (95%)	No
• Sustain and embed alcohol brief interventions in 3 priority settings (primary care, Accident & Emergency, Antenatal) and broaden delivery in wider setting	Yes

LDP Standard	Jointly with IJB
Tackling Inequalities • At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week gestation • Sustain and embed successful quits, at 12 weeks post quit, in the 40% SIMD areas	 Yes No
Improving Quality, Efficiency and Effectiveness • 12 weeks Treatment Time Guarantee (TTG 100%) • 18 weeks Referral to Treatment (RTT 90%) • 12 weeks for first patient outpatient appointment (95% with stretch 100%) • 18 weeks referral to treatment for Psychological Therapies (90%) • 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%) • Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%) • Eligible patients commence IVF treatment within 12 months (90%) • SABs Infections per 1,000 acute occupied bed days (0.24) • Clostridium difficile infections per 1,000 total occupied bed days (0.32) • * Sickness Absence (4%) • * Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement * The IJB will receive performance reports in regard to NHS Orkney staff attendance and the three financial targets that NHS Boards i.e. NHS Orkney is required to meet. Both these targets are critical to successful integration and how we support service delivery.	 No No For delegated functions Yes Yes Yes No No No No No
Shifting the Balance of Care and Reshaping Care for Older People • 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%) • People newly diagnosed with dementia will have a minimum of 1 years post diagnostic support • 48 hour access or advance booking to an appropriate member of the GP team (90%)	 Yes Yes Yes

Local Delivery Plan 2016 – 2021
Financial Plan

Summary

The agreed Financial Plan demonstrates that NHS Orkney is committed to achieving a balanced position for the period 2016 – 21, as the new hospital and healthcare facility is realised.

Allocations

We have relied upon the draft Scottish Budget and communications from Scottish Government Health Finance in relation to anticipated allocations. New features in the allocations include:

- A bundling of pre-existing bundles, with a top slice of 7.5%. £0.150m has been added to the savings target to account for this.
- A 5% top slice of the General Dental Services allocation. This reduction could equate to £0.1m. It is assumed that this will be achieved by a reduction in spend.
- The national fund set aside for Alcohol and Drug Partnerships has changed, with monies no longer being available through Criminal Justice, only through Health. We do not yet know our local allocation but it is assumed that we will pass on the allocation we receive, to the ADP, without any reduction or top up.
- A new allocation of £1.074m for health and social care integration. This is additional to existing allocations for delayed discharges and the integrated care fund. This new allocation has been directed to the Integrated Joint Board. It is to be used: 50% to cover pre-existing cost pressures such as the living wage, and 50% to provide additional services to improve and reform social care outcomes.

Revenue Resources

We have received notification of our revenue resource limit (RRL) for 2016/17. Assumptions for future years are consistent with those used across NHS Scotland. We have been advised that there is no further NRAC uplift due. The derived RRL for the next 5 years is:

	2016/2017 £000	2017/2018 £000	2018/2019 £000	2019/2020 £000	2020/2021 £000
Baseline RRL	44,479	45,146	45,823	46,511	47,208
Other recurring allocations	9,764	9,715	9,715	9,715	9,715
Total	54,243	54,861	55,538	56,226	56,923

There is a steady increase of around £0.7m annually for pay / prices inflation. Some in year allocations are expected to move to the baseline in 2016/17: Highlands and Islands Travel Scheme, Distant Islands Allowance are the most significant. This is very positive as these allocations will be part of the annual uplift exercise in future years.

Brokerage

Brokerage repayments are allowed for as agreed with Scottish Government. The final repayment is in 2016/17 at £1.062m.

Savings targets

Savings requirements are shown below. Last year's financial plan had savings target flat at £1m a year (£0.750m recurring and £0.250m non recurring). Savings targets for 2018/19 and 2019/20 have increased to compensate for the removal of assumed NRAC funding.

	2016/2017 £000	2017/2018 £000	2018/2019 £000	2019/2020 £000	2020/2021 £000
Recurring	1,587	1,000	1,000	1,030	750
Non recurring	600	250	250	0	0
Total	2,187	1,250	1,250	1,030	750

The savings target for 2016/17 has been increased by £1.187m. The increase is due to:

- Top slice of bundled bundles £0.150m
- Building up a contingency fund for potential overspends
    - Hospital medical staff cover £0.500m
    - IJB commissioned services £0.250m
    - Off island treatment / SLAs £0.250m

Attendees at the annual planning workshop were asked to consider two approaches to savings targets – apportioning out across all budget areas, or a corporate planning approach. The consensus view was that we should take a whole systems approach, as savings in one area could have unintended consequences in another area.

