Purpose of Meeting

NHS Orkney Board’s *purpose* is simple, as a Board we aim to *optimise health, care and cost*

Our *vision* is to *'Be the best remote and rural care provider in the UK'*

Our *Corporate Aims* are:

- Improve the delivery of safe, effective patient centred care and our services;
- Optimise the health gain for the population through the best use of resources;
- Pioneer innovative ways of working to meet local health needs and reduce inequalities;
- Create an environment of service excellence and continuous improvement; and
- Be trusted at every level of engagement.

**Quorum:**

Five members of whom two are Non-Executive Members (one must be chair or vice-chair) and one Executive Member
Orkney NHS Board
There will be a meeting of Orkney NHS Board in the Saltire Room, Balfour Hospital, Kirkwall on Thursday 23 August 2018 at 10.00 am

Ian Kinniburg
Chair

**Agenda**

Invisible Disabilities – Ryan McLaughlin

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<td>Declaration of interests</td>
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<td>To update the Board on new general or specific declarations of interest</td>
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<td>3</td>
<td>Minutes of previous meetings held on 25 June and 19 July 2018</td>
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<td>Governance Committee Membership</td>
<td>Chair</td>
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<td>To approve the updated committee membership.</td>
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<td>Security Strategy</td>
<td>Head of Hospital and Support Services</td>
<td>OHB1819-26</td>
<td>To approve the Strategy</td>
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<td>To note the Committee Chair’s Report, adopt approved / note unapproved committee minutes</td>
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<td>8.3</td>
<td>Chair’s Report – Area Clinical Forum and minute of meeting held on 3 August 2018</td>
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<td>To note the Committee Chair’s Report, adopt approved / note unapproved committee minutes</td>
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<td>8.4</td>
<td>Quality of Care Review Report</td>
<td>Head of Transformational Change and Improvement</td>
<td>OHB1819-28</td>
<td>To review and discuss the report</td>
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<td>Director of Finance</td>
<td>OHB1819-29</td>
<td>To review the in year financial position and note the year to date position</td>
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<td>Chief Executive</td>
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<td>To scrutinise report and seek assurance on performance</td>
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<td>12.1</td>
<td>Chair’s Report – Audit</td>
<td>Audit Committee Chair</td>
<td></td>
<td>To note the Committee Chair’s Report, adopt approved / note unapproved committee minutes</td>
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<td>Committee and minute of</td>
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<td>Any other competent business</td>
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<td>Items for Information</td>
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<td>14.1</td>
<td>Key Legislation</td>
<td>Chair</td>
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<td>To receive a list of key legislation issued since last Board meeting and local implementation / action</td>
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<td>14.2</td>
<td>New Hospital and Healthcare</td>
<td>Authority Observer</td>
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<td>To review report and note minutes</td>
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<td>Facility - Authority Observer</td>
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<td>14.3</td>
<td>Orkney Partnership Board minute of meeting held on 14 June 2018</td>
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<td>To note the minutes</td>
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<td>14.4</td>
<td>Board Reporting Timetable 2018/19</td>
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<td>To note the timetable for 2018/19</td>
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<td>Record of Attendance</td>
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<td>To note attendance record</td>
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<td>14.6</td>
<td>Evaluation Reflection on meeting – led by Chair</td>
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**Open Forum –** Public Questions and Answers Session

A Press Briefing will follow the conclusion of Board Business

By Standing Invitation:

Sally Shaw, Chief Officer

Senior Management Team

Christina Bichan, Head of Transformational Change and Improvement
Ashley Catto, Human Resources Manager
Malcolm Colquhoun, Head of Hospital and Support Services
Maureen Firth, Head of Primary Care
Derek Lonsdale, Head of Finance
Wendy Lycett, Principal Pharmacist
Julie Nicol, Head of Organisational Development and Learning
Maureen Swannie, Head of Children’s Health Services
John Trainor, Head of Health and Community Care
Declaring interests flowchart – Questions to ask yourself

What matters are being discussed at the meeting?

Do any relate to my interests?

Is a particular matter close to me?

Does it affect:

- Me
- My partner
- My relatives
- My friends
- My job or my employer
- Companies where I am a director of where I have a shareholding of more than £25,000 (face value) or 1/100th of the capital
- My partnerships
- My entries in the register of interests

More than other people in the area?

You may have a personal interest

You may have a prejudicial interest

You can participate in the meeting and vote

You may have a prejudicial interest

Declare your interest in the matter

Withdraw from the meeting by leaving the room. Do not try to improperly influence the decision

Would a member of the public – if he or she knew all the facts – reasonably think that the personal interest was so important that my decision on the matter would be affected by it

NO

NO

YES

YES

NO

YES
Apologies were noted from David Drever, Steven Johnston, David McArthur, Fiona Mackellar and Jeremy Richardson.

The Chair introduced Gillian Woolman, Assistant Director - Audit Scotland who was attending the meeting for the annual accounts items.

He also welcomed Davie Campbell to his first formal meeting of the Board as Non Executive Director and Issy Grieve who would also be joining the Board as a Non Executive Director from 1 July 2018.

It was noted that this would be R Johnson’s final meeting following six years on the Board as his term of appointment was ending. The Chair noted that Ronnie, in his time on the Board, had perfected the art of attention to detail which had been welcomed; he had been a regular presence around the hospital and was well known by staff. Ronnie had been a strong advocate within the local community for NHS Orkney and thanks were given from the Board for his hard work and effort, wishing him well for the future.

The Chair also noted the passing of Xandra Shearer, who had completed much work on behalf of the community and NHS Orkney over the years and had regularly attended meetings of the Board. She would be sadly missed and the Board passed on their condolences to her family.

Declarations of interests

No declarations of interest on agenda items were made.

Minute of previous meeting held on 26 April 2018

The minute of the meeting held on 26 April 2018 was accepted as an accurate
record of the meeting, subject to the amendment noted below, and was approved.

- Correct the spelling R Johnson’s and S Johnston’s names throughout the minute
- Remove Annie Ingram from apologies
- Item 6, 864 – amend heading to ‘Apologies for non attendance at Clinical and Care Governance Committee’
- Item 23, first sentence amend ‘present’ to ‘presented’

244 Matters Arising

701 – Forensics

Members were advised that the room and facilities were now complete with staff also identified and trained; staff were liaising with Scottish Government colleague to agree a date for the local service to commence.

752 – Tackling Health Inequalities

Feedback would be provided to the Board in October 2018.

11 – Named Data Protection Officer

It was clarified that T Gilmour, Head of eHealth and IT was currently carrying out this role on behalf of NHS Orkney, but due to capacity this was not sustainable. Work continued with colleagues on a local and regional basis to secure this position going forward.

16 – Whistle-blowing Champion

It was noted that this would be addressed before the current Whistle Blowing Champion, Jeremy Richardson, left his position on the Board.

26 - Community Planning Business Manager

It was confirmed that NHS Orkney would maintain its ongoing commitment to this post.

245 Board Action Log

The action log was reviewed and corrective action agreed on outstanding issues (see action log for details).

Corporate Governance

Governance Committee Annual Reports for year 2017-18

Members were advised that the individual reports had been through the relevant committees for input, amendments and approval and were being presented to the Board for noting.

246 Audit Committee Annual Report – OHB1819-11

The Board had been provided with the Audit Committee Annual Report for year
2017/2018 to confirm that it had fulfilled its remit and that adequate and effective governance arrangements had been in place through NHS Orkney during the year.

**Decision / Conclusion**

The Board noted the Audit Committee Annual report for 2017/18.

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**Finance and Performance Committee Annual Report – OHB1819-12**

The Board had been provided with the Finance and Performance Committee Annual Report for year 2017/2018 to confirm that it had fulfilled its remit and that adequate and effective governance arrangements had been in place through NHS Orkney during the year.

**Decision / Conclusion**

The Board noted the Finance and Performance Committee Annual report 2017/18.

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**Clinical and Care Governance Committee Annual Report – OHB1819-13**

The Board had been provided with the Clinical and Care Governance Committee Annual Report for year 2017/2018 to confirm that it had fulfilled its remit and that adequate and effective governance arrangements had been in place through NHS Orkney during the year.

**Decision / Conclusion**

The Board noted the Clinical and care Governance Committee Annual Report for 2017/18.

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**Staff Governance Committee Annual Report – OHB1819-14**

The Board had been provided with the Staff Governance Committee Annual Report for year 2017/2018 to confirm that it had fulfilled its remit and that adequate and effective governance arrangements were in place through NHS Orkney during the year.

**Decision / Conclusion**

The Board noted the Staff Governance Committee Annual Report for 2017/18.

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**Remuneration Committee Annual Report – OHB1819-15**

The Board had been provided with the Remuneration Committee Annual Report for year 2017/2018 to confirm that it had fulfilled its remit and that adequate and effective governance arrangements were in place through NHS Orkney during the year.

**Decision / Conclusion**

The Board noted the Remuneration Committee Annual Report 2017/18.
3.1

Integration Joint Board Annual Performance Report – OHB1819-16

The Board had been presented with the draft version of the Integration Joint Board Annual Performance for the reporting period of 1 April 2017 to 31 March 2018. The report used various measures to show how well Orkney Health and Care had performed during this period of time.

Decision / Conclusion

The Board noted the Integration Joint Board Annual Performance Report.

Infection Prevention and Control Annual Report for year ended 31 March 2018 – OHB1819-17

The Medical Director presented the Annual Report for 2017/18. He advised that infection prevention and control within the Balfour was good, highlighting that there had been no hospital bay or ward outbreaks of Norovirus since 2012 which was a good indicator that infection prevention and control procedures were being well followed. He did however acknowledge that there was always room for improvement and the identified areas would be progressed.

The following points were noted:

- NHS Orkney did not currently have an infection control Doctor, work was being progressed but not without challenges
- A total of 1796 Infection Control training modules had been completed by staff
- Communication remained positive over a number of committees and meetings
- The number of Clostridium Difficile Infections was above the required standard but it was noted that the infections had not been contracted within the Balfour Hospital. All were non-preventable cases and patients had been treated appropriately for their illness
- The MRSA screening programme quarterly compliance was currently 94%
- There had been no acute ward or bay closures due to flu like illness during the past winter despite there being a noticeable increase in the number of cases reported
- The improvement journey for the reduction in urinary catheter usage had continued reducing the risk of Catheter Associated Unitary Tract Infections (CAUTI)
- NHS Orkney had achieved accreditation to the new Central Decontamination Unit/Endoscopy standard and had acted as a supporting Board for NHS Western Isles decontamination services on two occasions.

The Director of Public Health noted that there had been poor attendance at the antimicrobial team meeting and questioned what could be done to encourage clinicians to attend. The Medical Director advised that there had been an issue due to the lack of permanent staffing within the hospital; audits completed did not show any issues with antibiotic prescribing which remained appropriate.

The Interim Chief Executive welcomed the positive messages contained within the report.

N Bremner noted that the style of reporting around hand washing was difficult to
interpret.

The Chair thanked all staff across the Board for their hard work in achieving these positive results.

**Decision / Conclusion**


*Annie Ingram joined the meeting via VC*

**Annual Accounts**

**Annual Accounts for year 2017/18 and Annual Audit Report**

The Chair advised that the annual accounts were not to be made public until they were laid before parliament later in the year but gave assurance that they had been discussed fully by the Audit Committee.

The Interim Chief Executive advised that it was a very positive and encouraging year end position, but also acknowledged the substantial challenges going forward.

N Bremner as chair of the Audit Committee advised that she had been happy to receive the annual accounts and annual audit report.

G Woolman, Assistant Director, Audit Scotland drew members attention to the key messages contained within the audit report advising that she was pleased to issue an unqualified audit opinion, with the financial statements giving a true and fair view. She advised that positive assurance had been provided around financial management arrangements and all financial targets had been met.

It had been a challenging year for NHS Orkney in realising and achieving savings, the targets had been met but much of this was on a non recurring basis which would need to be addressed going forward, the opportunity for redesign of services for the move to the new Hospital and Healthcare Facility would be taken.

Some positive moves to recruit permanent members of staff had been made but the challenges of reliance on temporary and agency staff to fill gaps remained in a number of areas.

NHS Orkney had satisfactory governance arrangements in place that supported the scrutiny of decisions made by the Board. The Board had also reviewed the arrangements for holding committee meetings in public and had concluded not to progress with this due to current limitations and capacity.

Regarding value for money, there was an effective performance management framework in place but not all target areas were routinely reported.

The Chair gave thanks for the work reviewing the accounts and welcomed the clean audit report, acknowledging the challenges ahead.

J Stockan complimented the finance staff for the work on the preparation of the accounts and all staff for their input in achieving the positive financial position.
Decision / Conclusion

The Board approved the annual accounts for year 2018/19.

*M Roos withdrew from the meeting.*

**Code of Corporate Governance – OHB1819-18**

The Board Secretary presented the updated Code of Corporate Governance for approval, advising that this had already been reviewed by the Audit Committee with a recommendation of Board approval. The main changes were updates to the Governance Committee Terms of Reference, updates from the Corporate Plan and an amendment to the timescales for meeting papers to be issued – to include three days before the meeting in exceptional circumstances.

The Audit Committee had requested an additional amendment to the Finance and Performance Committee Terms of Reference – Changing Local Delivery Plan to Strategic and Operational Plans, which would be incorporated.

There was also a need to elect a Vice Chair of the Board due to G Skuse’s resignation from her non executive board member appointment.

R Johnson nominated N Bremner for this role which was seconded by J Stockan. N Bremner accepted the position of Vice Chair until the end of her term as Non Executive Board Member.

Decision / Conclusion

The Board approved the updated Code of Corporate Governance and the nomination of N Bremner as Vice Chair of the Board for a period of six months, subject to confirmation by the Cabinet Secretary.

**Orkney Health and Care Directions – OHB1819-19**

The Interim Chief Executive presented the Orkney Health and Care Directions for information advising that in line with legislation, the Integration Joint Board had directed the Board to deliver services as set out in the scheme of delegation.

Decision / Conclusion

The Board noted the Orkney Health and Care Directions and accepted that performance would be monitored through the Finance and Performance Committee.

**Strategy**

No items this meeting

**Clinical Quality and Safety**

**Infection Prevention and Control Report - OHB1819-20**

Members had received the Infection Prevention and Control Report for information.
N Bremner noted that the hand hygiene compliance for medics was poor and questioned whether the sampling size needed to be increased to get a more accurate picture.

The Medical Director, on rejoining the meeting, advised that he had spoken directly to the medics involved at every suitable opportunity; infection rates within the hospital were low but he acknowledged that compliance with hand hygiene rates amongst medics could improve.

**Decision / Conclusion**

The Board noted the Infection Prevention and Control Report.

**257 Chair’s Report – Clinical and Care Governance Committee and minute of meeting held on 22 May 2018**

The Board had received the Clinical and Care Governance Committee Chair’s report for information.

**Decision / Conclusion**

The Board noted the chair’s report and minute of meeting held on 22 May 2018.

**258 Chairs Report – Area Clinical Forum and minute of meeting held on 1 June 2018**

The Board had received the Area Clinical Forum Chairs report for information.

**Decision / Conclusion**

The Board noted the chair’s report and minute of meeting held on 1 June 2018.

**Person Centred**

**259 Patient Experience Annual Report for year ended 31 March 2018 – OHB1819-21**

Members had received the Patient Experience Annual Report for information and noting.

The Director of Finance noted that some feedback from front line staff around the early resolution process one year in would be beneficial and suggested that this could be reported through the Quality and Safety Group.

R Johnson noted that of the 35 experience questionnaires sent, only four had been completed and returned and questioned why the return rate was so low. The Interim Chief Executive agreed to seek further information from the Patient Experience Officer.

D Campbell questioned the timescales for responses and was advised by the Interim Chief Executive that although they endeavoured to achieve higher standards where possible the aim was always for a thorough investigation rather than a speedy resolution.

**Decision / Conclusion**
The Board noted the Patient Experience Annual Report for year ended 31 March 2018.

**Workforce**

260 Chair’s Report – Staff Governance Committee and minute of meeting held on 30 May 2018

Members had been provided with the Staff Governance Committee Chair’s report for information.

**Decision / Conclusion**

The Board noted the chair’s report and the minute of the meeting held on 30 May 2018.

*L Wilson withdrew from the meeting.*

**Organisational Performance**

261 Chair’s Report – Finance and Performance Committee and minutes of meetings held on 31 May 2018

R Johnson, Chair of the Finance and Performance Committee, provided members with an update, advising that the Committee had received a paper around the elective care access improvement plan which had been approved; this would help address waiting times for patients.

**Decision / Conclusion**

The Board noted the chair’s report and minute of meeting held on 31 May 2018.

**Risk and Assurance**

262 Chair’s Report – Audit Committee and minutes of meetings held on 1 May and 5 June 2018

N Bremner, Chair of the Audit Committee, provided members with an update highlighting the following:

- The Committee had thoroughly reviewed the Annual Accounts, with a recommendation of Board approval
- The importance of attendance at meetings had been raised, reiterating that members must advise apologies in advance to Corporate Services staff and the Committee Chair and ensure that a deputy was contacted to attend
- The system for reviewing previous Internal and External Audit recommendations had been amended to ensure focus on high risk areas
- The Data Protection Policy had been approved

**Decision / Conclusion**

The Board noted the chair’s report and minutes of meetings held on 1 May and 5 June 2018.
M Roos rejoined the meeting.

Any other competent business

R Johnson

R Johnson, at the end of his term on the Board as a Non Executive Board Member, gave thanks to fellow Board members noting that it had been a pleasure to work with them. He noted especially that he had welcomed the opportunity to be part of the interview panel for advisors for new hospital and healthcare facility.

He gave personal thanks to all staff that he had encountered during his time on the Board and the Corporate Services Team for their support.

He noted that the Board was currently in a positive place, he was very proud of what NHS Orkney had achieved and the continuing vision.

Orkney Partnership Board

N Bremner noted that there were no recent minutes from the Partnership Board; there was a need to formally improve the communication in this area and proactive engagement with partners.

Items for Information

Key Legislation

Members noted the key legislation that had been published since the last meeting of the Board.

New Hospital and Healthcare Facility - Authority Observer report and minute of meeting of Transformation Implementation Programme Board held on 22 March 2018 – OHB1819-10

N Bremner, Authority Observer, presented her report at week 53 of the 100 week construction programme, advising that the programme remained six weeks ahead of schedule. At the May meeting of the Special Purpose Vehicle Board discussions had been held around the possibility of the construction programme completing early, but there had been no formal notification. The financial implications around this were sighted on and were being considered.

The Clerk of Works had highlighted a number of issues to the project team which had been proactively addressed.

The Construction, Transformation and Move Group had been renamed the Construction, Commissioning and Move Group to reflect the change in project structure and reporting arrangements, this was well on track with targets set and a suggestion that one of beneficiaries could come and speak at the start of a Board meeting to consider wider benefits.

J Stockan welcomed the collaborative working with Orkney islands Council around the Art Strategy along with the suggestion to use children’s work in patient areas.
Decision / Conclusion

The Board noted the report and progress being made.

**Board Reporting Timetable 2018/19**

The Board had received the schedule of meetings for 2018/19 noting that there would be an additional meeting on the 19 July 2019.

**Record of Attendance**

The record of attendance was noted.

**Evaluation – reflection on meeting**

Members noted that it had been a positive meeting, but there was disappointment in the low attendance.

It was welcomed that items for information and noting had not been discussed in detail with trust in the groups that had brought these items forward.

I Grieve suggested a starring system for items that were for noting only to be introduced to Board papers, similar to that used on committee papers.

**Public Forum**

No members of the public were present.
Orkney NHS Board

Minute of meeting of Orkney NHS Board held in the Saltire Room, Balfour Hospital, Kirkwall on Thursday 19 July 2018 at 11:30am

Present

Ian Kinniburgh, Chair
Naomi Bremner, Vice Chair
David Drever, Non Executive Board Member
Issy Grieve, Non Executive Board Member
Steven Johnston, Non Executive Board Member
Fiona Mackellar, Employee Director
David McArthur, Director of Nursing, Midwifery and AHP
Gerry O’Brien, Chief Executive
Hazel Robertson, Director of Finance
James Stockan, Non Executive Board Member
Louise Wilson, Director of Public Health

In Attendance

Jean Aim, Board Secretary
Christina Bichan, Head of Transformational Change and Improvement
Ashley Catto, Human Resources Manager, NHS Grampian – via VC
Malcolm Colquhoun, Head of Hospital and Support Services
Debbie Lewsley, Project Administrator
Ann McCarlie, Project Director
Julie Nicol, Head of Organisational Development and Learning
Emma West, Senior Committee Clerk (minute taker)

303 Apologies

Apologies were noted from J Richardson, D Campbell and M Roos.

The Chair recognised that this would be the last Board meeting attended by the Board Secretary, Jean Aim, due to her imminent retirement. As such the Board presented her with a gift and flowers and noted her outstanding service to the Board over her 36 years, she would be greatly missed.

304 Declarations of interests

No declarations of interest on agenda items were made.

305 Naming convention for Departments within the New Hospital and Healthcare Facility and Clinical Support Building – OHB1819-22

The Project Director presented the report advising that NHS Orkney was required to confirm departmental and room naming conventions as part of the development of the Way finding and Signage work strands for the new building.

The paper provided the outcome from the consultation process conducted with staff groups and the Patient and Public Reference Group (PPRG).

Board members were asked to approve a naming convention for the areas set out in the paper with the exception of the following:

- Estates and Hotel Services which was to be known as Estates and Facilities
It was acknowledged that the Clinical Support Building was no longer a standalone building and as such this gave the Board an innovative opportunity to consider a naming convention. Staff suggestions had included local themes around Orkney islands, beaches, place names and Earls.

The PPRG had taken a more pragmatic approach to the naming of rooms and had suggested keeping this simple by using a numbering system for smaller rooms and pods.

The team had taken further opportunity to consider this following completion of the paper as presented and suggested that the design back story of building and concept would also be appropriate for a naming convention.

The design of the new Hospital and Healthcare Facility had taken influence from scheduled ancient monuments in Orkney including Skara Brae, the Broch of Gurness and Brodgar. This had then been developed into a design that also met the specifications and functionality requirements of the build. It had been suggested that the inspiration for the design could be used as the naming convention.

The Chief Executive noted the importance of internal naming in public areas being fit for purpose and allowing patients to easily navigate the building. Where there were functional areas it was also important to keep names as straightforward as possible. He did agree with the opportunity for design and innovation in other areas and welcomed the links to the back story of the building design.