Since the draft finance plan was submitted in March, discussion has continued in relation to savings, with a plan and approach being approved by the Finance and Performance Committee. We are taking a different approach this year, and linking it with our improvement programme. A Strategy Deployment exercise was undertaken in late May 2016 which has aligned approximately 80% of our savings plans to improvement work streams. This ensures a sustainable way of delivering the required reductions in operational costs.

Inflationary assumptions

Inflationary assumptions are consistent with last year's and were validated through the Corporate Finance Network. Drug inflation and growth is allowed for on a board by board basis with local circumstances playing a factor. The growth in hospital drugs is assumed to continue to increase due to repatriation.

	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021
Pay	1.00%	1.00%	1.00%	1.00%	1.00%
Incremental Drift	0.50%	0.50%	0.50%	0.50%	0.50%
Prescribing inflation / growth	4.75%	4.75%	4.75%	4.75%	4.75%
Hospital drugs inflation / growth	6.75%	7.75%	8.75%	8.75%	8.75%
Specialist drugs Inflation / growth	16.75%	16.75%	16.75%	16.75%	16.75%
Prices	1.50%	1.50%	1.50%	1.50%	1.50%
GMS	1.00%	1.00%	1.00%	1.00%	1.00%
Commissioning	1.50%	1.50%	1.50%	1.50%	1.50%
Resource transfer	1.00%	1.00%	1.00%	1.00%	1.00%

Applying the above percentages provides for the following increases.

	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021
	£000	£000	£000	£000	£000
Pay and incremental drift	347	352	357	363	368
Drugs inflation / growth	316	349	386	424	466
Prices	136	138	140	142	144
Commissioning	119	106	108	110	111
GMS	34	34	34	35	35
Resource transfer	20	20	21	21	21
Total	**971**	**999**	**1,046**	**1,093**	**1,145**

This compares to the £0.7m received in our allocation for inflation. In addition to the pay uplift, we have set aside resources for National Insurance increases which take effect in 2016/17 (£0.418m). Other pay issues will introduce additional costs during 2016/17 and will be funded out of reserves set aside: increases in the scale point for bank workers, and re-banding of staff on band 1 posts.

Service level budgeting

A new approach to considering budgetary issues was introduced involving a four stage exercise to review cost pressures, risk mitigation, service developments and requirements for savings. A Short Life Working Group provided the first line of scrutiny of submissions. We presented the findings to a workshop involving staff from across NHS Orkney.

Agreement was reached on unavoidable cost pressures, and we have funded over two years. Budget managers will need to generate underspends to cover the part year impact.

Cost pressures	Staff £000s	Supplies £000s	Total £000s
Hospital			
Hospital medical staffing	100		100
Radiology reporting			tbc
CT scanning on call			tbc
High Dependency Unit	3	18	21
	103	18	121
Primary and community care			
Non pay budgets		45	45
Community equipment		27	27
OOH GP cover	24		24
GP appraisals	17		17
Physiotherapy		10	10
Dietetics & Gastrostomy Feeds		9	9
Cardiology staff		8	8
Speech and Language therapy		7	7
	41	106	147
Pharmacy			
Pharmacy staff	2		2
	2	0	2
Facilities			
Domestics supplies		20	20
	0	20	20
Support			
Health intelligence	25		25
Practice education	6		6
Board secretariat	3		3
	34	0	34
	180	**144**	**324**

Participants were asked to review the very high and high risks facing the organisation, and whether we could continue to manage these risks. The consensus view was that we must increase our efforts to mitigate very high risks and continue to manage high risks.

We also discussed the need for the IJB to form a view on how their commissioning plans would be affected by the need to mitigate risks. Accordingly the financial plan does not at this time address IJB related risks. We will support the IJB to consider the options, and to form a view on what services should be commissioned to address these risks.

Other very high risks will be addressed in full during 2016/17, and high risks over two years.

Risk mitigation plans	Revenue		Capital	Grand Total
	Recurring £000s	NR £000s	£000s	£000s
Hospital				
Electronic Patient Records	34	134	272	440
Xray Room equipment				0
Biochemistry analyser				0
	34	134	272	440
Support				
Uncontrolled clinical documentation	30			30
Windows Server 2003 no longer supported			23	23
Windows XP no longer supported		17	73	90
Ward to Board performance reporting				0
Risk to childhood health due to poor uptake of flu vaccine				0
No IT out of hours cover				0
Not enough staff to cover Public Health on call				0
Immature risk management culture				0
Impaired response to Major Emergency				0
Risk to service delivery due to no BCP	26			26
Unable to specify information assets				0
	56	17	96	169
	90	**151**	**368**	**609**

We have not yet fully considered every bid for development funds. We are implementing a revised Senior Management Team and will review how the Programme Implementation Board operates to ensure that we can align financial decision making with the Plan to Act.