S Johnston noted that on speaking to members of the public they had been keen to know more about the design rationale and process for this.

D Drever also welcomed the thinking around using the design story as a naming convention drawing on past and existing Orkney culture, but acknowledged that there would always be different ideas and preferences around this.

The Chair agreed that where there was a functional purpose this should be named simply and appropriately but using the back story as a naming convention in other areas would be welcomed.

J Stockan noted that this concept had not been raised previously and questioned how this would be accepted by the public and staff in the engagement process.

The Board were supportive that this was a strong theme acknowledging that the correct words needed to be chosen and sense checked to take this forward with staff and the wider community, due to the time element there would not be a requirement for a full scale consultation.

The Chair noted that there were the two areas of exception that needed to be agreed.

Members approved the amendment of Hotel Services to Estates and Facilities and suggested that the word department did not need added to this or other areas. The Project Director advised that the national naming convention would apply to some areas, such as the Accident and Emergency Department, and this would be adhered to.
There was a recommendation in the paper that the Cancer and Palliative Care unit would be known as Macmillan, and as such a meeting had been held with the local Macmillan representatives who felt strongly that this name should be maintained.

The Head of Hospital and Support Services noted that operationally it should be stated that NHS Orkney did not have Macmillan Nurses and staff would not be ring fenced to this department as the staffing model required flexibility across the whole facility. The Board accepted that this would be a functional area rather than a defined part of the hospital.

S Johnston noted the excellent level of care received in the in unit and the people of Orkney had real strong feelings round this, he felt that the community would always refer to the unit as Macmillan.

N Bremner sought further understanding as to why the PPRG feedback was contrary to the proposal in the paper and why they felt that Macmillan should not be used. The Project Director advised that the unit was associated with more than cancer and palliative care with a broader range of services; there were also other organisations in Orkney that supported patients in those services.

The Chair advised that they had held conversations with CLAN who had no issues with the naming convention but would like all other organisations to be recognised and signposted within the facility.

The Employee Director raised a personal reflection that palliative care was more than just oncology and felt that retaining the name Macmillan did not reflect this; she did however note that staff within this area were keen to retain the name.

D Drever agreed that maintaining the name Macmillan brought continuity to this area of support and as there was no change to function this was a good reason to continue with the current name.

The Director of Finance noted that there was a significant level of donated money held within the Endowment Fund for Macmillan and if the name was changed this could cause issues.

The Chair summarised that there was a general consensus to remain with Macmillan and a firm understanding of why this had been kept.

N Bremner noted that there would be a need to reply to the public and PPRG on why their suggestions hadn’t been taken forward, questioning the functioning of this group. The Chair agreed that there was a need to be clear around the recommendations and input from the PPRG and the need to feed back on all these areas where the Board had not followed the recommendations of PPRG and Staff as part of overall decision around the naming convention including the rationale.

S Johnston stated that there were other methods of obtaining patient and public feedback, including social media, and these should not be ignored.

N Bremner agreed to support the Board decision but noted personally that she did not feel that this was correct.
The Director of Public Health also felt that the name should be a broader representation of the services provided and used to remove stigma and discuss palliative care needs openly.

The Project Director summarised that the back story design concept, based on the Orkney landscape and buildings would be used; the project team would work up a scheme that reflected this. Departmental naming would remain functional and department or unit would not be added to names unless this was a requirement from national guidance. Other than the main meeting rooms a numbering convention would be used for smaller meeting rooms and pods.

It was noted that the names chosen should be easy to use and correct spelling should be ensured before proceeding.

**Decision / Conclusion**

The Board approved the naming conventions as noted above with final approval delegated to the Chief Executive and Project Director.

**Memorandum of Understanding – OHB1819-23**

The Chief Executive presented the report advising that the Memorandum of Understanding (MoU) has been written based on advice from Central Legal Office and was designed to facilitate mobile working by staff across the North of Scotland Health Boards. This would facilitate staff from one of the North of Scotland Boards to work in, or provide services for, any other of the North of Scotland Boards.

Members were made aware that NHS Grampian had been presented with the paper and agreed to defer their decision.

The Chief Executive noted that the Memorandum of Understanding was in an initial format and agreeing sign off would provide an opportunity to test more mobile working and collectively support the regional direction of travel. Boards would receive further feedback once this had been formally trialled with the trial period to be confirmed.

The Employee Director raised concerns over the connotations for some staff groups. She noted that the paper was ambiguous around the staff affected and this required further clarity. She fully supported enabling staff to access information and learning and having the ability to move across the region to facilitate this; but had concerns over the statement that future employees would be appointed on a contract of employment which would include regional working as a requirement of the role as this could have a negative effect on recruitment, work life balance and family life. She also noted that the paper had not been provided through the appropriate routes and governance structure.

The Head of Organisational Development and Learning provided a recent example of when this would have been very useful for nurses looking to enhance their paediatric skills through an arrangement with Aberdeen children’s hospital. The paperwork this had created had been very time consuming and a barrier to staff.

The Human Resources Manage supported an enabling document to allow a more straightforward ways for staff to work across the region, but agreed that further
3.2

clarity and interpretation should be provided.

S Johnston also welcomed the general concept which had recently been discussed by the Area Clinical Forum and Area Partnership Forum with good examples with mutual benefits. He suggested removing the statement 'requirement of the role' to remove barriers.

J Stockan suggested that dates should be provided for amending contracts and consideration of the outcomes from a pilot between Boards with an evaluation.

D Drever raised concerns that as Chair of the Staff Governance Committee he had not previously been made aware of the paper which required more information and clarity before approval.

The Chair noted the requirement to strengthen governance around this both locally and regionally whilst acknowledging that there was a genuine need for staff to be able to work flexibly across the region.

Members agreed that the paper needed further information and clarity, following which there should be appropriate engagement and progression through the correct governance route. It was agreed that there was a need for seamless regional working without compelling staff to work outside their regional base.

N Bremner noted the need for a strategic approach to overcome barriers in the short term and spectrum of options for the longer term.

**Decision / Conclusion**

The Board considered the initial Memorandum of Understanding (MoU) document in relation to staff working across the North of Scotland (NoS) Health Boards. The Board requested that the document be redrafted for clarity, taking into account island elements and presented through the correct governance routes before approval.

The Chief Executive agreed to discuss this further with regional colleagues at the monthly Chief Executives meeting.
### NHS Orkney Board Action Log Updated 15 August 2018

**Purpose:** The purpose of the action log is to capture short term actions to enable NHS Orkney Board members to assure themselves that decisions have been implemented appropriately.

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Source</th>
<th>Target date</th>
<th>Owner</th>
<th>Status / update</th>
</tr>
</thead>
<tbody>
<tr>
<td>09-2017/18</td>
<td>Property and Asset Management Strategy</td>
<td>Meeting 24 August 2017</td>
<td>August 2018</td>
<td>Chief Executive/Head of Hospital and Support Services</td>
<td>Verbal update to be provided around Regional PAMS. Paper on Private Board session regarding local estate element.</td>
</tr>
<tr>
<td>10-2017/18</td>
<td>Regional Delivery Plan</td>
<td>Meeting 24 August 2017</td>
<td>Board</td>
<td>Development Session</td>
<td>Board Secretary/Chair/Chief Executive To be considered further at a Board Development Session – Draft circulated; launch of the financial framework anticipated at the end of June 2018. Regional Delivery plans will then be formally discussed moving on to 2019/20 planning.</td>
</tr>
<tr>
<td>11-2017/18</td>
<td>Autism pathways (child)</td>
<td>Meeting 24 August 2017</td>
<td>June 2018</td>
<td>Chief Officer</td>
<td>Short life working group established, met and agreed action to be progressed – when finalised will be submitted to Professional Advisory Groups – confirmation of finalisation to Board to be provided through ACF Chair’s report.</td>
</tr>
<tr>
<td>No</td>
<td>Action</td>
<td>Source</td>
<td>Target date</td>
<td>Owner</td>
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<tr>
<td>23-2017/18</td>
<td>Community Mental Health Framework Development</td>
<td>Meeting February 2018</td>
<td>October 2018</td>
<td>Chief Officer</td>
<td>Session arranged for 31 July 2018, hosting by living well group with Linda Gask attending and Voluntary Action Orkney facilitating. Session to distil recommendations into a framework going forward.</td>
</tr>
<tr>
<td>01-2018/19</td>
<td>Tackling Health Inequalities Feedback on pilot to be provided.</td>
<td>Meeting June 2018</td>
<td>October 2018</td>
<td>Director of Public Health</td>
<td>Feedback at October meeting</td>
</tr>
<tr>
<td>02-2018/19</td>
<td>Whistle-blowing Champion Replacement to be put in place</td>
<td>Meeting June 2018</td>
<td>August 2018</td>
<td>Chair</td>
<td>To be discussed as part of reviewed Governance Committee Membership proposals</td>
</tr>
<tr>
<td>03-2018-19</td>
<td>Memorandum of Understanding (MoU) To be reviewed for further information and clarity and progressed through Governance Structure</td>
<td>Meeting 19 July 2018</td>
<td>October 2018</td>
<td>Chief Executive</td>
<td>To be progressed through the Governance Structure before approval.</td>
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</tbody>
</table>

Completed actions deleted after being noted at following meeting
Not Protectively Marked

NHS Orkney Board – 23 August 2018

Report Number: OHB1819-24

This report is for approval

Governance Committee Membership

| Lead Director | Gerry O’Brien, Chief Executive  
| Author        | Emma West, Corporate Services Manager |

**Action Required**

The Board is asked to:

- **Approve** the reviewed and updated Governance Committee Membership as detailed in Appendix 1
- **Agree** Chairs/Vice Chairs for each of the Governance committees

**Key Points**

As detailed in the Code of Corporate Governance each Governance Committee of the Board will have a minimum number of Non-Executive Members.

In determining the membership of Committees, the Board shall have due regard to its purpose, role and remit, and accountability requirements.

**Timing**

Due to four Non Executive Board members coming to the end of their terms during 2018 and new appointments being made there is a need to review the Committee membership to ensure that meetings remain quorate and functional.

**Link to Corporate Objectives**

The Corporate Objectives this paper relates to:

- Create an environment of service excellence and continuous improvement;
Not Protectively Marked

NHS Orkney Board – 23 August 2018

Governance Committee Membership

Emma West, Corporate Services Manager

Section 1 Purpose

The purpose of this report is to present the proposed Governance Committee membership, along with appointments to vacant Governance Committee Chair and Vice Chair positions, to the Board for approval.

Section 2 Recommendations

The Board is asked to approve the proposed Governance Committee membership including chairs and vice chairs where there are vacancies.

Section 3 Background

As detailed in the Code of Corporate Governance each Governance Committee of the Board will have a minimum number of Non-Executive Members which includes those Non-Executive Members who are members due to the office they hold:

<table>
<thead>
<tr>
<th>Committee</th>
<th>Required</th>
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<tbody>
<tr>
<td>Audit</td>
<td>Four</td>
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<tr>
<td>Finance and Performance</td>
<td>Four</td>
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<tr>
<td>Clinical and Care Governance</td>
<td>Four</td>
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<tr>
<td>Remuneration</td>
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<tr>
<td>Staff Governance</td>
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</table>

The voting membership of the Integration Joint Board also requires three Non Executive Directors.

In determining the membership of Committees, the Board shall have due regard to its purpose, role and remit, and accountability requirements. Certain members may not be appointed to serve on a particular Committee as a consequence of their positions. Specific exclusions are:

• Audit Committee – Chair of the Board together with any Executive Member or Officer.
• Remuneration Committee – any Executive Member or Officer.

The Board shall appoint Chairs and Vice-Chairs of Committees who shall hold office for
two years. In the case of Members of the Board, this shall be dependent upon their
continuing membership of the Board.

As a consequence of the personal development appraisal and review process, the
Chairman will decide with the relevant Non Executive Members which of the Committees
they will serve on as member of as Chair or Vice Chair.

It is proposed that where practical the current Chairs/Vice Chairs will Chair the next
Committee meeting scheduled if the Chair is a new member to the Committee. This will
enable effective handover and training to take place.

Appendix 1

- Governance Committee Membership
- Workload by Non Executive Director
## ORKNEY NHS BOARD

**Chair:** Ian Kinniburgh  
**Vice-Chairperson:** Naomi Bremner

### STANDING COMMITTEES: Period August 2018 to August 2020

By virtue of their appointment the Chair of the board is an ex officio member of all committees except the Audit Committee

<table>
<thead>
<tr>
<th>Audit Committee:</th>
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<tbody>
<tr>
<td>Four non executive members including the Employee Director but not the Chair of the Board Ordinarily the Audit Committee chair cannot chair any governance committee of the board but can be a member of other governance committees</td>
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**Lead Officer – Director of Finance**

<table>
<thead>
<tr>
<th>Members:</th>
<th>Updated</th>
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<tbody>
<tr>
<td>Naomi Bremner, chair</td>
<td>Naomi Bremner, Chair (until 30 November 2018)</td>
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<tr>
<td>Vacant, vice chair</td>
<td>Meghan McEwen, Vice Chair</td>
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<tr>
<td>Fiona MacKellar</td>
<td>Davie Campbell</td>
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<td>Vacant</td>
<td>James Stockan</td>
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<td>Fiona MacKellar</td>
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<th>Finance and Performance Committee:</th>
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<tr>
<td>Four non executive members including Local Authority member and one who is a member of the Integration Joint Board</td>
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**Lead Officer – Director of Finance**

<table>
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<th>Members:</th>
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<tr>
<td>Vacant, chair</td>
<td>Davie Campbell, chair</td>
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<td>James Stockan, vice-chair</td>
<td>James Stockan, Vice Chair</td>
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<td>Ian Kinniburgh</td>
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<td>Vacant</td>
<td>Caroline Evans</td>
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<th>Integration Joint Board:</th>
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<td>Three non executive members</td>
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<tr>
<th>Members:</th>
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<tr>
<td>Jeremy Richardson, chair</td>
<td>David Drever, chair</td>
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<tr>
<td>Vacant</td>
<td>Issy Grieve</td>
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<tr>
<td>Committee</td>
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<tr>
<td>Clinical and Care Governance Committee:</td>
<td>Vacant, Chair</td>
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<td>Steven Johnston, Vice Chair</td>
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<td>Ian Kinniburgh</td>
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<td>David Drever</td>
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<td>Lead Director – Medical Director</td>
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<td>David Drever, chair</td>
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<td>Fiona MacKellar, vice chair</td>
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<td>Steven Johnston</td>
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<td>James Stockan</td>
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<td>Staff Governance Committee:</td>
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<td>Lead Director – Director of Workforce</td>
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<td>Remuneration Committee:</td>
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<tr>
<td>Lead Director – Director of Workforce</td>
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# OTHER COMMITTEES:

## Endowment Fund Sub Committee:
Five trustees

**Lead Director – Director of Finance**

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<th>Members</th>
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<tbody>
<tr>
<td>Ian Kinniburgh, chair</td>
<td>Ian Kinniburgh, chair</td>
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<tr>
<td>Fiona MacKellar, vice-chair</td>
<td>Davie Campbell, vice-chair</td>
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<tr>
<td>Vacant</td>
<td>Issy Grieve</td>
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<tr>
<td>David McArthur, Director of Nursing, Midwifery and Allied Health Professions</td>
<td>David McArthur, Director of Nursing, Midwifery and Allied Health Professions</td>
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<tr>
<td>Hazel Robertson, Director of Finance</td>
<td>Hazel Robertson, Director of Finance</td>
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**Authority Observer:**

Naomi Bremner

## Transformation Implementation Programme Board:

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<thead>
<tr>
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<tr>
<td>Steven Johnston</td>
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<td>Fiona MacKellar</td>
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## Orkney Alcohol and Drugs Partnership:

<table>
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<tr>
<th>Jeremy Richardson</th>
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<td>Issy Grieve</td>
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## Pharmacy Practices Committee:

Chair to be appointed as and when required

## Partnership Forum:

<table>
<thead>
<tr>
<th>Gerry O'Brien</th>
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<td>Fiona MacKellar</td>
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## Area Clinical Forum:

| Steven Johnston, chair             |

## Community Planning Partnership Board:

<table>
<thead>
<tr>
<th>Ian Kinniburgh</th>
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<td>Gerry O'Brien</td>
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<td>Board and Committee Memberships</td>
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<tr>
<th>Other roles</th>
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<th>Area Clinical Forum</th>
<th>Orkney Alcohol and Drugs Partnership</th>
<th>Orkney Partnership Board</th>
<th>Transformation Implementation Programme</th>
<th>Whistleblowing Champion</th>
<th>Workload</th>
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<td>Naomi Bremner</td>
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<td>Meghan McEwen</td>
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<td>James Stockan</td>
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<td>Steven Johnston</td>
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<td>Fiona MacKellar</td>
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| Post November                   |       |                        |                      |                                     |                         |                                        |                          |          |
| For decision Vice Chair         |       |                        |                      |                                     |                         |                                        |                          |          |
| For ratification Audit Chair    |       |                        |                      |                                     |                         |                                        |                          |          |
| For decision Audit Vice chair   |       |                        |                      |                                     |                         |                                        |                          |          |

| C                               | Chair  |                      |                      |                                     |                         |                                        |                          |          |
| VC                              | Vice Chair |                      |                      |                                     |                         |                                        |                          |          |
| M                               | Member  |                      |                      |                                     |                         |                                        |                          |          |
| AO                              | Authority Observer |                      |                      |                                     |                         |                                        |                          |          |
### NHS Orkney Board – 23 August 2018

**Report Number: OHB1819-25**

**This report is for noting**

**Orkney Community Plan & Partnership Locality Plan for the Non Linked Isles**

| Lead Director Author | Chief Executive  
<table>
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<td></td>
<td>Orkney Partnership Board</td>
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<thead>
<tr>
<th>Action Required</th>
<th>The Board is asked to:</th>
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<tbody>
<tr>
<td></td>
<td>• Note the attached reports</td>
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<tr>
<td></td>
<td>• Take into account the requirements of the Locality Plans</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Points</th>
<th>These plans were approved at the Orkney Partnership Board on 14 June 2018.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Every community planning partnership is required to publish a Local Outcomes Improvement Plan (LOIP).</td>
</tr>
<tr>
<td></td>
<td>• Orkney Community Plan incorporates Orkney’s LOIP and is a three-year rolling plan which is refreshed, updated and reissued every year.</td>
</tr>
<tr>
<td></td>
<td>• It describes what we aim to achieve by working together in partnership, and how it adds value to what we can achieve as individual organisations.</td>
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| Timing | There are no timing constrains for this paper. |

<table>
<thead>
<tr>
<th>Link to Corporate Objectives</th>
<th>The Corporate Objectives this paper relates to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Improve the delivery of safe, effective patient centred care and our services;</td>
</tr>
<tr>
<td></td>
<td>• Optimise the health gain for the population through the best use of resources;</td>
</tr>
<tr>
<td></td>
<td>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</td>
</tr>
<tr>
<td></td>
<td>• Create an environment of service excellence and continuous improvement</td>
</tr>
<tr>
<td>Contribution to the 2020 vision for Health and Social Care</td>
<td>Integrated working between health and social care, and more effective working with the Local Authority.</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Benefit to Patients</td>
<td>Improved patient care for isles residents.</td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>All of Orkney’s smaller isles rank among the most deprived 10% of communities in Scotland with regard to access to services which is a key driver behind this. We want our communities to have growing, sustainable and inclusive populations, with access to services, facilities and resources. Access to services is a perennial issue, particularly challenging in the outer isles, where it is difficult to maintain a sustainable health and care workforce. Inequality and social isolation also impinge on individual and community well-being.</td>
</tr>
</tbody>
</table>
Orkney Community Plan

Incorporating Orkney’s Local Outcomes Improvement Plan

2018 to 2021

Version 1.1 (04.07.18)
If you would like this plan in a different language or format, please contact the Community Planning Business Manager, Orkney Islands Council, School Place, Kirkwall KW15 1NY. Tel: 01856 873535 ext 2153. Email: corporateservices@orkney.gov.uk
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1. Introduction

Welcome to Orkney’s Community Plan for 2018 to 2021.

The purpose of community planning is for providers of public services to work together with the community to plan and deliver services that will improve long term outcomes for individuals, families, and communities where inequality persists.

Orkney Community Plan shares the ambition of Orkney's Local Development Plan:

“to strengthen and support Orkney’s communities by enabling those developments which will have a positive and sustainable socio-economic impact, and utilise locally-available resources, whilst striving to preserve and enhance the rich natural and cultural heritage assets upon which Orkney's economy and society depends.”

The principle of prevention is central to our plan. By focusing collaboratively on early intervention, we can reduce negative outcomes for families and individuals, and reduce future demand for costly crisis services.

Orkney’s community planning partners want everybody in Orkney to have an equal opportunity to share in its success, in accordance with our mission and values. Our shared mission is:

Working together for a better Orkney

Our seven key values guide the way we work, together or independently, and influence everything we do:

- Resilience
- Enterprise
- Equality
- Fairness
- Innovation
- Leadership
- Sustainability

Through this Plan, we commit to coordinating our resources to tackle the challenges that come our way and provide services that meet the needs of our communities as effectively and efficiently as possible.

The Orkney Partnership is designed to focus the collective resources of the Partnership on a small number of strategic priorities at any one time. For 2018-21, our strategic priorities will be:

- Strong Communities
- Living Well
- Vibrant Economy
Partners with a duty to facilitate community planning

Orkney Islands Council
Highlands and Islands Enterprise
Police Scotland
Scottish Fire and Rescue Service

Partners with a duty to participate in community planning

Scottish Natural Heritage
sportscotland
SEPA
Historic Environment Scotland
OHAC
University of the Highlands and Islands
Orkney College
Visit Scotland

Local and co-opted partners

VAO
improvement service
Orkney Housing Association Limited
Orkney Community Justice Partnership
3. Executive summary

Every community planning partnership is required to publish a Local Outcomes Improvement Plan (LOIP). Orkney Community Plan incorporates Orkney’s LOIP and is a three-year rolling plan which is refreshed, updated and reissued every year. It describes what we aim to achieve by working together in partnership, and how it adds value to what we can achieve as individual organisations.

Section 4 of this plan (starting on page 7), provides a statistical profile of Orkney. This evidence base, along with the views of a wide range of stakeholders, underpins the selection of the Orkney Partnership's updated strategic priorities for action:

- Strong Communities
- Living Well
- Vibrant Economy

Our priorities are based upon the principles that working together in partnership makes it easier to resolve the large and complex issues in our community, and this plan presents a concerted effort to tackle these challenges. In the LOIP we are not trying to describe everything that the partners do together. It does not record partnership working in areas where it is already working well, but focuses exclusively on problem areas which will take imagination and innovation to resolve.

The National Census of 2011 evidenced a welcome rise in Orkney’s population to 21,349, an increase of nearly 11% since 2001. Although the population as a whole is increasing, the Census figures show a continuing trend of decreasing population in the isles. All of Orkney’s smaller isles rank among the most deprived 10% of communities in Scotland with regard to access to services which is a key driver behind this. Our first priority is “strong communities”. We want our communities to have growing, sustainable and inclusive populations, with access to services, facilities and resources.

Access to services is a perennial issue, particularly challenging in the outer isles, where it is difficult to maintain a sustainable health and care workforce. While it is welcome news that we are living longer, Orkney's demographic profile has aged significantly in recent years. Inequality and social isolation also impinge on individual and community well-being. Our second priority, “living well” takes a holistic view of how we can address these issues collectively for the benefit of all of Orkney’s communities. We want people to have the support they need to adopt healthy lifestyles throughout their lives and take responsibility for their wellbeing. Not only will this improve individual lives, it will prevent increasing demand for support services in future years. We also want people to live in safe, warm, homely settings.

Despite our challenges we have a lot to offer. We want Orkney to be a location of choice for employment, tourism, living, leisure, learning and investment. Orkney has a unique opportunity to position itself as a location for innovation and the application of experimental thinking in sustainable development in an island context. We would like our economy to offer a broad range of employment opportunities in all localities. Maintaining a “vibrant economy” is key to this ambition and is our third priority.

These strategic priorities are being progressed by three Delivery Groups, and visions and outcomes are detailed in this plan. Progress towards our planned outcomes is regularly reviewed and regular updates are posted to the Partnership’s website at http://www.orkneycommunities.co.uk/COMMUNITYPLANNING/news.asp
4. **A profile of Orkney**

Orkney comprises 70 or so islands and skerries, of which up to 19 may be inhabited depending on the time of year. The total land area of approximately 1,000 square kilometres raises some of the best livestock in Scotland, and Orkney enjoys an outstanding natural environment with clean air and water, fine scenery, diverse wildlife and a unique cultural heritage. But Orkney is not immune to the difficulties facing other remote and rural communities, including an ageing population, under-employment, low wages, a high cost of living, limited affordable housing, fuel poverty and access to essential services.

The National Records of Scotland Orkney Islands Council Area Profile gives a snapshot of Orkney’s demographic profile:

- The estimated total population of Orkney as at 30 June 2017 was 22,000, an increase of 0.7% from 21,850 in 2016.
- Between 2016 and 2026, the population is projected to rise from 21,850 to 21,953. Over this 10 year period the age group that is projected to increase the most is the 75+ group. In terms of size, the 45 to 64 group is projected to remain the largest.
- 178 births were registered in Orkney in 2016, a decrease of 6.8% from 191 births in 2015.
- 223 deaths were registered in 2017.
- Female life expectancy at birth (82.7 years) is greater than male life expectancy (80.3 years), and both are greater than the Scottish average.
- From 2015-16 there was an average net inflow of 223 people into Orkney per year, the highest level being in the 40 – 44 age group. On average 711 arrived and 635 left per year.
- 112 marriages were registered in Orkney in 2016 and no civil partnerships.
- In 2016 Orkney had an estimated 10,256 households and 11,063 dwellings.

4.1 **Resilience and sustainability**

Orkney’s natural and cultural heritage illustrates how natural processes and human activity together have shaped the islands as we see them today. The social and economic sustainability of the islands is heavily dependent on the continued health and diversity of the features which collectively make up ‘the environment’ of Orkney. In turn, the future of our natural environment is equally dependent upon being recognised and valued by the community, both for its contribution to our quality of life and as an economic and educational resource.

Maintaining a sustainable population is essential to the survival of any island community. From a peak of 32,339 in the 1861 census, Orkney’s resident population declined to a low of 17,077 in 1971. Since then, the population has recovered steadily. The natural growth rate (births minus deaths) is still negative, but birth numbers have been increasing and inward migration has boosted the population. Figures released during 2013 from the 2011 census results showed some dramatic changes since 2001.
The increase in population aged over 65 was the largest such increase in Scotland and has been very significant in planning future services. Of equal concern is the drift in population from the smaller isles to the Orkney mainland:

Access to services is a key driver behind this trend, with all of Orkney's smaller isles ranking among the most deprived 10% of communities in Scotland in this regard. Local development trusts in several of the isles have taken decisive action to improve their sustainability by investing in community wind turbines. This is generating income to invest in local enterprises, services and projects of benefit to the community. Wind and increasingly marine renewable energy have huge potential to revolutionise the sustainability of Orkney as a whole for generations to come.

A research report, "Our Next Generation: Young People in Orkney Attitudes and Aspirations", was published by Highlands & Islands Enterprise in 2015. This reported that 58% of young people in Orkney described themselves as "committed stayers", compared with the regional average of 42%. It is hugely encouraging that Orkney's younger generation are so well committed to Orkney's future.

Orkney's resilience is reinforced by its strong communities, represented by a network of community councils, development trusts, community associations, voluntary organisations and communities of interest. Orkney's community council network is the most active in Scotland, with all 20 areas normally contested. Eleven local
development trusts, each focused on one island or mainland locality, initiate and manage new community development, business ventures, social enterprises and other projects. The Community Directory maintained by Voluntary Action Orkney lists around 600 local organisations, of which more than 90 maintain active websites on the Orkney Communities platform.

In 2015, the Council initiated an "Empowering Communities" pilot on Stronsay and Papa Westray. This scheme promotes resilience by facilitating the co-production of services between service providers and users on the smaller isles. Following the success of the pilot, the initiative is currently being rolled out to Hoy and Sanday.

4.2 Equality and fairness

The 2011 Census gave us an update on equalities data for Orkney. The table below shows some of the demographic changes which have occurred since the 2001 census:

<table>
<thead>
<tr>
<th>Equalities census data for Orkney</th>
<th>2001</th>
<th>2011</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>19,245</td>
<td>21,349</td>
<td>10.93</td>
</tr>
<tr>
<td>Population living on the Orkney mainland and linked South Isles</td>
<td>16,526</td>
<td>18,487</td>
<td>11.88</td>
</tr>
<tr>
<td>Population living on the non-linked isles</td>
<td>2,701</td>
<td>2,862</td>
<td>5.96</td>
</tr>
<tr>
<td>Total male population</td>
<td>9,497</td>
<td>10,566</td>
<td>11.26</td>
</tr>
<tr>
<td>Total female population</td>
<td>9,748</td>
<td>10,783</td>
<td>10.62</td>
</tr>
<tr>
<td>Children (under 16)</td>
<td>3,840</td>
<td>3,626</td>
<td>-5.57</td>
</tr>
<tr>
<td>Retirement age and over (65 and over)</td>
<td>3,804</td>
<td>4,219</td>
<td>10.91</td>
</tr>
<tr>
<td>Average (median) age of the total population</td>
<td>40</td>
<td>42.6</td>
<td>6.50</td>
</tr>
<tr>
<td>People with a limiting long-term illness</td>
<td>3,354</td>
<td>4,029</td>
<td>20.13</td>
</tr>
<tr>
<td>Carers (people who provide unpaid care)</td>
<td>1,706</td>
<td>1,978</td>
<td>15.94</td>
</tr>
</tbody>
</table>

Peripherality—being on the edge—is a significant equality issue in Orkney because access to goods and services can depend very much on where you live. We are disadvantaged in accessing national services due to the high travel costs of crossing the water: isles residents doubly so. The "Our Islands Our Future" campaign has succeeded in putting this issue on the national agenda and the Islands (Scotland) Bill, due to be enacted in 2018, will embed in legislation a requirement for new national policy to be "island-proofed" at the developmental stage.

Some of the effects of unequal life circumstances are apparent in the results of the 2016 release of the Scottish Index of Multiple Deprivation. The SIMD measures relative deprivation against seven domains: income, employment, health, education, skills and training, geographic access to services, crime and housing. It divides Scotland into 6,976 small areas, or data zones, and ranks them for each domain, with 1 the most deprived and 10 the least deprived. Orkney has 29 datazones, each containing around 350 households, which vary in size from a few streets in central Kirkwall to several of the outer isles grouped together. Orkney’s data zones range in position on the SIMD scale from 2,061 (Hoy, Walls, Flotta and Graemsay) to 6,380 (St
Ola – East). The non-linked isles score particularly badly on access to services and housing, and were chosen as the subject of the Partnership’s first Locality Plan.

Orkney’s communities are not inclined to describe themselves as deprived or disempowered, but focus instead on what they need to get on with their lives: better transport connections, housing and jobs. In choosing where to focus its resources, the Partnership engages closely with Orkney’s communities so as to ensure that its interventions are fair, equitable and have the full backing of the communities concerned.

4.3 Leadership and enterprise

The Orkney Partnership was reconfigured in 2015 to bring a wider range of community planning partners onto the Orkney Partnership Board. Membership of the Partnership includes all the community planning partners listed in the Community Empowerment (Scotland) Act 2015 with a duty to facilitate or participate in community planning. Documentation relating to the Partnership, including terms of reference, minutes of meetings, joint plans and strategies, adopted policies and guidelines, reports and more, may be found on the Partnership’s website hosted by the Orkney Communities platform.ix

There are number of priority areas for the Partnership where the issues are too big for local action alone. Here, working together means working closely with the Scottish and UK Governments, and with European Union associations such as the Conference of Peripheral Maritime Regions. Innovative solutions are being pursued to break down barriers and enable Orkney to maximise its contribution to national progress. Board members are currently addressing the following priorities in partnership with government:

a. Strengthening Orkney’s grid capacity to support its renewable energy industry.
b. Securing essential investment in Orkney’s internal ferry fleet, and possibly a new management model.
c. Establishing parity of funding for all Scottish islands authorities.
d. Supporting remote and rural housing development
e. Extending the National Concessionary Travel Scheme to include ferry travel.
f. Finding a partnership solution to the provision of ambulance services on the smaller isles.
g. Ensuring equality of access to fast, reliable and affordable broadband in remote, rural areas.
h. Filling in the gaps – or "not-spots" – in mobile telephone networks.
i. Restoring business travel to the Air Discount Scheme.
j. Extending the Road Equivalent Tariff scheme to Orkney.
k. Island-proofing new national policy at the development stage.
l. Addressing fuel poverty.

4.4 Innovation

In line with the Scottish Government's challenge to community planning partnerships to move from incremental to transformational change, our emphasis for improvement has shifted over recent years from performance management to innovation.

Public services in Orkney cover a very wide scope. Few local authorities on the Scottish mainland are responsible for harbours, an oil port, airfields, an air service, a ferry fleet and a pilotage service, as well as putting in place the infrastructure required
to support a rapidly growing marine renewables industry. Even the regular range of public services in Orkney – health, schools, emptying the bins – present significant challenges when the public to whom they must be delivered are distributed across 18 islands.

Accepted practice elsewhere is that neighbouring public authorities should get together and pool services as the optimum approach to public sector reform but, in a remote island region, it makes much better sense to look to coterminous local partners for synergy and efficiency gains. In a partnership which bridges both approaches, the three islands councils – Orkney, Shetland and the Western Isles – have been working together to develop a new model for islands governance. “Our Islands, Our Future” calls for greater subsidiarity for each island group, with more devolved decision making. With the support of the Partnership, this campaign is expected to gain momentum over the life of this plan.

5. Our partnership structure

Membership of the Board comprises all of the partner agencies shown on page 5 of this plan. The Executive Group supports the Board and comprises the five partners shown on page 5 with a duty to facilitate community planning. Each of the Board's strategic priorities is assigned to a Delivery Group. At present there are three, but this number could change. The Delivery Groups are chaired by members of the Board.
The Orkney Partnership works in tandem with two other statutory partnerships: the Integration Joint Board for Health and Social Care (Orkney Health and Care) and the Orkney Community Justice Partnership. Each of these partnerships is represented on the Orkney Partnership Board.

The Partnership is supported by the Community Planning Business Manager, a jointly-funded post which is based at the Council Offices. Contact details for the Business Manager are on page 2 of this plan.

6. Shared challenges and the Islands Deal

Orkney’s most difficult problems arise in areas where challenges exist for all partner agencies, both individually and collectively. The biggest cross-cutting challenges locally are digital connectivity, transport, housing and fuel poverty, which impact on everything we do. The Board has oversight of the shared challenges and ensures that relevant aspects are being addressed by relevant bodies, and where appropriate by any or all of the Delivery Groups.

Currently the principal initiative addressing the cross-cutting challenges is the Islands Deal, a joint proposal from the three islands councils (Orkney, Shetland and the Western Isles) to the Scottish and UK Governments, which is modelled on the lines of a City or Regional Deal but with elements unique to the islands. The Islands Deal is focused on improving socio-economic outcomes for people who live and work on the islands. By working together, the islands councils are able to maximise the impact of their collective resources in progressing the key issues which are of critical importance to all of our islands.

The Islands Deal, uniquely among current Deals, proposes a number of measures designed to increase the local autonomy of the islands, with the potential to achieve a higher degree of self-determination in future. This is seen as integral to the achievement of an innovative programme of strategically significant development projects in each island area, with a 10-year horizon to achieve the Deal’s population and employment targets and a 20-year horizon to embed sustainability. The programme targets the major challenges common to all the islands, including digital connectivity, transport, housing and fuel poverty, along with opportunities in energy development, tourism, enterprise and workforce development.

During the 10 years to 2028, the Islands Deal aims to achieve the following outcomes:

a) A long-term and supportive commitment to the provision of an equable standard of transport connectivity, internally and externally, at affordable cost for users.

b) Bespoke digital and mobile infrastructure solutions which reliably meet the present and future needs of all businesses, services, residents and visitors throughout the islands.

c) Infrastructure for energy export and storage that enables the islands’ renewable energy resources, on and offshore, to galvanise research and development, stimulate commercially sustainable investment, and tackle fuel poverty.

d) A significant rebalancing in the age structure of our island populations, by focusing on job creation for the younger working age population in the implementation of Deal projects and programmes, with associated skills development for all.
e) A reputation, nationally and internationally, for progressive governance and management of development policies on islands that are increasingly attractive as places in which to live, work, visit, study and invest.

f) Sustainable development across sectors that will provide an increasing proportion of relatively well paid employment, by adding value to primary production and creating new opportunities in such activities as research and development, energy and tourism.

g) Sufficient affordable and smart housing provision throughout the islands to accommodate our target population increases and meet 21st century requirements for home working, smaller households and ageing populations.

h) Greatly reduced fuel poverty through measures addressing the cost and availability of fuel, low incomes and energy efficient housing.

i) Innovative practices and facilities to support the increasing number of elderly people in our communities with their care and medical needs.

j) Increased local provision of further and higher education, research and development, and training programmes in key skills related to current and future high quality employment opportunities, giving people of all ages scope for career progression and a range of rewarding life experiences without needing to leave the islands.

k) Vibrant and confident communities where innovation is supported and celebrated.

The Islands Deal has been developed in partnership with key community planning partners, notably Highlands and Islands Enterprise and Skills Development Scotland. It is anticipated that all partners will be involved to a greater or lesser degree as the Deal is agreed and implemented. Orkney Partnership Board is fully committed to the Islands Deal and its target outcomes, along with partner Boards in Shetland and the Western Isles. All three community planning partnerships will ensure that the Islands Deal is harmonised with their Local Outcomes Improvement Plans. All partners are supportive of the Islands Deal, and will participate in its implementation wherever they can be instrumental in helping to achieve its aims.

7. Our strategic priorities

In January 2018, the Orkney Partnership Board updated its strategic priorities:

- Strong Communities
- Living Well
- Vibrant Economy

Orkney Partnership Board selects its strategic priorities in the light of a number of criteria, including the evidence base set out in section 4, community consultation feedback, issues in need of joint action and/or joint resourcing, problems which no existing agency or partnership can solve on their own, the need for preventative action to limit future demand on services and our shared mission to tackle inequalities.

All public bodies support the Scottish Government's National Outcomes in the work they do, individually and in partnership. The following table shows how the Orkney Partnership is supporting the National Outcomes through its strategic priorities.
<table>
<thead>
<tr>
<th><strong>Local strategic priorities</strong></th>
<th><strong>National Outcomes</strong></th>
</tr>
</thead>
</table>
| **Strong Communities**       | **2. We realise our full economic potential with more and better employment opportunities for our people.**  
Vibrant, sustainable and inclusive populations; trusting relationships with understanding of responsibilities, accountability and capacity; development and innovation; access to services, facilities and resources to allow innovation.  
10. We live in well-designed, sustainable places where we are able to access the amenities and services we need.  
11. We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.  
16. Our public services are high quality, continually improving, efficient and responsive to local people’s needs. |
| **Living Well**              | **5. Our children have the best start in life and are ready to succeed.**  
Living in safe, warm, homely settings; support to adopt healthy lifestyles.  
6. We live longer, healthier lives.  
7. We have tackled the significant inequalities in Scottish society.  
8. We have improved the life chances for children, young people and families at risk.  
9. We live our lives safe from crime, disorder and danger.  
15. Our people are able to maintain their independence as they get older, and are able to access appropriate support when they need it. |
| **Vibrant Economy**          | **1. We live in a Scotland that is the most attractive place for doing business in Europe**  
Location of choice; innovation and experimental thinking; broad range of employment opportunities in all localities.  
2. We realise our full economic potential with more and better employment opportunities for our people.  
3. We are better educated, more skilled and more successful, renowned for our research and innovation.  
4. Our young people are successful learners, confident individuals, effective contributors and responsible citizens.  
12. We value and enjoy our built and natural environment and protect it and enhance it for future generations.  
13. We take pride in a strong, fair and inclusive national identity.  
14. We reduce the local and global environmental impact of our consumption and production. |
Each strategic priority is the responsibility of a Delivery Group to plan, progress and report back to the Board. The Delivery Groups may include representatives of any organisations in Orkney which can help to achieve their outcomes. Current chairs are:

- **Strong Communities**
  - Chair: Gail Anderson, Chief Executive, VAO

- **Living Well**
  - Chair: Gerry O’Brien, Chief Executive, NHS Orkney

- **Vibrant Economy**
  - Chair: Graeme Harrison, Area Manager, HIE

The Chairs of the Delivery Groups, working with their stakeholders, compile plans comprising their planned outcomes and the actions needed to achieve them. Each Delivery Group selects a suite of high level performance indicators, aligned to their activities and outputs, which demonstrates how well they are progressing towards their planned outcomes. These are currently under review in light of changes to the strategic priorities, and will be included in the next edition of the LOIP. The resources, in cash and kind, which are needed to implement planned actions are documented collectively in a Joint Resourcing Plan.

Delivery Group plans use the planning triangle model:

```
Long term vision

Medium term outcomes

Short term activities and outputs
```

### 7.1 Strong Communities

**Long term vision**

| | Orkney’s communities and individuals are fulfilling their potential. |

**Medium term outcomes**

| A. | Our communities have vibrant, innovative, sustainable and inclusive populations. |
| B. | Our communities have access to the services, facilities and resources they require to enable them to lead, develop and innovate. |
Partners and communities share trusting relationships and understand their own and others’ accountability, responsibility and capacity.

7.2 Living Well

Long term vision

Our people are resilient and live well.

Medium term outcomes

A. People live in safe, warm, homely settings.

B. People have the support they need to adopt healthy lifestyles throughout their lives, and take responsibility for their wellbeing.

7.3 Vibrant Economy

Long term vision

Orkney has a vibrant economic environment.

Medium term outcomes

A. Orkney is a location of choice for people to live, work, learn, visit and invest.

B. Orkney is widely recognised as a location for innovation and the application of experimental thinking in an island context.

C. Orkney’s economy offers a broad range of employment opportunities in all localities.

8. Locality Planning

The Orkney Partnership has a statutory duty under the Community Empowerment (Scotland) Act 2015 to identify areas whose residents are relatively disadvantaged in terms of social and economic opportunities. We must then set out in our Locality Plan what we will do to improve socio-economic outcomes in the area. The Partnership must then prepare and publish one or more locality plans with the aim of improving these outcomes.

Orkney Partnership Board considered available evidence on socio-economic outcomes across Orkney, including the Scottish Index of Multiple Deprivation. All of the evidence pointed to the non-linked isles as being the area of Orkney which was most disadvantaged, and this area was therefore selected by the Board to be the subject of its first Locality Plan.

The Partnership used the Place Standard model to consult residents in the non-linked isles as to their local priorities for action, followed up by island visits. In parallel with the consultation, the Partnership conducted a Participatory Budgeting pilot exercise,
Your Island Your Choice, funded by the Scottish Government’s Community Choices fund and topped up by partner agencies. This enabled the isles communities to select some of their own priorities to address immediately, within the resources available to the pilot.

The following themes and outcomes were identified by consultees as their top priorities for the non-linked isles; a conclusion supported by all the independent evidence. All of these priorities are linked and are key to achieving our overall target outcome of a sustainable demographic balance in the populations of each of the non-linked isles:

The Locality Plan has been adopted by the Orkney Partnership Board and the actions in it assigned to the Delivery Groups, with progress reported to, and scrutinised by, the Board. The Board will report regularly on progress against the plan, and these reports will be posted on the Partnership’s website on Orkney Communities. We hope that isles residents will also be able to see progress on the ground before too long.

The Locality Plan can be viewed here.
9. Endnotes


ii http://www.orkneyfhs.co.uk (Orkney Family History Society)

iii Scotland's 2011 Census Results

iv 2011 Census Reconciliation Report - Households GRO Scotland

v Scotland's 2001 Census Results

vi Scottish Index Of Multiple Deprivation (SIMD) 2016: Geographical Access to Services

vii http://orkneycommunities.co.uk/

viii http://www.gov.scot/Topics/Statistics/SIMD

ix http://www.orkneycommunities.co.uk/COMMUNITYPLANNING/
The Orkney Partnership
Working together for a better Orkney

Non-linked Isles

Locality Plan 2018-2021
### Partners with a duty to facilitate community planning

- Orkney Partnership Board
- NHS Orkney
- Orkney Islands Council
- Highlands and Islands Enterprise

### Partners with a duty to participate in community planning

- Scottish Natural Heritage
- sportscotland
- SEPA
- Historic Environment Scotland
- OHAC
- University of the Highlands and Islands
- HI TRANS
- Skills Development Scotland
- VisitScotland

### Local and co-opted partners

- VAO
- IS Service
- Orkney Community Justice Partnership
- Orkney Housing Association Limited
Introduction

We are pleased to present the Orkney Partnership’s first Locality Plan for our chosen locality: the non-linked isles.