Bearing in mind the volume and significance of requests for funding we have reviewed the 5 year plan for phasing of the £4.5m NRAC uplift. This means that the following funds are available for investment. This is an improved position as it reflects the situation after covering cost pressures, risk mitigation plans, and some service developments.

	2016/2017 £000	2017/2018 £000	2018/2019 £000	2019/2020 £000	2020/2021 £000
Recurring	600	600	600	80	0
Non recurring	750	500	500	0	0
Total	1,350	1,150	1,150	80	0

Strong themes of the need for investment in IT/ehealth, training and organisational development came through the planning process. With this level of funds available we should be able to invest in our infrastructure to improve individual and organisational

performance, providing the knowledge skills and behaviours required for sustainable success, whilst at the same time invest in clinical service improvement and development.

Areas where we are aware of investment aspirations, but development proposals have not been received yet:

- Rehab consultant for Assessment & Rehabilitation – sessions
- Neuropsychology input into Assessment & Rehabilitation
- Phototherapy Service
- Adult Autism

The specific proposals which have been agreed so far are listed in the next table.

Service Developments	Recurring £000s	Non rec £000s	Total £000s
AVAILABLE FUNDS	**600**	**750**	**1,350**
Hospital			
Ultrasound scanning	41		41
Carotid dopplers	4		4
	45	0	45
Primary and community services			
Diabetes - insulin pumps	21		21
Dentist led intravenous sedation	13		13
Mainland practice - Rousay - business case	15	15	30
	49	15	64
Support			
Vaccination programmes	40		40
Infection control	34		34
Learning and development	60		60
IT staffing	127		127
IT on call	18		18
Communications	32		32
Support for community planning	12		12
	323	0	323
TOTAL APPROVED	417	15	432
REMAINING FUNDS	**183**	**735**	**918**

Decisions have still to be made in respect of a range of other topics, several of which relate to IJB delegated functions. Further discussion is required about the detail of some of the proposals and how they will be prioritised. Should investment be required in these areas, there will be a need to consider areas of disinvestment.

Service Developments	Recurring £000s	Non rec £000s	Total £000s
REMAINING FUNDS	**183**	**735**	**918**
Hospital			
Training provision for non consultant grades	4		4
CT scanning			tbc
	4	0	4
Primary and community services			
Midwifery	79	8	87
Health visiting			tbc
Community nursing redesign			tbc
Mental health	206		206
Cardiology - Heart Failure	43		43
Cardiac Physiologist	32		32
Dietetics - weight management	16		16
Training provision for primary care GP and NP	15		15
OOH national review implications			tbc
New GP contract implications			tbc
CAMHS			tbc
	391	8	399
Pharmacy			
Relocate pharmacy department			0
	0	0	0
Support			
Business support roles	96		96
	96	0	96
	491	**8**	**499**
GRAND TOTAL	**(308)**	**727**	**419**

Risks to Delivery

The significant risks to achievement of the plan remain consistent with previous years:

- Hospital medical staffing costs over and above budget. We have set aside budget of £0.1m for cover for training and leave. We have set savings targets at a level that will generate a contingency budget of £0.5m. Costs should reduce by up to £0.5m as a result of management actions to improve rotas, build and use a dedicated team of NHS locums and implement better job planning.

- Failure to identify and deliver savings. The savings target of over £2.1m will be very challenging. There will be underspends which can contribute to the non recurring target, but we must be focussed on the £1.5m recurring target. In order to achieve this we need to focus on the following issues, which are similar to the 2015/16 plan.
    - Repatriation. £10m of our budget goes on off island treatment. Discussion with NHS Grampian around the management of SLAs has been positive and they appreciate the benefit of NHS Orkney delivering treatment closer to home. This would drive out cost reductions in travel and in the SLAs.
    - Clinical strategy – reducing over-treatment, harm, waste and variation.
    - Benefits realised from health and social care integration. Greater efficiency and effectiveness of care pathways should help drive down costs.
    - Procurement. We have not delivered on our 15/16 targets. Capacity to take this forward is an issue. We wish to implement a hosted model with National Procurement to drive up these savings.
    - Effective use of staff. Continuing to drive down locum and agency spend. Looking at efficiencies in staff rotas across all staff groups.
    - Prescribing efficiency. There is enthusiasm for this both from pharmacy and within services. We have been able to over achieve on savings targets for 15/16 and we know that further savings will be made.
    - This coupled with a robust approach to accountability for performance, ensuring that budget managers find solutions to stay within budget in areas that traditionally have been challenging. Investing in our approach to transformation of services, with support from Ashridge to implement improvement methodologies will be critical to success.