The Community Empowerment (Scotland) Act 2015 placed a duty on community planning partnerships to prepare and publish two types of plan. The first type of plan is a Local Outcomes Improvement Plan (LOIP). Orkney’s Community Plan 2017-20 incorporates Orkney’s LOIP. This three-year rolling plan is refreshed, updated and reissued every year. It describes what we aim to achieve by working together in partnership, over and above what we could achieve separately.

The second type of plan is a Locality Plan, and every community planning partnership in Scotland must produce one or more of these. For the purpose of locality planning, we are required to identify the local areas within Orkney which are relatively disadvantaged in terms of social and economic opportunities. We must then set out in our Locality Plan what we will do to improve socio-economic outcomes in the area. Locality plans sit alongside and supplement our LOIP.

Having considered the available statistical evidence, and consulted isles residents, it is clear that our non-linked isles have their own unique challenges. For that reason the Partnership has chosen the non-linked isles as the first locality in Orkney to be the subject of a LOIP-related Locality Plan.

Peripherality – being on the edge – is a significant equality issue in Orkney because access to goods and services can depend very much on where you stay. We are disadvantaged in accessing national services due to the high travel costs of crossing water: isles residents doubly so. The ‘Our Islands Our Future’ campaign has succeeded in putting this issue on the national agenda and the new Islands Bill will embed in legislation a requirement for new national policy to be ‘island-proofed’ at the developmental stage. While that will help, it will not remove many of the challenges faced by island residents on a daily basis. Equality and fairness do not mean treating everyone the same, but recognising that sometimes we have to treat people differently to allow them the same opportunities in life. We cannot claim to be able to give people on the isles the same access to services as those on the mainland of Orkney, but we can ensure that decisions about services provided to them are made at the most local level possible.

This Plan describes the challenges facing residents of the non-linked isles and the top priorities for action identified by isles residents themselves. To avoid duplication of effort, the Plan acknowledges work which is already taking place in the regional and national arenas and which will benefit the whole of Orkney's economy and workforce, including residents of the non-linked isles. The Plan recognises that there are many other valuable activities already taking place in the non-linked isles, some of which are included in Appendix 1. For the purposes of this Locality Plan, the Partnership will focus its collective effort where it can make the most difference to the non-linked isles specifically, and where it can add the most value. This is particularly important in the current climate of austerity where we have less money to spend, while demand for many of the services we provide continues to grow.

Orkney Partnership Board
Map of the non-linked isles
What are we aiming to achieve – the priorities

The following themes and outcomes were identified by consultees as their top priorities for the non-linked isles; a conclusion supported by all the independent evidence, some of which is presented in Appendix 2. All of these priorities are linked and are key to achieving our overall target outcome of a sustainable demographic balance in the populations of each of the non-linked isles.

Digital connectivity
- Digital and mobile infrastructure solutions which reliably meet the present and future needs of all businesses, services, residents and visitors on the non-linked isles.
- By 2021, all premises on the isles will have the option to connect to superfast broadband at a minimum speed of at least 30 Mbps.

Work and local economies
- An increasing proportion of relatively well paid, full time and permanent employment on the isles.
- Better local access to further and higher education, research and development, and training programmes in key skills.
- Sustainable development which adds value to primary production on the isles and creates new opportunities.
Housing and communities

- Sufficient affordable and attractive housing to accommodate anyone wishing to live and work on the isles.
- Smart housing that meets 21st century requirements for home working, smaller households and ageing populations.
- Greatly reduced fuel poverty among households in the non-linked isles.

Influence and engagement

- Isles residents have regular opportunities to engage with their elected councillors.
- "Isles-proofing" is applied to all new local policy developed by Orkney Islands Council (OIC) and/or national, regional or local partner agencies.
- A well co-ordinated partnership approach to consultation and service provision on the isles.

Getting around the islands

- Flexible and bespoke public transport options within the isles.
- Better co-ordination of inter-island, internal and external transport connections.
- Better reliability, accessibility, affordability and availability of inter-isles flights and ferries.
Community Consultation and Engagement Results and Priority themes

To help develop our Locality Plan and consult people living in the isles, we conducted a survey using the Place Standard model, which we called ‘Your Island Your Choice’ (YIYC). The Place Standard was adapted to suit the circumstances of life in the non-linked isles. To avoid duplication, the exercise was run jointly with Orkney Health and Care, which was also engaged in developing a separate locality strategy for the isles. The survey was managed by Voluntary Action Orkney (VAO) on behalf of the Orkney Partnership.

To give something back to the people in the isles, we linked the consultation work to a pilot ‘participatory budgeting’ (PB) project that meant communities themselves could make decisions over how a pot of funding was spent. The lists of individual island projects and the inter-island projects are available on the VAO and PB Scotland websites.

The consultation process involved a paper or online survey which ran initially between 21 October and 18 November 2016. (The end date was extended until the end of the island visits at the request of the communities themselves.) Residents on each island were asked what they thought of 14 aspects of life in their community, to comment on each of these and to score each aspect on a scale from 1 to 7 where:

- 1 = needs a great deal of improvement
- 7 = does not need a great deal of improvement

A total of 376 responses were received. Several of these were completed collectively, for example by lunch club members or groups of young people, therefore the number who contributed their views was higher than the number of responses.

Follow-up meetings were held in each of the non-linked isles between 21 November and 16 December 2016 to agree their local priorities.

Feedback from participants on the consultation method was very positive. They particularly welcomed the choice between online and paper questionnaires followed by visits to discuss, clarify and augment the findings for their island. Communities also welcomed the joint approach taken by incorporating two consultations into one programme and linking with the participatory budgeting exercise.

The aggregate results of the consultation, for all the isles added together, can be seen in Figure 1 which follows. The full results broken down by island can be found on the Orkney Partnership’s web pages on the Orkney Communities website.
Figure 1: Aggregate results of the Place Standard consultation

Five themes scored less than the half-way score of 3.5, making them top priorities for action:

- Digital connectivity: 2.39
- Work and local economy: 2.68
- Housing and community: 2.87
- Influence and engagement: 3.16
- Ways of getting around my island(s): 3.48

All the comments received during the exercise were collated under each theme, and are included in the full report.

The next section of the Plan sets out what we learned from the consultation, what's happening already under each theme and what more needs to be done.
Digital connectivity

What outcomes are we aiming for?

- Digital and mobile infrastructure solutions which reliably meet the present and future needs of all businesses, services, residents and visitors on the non-linked isles.
- By 2021, all premises on the isles will have the option to connect to superfast broadband at a minimum speed of 30 Mbps.

What you told us

“Broadband connections are slow and unreliable.”
“Average broadband speeds are too slow.”
“Problems take a long time to be resolved.”
“Mobile signals are patchy and unavailable in some areas.”
“The lack of connectivity makes it difficult to attract young families to the isles.”
“It is challenging to run a business given the speed and reliability issues.”

What’s happening already?

The Scottish Government’s Digital Scotland Superfast Broadband Programme (DSSB) was on target to achieve 95% coverage by the end of 2017, but much of Orkney will be in the 5% which this programme did not reach. The successor programme, Digital Scotland Reaching 100% Programme (R100) was launched in June 2017. Its target is to connect all premises in Scotland with a minimum broadband speed of 30 Mbps by 2021. It must be recognised that this is a challenging broadband infrastructure and, although Orkney is better connected than before, as at October 2016 only 82% of premises in Orkney had access to superfast broadband with the isles clearly being the worst affected areas. If there is a strong take-up the project will go further.

OIC is already lobbying for R100 procurement contracts to specify that premises must be connected from the “outside in”, i.e. those on the periphery should be connected before those in more densely populated areas, which would otherwise be a more attractive target for a service provider. The requirement for an "outside in" contractual commitment is especially important to the non-linked isles which might otherwise remain unconnected when the R100 programme comes to an end.

Although the Scottish Government’s R100 programme has a target of full reach, local partners will maintain close links to procurement and fulfilment processes, lobbying where necessary to ensure that Orkney’s needs are met.
Community Broadband Scotland (CBS), a Scottish Government initiative led by HIE, was set up five years ago with a mission to inspire, support and empower remote and rural communities across Scotland to gain access to faster broadband by supporting them to create and manage their own infrastructure. HIE has commissioned a review of a range of innovations that CBS has considered to improve its delivery, and is exploring how CBS could optimise its contribution to the Scottish Government’s R100 programme.

Local interim wireless solutions will be actively explored and, to further that, OIC is pressing for confirmation from Digital Scotland that the implementation of interim local solutions will not exclude those localities from the 30 Mbps R100 guarantee.

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<tr>
<th>Action</th>
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<tbody>
<tr>
<td>The Orkney Partnership will work together to develop a compelling business case for those areas in Orkney that do not have affordable and reliable full digital connectivity, including the impacts on: health services, education provision, business opportunities, training provision, employment and social lives.</td>
<td>Vibrant Economy Delivery Group</td>
<td>30 June 2018</td>
</tr>
<tr>
<td>The Orkney Partnership Board, along with the Shetland Partnership and the Outer Hebrides Community Planning Partnership, will engage with the R100 programme and add its collective voice to the messages coming from the three Island councils.</td>
<td>Orkney Partnership Board</td>
<td>31 March 2019</td>
</tr>
<tr>
<td>The Vibrant Economy Delivery Group will take the lead in exploring interim wireless solutions for those localities on the non-linked isles which are currently without an acceptable broadband service.</td>
<td>Vibrant Economy Delivery Group</td>
<td>30 June 2018</td>
</tr>
<tr>
<td>The Orkney Partnership will promote take-up of superfast fibre broadband.</td>
<td>All</td>
<td>Ongoing as it becomes available</td>
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</table>
Work and local economies

What outcomes are we aiming for?

- An increasing proportion of relatively well paid, full time and permanent employment on the isles.
- Better local access to further and higher education, research and development, and training programmes in key skills.
- Sustainable development which adds value to primary production on the isles and creates new opportunities.

What you told us

“The lack of full time and permanent jobs leads to residents having to take on multiple jobs.”

“There is a lack of access to training for young people.”

“The lack of good housing makes it difficult to attract people to the isles or to retain young people.”

“There are issues around the viability of starting a business, given the low numbers of isles residents.”

“The challenges around the digital infrastructure are barriers to running a business or working from home.”

“There is a lack of childcare.”

“The ferry timetable makes commuting to work impossible from the isles.”

What’s happening already?

The Orkney Partnership’s Vibrant Economy (VE) Delivery Group is progressing an action plan designed to generate lasting improvements to Orkney’s economic infrastructure, encourage innovation and enhance the viability of key business sectors. Most of the projects and initiatives in the VE plan are sectoral, although some focus on smaller localities. The Group recently held a focussed workshop looking at ways in which Orkney can improve current efforts around talent attraction and retention in employment. The ongoing work will consider infrastructure and other constraints as well as issues around unfilled vacancies in health, social care and education.

The Island Development Trusts (IDTs) are active in most of the non-linked isles and have been very successful in developing projects to regenerate their local economies and generate local jobs. The IDTs have successfully increased capacity for management of localised regeneration projects and there are examples from Papa Westray, Stronsay, Sanday, Hoy, Westray, Shapinsay, Rousay, Egilsay and Wyre, Eday and North Ronaldsay. We appreciate that all islands do not have IDTs and small islands, due to their
small populations, are nearly always short of local capacity to start up new initiatives.

The Empowering Communities project, managed by OIC, has successfully increased capacity for managing localised regeneration projects in Papay and Stronsay and is now being rolled out to Hoy and Sanday. Feedback from the Locality Plan consultation has emphasised the benefits that have arisen from the project. It was highlighted that Papa Westray has benefitted tremendously from the creation of the Island Link Officer post as it has greatly added to what can be achieved on the island. This combines very well with the spirit of supportive, collaborative working between island organisations, and the community as a whole, which gives Papa Westray reason to be confident about its future.

Indications are that Brexit may provide opportunities for island communities, particularly in farming and fishing. We are mindful of the fact that the majority of people in the isles work in these occupations. Figure 5 in Appendix 2 shows that in the isles 26% of the population works in agriculture and fishing, compared with 7.88% on mainland Orkney.

### What more needs to be done?

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<th>Action</th>
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<tbody>
<tr>
<td>Collate information on existing groups carrying out community development to identify gaps in capacity and inequalities between islands and explore solutions towards tackling such gaps and inequalities.</td>
<td>Strong Communities Delivery Group</td>
<td>30 June 2018</td>
</tr>
<tr>
<td>Keep a watching brief to ensure any opportunities arising from Brexit are seized.</td>
<td>Vibrant Economy Delivery Group</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Rollout of Empowering Communities project to Hoy and Sanday.</td>
<td>OIC</td>
<td>March 2018</td>
</tr>
<tr>
<td>Rollout of Empowering Communities project to other islands, subject to funding being available.</td>
<td>Strong Communities Delivery Group/OIC</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Support isles community organisations to add value to projects undertaken as part of the North Isles Landscape Partnership Scheme.</td>
<td>Strong Communities Delivery Group</td>
<td>2018-2023</td>
</tr>
</tbody>
</table>
Housing and communities

What outcomes are we aiming for?

- Sufficient affordable and attractive housing to accommodate anyone wishing to live and work on the isles.
- Smart housing that meets 21st century requirements for home working, smaller households and ageing populations.
- Greatly reduced fuel poverty among households in the non-linked isles.

What you told us

“Available housing on the isles is often of poor quality.”
“There is a lack of affordable and/or social housing.”
“Fuel poverty is a significant issue.”
“There is a real need for sheltered housing on the isles.”
“The availability of jobs and availability of housing are linked issues.”

What’s happening already?

It is recognised that housing, or lack of it, is one of the most important issues for the current and long-term survival of our island communities.

The Island Development Trusts (IDTs) have initiated several projects which have improved housing and community spaces on the isles, including Gateway houses on Eday and Papa Westray, the Westray learning centre, the Rousay playpark, heritage centres in Papa Westray and Sanday, and community centres in Sanday and Shapinsay. One issue is the need for move-on housing after a successful Gateway tenure. Papa Westray and Eday are working on this, while North Ronaldsay is developing Gateway and move-on accommodation together.

OIC’s Housing and Homelessness service and HIE staff are working closely with IDTs in seven islands to access both the Scottish Land Fund and the Islands Housing Fund, to be put towards land / property acquisition, new build housing and the renovation of existing stock. One of the constraints on progress is lack of local capacity in some of the islands to develop the necessary bids.

Shapinsay, Stronsay, Sanday, Rousay, Egilsay and Wyre Development Trusts have accessed Island Housing Fund money to commission a housing needs assessment which will also consider extra care housing as a possibility. They will continue to liaise with both the Housing Service and Orkney Health and Care about regulation of care services and registration of staff, should they set up a building based service that requires staff to deliver personal care. These
IDTs, along with Papay, Eday and Hoy, are working with VAO and HIE to undertake research into community led care. OIC has itself been researching housing needs and exploring new software designed to inform demographic and school roll forecasting to inform future projects.

Earlier in 2017 OIC became the first Scottish island authority to appoint an Empty Homes Development Officer. This officer is currently working with North Ronaldsay Trust, who hope to bring 30 properties on the island back into use over the next 30 years. This project could be a model for other communities and our Empty Homes Development Officer would be happy to work alongside any other island development trusts that wanted to look at developing empty homes.

The Empty Homes Development Officer is also working with households to help them bring their properties back into use and match households who would like to renovate a property with empty properties that may be available for purchase. There are lots of properties that are old and derelict in the island areas and some of these could be brought back into use. Others are ruins that could probably be replaced as they are in too much of a state of disrepair to be brought back into use. This work will provide opportunities to utilise the property stock that is available. If the housing situation on an island is resolved, lots of other needs would become easier to solve.

New legislation on Community Asset Transfer was introduced as part of the Community Empowerment (Scotland) Act 2015. This could potentially be of use to isles wishing to take over OIC or other assets owned by the public sector; there are already examples of this having been done, although local capacity is always needed to progress potential transfers. Support is provided by several organisations and groups such as OIC, VAO, HIE and the Development Trust Association. Support to access the Scottish Land Fund (SLF) is available through HIE’s Community Assets Team.

With regard to fuel poverty, the large-scale Home Energy Efficiency Programme for Scotland: Area Based Schemes (HEEPS: ABS) project run by OIC on behalf of the Scottish Government is conducting project work on the isles, particularly Sanday. The scheme offers insulation measures to private sector properties to try to reduce their fuel bills. Some Energy Company Obligation funding for heating replacements is available and OIC has won a further £1.45M in funding for another heating project to deliver central heating systems to households. Much of this work is expected to take place in the isles. In addition, THAW Orkney are working in collaboration with some IDTs and community councils to deliver a European Social Fund project targeting the most vulnerable households in Orkney, with an emphasis on the isles.

OIC has recently established a Fuel Poverty Group. Its aim is to support a strategic, multi-agency approach to help reduce fuel poverty, improve affordable warmth and improve health and well-being, particularly for the most vulnerable groups on the islands. The group also encourages and fosters a partnership approach between stakeholders and its membership is made up of officers from key Partner agencies. The Orkney Partnership is represented on the Fuel Poverty Group.

Several of the IDTs have delivered projects designed to reduce fuel poverty and are active in their support of THAW Orkney.
### What more needs to be done?

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<th>Action</th>
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<tbody>
<tr>
<td>The Orkney Partnership will liaise with the Fuel Poverty Group to identify any opportunities for the Partnership to assist.</td>
<td>Living Well Delivery Group</td>
<td>30 June 2018</td>
</tr>
<tr>
<td>Individual partner agencies to make referrals to ensure schemes to assist with fuel poverty and housing improvements are catching the most vulnerable households.</td>
<td>Living Well Delivery Group</td>
<td>Ongoing, depending on schemes available</td>
</tr>
<tr>
<td>Where communities are successful in accessing funding from the Islands Housing Fund, Partners will support them to gain the maximum benefit from the award.</td>
<td>Strong Communities Delivery Group</td>
<td>31 March 2019 <em>(subject to review of Islands Housing Fund)</em></td>
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</table>

### Influence and engagement

#### What outcomes are we aiming for?

- Isles residents have regular opportunities to engage with their elected councillors.
- "Isles-proofing" is applied to all new local policy developed by the Council and/or national, regional or local partner agencies.
- We demonstrate a clear commitment to securing effective participation with community bodies, communities of place and communities of interest to secure improved outcomes and reduce inequalities.

#### What you told us

"Isles residents don’t feel listened to."

"Isles residents don’t see their councillors."

"People are consulted regularly, but their views are not listened to."

"The Council should listen and work better in partnership with other agencies."
What’s happening already?

A desire for stronger influence and engagement on the national scene was one of the drivers behind the Our Islands, Our Future campaign launched by the three Islands councils in the run-up to the Independence Referendum of 2014. The campaign has spearheaded several new developments, including the Islands Bill.

The Scottish Government’s Islands (Scotland) Bill was launched in June 2017 and proposed a number of measures to strengthen and protect Scotland’s island communities. Key provisions include the development of a National Islands Plan, flexibility in the configuration of local government electoral wards, and a requirement for national policy to be “island-proofed” at the development stage to avoid unintended or disproportionate impacts in island communities.

Several measures in the Community Empowerment (Scotland) Act 2015 were also intended to improve local influence and engagement. The reform of community planning legislation places a duty to facilitate and/or participate in community planning on a larger number of public agencies than before. There is also an expectation that community planning partners work with community bodies to ensure that they can effectively contribute to community planning. The introduction of Participation Requests empowers local bodies to contribute to improvement processes designed to improve specific public services. The Act introduces an expectation that community planning partners work with community bodies to ensure that, if they can contribute to community planning, they are able to do so.

The Act also makes provision for the future regulation of Participatory Budgeting, a form of representative democracy which is gaining ground in Scotland and which gives every member of a community an equal vote in deciding how a local budget should be spent.

The Orkney Partnership seeks to ensure that the collective weight of the Partnership is brought to bear whenever it can make a difference which will improve outcomes for residents of the non-linked isles.

What more needs to be done?

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<tr>
<td>Explore options to improve coordination of consultation and engagement on isles by Partner agencies.</td>
<td>Orkney Partnership Board</td>
<td>30 September 2018</td>
</tr>
<tr>
<td>With reference to the principle of “island-proofing” in the Islands Bill, consider adopting the principle of “isles-proofing” local policy.</td>
<td>To be actioned on an individual agency basis</td>
<td>Ongoing</td>
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</table>
Explore new opportunities for participatory budgeting activities to build on the success of the Your Island Your Choice project.

Progress on the Locality Plan actions to be included in The Orkney Partnership quarterly newsletters and other appropriate channels, including islands newsletters.

Getting around the islands

What outcomes are we aiming for?

- Flexible and bespoke public transport options within the isles.
- Better co-ordination of inter-island, internal and external transport connections.
- Better reliability, accessibility, affordability and availability of inter-isles flights and ferries.

What you told us

“The lack of public transport within the island causes difficulty for people who don’t have their own transport.”

“The lack of joined up transport within Orkney means that the inter-island ferry and flight timetables fail to connect to buses, external ferries or external flights.”

“The reliability of ferries is an issue.”

“Inter-island ferries have poor accessibility for those with mobility difficulties.”

“There can be a shortage of available seats on inter-island flights.”

“The summer ferry timetables are better than the winter timetables.”
Issues around transport make life particularly challenging for isles residents. Transport is crucial. Not only is it hugely important to isles residents in its own right, it is critical as an enabler affecting the delivery of numerous other services. For example, as noted already, most comments received in the consultation which related to health were not about the health service itself, but about the difficulty of travelling to access it.

The cost of freight transport affects the availability and cost of goods delivered to the isles, be it directly to the customer or via the isles' shops and traders. The cost of freight transport affects everyone in Orkney, but in the isles doubly so. Our island communities are not only affected by the freight costs for taking goods to and from Orkney but also the additional freight costs for taking goods to and from the isles.

The IDTs have undertaken a range of projects to improve public transport on the isles, including community buses in Hoy, Sanday and Shapinsay, electric vehicles in Shapinsay and Rousay, an out-of-hours ferry service between Shapinsay and Kirkwall, and the Papay ranger service, including guided tours.