- Drug costs. Our approach to the uplift in 2015/16 was proven to be robust, and we will keep this area under close review.

- We are involved in discussion to secure access to timely CT reporting and the NHS Grampian Mental Health SLAs. These may give rise to additional costs in 2016/17.

Summary of revenue position

A summary of the revenue plan is attached in Appendix 1. It shows that we begin the financial year with a recurring surplus of £2.907m. After adding new recurring resources, setting aside funds for inflationary uplifts, investments and cost pressures, and adding back savings targets, we should end the year with a recurring surplus of £1.470m. We would then use this non recurring surplus to repay brokerage, fund non recurring developments and pressures, and with non recurring savings we would end the year with a surplus of £0.229m. The £0.229m would be available to carry forward.

This pattern repeats each year, with 2019/20 being the year when we no longer have a recurring surplus. This is the year in which the revenue consequences of the new hospital and healthcare facility come into effect. Thus it is vitally important that we are able to live

within the financial plan assumptions so that we are able to meet these costs. In this regard our 'second order' changes detailed within our transitional plans will be realised.

By 2020/21 we should again be able to begin to generate a small recurring surplus which would give us some in year flexibility.

New hospital and healthcare facility

As we move nearer the delivery of the new hospital and healthcare facility it will become increasingly difficult to deliver savings that are not already accounted for in the planning of the new facility. Every effort will be need to be made in the coming years to ensure that we reduce our requirement for recurring savings.

The new hospital and healthcare facility coming has a significant impact on both revenue and capital.

There will be a need for Annually Managed Expenditure funding (AME) to cover impairment of the new facility, estimated at £12m.

Estimates of development costs and equipment are £11.700m, including IT infrastructure:

- The equipment list remains under detailed scrutiny and active management to ensure that expectations are in line with the resources available. Some equipment will transfer to the new facility. We may procure some equipment on a revenue funded basis, through a managed service contract, similar to that being implemented with the Laboratories. This approach will be helpful in ensuring that we can have a planned and phased approach to equipment replacement.

- We have set aside funding required to cover the cost of the in house project team and professional fees, which cannot be capitalised. The changes required to the commercial aspects of the contract have necessitated additional reliance on external advisors. This will continue until we reach financial close and reduce thereafter.

Due to changes in the financing arrangements for the NPD project:

- Funding of £60m is assumed from Scottish Government, to replace the senior debt and acting as a prepayment of the Unitary Charge.

- As a result of the above, the annual Unitary Charge reduces to £2.1m.

- Further discussions will be held with Scottish Government colleagues once the tender process is complete and prior to submission of the Full Business Case.

Capital

The capital plan is attached as Appendix 2.

We have a heavy demand for expenditure in relation to IT/ehealth. We are taking a very robust process to prioritise the programme. We have identified five priority ehealth projects:

- Digital medical record. This is a must do project, which realises the benefits associated with the move to the new hospital and healthcare facility. There will be a heavy demand on resources to scan documentation into electronic storage. We will additionally benefit from being able to comply with document retention standards.

- GP order communications for Laboratory specimens. This will significantly improve speed, integrity and quality including safety of reporting and could also be configured to prompt rationalisation of requests.

- Pharmacy system. The current system is not fit for purpose and not supported, causing significant operational issues. Replacement of the Pharmacy system is a precursor to implementing HEPMA.

- ICNET our HAI information management system which is no longer fit for purpose.

- Immediate discharge letters – an inhouse system which requires substantial development in order to meet business requirements, but we are no longer able to support.

Leads for each system have conducted a risk assessment of the impact of not investing at this time and this has informed the investment in this programme.

In terms of medical equipment we were able to significantly increase the budget in 2015/16 and therefore ought to be able to live with a modest budget in 2016/17.

There may be property which we choose to declare as surplus but there are no planned disposals at this time.

Next steps

Finance and Performance Committee members have approved this plan, and it will be homologated by the Board in June. The budget for the delegated functions of the IJB has been approved.

The finance team are constructing base budgets, which are being discussed with budget holders. Budget holders will be required to formally sign off the base budget and the changes from the financial plan, noting that they understand and accept how the budget has been constructed, and their responsibility to live within budget.

We will continue to consider any requests for funding on an ongoing basis, and will consider our longer term financial plans in terms of how they fit with the Plan to Act and our wider strategic aspirations.

Hazel Robertson
Director of Finance
31 May 2016

APPENDIX 1 REVENUE SUMMARY FINANCIAL PLAN

		2016/17	2017/18	2018/19	2019/20	2020/21
		£000's	£000's	£000's	£000's	£000's
	IN YEAR EFFECT					
I	**Recurring Financial Position for year**	1,470	963	344	38	241
J	**Add non recurring resources**					
	Non-recurring surplus / (deficit) b/f from previous year	132	229	974	811	281
	SGHD funding	(111)	32	32	12,032	0
K	**Borrowing**					
	Repayment of borrowing	(1,062)	0	0	0	0
L	**Developments and Cost Pressures**					
	Committed	(49)	0	(290)	(12,600)	(100)
	Net in year pressures/underspends					
	New Cost Pressure Reserve					
	Use of carry forward					
	New Developments Reserves					
	General Provision for future N/R investment	(750)	(500)	(500)	0	0
M	**Non-recurring savings**	600	250	250	0	0
	Transfer from recurring saving					
	Additional savings to balance in year					
N	**Non-recurring (deficit)/ surplus in year**	**229**	**974**	**811**	**281**	**422**

APPENDIX 2 CAPITAL PLAN

NHS ORKNEY

Infrastructure Investment Programme

Line No	2014-15 £000s		2015-16 £000s	2016-17 £000s	2017-18 £000s	2018-19 £000s	2019-20 £000s
		Capital Expenditure					
		Property					
8.001	104	Statutory compliance and backlog maintenance property expenditure	400	100	100	100	100
8.002		Radiotherapy equipment construction works					
8.003	1,500	Enabling works for stand alone NPD projects	1,300	830	400	400	70
8.004		Enabling works for hub initiative projects					
8.006		Primary Care - Westray		50	125	125	
8.008		Primary Care - Sanday					125
8.009	70	Primary Care - Eday	387	140			
8.011	545	CT scanner					
8.012		Funding from Scottish Government for prepayment of Unitary Charge		19,000	34,000	7,000	
8.022	**2,219**	**Total Property Expenditure**	**2,087**	**20,120**	**34,625**	**7,625**	**295**
		Equipment					
		Medical Equipment					
8.023		Equipping costs of revenue financed projects			2,500	7,500	
8.024	461	Imaging (CT / Ultrasound / MRI / Gamma Cameras)					
8.029	65	Other medical equipment eg defibrilators, dialysis machines, endoscopes	150	150	250	100	260
8.030	*526*	*Sub-total - Medical Equipment*	*150*	*150*	*2,750*	*7,600*	*260*
8.039	**526**	**Total Equipment Expenditure**	**150**	**150**	**2,750**	**7,600**	**260**
		IM&T Projects					
8.040	50	e-Health projects	131	560	645	710	550
8.052	11	Other					
8.053	**61**	**Total IM&T Expenditure**	**131**	**560**	**645**	**710**	**550**
8.057	**2,806**	**Total Gross Direct Capital Expenditure**	**2,368**	**20,830**	**38,020**	**15,935**	**1,105**
		Capital Receipts					
8.058		Other capital grants received					
8.059	0	Asset sale proceeds (net book value) (from line 8.111)	0	0	0	0	0
8.060	(200)	Other					
8.061	**(200)**	**Total Capital Receipts**	**0**	**0**	**0**	**0**	**0**
8.062	**2,606**	**Total Net Direct Capital Expenditure (line 8.057 plus line 8.061)**	**2,368**	**20,830**	**38,020**	**15,935**	**1,105**
8.068	**2,606**	**Total Net Capital Expenditure (line 8.062 plus line 8.067)**	**2,368**	**20,830**	**38,020**	**15,935**	**1,105**
		Capital Resource Limit (CRL)					
8.069	2,956	SGHSCD formula allocation	1,068	1,000	1,120	1,035	1,035
8.070	(200)	Asset sale proceeds reapplied (net book value)					
8.073		Hub/ NPD enabling funding	1,300	830	2,900	7,900	70
8.074	(150)	Other centrally provided capital funding		19,000	34,000	7,000	
8.075	0	Revenue to capital transfers (line 1.21)	0	0	0	0	0
8.076	**2,606**	**Total Capital Resource Limit**	**2,368**	**20,830**	**38,020**	**15,935**	**1,105**
8.077	**0**	**Saving / (Excess) against CRL**	**0**	**0**	**0**	**0**	**0**

Appendix 4

NHS Orkney

Everyone Matters

Our community, we care, you matter.....

1. Introduction

NHS Orkney plays a significant role in the local economy and as a major employer alongside Orkney Islands Council we take this responsibility very seriously in terms of our contribution to Orkney's growth, development and overall health and wellbeing. Like others we want Orkney to be a great place to live, learn, work, visit and invest in.