As at September 2017, all three of the transport strategies that impact on the isles – national, regional and local – are in a state of flux, with the Scottish Government National Transport Strategy 2 in consultation, the HITRANS Regional Transport Strategy 2 having consulted in the summer of 2017 and now being prepared, and the Local Transport Strategy now 10 years old and under review.

In December 2014, OIC, HITRANS, Transport Scotland, Shetland Islands Council and ZetTrans agreed a Joint Statement establishing Partnership commitments to jointly address ferry replacement issues in Orkney and Shetland. This Agreement was itself linked into the Empowering Scotland’s Island Communities Prospectus benefits of close working to establish a fair and effective solution to service requirements for the future. It was recognised in these statements that there was a need for evidence gathering to support future funding and investment decisions.

Subsequently, OIC commissioned the Orkney Inter-Island Transport Study, which is undertaking an options appraisal across the internal Orkney air and ferry network. The overall approach to this study is to analyse each island in turn considering current and future connectivity needs, in the light of the current provision of vessels, harbours, services, aircraft, airstrips and timetables. The final output of this process will be a set of service options for each island. The first stage output was a Strategic Business Case which was completed in two parts during 2016 and presented to the Scottish Government. A further report from the Orkney Inter-Island Transport Study will be drafted during 2017-18 to outline in more detail the level of service and vessels required, focusing particularly on the needs of the Outer North Isles, given that these vessels are in imminent need of replacement.
In the meantime, existing contracts and service level agreements outline the service frequency therefore it is not possible to increase the current timetable structure without an increase in budget. The Orkney Partnership will take every opportunity to publicise the importance of transport services to the non-linked isles, and ideally the need for additional service provision to retain population and encourage new people to the islands.

OIC is currently leading on discussions with the Scottish Government. The Leader of OIC, along with the Leader of Shetland Islands Council, is pressing for better funding in the provision of ferries and ferry infrastructure. Orkney has called for full funding of our internal ferry services. Both Orkney and Shetland have made clear that the cost of current ferry services is unsustainable in the current climate of increasing costs and ongoing cuts in government funding. The request for government intervention is based on fairness across Scotland. The two council leaders have made it clear this is about more than transport. Ferry services impact on health services, care services, education and the very existence of some of our island communities. The two councils have asked all their MSPs and their parties to take up our communities’ case for fair funding during the forthcoming national budget negotiations. At the time of writing this work was continuing.

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<tr>
<td>Keep a watching brief. Ensure there are regular Board updates to ensure that, if needed, the Orkney Partnership can offer additional support to ongoing issues including in relation to freight costs and ferries.</td>
<td>Orkney Partnership Board</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Undertake a review of local co-ordination arrangements in relation to transport connectivity.</td>
<td>Vibrant Economy Delivery Group</td>
<td>30 September 2018</td>
</tr>
</tbody>
</table>
Conclusion

During development of this plan, at the forefront of our work were the priorities chosen by the isles residents themselves. Having listened to what people in the isles told us and having considered the available statistical evidence it is clear that our non-linked isles have significant challenges and each of the isles is unique. Equality is very important to the Partnership and we recognise that isles residents are doubly disadvantaged by peripherality due to the high travel costs of crossing water for people and goods.

We must also acknowledge that, as service providers, we are all facing our own challenges. Demand for many of the services we provide continues to grow, but resources available to us to provide these are decreasing. Taking this into account, the Partnership will focus its collective effort where it can make the most difference to the non-linked isles and where it can add the most value. To avoid duplication we have acknowledged work that is already taking place, some of which our partners already support.

This Plan has been adopted by the Orkney Partnership Board and the actions in it assigned to the Delivery Groups, with progress reported to, and scrutinised by, the Board. The Board will report regularly on progress against the plan, and these reports will be posted on the Partnership's website on Orkney Communities. We hope that isles residents will also be able to see progress on the ground before too long.
Glossary and key to acronyms

We’re aware we often use acronyms and refer to topics you may not be familiar with. We’ve prepared this section to cover the main topics and acronyms. In some cases, links to further information are provided for anyone who wants to find out more. If you’re not able to access these please get in touch with our Community Planning Business Manager who will be able to provide you with paper copies.

CBS
Community Broadband Scotland is a Scottish Government initiative led by Highlands and Islands Enterprise (HIE). As part of the initiative HIE has helped communities who will not benefit from the Digital Scotland Superfast Broadband programme to explore their own broadband solutions and has offered advice, guidance and financial support to communities pursuing a community-led broadband solution. More information available here.

Community Asset Transfer
New legislation on Community Asset Transfer was introduced as part of the Community Empowerment (Scotland) Act 2015. Part 5 of the Act introduced a right for community bodies to make requests to all local authorities, Scottish Ministers and a wide-ranging list of public bodies for any land or buildings they feel they could make better use of. Community bodies can request ownership, lease or other rights. More information available here.

Community Empowerment (Scotland) Act 2015
The Act was introduced by the Scottish Government to help communities do more for themselves and have more say in decisions that affect them. The Act covers 11 different topics, including community planning. More information is available here.

Community Planning
Community planning is a process that helps public agencies work together with the community to deliver better services. It is based on the simple idea that if we all work well together then public services will improve for the people who use them.

DSSB
This is the Scottish Government’s Digital Scotland Superfast Broadband Programme. Its aim was to achieve 95% superfast broadband coverage by the end of 2017. R100 (referred to later) is its successor programme.

Delivery Groups
The Orkney Partnership has three Delivery Groups who report to the Orkney Partnership Board. Their role is to deliver the Partnership’s strategic priorities:

- Strong Communities
- Living Well
- Vibrant Economy
DTs
Development trusts are community based organisations. They are charities and have their own independent boards. They have local development plans laying out the priorities for their community and projects that the Trust can undertake or support.

Development Trust Association Scotland
Development trusts can join this Association. It informs, supports and represents trusts and helps them share knowledge and expertise. More information available here.

Empowering Communities
The Empowering Communities initiative was established by Orkney Islands Council to establish pilot projects within island communities to deliver a range of council services. Papa Westray and Stronsay were selected as the two pilot areas and the initiative has since been rolled out to Hoy and Sanday. More information available here.

Energy Company Obligation funding
This is funding to help householders install a range of energy efficiency measures. Before the funding was introduced, many of these were too costly for householders to subsidise. It works alongside HEEPS: ABS (see below.)

Gateway houses
Gateway houses provide a short tenancy for people who are considering moving to an island; normally the initial tenancy is 12 to 18 months. This allows them to try life on the island before they decide whether to buy or rent a property.

HEEPS: ABS
This is the Home Energy Efficiency Programme for Scotland: Area Based Schemes (HEEPS: ABS). It is supported by funding from the Scottish Government and the project is run by OIC. The scheme offers insulation measures to private sector properties to try to reduce their fuel bills

HIE
Highlands and Islands Enterprise is the Scottish Government’s economic and community development agency for the Highlands and Islands.

HITRANS
The Highlands and Islands Transport Partnership is the statutory regional transport partnership covering Western Isles, Orkney, Highland, Moray and most of the Argyll and Bute area.

IDTs
Island development trusts.

Island Housing Fund
In September 2016, the Scottish Government launched the new Island Housing Fund which will provide up to £5 Million in additional funding, ring fenced for housing projects on Scottish Islands.
**Island Link Officer**

Island Link Officers are employed in the relevant islands to co-ordinate the Empowering Communities project at a local level.

**Island proofing**

The island proofing principle, being introduced through the Islands Bill, is where policy and legislation take account of islands’ circumstances to ensure the interests of islanders are considered.

**Islands Bill**

This is also known as the Islands (Scotland) Bill. It aims to offer greater powers to island local authorities, including the Western Isles, Orkney and Shetland (who have been campaigning for years for greater powers through the Our Islands Our Future campaign).

**Locality Plan**

Every community planning partnership in Scotland must produce one or more locality plans. A locality plan identifies local areas which are relatively disadvantaged in terms of social and economic opportunities and sets out what the partnership will do to improve outcomes in the area. A locality plan sits alongside and supplements the LOIP.

**LOIP**

This is the term we use to refer to Orkney Community Plan, incorporating Orkney’s Local Outcomes Improvement Plan 2017 to 2020. It is a three-year rolling plan that describes what the Orkney Partnership aims to achieve by working together in partnership, over and above what we could achieve separately. The full document is available [here](#).

**Mbps**

Mb refers to download and upload speeds. Mbps means megabits per second.

**National Islands Plan**

This is one of the proposals in the Islands Bill. Its aim is to set the Scottish Government’s strategic direction for supporting island communities.

**Non-linked Isles**

These are the islands that are not joined to the Mainland of Orkney by causeways or barriers.

**North Isles Landscape Partnership Scheme (NILPS)**

The Scheme is a proposed programme of projects involving the enhancement, promotion and protection of the built, natural and cultural heritage of the North Isles of Orkney. Funding of £4.5 Million was secured in March 2018. Details of the Scheme are available [here](#).

**OIC**

Orkney Islands Council.
Our Islands Our Future
This initiative was set up in 2013 by Orkney Islands Council, Shetland Islands Council and Comhairle nan Eilean Siar with the aim of empowering the three island communities.

Participation Requests
The Community Empowerment (Scotland) Act 2015 allows community bodies to make a request to public authorities to take part in an ‘outcome improvement process’. This means if a community group has an idea to make services better they can make a participation request to the public body that runs the service. More information is available [here](#).

PB
Participatory Budgeting is a way for people to have a direct say in how and where funds can be used to address local requirements. It engages residents and community groups representative of all parts of the community to discuss spending priorities, make spending proposals and vote on them.

PB Scotland
Acts as a hub for sharing and learning about PB initiatives around Scotland. It provides updates on events, policy and resources relevant to PB in Scotland and profiles good examples of PB in action. More information [here](#).

R100
Reaching 100% (R100) is a programme being led by The Scottish Government as it works towards its target to provide access to superfast broadband to 100% of premises in Scotland by 2021.

Scottish Land Fund
This is a programme, funded by the Scottish Government, that supports community organisations across Scotland to own land, buildings and other assets. Grants of up to £1 Million are available. More information on the [HIE website](#).

THAW Orkney
A charitable organisation that assists people finding it difficult to heat their homes or who want assistance with energy efficiency matters. More information [here](#).

The Orkney Partnership
This is the name for Orkney’s community planning partnership.

Transport Scotland
The national transport agency for Scotland. Its purpose is to support and advise the Scottish Government on strategy and policy options for transport in Scotland. It also aims to increase sustainable economic growth through the development of national transport projects. More information [here](#).
Voluntary Action Orkney (VAO) supports the third sector in Orkney. It provides advice, information and practical services. The third sector is made up of voluntary, community and charitable groups, social enterprises and volunteers. More information [here](#).

Your Island Your Choice (YIYC) was a pilot participatory budgeting project run in the non-linked isles on behalf of the Orkney Partnership by Voluntary Action Orkney. By the end of March 2017, £36k was provided to the isles for projects they had voted for. A joint approach had been taken where the information fed back through the initial survey was used by the Orkney Partnership and Orkney Health and Care to help develop their locality plans.

ZetTrans
This is Shetland’s transport partnership. It is a statutory body responsible for the provision and maintenance of public transport services in Shetland.
Appendices

Appendix 1 - Community development activities and information
Appendix 2 – The Evidence: a profile of the isles
Non-linked Isles

Community Development Activities and Information
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Community Planning Business Manager, Orkney Islands Council, School Place,
Kirkwall KW15 1NY. Tel: 01856 873535 ext 2153. Email:
corporateservices@orkney.gov.uk
Community development activities and information

There are many valuable activities taking place in the non-linked isles. We can’t attempt to draw all of the existing activities, initiatives and projects together, but have included some of them in this document.

Community Associations

Island halls and community centres provide vital services for our local communities. Community associations, run by dedicated volunteers, manage these fantastic local facilities which provide recreation, educational and leisure facilities and activities, for both island residents and visitors, to improve their quality of life. Community associations around Orkney have various facilities and community spaces along with their hall or centre, from camping facilities, to picnic areas, playparks to wind turbines.

Community halls are an important resource for communities, providing a place for people to meet and socialise, to learn and exchange ideas and somewhere for the whole community to come together for important events. They help to establish a strong sense of community, and provide a variety of opportunities for young and old to come together.

Currently there are 15 community run halls / community centres in the non-linked isles. There are six independent halls and nine community schools, which are Orkney Islands Council (OIC) owned buildings with shared community spaces run by community associations. Thirteen of the 23 schools in Orkney operate as Community Schools.

The relationships which are built up through a community school help the school to engage the local community more effectively in the life of the school. Activities provided by the community association for young people help to broaden their experience and provide them with opportunities for wider achievement.

Each year OIC’s Community, Learning and Development team, in partnership with Voluntary Action Orkney (VAO), organise an annual meeting for community associations when they get together for training, information sharing and workshop opportunities. This helps them develop these valuable resources in each community, as the training, workshops and topics delivered are chosen by the community associations themselves, ensuring the event is always useful and relevant to the needs of our community halls and the people that run them.

Community Councils

Community councils are democratically elected voluntary bodies. They are not part of local government but they can complement the role of the council. Community councils have been granted statutory rights of consultation and play an important role in local democracy by representing local views which can influence decisions in planning and local service provision. They provide an effective, strong voice within each community area offering sound, local advice on a range of community issues.

There are 20 community councils in Orkney with elections being held by postal ballot, every four or five years, closely following the local council elections. Each community council consists of between seven and 12 members depending on the size of population being represented.
There are 10 community councils on the non-linked isles, with seven members elected to each:

- Eday
- Flotta
- Graemsay, Hoy and Walls
- North Ronaldsay
- Papa Westray
- Rousay, Egilsay and Wyre
- Sanday
- Shapinsay
- Stronsay
- Westray

Each community council holds around seven meetings per year, plus additional special meetings if necessary to facilitate the discussion of urgent items that can’t wait until the next scheduled meeting. Members of the public are entitled to attend and observe proceedings at any community council meeting.

The Democratic Services team within Orkney Islands Council (OIC) acts as a two-way communication link between the community councils and OIC. Democratic Services retain clerks to provide administrative services to each community council in all 20 areas. Assistance and support is also provided with projects organised by community councils, and with any issues which arise at a local level.

Community councils throughout Orkney undertake maintenance of the kirkyards in their locality, including grass-cutting and minor repairs. They also maintain all the war memorials and monitor road condition and ditching issues across Orkney on behalf of OIC.

OIC provides each community council with an annual grant, in the region of £3,500 per annum, to be spent at their sole discretion. In addition, financial assistance is provided through the Community Council Grant Scheme and Seedcorn funding. This allows community councils to be active co-ordinators and benefactors to their local communities.

**Community Development Fund**

OIC’s Community Development Fund was established in 1999 to support a wide range of local projects. Any formally-constituted community group can apply. In the past community councils, development trusts, community associations, heritage societies and many other local community groups have successfully bid for funding. Grant assistance at a rate of 50%, up to a maximum Community Development Fund grant of £100,000, will normally be available. More information is available on OIC’s website.

**Community Learning and Development**

Community Learning and Development (CLD) is about empowering people, individually and collectively, to make positive changes in their lives and their communities through learning. The CLD team delivers opportunities throughout Orkney and their aim is to help people, whatever their age, get involved in learning opportunities and play as full a part as possible in the life of their communities.
The CLD team run youth clubs and provide support for voluntary youth organisations and throughout the islands. They run accreditation opportunities for young people through Duke of Edinburgh Awards Scheme, Youth Achievement Awards and Dynamic Youth awards. CLD supports and promotes a youth voice for Orkney through supporting the elected Members of the Scottish Youth Parliament, the Youth Forum and the biennial Chamber Debates and Youth Conferences.

The CLD team deliver extensive training opportunities for staff, volunteers and partners including partnership activities with a range of national youth and community agencies. Creating opportunities for peer-led training such as Money for Life or First Aid Ready is an important element of their work.

CLD support groups and organisations are involved in a wealth of activities to benefit their local communities including the delivery of three community learning programmes each year offering an array of different daytime and evening class opportunities all around Orkney.

Development Trusts

In 1998 Westray became the first of Orkney’s island communities to form a development trust. The others formed soon after. Each of the Island Development Trusts (IDTs) has a local development plan which is produced following extensive community consultation. The duration of the plans can vary but they are updated regularly. These plans articulate the priorities for the community and projects which will be undertaken or supported.

Along with obvious topics such as transport and broadband, common themes include housing, care of older people, retention of young people, fuel poverty and tourism.

The IDTs are charities and have their own independent boards. Directors are elected by the membership which is drawn from the local community. The IDTs use a range of methods to communicate including websites, social media and newsletters. Most have offices which make their staff accessible to the community.

Westray, Stronsay, Shapinsay, Rousay, Eday and Hoy have community owned 900kW wind turbines. Sanday has a community share in a small wind farm. North Ronaldsay has six small 50kW turbines. Curtailment of the turbines has been an issue for many of the island communities. Eday, Rousay and Shapinsay are all involved in highly innovative projects to look at how they can maximise the use of electricity generated.

Figure 1 highlights some of the achievements of the individual IDTs.
In addition, most of the IDTs offer grants/bursaries to residents for education and training.
Empowering Communities Initiative

The Empowering Communities initiative arose in response to a feasibility study undertaken to identify the resources required to establish two pilot projects within island communities to deliver a range of OIC services. The objective of the pilot was to develop and assess options which would:

- Increase employment opportunities in island communities.
- Up-skill the island based workforce.
- Increase sustainability through building capacity to manage and deliver local services and improve access to services.
- Enable locally based community groups to work together to maximise the potential benefits to island residents.
- Create efficiencies in terms of resource and/or cost.

Papa Westray and Stronsay were selected as the two pilot areas, as recommended by the feasibility study. A scheme co-ordinator was appointed. In addition, part-time Link Officers were appointed to both islands in 2015. The Link Officers then developed action plans for their islands. Achievements so far are shown in Figure 2.

Figure 2: Empowering Communities achievements to date

<table>
<thead>
<tr>
<th>Stronsay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link Officer established in Stronsay.</td>
</tr>
<tr>
<td>Funding package secured to refurbish Stronsay Fish Mart – hostel, café and community office.</td>
</tr>
<tr>
<td>Mini-customer services base established in Fish Mart.</td>
</tr>
<tr>
<td>Public toilets established within Fish Mart and maintained by the community council.</td>
</tr>
<tr>
<td>Core paths and Bird Hide maintained and repaired via the community council.</td>
</tr>
<tr>
<td>Marketing Group established between the community council and development trust to jointly fund / market Stronsay as a tourist destination.</td>
</tr>
<tr>
<td>Introduce Sunday flights – staff costs sponsored by the community council.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Papa Westray</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link Officer established in Papa Westray.</td>
</tr>
<tr>
<td>Monthly Island Newsletter “Papay Matters” produced by Link Officer.</td>
</tr>
<tr>
<td>Introduction of a Lunch Club to provide healthy meals and stimulating activities for older people.</td>
</tr>
<tr>
<td>Resurfaced St Anne’s car park – joint project between the community council and OIC.</td>
</tr>
<tr>
<td>Renovation of stiles and maintenance of core paths via the community council.</td>
</tr>
<tr>
<td>Local individuals trained in safe use of pesticides.</td>
</tr>
<tr>
<td>Community Asset Transfer in progress – a joint project between the community council and development trust to establish a community shed on OIC land.</td>
</tr>
</tbody>
</table>
The Empowering Communities initiative was discussed at the annual community councils’ conference on 2 November 2016, when delegates agreed that it would be worthwhile looking into investing in island link officers for each area.

In June 2017, OIC evaluated the pilot. Representatives from both the Papay and Stronsay communities reported that the pilot projects had been very successful and had facilitated better working with OIC, improved access to council services, created new opportunities for partnership working, reduced the need for some officers to attend the islands in person, and facilitated some community council projects which otherwise would not have been able to go ahead. Significantly, the two islands had adopted different models of working to suit their individual circumstances, with Stronsay focusing on local delivery of a wider range of council services while Papa Westray had focused on direct local provision of services. It was agreed to extend the project to two additional islands, Hoy and Sanday.

Highlands and Islands Enterprise

Highlands and Islands Enterprise (HIE) works with and supports the ambitions of the IDTs to deliver their local development plans.

HIE will continue to invest in building community capacity, support communities to acquire and manage assets, and enable sustainable growth in the social economy. This will include supporting the IDTs to prepare applications to the Scottish Land Fund (which supports communities to become more sustainable and resilient through the ownership and management of land and land assets). HIE ensures any applications to the Scottish Land Fund dovetail with applications being prepared for the Islands Housing Fund.

HIE will also assist the IDTs to take advantage of the measures within the Community Empowerment (Scotland) Act. The Act helps to empower community bodies through the ownership or control of land and buildings and by strengthening their voices in decisions about public services.

As account managed clients, IDTs have access to the full range of HIE’s products and services.

HIE supports private enterprise initiatives in the isles and works closely with community planning partners and officers from OIC who are involved in development projects and planning.

Islands Deal

In Orkney as a whole, and the isles in particular, the most difficult problems arise in areas where challenges exist for all partner agencies, both individually and collectively. The biggest cross-cutting challenges locally are digital connectivity, transport, housing and fuel poverty, which impact on everything we do. Currently one of the main initiatives in addressing these challenges is the Islands Deal, a joint proposal from the three islands councils (Orkney, Shetland and the Western Isles) to the Scottish and UK Governments. The Islands Deal is modelled on the lines of a City or Regional Deal, but with elements unique to the islands. It is focused on improving socio-economic outcomes for people who live and work on the three island groups.
The Islands Deal comprises two strands of activity:

**Strand 1, Enhancing Local Democracy** is unique to the Islands Deal, and proposes a number of measures designed to increase the local autonomy of the islands, with the potential to achieve a higher degree of self-determination in future; and also to secure the political will from government to address the aforementioned cross-cutting challenges. Some elements of Strand 1 are already coming to fruition via the Islands Bill.

**Strand 2, Achieving our Economic Potential**, proposes a programme of strategically significant development projects in each island area, based around key themes of connectivity and innovation; with a 10-year horizon to achieve the Deal's population and employment targets and a 20-year horizon to embed sustainability. Strand 2 targets the major challenges common to all the islands, including digital connectivity, transport, housing and fuel poverty, along with opportunities in energy development, tourism, enterprise and workforce development.

If successful, the hope is that during the 10 years to 2028 the overall Islands Deal will achieve a number of outcomes around transport, digital connectivity, housing, fuel poverty, skills development and job creation which are transformational for the island economies, and deliver real long-term economic and social benefits for our island communities. Innovation is likely to be a key focus, including a range of programmes to support and promote new research and development activity and collaboration in Orkney.