Valuing our workforce and treating people well is a priority. As an employer we care about staff who in turn care for patients and each other; in caring we display the behaviours and attitudes that we expect from each other especially during times of change. In 2015/16 we demonstrated our ongoing committment to staff with the approval of 3 strategy documents which set out where we want to be as an employer.

- Employee Health and Wellbeing
- Communication and Engagement
- Learning and Education.

These provide a strategic focus and coherent framework as part of our Staff Governance Standards. NHS Orkney have integrated the Staff Governance Action Plan with the Everyone Matters Action Plan. This ensures that all areas are covered so that we can focus resources on priorities.

In line with national direction in 2015/16 we **invested in developing a culture to support our commitment to implementing 'our promises'** and we continue to address behaviours that do not live up our expectations.

Getting the right people with the right skills continues to be a challenge and we are further exploring a shared services approach to **build capacity, resilience and capability** across a range of disciplines. . NHS Orkney, through the Chief Executive, has led a regional review in the North of our approach to consultant recruitment with a view to sharing specialty posts. We continue to **innovate and use technology to support on island assessment, diagnosis and intervention/treatment**. We have invested in video conferencing technology to support clinical decision making for both scheduled and unscheduled care and we are using Technology Enabled Care funding to support more people at home with multi- morbidities.

We worked hard towards our **appraisal standard of 80%**, and whilst we have fallen short (achieved around 50%) the 2015 staff survey indicates that we have improved the quality of appraisals. Those who have had appraisals report that it has improved how they do their job and helped with objective setting. In 2016/17 this will continue as a prority improvement area.

2. Everyone Matters

Feedback from the 2015 national **staff survey was positive and demonstrated an improvement in overall experience** and in each of the staff governance standards. The Staff Governance Standard areas that require improvement, according to the national staff survey, are the same areas that have been identified through iMatter.

iMatter continues to give much more detail than the survey, and provides opportunities to work with teams to support them in making step changes.

Our 2016/17 Staff Governance and Everyone Matters Action Plan will respond to feedback from staff as well as to each of the five areas.

1. **Healthy organisational structure**

   Staff who are **valued and treated well** by the organisation and by each other will increase our ability to improve patient care and performance. By developing and sustaining a healthy organisational culture we will create the conditions for high quality health and social care. Our priorities are:

- Investment in Organisational Development (OD), working with staff to ensure we are all **signed up to our values and 'promises'** as set out in the Corporate Plan 2015/17
- Implement Communication and Engagement Strategy
- Incorporat behavioural competencies, (which reflect our values) within recruitment, development and appraisal processes
- Complete implementation of **iMatter with cohort 3 going live in May.**
- Ensure that local feedback and monitoring arrangements (from patients, staff, service users etc) inform how well the core values are embedded
- **Build and enhance management capability** and confidence to respond to workplace organisational development and organisational change opportunities
- Target and support those areas where sickness absence is over 4%.

2. **A sustainable workforce** is a challenge as we look to invest in:

- Reviewing workforce planning arrangements to ensure a joined-up consistent approach so that all services are included and benefit from the process
- Workforce planning that includes a **long term perspective** and supports new and emerging service delivery models **in line with our Third Horizon work**
- **Improvement capacity** to support the Transforming Services Programme
- Workforce development which includes an analysis of future education and training needs
- Developing consultant job plans that match service demand and respond to seven day working
- Developing with our local college our Band 1 – 4 workforce to create roles which are patient centred and provide a career structure which have 'job ready employees' that fit with our values
- **Opportunities for youth employment, apprenticeships** and those furthest away from the labour market
- A review of Rostering Policy to support detailed work carried out to standardise shift patterns

- A consultant led hospital model across four specialties – anaesthesia, medicine, obstetrics/gynaecology and surgery
- A review of on call and compensatory rest to determine whether we have the right numbers of staff to provide 24/7 care
- Community and primary care staffing to ensure that patients can stay out of hospital, **apply the new Children's Act**, new health visitor and school nursing pathways, and provide a preventative role (subject to funding being available)
- Continued use of Workforce Planning tools as they become available to inform workforce projections
- IT and ehealth to build a **sustainable infrastructure** to support new and emerging service delivery
- Implementing Health and Wellbeing Strategy, ensuring that recommendations from the Working Longer Review are fully implemented
- Recruiting another cohort of Open University (OU) students and continuing the programme of return to practice as part of succession plan for nursing services across NHS Orkney.