So far the Islands Deal has been led by the three island authorities, and developed in partnership with key community planning partners. It is anticipated that all partners will be involved to a greater or lesser degree if the Deal is agreed and implemented, and Orkney Partnership Board is fully committed to the Islands Deal and its target outcomes, along with partner Boards in Shetland and the Western Isles. All partners are supportive of the Deal, and will participate in its implementation wherever they can be instrumental in helping to achieve its aims.

**LEADER**

Funding is available from the Orkney LEADER Programme for small scale, pilot projects led by the local community, or that are in the local community's interest, with the aim to promote economic and community development within Orkney. More information is available on the LEADER section of the Orkney Communities website.

**North Isles Landscape Partnership Scheme**

The North Isles Landscape Partnership Scheme (NILPS) is a practical example of partners already working together. NILPS is a large scale multi-year multi-million pound investment programme that will be delivered by Scottish Natural Heritage (SNH)/OIC/HIE, and others, in partnership with communities. The programme is focussed on improving outcomes for people in the North Isles. OIC led on the development phase of the NILPS.

Approved by the Heritage Lottery Fund board in March 2018, the NILPS will be a £4.5 Million programme which will focus on the following key themes:

- Celebration of island life and culture (To celebrate what the North Isles offer through promotion and recognition of what makes them special including their
intimate landscapes enlivened by the dedicated and welcoming communities that reside on them).

- Conserving islander knowledge (To conserve and raise awareness of the unique cultural identity and history of the North Isles including dialect, field names, genealogy and oral history).
- Exploring island landscapes (To conserve and raise awareness of the distinctive built and natural landscapes of the North Isles).
- Equipping island communities (To provide resources to help communities proactively manage their natural and cultural heritage, to help improve the North Isles as a place to live, work and visit).

The NILPS will include funding from Heritage Lottery Fund, Historic Environment Scotland, OIC, HIE, SNH and the Royal Society for the Protection of Birds. All of these organisations are represented on the Steering Group for the Scheme.

Figure 3 shows a selection of the main comments provided by the North Isles communities during the initial community consultation, as well as ways in which the communities believe these threats could be addressed by the scheme.

<table>
<thead>
<tr>
<th>Figure 3: North Isles Landscape Partnership Scheme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What makes the North Isles special?</strong></td>
</tr>
<tr>
<td>Strong community spirit</td>
</tr>
<tr>
<td>Unique local dialects and traditions</td>
</tr>
<tr>
<td>Excellent coastal scenery and bird life</td>
</tr>
<tr>
<td>Variety of landscape and heritage to enjoy</td>
</tr>
<tr>
<td>Cultural tie-in between the communities</td>
</tr>
<tr>
<td>Strong link to the sea and the soil</td>
</tr>
<tr>
<td>Local facilities and events</td>
</tr>
<tr>
<td>Lots for visitors to see and enjoy</td>
</tr>
</tbody>
</table>
**Orkney Local Development Plan**

Orkney Local Development Plan 2017-22, adopted by OIC in April 2017, takes an ‘isles approach’ in its spatial strategy. This means that any development in the islands that support permanent resident populations and are served by public transport services will be supported - provided it accords with relevant Plan policies and where it doesn’t place any unacceptable burden on existing infrastructure and services. More information is available on OIC’s [website](#).

**Partnership Properties**

Partners want to work together and take a more innovative and creative approach to use, disposal and development of our properties. The target outcome is the improved use of properties and, to help us get there, we’ve established a Joint Property Asset Management Working Group. The group has started its work and we want to have a process in place by the end of the year to make sure this is built into all relevant partnership asset management activity.

**Voluntary Action Orkney**

Voluntary Action Orkney (VAO) is Orkney’s Third Sector Interface and offers a broad range of support services to new, developing and established voluntary and community organisations and social enterprises. From advising on legal structures, business planning, charity law and how to source and apply for funding, VAO will respond to the needs of people and organisations in the islands to ensure that they have the information and support they need to deliver and develop their services and activities. VAO will also facilitate communication, learning and collaboration between third sector and public sector primarily through the recently restructured Third Sector Forum to ensure that organisations are kept up to date and engaged with legislative and policy issues that might affect them.

Currently VAO is working with HIE to deliver a programme of governance workshops.

A collaborative project is taking place to research models of community led care. As it progresses the project will consider appropriate structures, employment opportunities and the delivery of training. The work is being led by VAO, and supported by HIE and Robert Gordon University, and will be steered by representatives from the islands involved.

**Working with communities**

Community planning partners continue to take forward community empowerment developments. For example, the way health and social care services were delivered on Hoy was discussed with the community council and the development trust members and there was a desire to make changes. As part of these discussions it was suggested that changes to the traditional registered day care model could lead to more preventative approaches and benefit more people on the island. The new provision was set up jointly with an existing community group using local authority grant funding supported by outreach workers from OIC. The numbers attending have grown from one per week to an average of 20 per week.
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Housing 7
Fuel Poverty 8
Digital Connectivity 11
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A profile of the isles

A wide range of statistical information was considered when developing the Locality Plan. This document presents some of the statistical evidence of socio-economic outcomes on the non-linked isles, compared with Orkney's mainland and linked south isles, and with mainland Scotland where relevant.

**Population**

![Figure 1: Census data showing population trends](image)

Figure 1 shows population trends for Orkney. This demonstrates that, after a low point in 1971, the trend in the Mainland and linked south isles has been upwards, and in the non-linked isles downwards, with a slight recovery in 2011.

Of the individual islands, North Ronaldsay in particular has experienced a very steep decline in population. Flotta shows a significant spike in the 1981 Census figures, due to oil terminal activity, and a steep decline thereafter.

More detailed information on population can be found on the National Records of Scotland Statistical Bulletin on the 2011 Census results. It should be noted that in the Census, in order to protect against disclosure of personal information, some records have been swapped between different geographic areas. This means some values are affected, particularly small values at the most detailed geographies. In addition, the Census was undertaken some time ago and there have been changes since then.

The Inhabited Islands analytical report presents statistics from the 2011 Census on the characteristics of the populations of Scotland’s islands. The data for the figures and tables in the report can be found in the background tables.
Age Profile

Orkney’s demographic profile is changing and, in line with the rest of Scotland, the shift is towards an older average age with significant increases in the over 65 age bracket, along with reductions in the working age population. Figure 2 shows that a greater percentage of people in the isles are over 65 and there is also a marked difference in the 20 to 44 age group.

Figure 3 shows these age groups broken down per island and it is immediately noticeable that North Ronaldsay stands out, with twice as many of the population aged 65+ as aged 45 to 64. Flotta is also worthy of note, with a relatively high population aged 45 to 64 but very low figures for age groups 0 to 19 and 20 to 44. (Note that the figures for Hoy include Graemsay and the figures for Rousay include Egilsay and Wyre.)
Between 1996 and 2015, the isles have seen the 65+ age group increase in all areas, and significantly in the isles that have seen population numbers drop in all the other age brackets.

Dependency ratios
The dependency ratio for a given area is the number of working age adults between the ages of 16 and 64 for each person in the 0 to 15 and over 65 age groups. For example, for Orkney overall in 2012 there were 1.68 adults of working age to every dependent child and pensioner.

Figure 4 shows recent, current and forecast dependency ratios for different areas within Orkney and provides comparisons with the Orkney and Scotland averages. The figure for the isles is significantly lower than other areas, and is projected to fall below the 1:1 ratio in 2023.

**Figure 4: Forecast dependency ratios**

![Dependency ratios graph](image)

Economic activity and Industry
Figure 5 shows people aged 16 to 74 in employment broken down by industry. On the isles, more than a quarter of all work is in farming or fishing, compared with only 8% on the Orkney mainland.
Figure 5: People aged 16-74 in employment, % by industry

<table>
<thead>
<tr>
<th>Industry</th>
<th>Isles</th>
<th>Orkney Mainland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, forestry and fishing</td>
<td>26.01</td>
<td>7.88</td>
</tr>
<tr>
<td>Mining and quarrying</td>
<td>0.82</td>
<td>1.74</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>4.26</td>
<td>5.23</td>
</tr>
<tr>
<td>Electricity, gas, steam and air conditioning supply</td>
<td>0.60</td>
<td>0.48</td>
</tr>
<tr>
<td>Water supply, sewerage, waste management and remediation activities</td>
<td>0.97</td>
<td>0.62</td>
</tr>
<tr>
<td>Construction</td>
<td>9.19</td>
<td>11.15</td>
</tr>
<tr>
<td>Wholesale and retail trade, repair of motor vehicles and motorcycles</td>
<td>8.67</td>
<td>13.59</td>
</tr>
<tr>
<td>Transport and storage</td>
<td>8.07</td>
<td>9.29</td>
</tr>
<tr>
<td>Accommodation and food service activities</td>
<td>6.58</td>
<td>6.42</td>
</tr>
<tr>
<td>Information and communication</td>
<td>1.05</td>
<td>1.30</td>
</tr>
<tr>
<td>Financial and insurance activities</td>
<td>0.45</td>
<td>1.04</td>
</tr>
<tr>
<td>Real estate activities</td>
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<td>Professional, scientific and technical activities</td>
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<td>Other</td>
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Source Census 2011

Figure 6, sourced from CACI Paycheck data¹ for 2017, demonstrates the impact of this uneven employment distribution on household incomes. The average household income in the isles is below the Orkney average and significantly below the Scottish and UK averages. The applicable copyright notices can be found at [http://www.caci.co.uk/copyrightnotices.pdf](http://www.caci.co.uk/copyrightnotices.pdf)

**Figure 6: Average Household Incomes**

<table>
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<tr>
<th>Area</th>
<th>Average mean income</th>
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<tr>
<td>Kirkwall</td>
<td>£32,723</td>
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<tr>
<td>Stromness</td>
<td>£33,821</td>
<td>87%</td>
</tr>
<tr>
<td>West Mainland</td>
<td>£36,780</td>
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<td>East Mainland</td>
<td>£37,210</td>
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<td>Isles</td>
<td>£25,303</td>
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<td>United Kingdom</td>
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<td>100%</td>
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¹ The applicable copyright notices can be found at [http://www.caci.co.uk/copyrightnotices.pdf](http://www.caci.co.uk/copyrightnotices.pdf)
In 2016, Highlands and Islands Enterprise (HIE) updated their 2013 study into the minimum income standard required to live in remote rural Scotland compared to mainland Scotland and the wider UK. The study found that for most groups additional costs are most significant for those living in smaller remote islands such as Orkney’s outer isles. As in 2013, the cost of living in a rural town is consistently more expensive in remote Scotland than in England, by up to around 20 per cent.

Figure 7 demonstrates that for most types of household, living costs in island areas are the highest in the UK. Energy, transport and freight (and consequently household goods and food shopping) costs all contribute to living costs. For pensioners living on islands who travel less, and so have low transport costs, a minimum household budget is in some cases similar to that of English hamlets.

**Figure 7: Relative cost of living**

![Relative cost of living chart](image)

Source: Highlands and Islands Enterprise

**Housing**

Housing is a matter of concern in the isles. The non-linked isles have a significantly higher proportion of second/holiday homes (5.6%) and vacant properties (6%) than the Orkney mainland or Scotland. Furthermore, the isles have seen a slight reduction in social housing stock since 2005, whereas all other areas of Orkney have seen substantial increases in social housing stock.

On a more positive note, data for house price affordability, calculated from house sale price and income data, shows that the isles are the most affordable location in Orkney to buy a house. The isles have an unusually high level of in-migration, with house sales to buyers from outwith Orkney (38%) outnumbering those to buyers from elsewhere in Orkney (23%).

The housing stock on the isles is significantly older than in other parts of Orkney. Figure 8, derived from the Affordable Warmth Survey of 2015, shows the distribution...
of pre-1919 housing stock and illustrates the significant difference, not only between the isles and the Orkney mainland but also between the linked and non-linked isles.

**Figure 8: Percentage of Orkney properties built pre-1919**

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**Fuel Poverty**

Orkney has the highest level of fuel poverty in the UK, with 63% of households in fuel poverty, rising to over 80% for pensioner households. This high figure is influenced by a number of factors including low average wages, high living costs and old energy inefficient housing stock.

Figure 9 shows the distribution of fuel poverty across Orkney in 2015, and reflects very closely the pattern shown in Figure 8, with the non-linked isles noticeably more disadvantaged than the Mainland or linked south isles.
Figure 9: Distribution of Fuel Poverty across Orkney.
Figure 10 below shows the percentage of Orkney’s population that has no central heating, by area, with figures taken from the 2011 Census. All parts of Orkney are higher than the Scottish average of around 2%. However, the Isles at almost 10% are significantly higher than the other four areas.

**Figure 10: Percentage of households without central heating**

![Bar chart showing percentage of households without central heating by area in Orkney. The Isles have the highest percentage at almost 10%.]

Home heating energy sources are compared in Figure 11 below. This demonstrates that in more urban areas like Kirkwall and Stromness electric heating is the key system, while the more rural areas rely more on oil. Overall, 41% of Orkney’s households rely on electric heating while 36% of households rely on oil. However, the most striking contrast is with mainland Scotland where mains gas central heating is by far the most popular option, being cheaper than either oil or electricity, but unavailable in Orkney.

**Figure 11: Home heating energy sources**

![Bar chart showing percentage of households using different energy sources by area in Orkney. Gas central heating is most popular in mainland Scotland, while electric heating is most popular in Kirkwall and Stromness.]

Source: Scotland’s Census 2011
Further contributors to fuel poverty are the age and condition of the housing stock, illustrated in the housing section above. Not only is Orkney’s housing stock older than the national average but it also mostly comprises individual bespoke properties rather than streets or areas of the same property style and type. This makes retrofit projects to upgrade the energy efficiency of properties both difficult and expensive, as individual properties often have more than one construction type and may be very different from neighbouring properties.

Last but not least, a significant contributor to fuel poverty is the Orkney climate, which as we all know is predominantly cold, wet and windy.

**Digital Connectivity**

Digital connectivity is the number one priority of the respondents to our consultation exercise. Market failure in the provision of both broadband and mobile connectivity on the non-linked isles has had a major impact on employment and social opportunities. Not only does it affect the socio-economic outcomes of residents of the isles, but it deters potential residents from moving to the isles.

Current coverage of superfast broadband is illustrated in Figure 12, sourced from HIE. With the exception of Westray, the non-linked isles are clearly disadvantaged.

**Figure 12: Availability of superfast broadband in Orkney at 1 September 2017**
The Scottish Government's Digital Scotland Superfast Broadband Programme (DSSB) was on target to achieve 95% coverage by the end of 2017, but most of Orkney falls within the remaining 5%. The new Reaching 100% Programme (R100), launched in June 2017, aims to connect 100% of premises in Scotland by 2021 with a connection speed of at least 30 Mbps.

**Scottish Index of Multiple Deprivation**

Some of the effects of unequal life circumstances are apparent in the results of the 2016 release of the Scottish Index of Multiple Deprivation (SIMD). The SIMD measures relative deprivation against seven domains: income, employment, health, education, skills and training, geographic access to services, crime and housing. It divides Scotland into 6,976 small areas, or data zones, and ranks them for each domain, with 1 the most deprived and 10 the least deprived. Orkney has 29 datazones, each containing around 350 households, which vary in size from a few streets in central Kirkwall to several of the outer isles grouped together. Orkney’s data zones range in position on the aggregate SIMD scale from 2,061 (Hoy, Walls, Flotta and Graemsay) to 6,380 (St Ola – East). The non-linked isles score particularly badly on access to services and housing.

The SIMD is good at measuring deprivation in urban communities, where it mostly occurs in clusters, but deprivation in rural, remote and island communities tends to be disseminated. Individual families may be struggling but will be hidden in the statistics which show that an area is generally well off. Small numbers may also skew results. Nevertheless, the SIMD is useful in helping to pinpoint the areas where people are experiencing poor outcomes.

SIMD data was presented to the Orkney Partnership Board as part of the appraisal process which led to the Board's decision to select the non-linked isles as the subject of the Orkney Partnership's first locality plan.
NHS Orkney Board – 23 August

Report Number: OHB1819-26

This report is for Approval

NHS Orkney Security Strategy

| Lead Director Author | Gerry O’Brien, Chief Executive  
| Malcolm Colquhoun, Head of Hospital and Support Services |
| Action Required | The Board is asked to:  
| | • Approve the NHS Orkney Security Strategy for Implementation |
| Key Points | In 2017 SHFN 03-02 Security Services Standards for NHS Scotland Security Leads was produced. This strategy sets out NHS Orkneys response to ensuring a safe environment. The Security Strategy of the Board seeks to:  
| | • Protect people, property and assets  
| | • Plan and co-ordinate activities to protect the healthcare environment,  
| | • Deter, disrupt and prevent deliberate and accidental breaches of security. |
| Timing | The Security Strategy has been to the Senior Management Team prior to seeking Board approval. |
| Link to Corporate Objectives | The Corporate Objectives this paper relates to:  
| | • Improve the delivery of safe, effective patient centred care and our services;  
| | • Optimise the health gain for the population through the best use of resources;  
| | • Pioneer innovative ways of working to meet local health needs and reduce inequalities;  
| | • Create an environment of service excellence and continuous improvement; and  
| | • Be trusted at every level of engagement. |
| Contribution to the 2020 vision for Health and Social Care | Security Management supports NHS Orkney’s vision in providing high quality healthcare in safe and secure environments which protects patients, staff, visitors and, their property as well as the physical assets of NHS Orkney. |
| Benefit to Patients | This policy provides protection of patients, visitors and staff. |
**NHS ORKNEY SECURITY STRATEGY**

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<th>Head of Hospital and Support Services</th>
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**Post holders names at last review**

| Malcolm Colquhoun | Head of Hospital and Support Services |
If you require this publication in an alternative format (large print or computer disk for example) or in another language, please contact the Policy Author: Malcolm Colquhoun

Telephone: 01856 888177
Email: m.colquhoun@nhs.net
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1. Introduction

In 2017 SHFN 03-02 Security Services Standards for NHS Scotland Security Leads was produced. This strategy sets out NHS Orkneys response to ensuring a safe environment.

1.1 Security Management supports NHS Orkney’s (NHSO) vision in providing high quality healthcare in safe and secure environments which protects patients, staff, visitors and, their property as well as the physical assets of NHSO.

1.2 Crime and the fear of crime can have a debilitating effect on society and this is echoed by staff, patients and visitors to the Hospital and health care facilities across the islands.

1.3 Security management must be effective, efficient and proportionate.

2. Security Strategy

2.1 The Security Strategy of the Board seeks to:

- Protect people, property and assets
- Plan and co-ordinate activities to protect the healthcare environment,
- Deter, disrupt and prevent deliberate and accidental breaches of security

2.2 Information Technology (IT) Security is covered in the NHS Orkney IT Security Policy

3. Management Responsibility

3.1 The Chief Executive has overall accountability and responsibility for the implementation of this strategy.

3.2 Security is the responsibility of management and it is within their role to ensure that the correct policies, procedures and systems are in place and that they are kept under regular review.

3.3 As well as formulating a security policy, managers must strive to gain the commitment of all staff to the implementation of that policy. Everyone should be made to feel that it is in their own interest to make it work and managers should encourage staff to have care and concern for the safe keeping of equipment, property and all other resources necessary to provide a high quality service to the public.

3.4 Any significant issues arising from non-compliance or lack of effectiveness must be reported so remedial action can be taken.

3.5 All staff have a responsibility to be familiar with NHS Orkney Security Management procedures and processes and to report any issues.

4. Control and Co-ordination

4.1 The executive responsibility is delegated to the Head of OD and Learning for scrutiny and challenge, however, day to day operational responsibly for security issues is delegated to the Head of Hospital and Support Services who will ensure all security risk assessments and operating procedures are undertaken and embedded across NHS Orkney.
5. **Basic Principles of Security**

5.1 Good security is based on the four following principles:

- **Deter** those who may be minded to breach security;
- **Prevent** security incidents or breaches from occurring;
- **Detect** security incidents or breaches; and
- **Respond** effectively to security incidents, including effective investigation.

6. **Information**

6.1 Managers will ensure that there is a control system in all departments for recording losses, security breaches or incidents and investigating them thoroughly. Assistance where appropriate can be requested from Police Scotland Architectural Liaison Officers, Counter Terrorism Security Advisors or the Health & Safety Advisor. Incidents must be recorded on the DATIX system.

6.2 **Reporting of Incidents:**

6.2.1 In the event of an incident occurring at the Hospital or NHSO occupied buildings where a security breach, loss (or the potential loss) of property is involved or violence or threat of violence is used towards any member of staff, the Police Scotland should be informed immediately in order to give them a chance to investigate the offence, establish if a crime has been committed and where appropriate report the perpetrator.

6.2.2 The matter should be reported by the person who has been directly affected (known as the injured person). The decision as to whether the matter should be reported is for the injured person to decide, or where that person may lack capacity, a nominated person acting on their behalf.

6.2.3 Where property stolen or there is a suspicion of theft belonging to the Board, any member of staff can report this matter to Police Scotland.

6.2.4 In cases of emergency the 999 system should be used to inform Police Scotland, whilst in non-emergency cases contact should be made via the 101 number.

6.2.5 Where the incident has the potential to result in the loss of person identifiable information (PID) the Board’s Data Protection Officer should be informed as soon as possible in order that the Information Commissioner is informed within the mandatory timescales.

6.2.6 In all cases a DATIX must be submitted for investigation.

6.3 **Assessing the Risk**

The following list describes the type of incident that should be reported.

6.3.1. The list below whilst *not exhaustive* provides examples of incidents that should be reported and recorded on the DATIX system.

- violent incidents
- loss of Board equipment, property, drugs or materials in store
- loss of Board cash
- damage to Board property and equipment
- thefts of private property
- damage to private property and equipment
- thefts of, and from, motor vehicles
• damage to motor vehicles

6.3.2 Where a security breach has been attempted or occurred this should also be reported, some examples include:-

• loss of ID badge
• Using an ID badge relating to another staff member
• Security codes for doors have accidentally been disclosed
• Loss of keys
• Evidence of a door or window being forced or left wedged opened

6.4 Supporting policies

• Information Governance
• Use of CCTV cameras
• Neonatal Security
• Issuing of keys and key control
• Violence and Aggression
• Site lockdown (Now known as Controlled Movement and Access Procedures subject to a national guidance re-draft)
• Lone Worker
• Data Protection, including GDPR
• IT Security
• Major emergency
• Public Sector Action Plan on Cyber Resilience

6.5 Security Plan

6.5.1 This Security Strategy will be further supported by NHS Orkneys approach to Graduated Security Plan (GraSP) which sets out the approach for:-

6.5.2 Normal Security Level - routine protective security measures appropriate to business concerned; i.e. low threat and moderate threat.

6.5.3 Heightened Threat – where additional and substantial protective security measures are required which reflects the broad nature of the threat combined with specific business and geographical vulnerabilities and judgements on acceptable risk, i.e. substantial or severe threat.

6.5.4 Exceptional Threat – maximum protective security measures to meet specific threats to minimise vulnerability and risk, i.e. move to critical.

Security Forum

A joint Security and Fire Committee has been established comprising of key managers and staff representatives and is a subcommittee of the Health & Safety Committee.

7. Crime Prevention

7.1 Crime Prevention is the cornerstone of this security strategy. Staff will be involved and encouraged to embrace a crime prevention philosophy. Training on staff reporting processes and responsibilities will be delivered on Induction together with H&S training.

7.2 In addition, everything possible will be done to protect staff from the risk of assault/physical violence and to prevent their property from being stolen. NHS Orkney has a zero tolerance to any type of violence and/or aggression towards our staff. The Emergency Workers (Scotland)
Act 2005 is designed to safeguard emergency service staff including health workers and outlines specific offences such as assault and impeding health workers. Managers have an important role in supporting staff who have been the subject of violence or threatening behaviour.

8. Security and Personnel Policies

8.1 Consistency in Disciplinary Procedures

8.1.1 Disciplinary Procedures are published in the Board Human Resources Policy, which makes it clear what the organisation’s position is with regards

- Alleged or actual crimes by employees against the personal safety, property and interests of other employees, patients, clients, residents and visitors.
- Employees convicted of crimes out with their employment.
- Dismissal of employees for alleged crimes or criminal convictions.

8.2 Vetting of Staff

8.2.1 Procedures for the appropriate vetting of all prospective employees should be maintained. These must be in line with the 1974 Rehabilitation of Offenders Act (Exclusions & Exceptions) (Scotland) Order 2003. The Board’s PVG Policy outlines how this Act should be implemented within the Board.

9. Protection of Patients, Visitors and Staff

9.1 Priority

9.1.1 The safety and security of all patients, staff and visitors will be the first priority of the Security Strategy.

9.2 Dangers

9.2.1 Patients can be at risk from abduction, extortion, theft, physical or sexual assault or verbal abuse by fellow patients, staff, hospital visitors, contractors or individuals who are not authorised or have legitimate purpose to be on NHS premises.

9.3 Access

9.3.1 Managers have to balance the need for open public access to patient areas together with flexible visiting times in certain circumstances, with the need to protect patients from individuals seeking to do them harm. The following priorities will be considered:-

- Where possible security lock patient areas between the hours of (TBC) at main access points where patients are accommodated overnight
- Provide clear reception areas that visitors, patients and staff must pass to access/egress ward areas including clinic/surgery entrances
- Educate and support staff to challenge visitors in circumstances that may raise their suspicions
- Impose an agreed curfew on general visiting hours and enforce it
- Reduce the level of site access points at all times
- Make use of video entry cameras linked to recordable hard drive

9.4.1 NHS Orkney does not operate an Out of Hours (OOH) service for pharmacy. As such the pharmacy department, which would normally be fully secured at all times during the OOH
period, may under extenuating circumstances, need to be accessed to obtain emergency medicines. In such circumstances, the security of the department and it’s contents will be assured by an agreed procedure for access which requires the presence of a member of the security team to be present at all times.

9.4 Staff Vigilance and Identification

9.4.1 Managers will emphasise the continuous need for vigilance in regard to patient security.

9.4.2 Every employee, certain volunteer organisations and contractors working at the Hospital must be in possession of and wear in a prominent position, an Identification Badge.

9.4.3 This badge will show the name, photograph, job title, department and date of issue to the user.

9.4.4 The issue of Identification Badges is the responsibility of the Estates Department and must only be issued on request of a manager, which can be done in writing or e-mail.

9.4.5 The Identification Badge also acts as a card entry system to wards and Departments within the hospital and healthcare facility with predetermined levels of access agreed by managers for individual staff members.

9.4.6 The management of the Computerised Identification and Card Access System will be the responsibility of the Board Security Adviser (Head of Hospital & Support Services).

9.4.7 Management information and security reports for departments can be obtained by individual departmental managers on request to the Board Security Adviser.

9.4.8 When members of staff leave NHSO employment, the Identification Badge, keys to any Board property, Board owned mobile phones, laptop/tablet, and other equipment must be retained by the manager at the exit interview and returned to the Badge Co-ordinator or Board Security Adviser and IT respectively.

9.5 Location of Patients

9.5.1 Vulnerable patients will be closely monitored and risk assessed to ascertain if they may be at risk of absconding

9.5.2 Care has been taken to identify potential areas to fit secure locks and/or alarms to alert staff of any insecurity and potential risk of vulnerable persons absconding.

10. Protecting Materials & Equipment

10.1 Deliveries

10.1.1 Particular attention must be paid to the physical security of the buildings which serve as reception points for deliveries of materials, drugs, medications, bottled gases and equipment.

10.1.2 Particular attention must be paid to the procedures for receiving, checking and re-distributing those items

10.2 Sound Documentation

10.2.1 There will be a secure control system of documentation for the receipt of goods and the procedures set down in the Board’s Accounting Procedures will be strictly followed.

10.3 Procedures

10.3.1 Managers will ensure that appropriate procedures are in existence in relation to:
• the storage of gas cylinders, petroleum products, and other flammable liquids
• the condemning and disposal of obsolete items
• the marking and identification of property
• staff purchasing
• drugs – delivery, receipt, prescription and issue
• handling of cash

11. Property

11.1 Written Instructions - Patients' Cash/Valuables

11.1.1 Written instructions and training will be provided for staff with regard to:

• Discouraging patients from bringing valuables into Hospital
• The handing of patients’ valuables and cash for short and long term deposit.
• Arrangements/precautions for storage of patients valuables, specifically at reception and subsequent movement of patients and property though the hospital
• Procedures for acceptance, recording and storage of lost/found property

11.2 Loss/Damage to Property

11.2.1 Signs will be prominently displayed in buildings and grounds disclaiming the Board’s liability for loss or damage to property.

11.2.2 A disclaimer notice will also be included on patient notes which will be signed by both patient/their nominated person and clinical supervisor.

12. Physical Security

12.1 Physical security will make it difficult for unauthorised access by individuals intent on perpetrating criminal acts to enter NHS estate unhindered or remove property unlawfully.

12.2 Priorities will be established in planning and developing physical security measures as follows:

• Site access monitoring and control - installation of C.C.T.V
• Car parking/security lighting
• Target hardening to prevent vehicles being used as a low tech method of attack NHS estate
• Building access control - reduce entrances/exits to allow more effective monitoring
• Control of access to ‘high risk areas’
• Control of access to staff restricted areas
• Control of access to public areas at “off peak” times
• Intruder alarms on main departmental doors
• Security Officers

12.2.1 The Security Adviser supported by Management will keep access control procedures constantly under review, particularly in relation to:

• Emergency Department
• Maternity and Neonatal Security
• Laboratories
• Pharmacy
• Areas holding drugs and medication
• Operating theatres
• Data both computerised and manual medical records
• Multiple occupancy areas, including residences
• Computer installations
• Staff Changing/Rest Rooms
• Cashiers Office
• Confidential waste storage and disposal
• Crowded spaces including the central hub areas

12.3 Effective Response to Security

12.3.1 A professional, well trained response to security issues is an important element of a successful strategy.

The provision of well trained, highly motivated individuals is fundamental and the existing overall staffing is adequate for the increasing demands and activity on the site. A “night time” uniformed presence will be in place at the hospital and health care building (new Balfour) this will be kept under review with future consideration towards a uniformed 24-hr security service.

12.3.2 The Board will seek to develop a central communications room (switchboard/central desk) which will provide, not only the communications ‘hub’ but also a base for the Security personnel. This will provide the main point of security monitoring including C.C.T.V. security/fire alarms, access control mechanisms, keys and a reception/reporting point for all visitors, incidents, lost and found property.

12.4 Security Alarms

12.4.1 Managers will ensure that any security alarms fitted will only be undertaken after due consideration by the Board Security Adviser and the Contract Manager responsible for linking with Project Co. All alarms will be installed in compliance with British Standards professionally monitored and responded to by trained personnel/security officers.

12.5 Integrated Security System

12.5.1 The Board Security Adviser will ensure that physical/electrical access control systems, alarm systems, C.C.T.V. and communications are all considered / included in the site security strategy.

12.7 Locking Devices - Principles and Practice

12.7.1 Once a lock is passed by more than one key an element of security is lost.

12.7.2 The Board Security Adviser and Managers will constantly review and monitor the practice and principles of site/departmental key security. All staff will sign an agreement when permanently entrusted with personal keys ensuring their return when leaving the organisation as part of the exit process. This will form part of the induction process to the new building.

12.7.3 No keys can be copied with the exception of Estates Department who will log the issue and reason for it. It is the duty of all staff to report the loss any keys that provide access to any NHS Orkney properties.

12.8 Planting for Security

12.8.1 Poor design and overgrown vegetation, trees and shrubbery can obscure CCTV and can impact on patient safety and criminal activity. New planting schemes will be approved by the Board Security Adviser, with due regard to local planning permission and approval.

12.8.2 The Board Security Adviser will liaise with the Estates Department to ensure that a pro-active approach is adopted towards all matters relating to security.
12.9 Security Programme

12.9.1 A rolling programme of security measures will be developed, supported by appropriate business cases and risk assessments. This will be presented for approval at the SMT.

13. Management of Tensions, Conflict, Aggression & Violence

13.1 Unfortunately the risk of violence and/or aggression is now a common aspect of everyday life and in the Hospital setting.

13.2 Approach & Attitude

13.2.1 The quality of our approach and attitude is the key factor in maintaining healthy relationships with patients, staff and visitors.

13.3 Staff Responsibility and Training

13.3.1 The prevention of violence and security issues is the responsibility of everyone but specifically all health and community care staff.

13.3.2 All staff dealing directly with patients and the public will be trained to provide an appropriate response to aggressive and/or violent situations. Awareness raising will be an ongoing theme for the Board to ensure that staff remain vigilant with regard to potential security risks.

14. Bomb Threat Strategy

14.1 The Board Security Adviser will be responsible for the preparation and publication of a Bomb Threat Strategy as threats may be received by the Board in a variety of ways including person to person via the phone network or increasingly via social media. A checklist will be prepared to assist switchboard staff in the first instance as the most likely recipient of a call to ensure that as much relevant detail as possible is recorded. This will form part of the strategy.

14.1.1 The aims of the strategy are to:

- To promote vigilance
- Save lives and minimise injuries
- Protect property from damage
- Preserve the essential functions of the Board
- Establish a procedure for handling a bomb threat or other hostile action

14.2 Preventative Measures

14.2.1 Managers will ensure that action is taken, through good housekeeping measures, to minimise the risk of high explosive devices being brought into Board premises. These checks should include the following particularly when the national threat level rises to critical

- Keeping public areas clutter free,
- Keeping all rooms off public areas locked when not in use
- Conduct security checks in public areas prior to opening
- Keeping all plant rooms, access to air shafts and cupboards containing meters and maintenance equipment locked when not in use
- Ensure that visitors and contractors are escorted in non-public areas
- Fully brief staff on postal bombs and threat procedures

14.3 Involvement of a Trained Response
14.3.1 The Board Security Adviser will be involved together with the Resilience Officer in the drawing up of contingency plans to deal with threats and disaster. Security staff and action teams will be trained to respond to incidents such as bomb threat, chemical incidents and suspicious packages in a professional manner and will be able to access action cards relating to specific types of incidents to guide them through the required response.

14.3.2 The Board Security Adviser/Managers and the Fire Officer will ensure that security measures do not impinge on fire protection.

15. Fraud

15.1 Standing Financial Instructions

15.1.1 The Board’s standing financial instructions and accounting procedures will minimise the risk of fraud by ensuring that:

- No person is ever in sole position to be able to receive goods and authorise payment
- No stores person is permitted to authorise movement of goods in his/her control or charge
- There are appropriate independent checks within the system of ordering, receiving and paying for goods

15.1.2 All suspected incidents of fraud will immediately be reported to the Head of Finance who is the Fraud Liaison Officer.

15.1.3 The Board’s policy will ensure a direct and close relationship between the Security Advisor, internal audit departments and Human Resource Department.

16. Computer Security

16.1 Managers will ensure that there is a positive and integrated approach to protecting the whole computer system and equipment.

They will ensure:

- The integrity of the system
- Confidentiality, by restricting access to the data to those with specified authority to view it
- Compliance with the General Data Protection Regulations 2018 and other relevant legislation
- That Security standards comply with the NHS Orkney IT Security Policy
- That all equipment is registered on the I M & T asset register
- That all equipment is security marked

17. Road Traffic, Vehicle & Load Security

17.1 Access

17.1.1 The Board has a right to decide which vehicles may or may not have access to the site and what regulations should be in force to ensure appropriate traffic management.

17.1.2 Policies and procedures will be the responsibility of Head of Hospital and Support Services and will deal with:
- car parking arrangements
• control and identification of vehicles
• traffic signs
• removal of abandoned or wrongly parked vehicles

17.1.3 Conditions of parking will clearly articulate that the Board is not responsible for thefts of/from or damage to vehicles whilst on the site.

17.2 Prevention of Theft

17.2.1 Managers and the Board Security Adviser will ensure that appropriate counter measures are taken to prevent the theft of vehicles and/or their loads whilst on the site.

18. Integrated Security: The Plan

18.1 An integrated Security System is a combination of different technologies and disciplines which, when combined, improves security effectiveness, reduces cost and space.

18.2 In presenting this Strategy, it is intended to provide a level of performance which will be greater than the sum of the individual components.

18.3 The evolvement of the Strategy is based on a recommended five year rolling programme which is outlined in broad detail in the accompanying papers.

18.4 The prioritisation of the programme is based on a threat assessment of critical assets which, if damaged or destroyed, would seriously undermine the ability of the NHS Orkney and its staff to carry out its primary role of healthcare.
NHS Orkney Board Meeting – 23 August 2018

Report Number: OHB1718-27

This report is for discussion and noting

Infection Prevention and Control Report

| Lead Director Author | Marthinus Roos, Medical Director
| Rosemary Wood, Infection Control Manager |
| Action Required | The Board is asked to discuss and note the update report |

<table>
<thead>
<tr>
<th>Key Points</th>
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<tbody>
<tr>
<td>- NHS Orkney has had zero <em>Staphylococcus aureus</em> Bacteraemia (SAB) case(s) to date, for LDP Q1 (April – Jun) 2018.</td>
</tr>
<tr>
<td>- NHS Orkney has 1 Healthcare Associated <em>Clostridium difficile</em> infection (CDI) case(s) to date of this report for LDP Q1 (Apr-Jun) 2018.</td>
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<tr>
<td>- 100 hand hygiene observations undertaken during July 2018 with an overall 97% compliance for both opportunity and technique.</td>
</tr>
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<td>- MRSA Clinical Risk Assessments 100%; a further improvement from the last quarter.</td>
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<tr>
<td>- NHS Scotland National Cleaning Services Domestic 97%, Estates 99% for month of July 2018</td>
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<tr>
<td>- Norovirus – no hospital bay or ward outbreaks reported since Feb 2012</td>
</tr>
</tbody>
</table>

| Timing |
| This paper is presented to the Board bi-monthly in the Scottish Government’s prescribed template. |

| Link to Corporate Objectives |
| The Corporate Objectives this paper relates to: |
| - Create an environment of service excellence and continuous improvement |
| - Improve the delivery of safe, effective and person centred care and our services |

| Contribution to the 2020 vision for Health and Social Care |
| The work and information referred to in this report supports the organisation in its contribution to the 2020 vision for Health and Social Care in relation to Safe and Effective Care. |

| Benefit to Patients |
| Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI). |

| Equality and Diversity |
| Infection Control policies apply to all staff and patient groups. These are based on NHS Scotland HAI policy and |
guidance. Health Protection Scotland (HPS) and Healthcare Improvement Scotland (HIS) conduct equality impact assessment on all HAI national guidance, policy and standards. The hand hygiene, Standard Infection Control Precautions (SICPS) and cleanliness audit results reported are a mandatory HAI requirement related to national policy and guidance.
Healthcare Associated Infection Reporting Template (HAIRT)
Section 1 – Board Wide Issues

This section of the HAIRT covers Board wide infection prevention and control activity and actions.
A report card summarising Board wide statistics can be found at the end of section 1

Key Healthcare Associated Infection Headlines for August 2018

Community Healthcare Associated Infection (HAI) Audits

The Infection Prevention and Control Team (IPCT) have almost completed all General Practice audits bar three on the mainland and isles. This project was a request from the Director of Public Health, from the February 2018 Infection Control Committee, to provide assurances to the Board that all practices were compliant with HAI standards. An overall audit report will be submitted to the Infection Control Committee in August 2018.

This has been a huge ask of the team, in terms of time in managing both hospital and community audits. Feedback has been provided to each practice of findings and action plans have been submitted for areas for improvement. The IPCT will continue to support practices along with other service providers.

LDP Standard 1st April 2018 to 31st March 2019 for Staphylococcus aureus bacteraemia (SAB)

The rate of SAB cases is per 1,000 acute occupied bed days. Small changes in the number of SAB cases in NHS Orkney, will significantly affect their rates.

NHS Orkney has had zero Staphylococcus aureus Bacteraemia (SAB) case(s) for LDP Q1 (Apr-Jun 2018) although NHSO did have to 1 case where samples were deemed to be due to contamination rather than actual case. NHSO remains within the LDP Standard.

NHS Orkney has had 1 Hospital acquired Clostridium difficile infection (CDI) case(s) for LDP Q1 Apr-Jun 2018 at time of this report. The standard is to achieve a reduction of the rate of CDI cases in patients aged 3 years and over to 0.32 cases or less per 1,000 total occupied bed days.

NHSO clinicians follow the empirical antibiotic therapy guidelines unless otherwise indicated through discussion with microbiology.

*Staphylococcus aureus* bacteraemia (SAB)

LDP Standard 1st April 2018 -31st March 2019

<table>
<thead>
<tr>
<th>Quarter 1.</th>
<th>April – June</th>
<th>1 contaminated sample</th>
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<tbody>
<tr>
<td>Quarter 2</td>
<td>July - September</td>
<td></td>
</tr>
<tr>
<td>Quarter 3</td>
<td>October - December</td>
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<tr>
<td>Quarter 4</td>
<td>January - March 2018</td>
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</tbody>
</table>
**Clostridium difficile infection (CDI)**

LDP Standard 1st April 2018 - 31st March 2019

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Dates</th>
<th>Cases</th>
</tr>
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<tbody>
<tr>
<td>1st</td>
<td>April-June</td>
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<tr>
<td>2nd</td>
<td>July-September</td>
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<td>3rd</td>
<td>October-December</td>
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<tr>
<td>4th</td>
<td>January-March</td>
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</tbody>
</table>

Every *Clostridium difficile* infection (CDI) case is subject to a rigorous review which includes feedback and inclusion of the clinician caring for patient.

**Local Enhanced CDI Surveillance in NHSO: Definition of Origin**

*Hospital acquired CDI* is defined as when a CDI patient has had onset of symptoms at least 48 hours following admission to a hospital.

*Healthcare associated CDI* is defined as when a CDI patient has had onset of symptoms up to four weeks after discharge from a hospital.

*Indeterminate cases of CDI* is defined as a CDI patient who was discharged from a hospital 4-12 weeks before the onset of symptoms.

*Community associated CDI* is defined as a CDI patient with onset of symptoms while outside a hospital and without discharge from a hospital within the previous 12 weeks; or with onset of symptoms within 48 hours following admission to a hospital without stay in a hospital within the previous 12 weeks.

**Hand Hygiene**

Hand hygiene continues to be monitored by each clinical area through their departmental Standard Infection Control Precautions (SICPs). The Infection Prevention & Control Team carryout bi-monthly Quality Assurance (QA) hand hygiene audits; this information is reported to the Senior Charge Nurse (SCN) at time of audit, to the Medical Director (HAI Executive Lead) and to the Infection Prevention and Control Team, Infection Control Committee and Safe & Effective Care Group.

**100 Observations undertaken during July 2018**

**Overall results for hand hygiene**

<table>
<thead>
<tr>
<th>% Score for Opportunity taken</th>
<th>% Score for Technique</th>
<th>% Score combined opportunity &amp; technique</th>
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<tbody>
<tr>
<td>98%</td>
<td>97%</td>
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<table>
<thead>
<tr>
<th>Staff Groups</th>
<th>Number Observed</th>
<th>Opportunities taken</th>
<th>Technique</th>
<th>Overall compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>68</td>
<td>67</td>
<td>66</td>
<td>97%</td>
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<tr>
<td>Medics</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>87%</td>
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<tr>
<td>AHPs</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td>100%</td>
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<tr>
<td>Others</td>
<td>3</td>
<td>3</td>
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Overall hand hygiene was good and staff demonstrated good compliance for both taking the opportunity to decontaminate hands using the right technique. Also observed during
this audit was the appropriate use of Personal Protective Equipment (PPE) and of patient care equipment being cleaned between patient use.

### MRSA Clinical Risk Assessments

The current Key Performance Indicator has been developed in order to measure compliance at a Scottish level on an annual basis. The minimum number of records that require to be submitted each quarter by boards reflects the sample size required to measure this precisely. As part of the MRSA Screening Programme at HPS, quarterly compliance is reviewed by the team to provide assurance that CRA compliance is at or above 90%.

<table>
<thead>
<tr>
<th>Health Board</th>
<th>2017_18 Q2</th>
<th>2017_18 Q3</th>
<th>2017_18 Q4</th>
<th>2018_19 Q1</th>
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<tr>
<td>Orkney</td>
<td>94%</td>
<td>90%</td>
<td>94%</td>
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<tr>
<td>Scotland</td>
<td>90%</td>
<td>88%</td>
<td>83%</td>
<td>84%</td>
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MRSA Clinical Risk Assessments 100% which is an improvement from previous quarter.