3. **A capable workforce**

It is a challenge for Island Boards to maintain skills because of critical mass issues and lack of regular emergencies. Our investment in Learning and Development (L&D) and Continuing Professional Development (CPD) is rightly higher to ensure we maintain clinical skills and competencies. We will continue to build resilience, capability and capacity to:

- Ensure that everyone has a **meaningful conversation about their performance, development,** and career aspirations; and review whether behaviours, decisions and actions reflect our shared values and our promises
- Improve confidence, capability and capacity of everyone involved in leading and practicing quality improvement
- Provide fair and appropriate access to L&D for support staff
- Implement our learning and development strategy including developing the skills and behaviours required for working collaboratively and flexibly across Primary and Secondary care, and across Health and Social care
- Develop further **Health Care Support Workers (HCSW) and Modern Apprentices,** including periodic support sessions to ensure compliance with the HCSW handbook
- Ensure a fully trained Emergency Nurse Practitioner (ENP) model in A&E
- **Develop Health Visiting roles** to meet the requirements of the Children's Act
- Respond to the expected recommendations from the transforming nursing roles work led by the Chief Nursing Officer.

4. NHS Orkney is very familiar with operating an **integrated workforce.** Orkney has a fully integrated health and social care structure supported by a professional structure. This integrated structure is to be devolved to localities. In progressing our commitment to integration we will:

    - Continue to progress local actions and development work as per the Integration OD plan
    - Work with partners towards developing a shared culture and ways of working
    - Make better use of existing mechanisms, such as the Community Planning Partnership (CPP) to **identify opportunities to share resources** including workforce
    - Explore and maximise opportunities for shared services across NHS Scotland and with other public sector partners across the three portfolios of health, operational and business services.

5. NHS Orkney has invested in **effective leadership and management** training and development to support the transforming clinical services programme. We have invested in training for Board and Executive Management Team in effective leadership behaviours and competencies. In 2016/17 we will:

    - Implement priorities set out in the Learning and Education Strategy
    - **Build local leaderships and management capacity and capability** as part of our workforce plans to deliver the 2020 vision
    - Ensure that line managers at all levels are clear about their people management responsibilities and are held to account for how they carry out these responsibilities as set out in the Staff Governance Standards and Corporate Plan 2015/17
    - Identify the development, training and support needs of line managers at all levels, particularly in relation to people management, and ensure these needs are met
    - Ensure that Heads of Service and Managers at all levels understand and demonstrate the values and behaviours expected of them as well as well as their responsibilities in relation to the Staff Governance Standard and Quality Ambitions
    - **Strengthen partnership working** with trade union colleagues and ensure that staff are treated with dignity and respect, engaged and involved in matters which affect them at work
    - Implement Staff Governance Standard Action Plan and Team Employee Engagement Index (EEI) improvement plans
    - Build leadership skills to lead/drive quality improvement
    - Develop and implement a Leadership Framework for middle managers.

2. Workforce Risks

The vision for our future workforce is that NHS Orkney will continue to deliver high quality, local health services, which have developed and will develop further to ensure that they are suitable to the **needs of the population.** In doing this, NHS Orkney values the contribution of all staff. The delivery of health and care services requires a **team based approach**, recognising the contribution of wide ranging skills in delivery. This is especially the case in our remote and rural setting, where weather and transport difficulties can lead to physical isolation, and where practitioners need to travel.

How we provide care and who provides that care will see significant change in our workforce in the future. Our workforce plans will reflect the impact of projected rising demand from demography and epidemiology. Like all Boards in Scotland NHS Orkney has an ageing workforce however unlike most Boards, NHS Orkney has a smaller pool from which it can **recruit to sustain services**. This has given us recruitment challenges in specialist areas such as Health Visiting, School Nursing and District Nursing, and gives an element of fragility in these services. Throughout 2015/16 there has been investment in these services as part of our succession planning, and we will continue to focus on building capacity and capability in these teams.

The National Clinical Strategy sets out the challenges in securing the right workforce and those challenges resonate with the factors which influence our workforce profile. As we implement the 2020 Quality Strategy with more care provided at home or in a homely setting, we will be **less reliant on acute hospital beds.** This, and the transforming clinical services programme, may impact on the number of staff we employ and the skill mix of the workforce. We will continue to use the Workforce Planning process (6 Steps Methodology) to encourage services to look at how efficiently and effectively they are using their workforce. This process encourages services to identify opportunities for working differently and ensures that work and tasks are appropriately assigned to those best placed to carry out that work.

The 2015 Review of Public Health in Scotland highlights the need for planned **development of the public health workforce** and a structured approach to using the wider workforce in delivery of the public health function. There are implications for the workforce locally in the “once for Scotland” approach whilst needing to maintain an adequate local response for community engagement as recommended in the review.

The National **Shared Services** vision for a “Once for Scotland” approach, provides NHS Orkney with levels of resilience and expertise that cannot be sustained in a local context, however with this comes the risk that smaller Boards lose their voice, as well as, in the event a Shared Service approach does not work, we could see a loss of a local skill base.

NHS Orkney has continued to make use of a range of the Workforce Planning Tools, using the Adult Inpatient and Small Wards tools, which have been

triangulated with the Professional Judgement Tool incorporating a review of sickness absence and use of bank staff. We have tested a run of the Community Nursing Benchmarking Tool in one of our localities. We are currently analysing the information from this exercise and looking at how to best roll this out for maximum benefit. In 2016/17 we need to support the rest of our teams to make use of the other tools available.

In year 2015/16 our WTE rose from 487.6 to 501.7 as at Jan 2016, an increase of 23 headcount, the majority of which can be apportioned to increases in Nursing and Allied Health Professionals, plus additional posts in clinical administration support.

Supplementary staffing, **bank and locum expenditure has continued to reduce** in year, with the most significant reduction being in hospital agency and locums as we have worked collaboratively with agencies and other NHS Boards to look at new ways of working to reduce costs.

The Workforce Age Profile has moved slightly this financial year, with the bulge remaining in the 51 - 55 age group. We are continuing to recruit to maintain and develop our future workforce and are seeing a rise in the 26 – 30 age group. As we plan for the new hospital and healthcare facility in 2018, based on the current staff data 42.9% of our workforce will be aged over 50, a reduction of 0.8% since Sept. This gives an early indication that our workforce profile is starting to change as we are attracting and employing a younger workforce.

The Board is currently developing 2016/17 workforce projections.

In 2016/17 NHS Orkney will continue to **review productivity and efficiency** within non patient facing administration functions and will continue the redesign of clinical administration support based on the review carried out in 2015/16. We will continue with a programme of service redesign aimed at maximising productivity of the administration function, ensuring that the priority is on activity which directly supports clinical staff or patients.

Appendix 5

NHS Orkney

Community Planning – our commitment

Our community, we care, you matter.....

1. Introduction

Under the new Community Empowerment (Scotland) Act 2015, each community planning partnership will prepare and publish a Local Outcomes Improvement Plan (LOIP). The LOIP replaces the former Single Outcome Agreement or SOA. In Orkney our Community Plan incorporates Orkney's LOIP for 2015-18. It describes what we aim to achieve, working together in partnership, over and above what we could achieve as individual organisations and in the section entitled "A profile of Orkney", a statistical profile of Orkney is provided, setting out the evidence base which underpins the selection of the Orkney Partnership's strategic priorities for action:

- Positive ageing led by gail.anderson@vao.orkney.uk
- A vibrant economic environment led by graeme.harrison@hient.co.uk
- Healthy and sustainable communities led by cathiecowan@nhs.net

In agreeing our strategic priorities we have considered the alignment with the policy priorities to ensure we support economic recovery and growth locally (eg our renewable programme), our capital investments including the new hospital and healthcare facility and how this links with community benefits and employment opportunities for young people, and offenders through potential apprenticeships.

The NHS locally is also keen through our CPP to focus on early years (Early Years Collaborative is well established in Orkney), health inequalities and in particular physical activity (through our Healthy and Sustainable Communities priority) and improved outcomes for older people through our Positive Ageing priority.

In summary, our priorities address the challenges which no single agency can solve on its own, and our Plan presents a concerted effort to tackle these challenges. It will not record partnership working in areas which is already working well, but will focus exclusively on "wicked" problems which will take imagination and innovation to resolve.

In approving our LOIP, the Partnership reflected on the progress made following the audit undertaken by Audit Scotland. The audit report gave us an impetus to drive ongoing improvement to inform how we work together with our communities to improve outcomes whilst reducing inequalities.

Significant progress has been made to:

- Strengthen structural arrangements which has included a review of the number of thematic groups we support
- Agree our three priorities and the Delivery Partnership Groups (listed above) are now established and actions plans have been developed and are currently being implemented (Improvement Plans are available by emailing the chairs of each of the groups to ensure you receive the most up to date version given this is a dynamic process)
- Commit resources by partners to support our priorities (NHS Orkney will resource and support the Healthy & Sustainable Communities Thematic group – the Chief

Executive personally chairs the group to demonstrate NHS Orkney's commitment to community planning) and funding to appoint a CPP Business Manager has also been agreed

- Build on our successful engagement and coproduction approach with our communities

- Enhance our health and social care integration agenda.