### Cleaning and the Healthcare Environment

The National Target is to maintain compliance with standards above 90%

The NHS Scotland National Cleaning Services Specification for NHS Orkney for period 31st July 2018 was Domestic 97% and Estates 99% which remains above the National target of 90%. These results provide a snapshot of an area not the whole department or ward as areas are randomly selected.
Domestic Services Key finding from Quarter 1 for Scotland

Scotland’s overall total score for Q1 2018/19 was Green 95.6% which was slightly up on previous quarter score of 95.5%.

All NHS Boards have achieved an overall green compliance. NHS Orkney Q1 95.2%

Domestic Cleaning Services monitoring Tool – NHS Boards Performance

Outbreaks
Norovirus
There has been no hospital ward or bay closures due to norovirus since last report. Last reported hospital outbreak was February 2012. The Infection Prevention and Control Staff participated in yearly HPS norovirus evaluation on 29/5/2018, where opportunities to share good practice were discussed.

Flu/ Respiratory Illness
The IPCT will be supporting 2018/19 winter planning programme and flu vaccination campaign in encouraging staff uptake, as it was noted NHSO was the lowest Board in Scotland for staff uptake for flu vaccination.

NHS Orkney Surgical Site Infection (SSI) Surveillance
NHS Orkney participates in a national infection surveillance programme relating to specific surgical procedures such as Caesarean sections, hip fractures and large bowel surgery. This is coordinated by Health Protection Scotland (HPS) and the national definitions and methodology which enable
comparison with overall NHS Scotland infection rates. These results are now being fed through NSS Discovery for Boards to view.

**Standard Infection Control Precautions (SICPs)** — Departmental audits continue as indicated by departmental SICPs timescales. Quality assurance audits continue to be undertaken as time and resource permits taking into account Community Practice audits.

**Education update**

Next update December 2018
**NHS HOSPITAL**

**Staphylococcus aureus** bacteraemia monthly case numbers

**LDP Standard identified 48 hrs after admission therefore Hospital acquired.**

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**Staphylococcus aureus** bacteraemia monthly case numbers **LDP Standard Out of Hospital including Healthcare associated**

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**Clostridium difficile** infection monthly case numbers **LDP Standard Hospital**

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**Cleaning Compliance (%) Domestic**

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**Estates Monitoring Compliance (%)**

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Appendix A

Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of ‘Report Cards’ that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

*Clostridium difficile* infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Methicillin Sensitive *Staphylococcus aureus* (MSSA) and Methicillin Resistant *Staphylococcus aureus* (MRSA).

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the “out of hospital” report card.

Targets

There are national targets associated with reductions in C.diff and SABs. More information on these can be found on the Scotland Performs website:

http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance

Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff is complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website.

Understanding the Report Cards – ‘Out of Hospital Infections’
*Clostridium difficile infections* and *Staphylococcus aureus* (including MRSA) *bacteraemia* cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes. The final Report Card report in this section covers ‘*Out of Hospital Infections*’ and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital.
Not Protectively Marked

<table>
<thead>
<tr>
<th>NHS Orkney Board – 23 August 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This report is for noting</strong></td>
</tr>
<tr>
<td><strong>Clinical and Care Governance Committee Chair’s Report</strong></td>
</tr>
</tbody>
</table>

| Lead Director Author | Marthinus Roos, Medical Director  
|                      | Steven Johnston, Vice Chair - Clinical and Care Governance Committee |
| Action Required      | The Board is asked to:  
|                      | 1. Note the report and seek assurance on performance |

| Key Points | This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 11 July 2018 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board:  
|            | • Induction process for new non-executives and new Chief Officer within both NHS Orkney and the Integration Joint Board (IJB)  
|            | • Children being required to travel outwith Orkney for Joint Investigation Interviews  
|            | • The issue of lack of attendance at the Clinical and Care Governance Committee |

| Timing | The Clinical and Care Governance Committee highlights key issues to the NHS Orkney Board and Integration Joint Board on a quarterly basis following each meeting. |

| Link to Corporate Objectives | The Corporate Objectives this paper relates to:  
|                             | • Improve the delivery of safe, effective patient centred care and our services;  
|                             | • Optimise the health gain for the population through the best use of resources;  
|                             | • Pioneer innovative ways of working to meet local health needs and reduce inequalities;  
|                             | • Create an environment of service excellence and continuous improvement; and  
|                             | • Be trusted at every level of engagement. |

| Contribution to the 2020 vision for Health and Social Care | The work of the Clinical and Care Governance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on clinical and care governance. |

| Benefit to Patients | Assurance that robust clinical governance controls and management systems are in place and effective throughout NHS Orkney. |

| Equality and Diversity | No specific equality and diversity elements to highlight. |
Not Protectively Marked

NHS Orkney Board

Clinical and Care Governance Committee Chair’s Report

Author  Steven Johnston, Vice Chair
Clinical and Care Governance Committee

Section 1  Purpose

The purpose of this paper is to provide the minutes of the meetings of the Clinical and Care Governance Committee and to highlight the key items for noting from the discussions held.

Section 2  Recommendations

The Board is asked to:

1. Review the report and note the issues raised
2. Adopt approved / note unapproved committee minutes

Section 3  Background

This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 11 July 2018 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

Section 4  Issues Raised

1. Recruitment of new Non-Executives

The new Non-Executive Directors had been recruited, though were yet to go through the process of being formally appointed to Committees and the IJB. This would be ratified at the next Board meeting. Members felt an induction process for the various NHS Orkney and IJB committees would be beneficial.

2. Joint Investigative Interviews of children and young people

The Committee raised continuing concerns regarding children being required to travel outwith Orkney to undertake Joint Investigation Interviews.
Post meeting the Head of Children & Families, Criminal Justice and Chief Social Worker provided members with an update that the position remained unchanged as the national review was not yet complete. He confirmed that he had made further representation to the review team stating Orkney’s position. Until the review was complete and recommendations published Orkney would continue to represent its position.

3. Attendance at the Clinical and Care Governance Meetings

The number of members in attendance at the Clinical and Care Governance meetings was noted as a concern, especially considering the importance of the Committee’s remit. Members noted that it was especially concerning given the absence of key figures and stressed the need to send a nominated deputy should the individual be unable to attend.

Cross Committee Assurance

Members agreed the following risks to be escalated to the Audit Committee

- Brexit – The amalgamation of an IJB and NHS Orkney approach to Brexit
- Complaints handling – Combined working between the IJB and NHS Orkney and further clarity regarding when staff are within their rights to withhold information relating to a patient or service user.

Appendices

- Unapproved Minute of the Clinical and Care Governance Committee meeting held on 11 July 2018
8.2.1

Orkney NHS Board

Minute of meeting of the Clinical and Care Governance Committee of Orkney NHS Board in the Saltire Room, Balfour Hospital on Wednesday, 11 July 2018 at 13:00

Present: Steven Johnston, Area Clinical Forum Chair (Vice Chair)
Davie Campbell, Non-Executive Director
Councillor Rachael King, Orkney Island Council
Ian Kinniburgh, NHS Orkney Chair
David McArthur, Director of Nursing, Midwifery and AHP
Chris Nicolson, Director of Pharmacy (from item 276 via VC)
Heather Tait, Public Representative
Councillor John Richards, Orkney Island Council

In Attendance: Gemma Pendlebury, Corporate Business Officer (minute taker)
Christina Bichan, Head of Transformational Change and Improvement

270 Apologies

Apologies had been received from G. O’Brien, M. Roos, Dr. L. Wilson and K. Woodridge.

A discussion took place regarding the regularity that the Clinical and Care Governance Committee meetings clashed with the clinics of M. Roos and an alternative day was suggested as a way forward.

271 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items.

272 Minute of Meeting held on 22 May 2018

The minute of the Clinical and Care Governance Committee meeting held on 22 May 2018 was accepted as an accurate record of the meeting, subject to the below amendments and was approved on the motion of D. McArthur, seconded by J. Richards

- Page 2, second paragraph – addition of the word ‘to’ between ‘need’ and ‘clarify’
- Page 3, seventh paragraph – amendment from ‘meeting’ to ‘meetings’
- Page 3, tenth paragraph – amendment from ‘confident’ to ‘confidence’
- Page 7, fifth paragraph – amendment of the sentence to read ‘The Chair would welcome the inclusion of the third sector to feed into this policy’
- Page 8, sixth paragraph – amendment of the sentence to read ‘S Johnston noted the data and information provided in the accompanying text were contradictory…’
- Page 8, ninth paragraph – sentence required completion

273 Matters Arising

788 – Public Representative on the Quality and Safety Group

The Head of Transformational Change and Improvement advised that
unfortunately appointment of a public representative to the Quality and Safety Group had, once again, been unsuccessful. The terms of reference had been re-circulated for the information of anyone considering bearing office.

106 – Outpatient Waiting Times

The Head of Transformational Change and Improvement updated that there was a Service Level Agreement (SLA) in place with NHS Tayside. The phototherapy unit had undergone its first trial; however there were issues with the equipment that meant it had unfortunately not worked. As a result the equipment had been returned to manufacturer. The most recent update from Dounby Surgery was that the repair would be followed up with the manufacturer as a matter of urgency. It was the hope of the Head of Transformational Change and Improvement that there would be a positive update for reporting at the next Clinical and Care Governance Committee.

It was noted that this item had been discussed at the most recent Community Council meeting. Some individuals needing this service were required to make trips to Aberdeen three to four times per week due to the failure of the phototherapy unit equipment. Due to this there was a substantial cost implication.

109 – Public Health Reform

Cllr. R. King updated that it had been difficult to match diaries with Dr. L. Wilson due to workload and prior commitments, however it was hoped that a meeting could be arranged to further discuss issues around island proofing for feeding back to COSLA as the Council was in Recess.

110 – Chief Social Work Officer’s Quarterly Report

Cllr. R. King raised a real concern regarding children being required to travel outwith Orkney to undertake Joint Investigation Interviews. It was felt that more local pressure needed to be applied as it would be unacceptable within the community.

The Group requested an update regarding the forensic services provision for survivors of sexual violence and were advised that there had been two members of staff who had undertaken the relevant forensic examination training, with a third individual potentially commencing employment with NHS Orkney who has prior experience. The Head of Hospital and Support Services would be the lead for the service and would be attending the national taskforce meetings to improve services for victims of rape and sexual assault.

The Committee requested this be placed on the action log. The Vice Chair would request a virtual update from the Head of Children & Families, Criminal Justice and Chief Social Worker.

Patient ID policy

Cllr. R. King raised a general query regarding the patient ID policy. The policy had no mention within it regarding whether there was a triggering length of time before individuals admitted would be allocated hospital ID. There was a further query raised in the case of patients having lost consciousness, unable to confirm their identity.
The Head of Transformational Change and Improvement would report back at the next Clinical and Care Governance Committee.

274 Action Log

The Committee reviewed the updated Action Log. (see action log for details)

275 Safe and Effective Care

Quality and Safety Group Chair’s report – CCGC1819-14

The Head of Transformational Change and Improvement noted that the group was still evolving, taking time to establish correct working processes and procedures and to ensure that it was a forum for honest and robust discussions. A formal review would be taking place on the 12 month period.

The points for highlighting arising from the April meeting were:

- A paper presenting the positive internal Controlled Drugs Audit
- Duty of Candour legislation which came into force on 1 April 2018
- Involvement of patients and services users in developing our understanding of the quality of care provided
- The Screening of Vision in Children
- The draft Terms of Reference for the Resuscitation Committee

The points worthy of note from the May meeting were:

- A report on progress against the Action Plans established as a response to Scottish Public Services Ombudsman findings from complaint investigations in the last 12 months
- Two papers were presented in relation to the Hospital Standardised Mortality Ratio (HSMR) which built on information considered in March 2018 by the Group.
  - The first of the papers highlighted that an extended case note review of all deaths within the April–June 2017 period had shown no patient deaths that would have been unexpected
  - The second paper on HSMR provided the audit findings from the internal HSMR review process.
- A report on recent 15 Steps Walk Rounds which had been conducted across the Balfour Site with G Skuse, NHSO Non-Executive Board member.
- The Head of Organisational Development and Learning presented the current status of compliance with Statutory and Mandatory training requirements.

[C Nicolson joined meeting via video conferencing at 13:53]

276 Minutes of Quality and Safety Group meetings held on 4 April and 14 May 2018

The Committee noted the minutes of the Quality and Safety Group meetings
277 **Adults with Incapacity – CCGC1819-15**

The Director of Nursing, Midwifery and Allied Health Professionals provided a report for committee members to comment on the proposals and note the reasons for delay in the progression of the audit.

The audit was an important element of assurance to the Clinical and Care Governance Committee and the most recent results presented to the last meeting demonstrated positive and sustained levels of improvement across the elements inspected.

The AWI Audit was unavailable to the committee due to significant and unexpected reductions in Staffing capacity and sustained Clinical demand within CMHT and Hospital.

The Audit process was very comprehensive with a well structured methodology and reviewed a large number of records. It was a manual process which was person intensive and required a strong clinical skill-set, entailing a sustained effort from a Nurse with experience of Audit and AWI assessment over a period of two weeks. The Director of Nursing, Midwifery and Allied Health Professionals assured members that this would be a temporary issue and that the audit was well underway. Another audit was scheduled to take place within a 6-weeks timeframe.

Cllr. R. King noted her gratitude for the information and factors behind the delay. It was felt to be beneficial that the IJB be made aware of the details of the report to enable Joint Board to provide help where possible in the coming months. Cllr. R. King also raised awareness within the Group that there would be a huge increase of focus on mental health services nationally.

**Decision/Conclusion**

There would be a more detailed update provided around the Adults with Incapacity Audit virtually, at the next Quality and Safety Group meeting and also to the next Clinical and Care Governance Committee.

278 ** Significant Adverse Event Action Plan Update – CCGC1819-16**

The Head of Transformational Change and Improvement provided an update on the actions arising from the Significant Adverse Event (SEA) Action Plan internal audit and was pleased to announce that almost all actions had been completed. There were two actions outstanding:

- **Section A, Action 5:** A Standard Operating Procedure should be developed for negotiation of patient transport to the mainland. This action would be returning to the Committee in October 2018.
- **Section C, Action 11:** Senior management and the Board should oversee the customisation of requirements in the national framework for SAEs to the Orkney situation ahead of future SAEs, and agree their approach with HIS. A start to this customised approach was made with the draft NHS Orkney Learning from Clinical Practice policy.

Members of the Committee raised that there were instances of text missing from the pdf’ed version of the SEA action plan due to the change from Excel.
Staff from the Emergency Medical Retrieval Service (EMRS) had attended Orkney to deliver a good quality exercise trialing a Single Point of Contact system. The SPOC system saw a person or a department serving as a coordinator or focal point of information concerning an individual accessing NHS Orkney services. Members were informed that such a system would be utilised going forward as it had proved a far more efficient and effective process. Initial feedback had been positive.

Members’ attention was drawn to Section A, Action 10: The suitability of the paediatric in-patient environment. In particular patient confidentiality was a major concern and access to more private assessment space should be a definite requirement. Members were in agreement that it would be unacceptable for a patient, especially a child or young person, to share personal information in the vicinity of other patients. Further concern was voiced regarding the open spaces within the new hospital, though there were more areas for triage and assessment. Staff would be required to use their judgment and a degree of sensitivity when speaking with young people, and to be mindful of the types of questions they were asking in open or otherwise occupied areas. Relocating to a private room should be a priority if needed.

In connection with Section A, Action 1, members were informed that Roelf Dijkhuizen did not sit on or attend the ‘Choose Life’ working group. It had been felt more appropriate that the Head of Transformational Change and Improvement would feedback relevant information to R Dijkhuizen. It was also noted that he would still, where appropriate, be involved in suicide review.

A significant amount of work had been undertaken to ensure the completion of Section C, Action 10. The Group were informed that work had been undertaken internally, rather than external investigations being required.

**Decision/Conclusion**

The Committee agreed that the Significant Adverse Event Action Log spreadsheet should be a separate agenda item for the next Clinical and Care Governance Committee meeting on 10 October 2018.

**Outpatient Waiting Times – CCGC1819-17**

The report provided members with information on performance in regards to access to outpatient services.

For the quarter January-March 2018 the average number of days waited for a new outpatient appointment within the Balfour Hospital was 34 and 90% of patients were seen within 193 days. The majority of patients were noted as seen well within the 12 week standard; however there were still breaches of the target being experienced within a number of speciality areas. The total number of patients waiting over 12 weeks as of 5 June was 262. The most significant area of pressure was in Ophthalmology with over 150 patients currently waiting more than 12 weeks to be seen at a first new outpatient appointment.

The Head of Transformational Change and Improvement informed members that...
there had been an identified plan of action for the most challenging specialist areas which would be presented to the Senior Management Team during week commencing 16 July 2018.

Work had also been undertaken to better understand NHS Orkney reporting processes and in particular its comparability with national requirements and the reporting activities of other Board areas. It had been identified that reporting of “other” activity included several non-consultant led services and mental health specialties which were not eligible for inclusion within this type of reporting. This had, over time, worsened the reported position and the reporting practice had now been amended with a positive effect on the waiting list position.

From 1 April 2016 the Scottish Government had set a target that the maximum wait for AHP MSK Services from referral to first clinical outpatient appointment would be four weeks (for 90% of patients). It would require significant action to both fully understand the extent of the issue around this and to develop and deliver an effective improvement plan. This was in the process of being taken forward with the assistance of the Head of Health and Community Care to ensure all practical steps were being taken to reduce the length of wait experienced by patients requiring the service.

The Group discussed the utilisation of the NSS ‘Discovery’; a browser based system hosted by NHS National Service Scotland (NSS) which contained all data within it for every Health Board. Indicators within NSS ‘Discovery’ was viewed from an NHS Scotland Board of Treatment/Residence perspective and the comparative NHS Scotland health information contained within the system would enable NHS Scotland Boards to determine their performance against specific criteria compared to their peers (English and Scottish) and identify opportunities for driving improvement. It would also facilitate the identification of areas where deployment of resource could be targeted more effectively to better address local populations' health and care needs.

NSS ‘Discovery’ enabled an authorised user to drill down through indicators from a topology perspective of the data all the way down to person centred information, dependent upon user security access approvals.

**Decision/Conclusion**

Members agreed that the management of long waiting patients was a key area to be addressed. Further data around the length of wait times was required for scrutiny by the Committee, especially around the challenging target for MSK physiotherapy waiting times.

Members felt that it would prove helpful for a demonstration of NSS ‘Discovery’ to be delivered to the Committee and Non-Executives. It was a powerful data analysis and gathering tool that could help frame the hard-line questions needing to be asked within service areas. The Head of Transformational Change and Improvement agreed to arrange a demonstration of NSS ‘Discovery’.

**Policy Ratification – CCGC1819-18**

Informed Consent policy

Members received the Informed Consent policy for approval.
The purpose of the document was to set out the standards and procedures in NHS Orkney which aimed to ensure that health professionals comply with national guidance on obtaining informed consent.

The policy had been presented to the relevant advisory committees for comment and approval. Direct comments have been received by the policy creator and acted upon according. The policy was noted as a more comprehensive and safer approach to obtaining consent from individuals. The form alone ensured that members of staff to partake in a conversation with the patient obtaining their consent. Members noted that the policy was good practice. It would ensure every clinician followed the same processes that good clinicians have been following for years and evidences that those processes have been completed.

Cllr. R. King noted that the policy was thorough and comprehensive. However, a concern was raised that it had not undergone legal scrutiny as a safeguarding measure.

Further discussion took place regarding comparisons of the previous consent system and the new policy. Previously clinicians had been concerned about the consent measures in place, and the new policy was agreed as a much more appropriate system that protected both staff and patient. The policy was undergoing an initial pilot phase. Should the CLO return with any queries about the policy the possibility of capturing the trial candidates within that query was discussed. Further amendments also potentially needed following review of the General Medical Council (GMC) guidance on informed consent upon its release.

Decision/Conclusion

The Committee approved the Informed Consent policy on the proviso that it be reviewed by the Central Legal Office (CLO). The Director of Nursing, Midwifery and Allied Health Professionals was to ensure this would be followed up.

281 Records Management policy

The policy was approved by the Committee.

Medicines management

282 Internal Audit – Dispensing Practices for Controlled Drugs – CCGC1819-19

The Director of Pharmacy presented the internal audit report on Clinical Governance of Controlled Drugs for Dispensing Practice which had been circulated around various groups and committees. The audit was to look at the inspection arrangements for the controlled drugs, rather than practices and the Committee was asked to note the recommendations of the audit and discuss the progress in implementation of the recommendations:

The arrangements for performing controlled drug inspections within NHS Orkney were noted as effective. A number of areas where controls could be strengthened were outlined throughout the report.

The main high level points which were discussed in more detail in the paper were:

- That the existing arrangements around inspections with NHS Grampian
inspections team should be developed into a more comprehensive memorandum of understanding (the intention was that this be included within the Grampian Pharmacy SLA which was being urgently reviewed)

- Formalisation of Actions with Action Owners from each practice identified and timescales implemented
- To prepare a report annually commencing October 2018 (CDAO annual report now scheduled)

Further discussion arose around the potential practical implications of NHS Grampian no longer procuring drugs for NHS Orkney. The most notable being NHS Orkney needing to undertake procurement directly through wholesalers. There would be a serious implication on staffing and the timescales for procuring required substances in the initial stages of the new process; however it would be a much more controlled system going forward.

Cllr. R. King raised a concern around procurement timescales and whether there would be a shortage of drugs in the initial stages of the changeover. The Director of Pharmacy noted that this would be investigated as part of the whole planning process.

The potentially negative impact that Brexit could have upon an already difficult situation was explored and the Director of Pharmacy noted that he was already undergoing discussion around the various pressure points in partnership with the NHS Orkney Chief Executive.

Decision/Conclusion

The situation with NHS Grampian no longer being permitted to supply NHS Orkney with controlled drugs was noted as a time-critical incident. Members agreed that the continuity in service provision was paramount and as such asked for that an item around this should be on the Corporate Risk Register. Members also felt that the potential impact of Brexit upon NHS Orkney should be escalated more clearly on the Risk Register.

**Person Centered Care**

283 Patient Experience Quarterly Report for period ended 31 March 2018 – CCGC1819-20

The Committee Received the report providing information relating to complaints and feedback, along with ongoing Patient Experience work. This report was to seek assurance on Key Performance Indicators.

Decision/Conclusion

The committee noted the patient Experience Quarterly Report.

284 Patient Experience Annual Report – CCGC1819-21

The Patient Experience Annual Report was received and discussed by the Committee.

Members were informed that the number of complaints received and recorded had significantly increased following the introduction of the new Complaints
Handling Procedure. In total, NHS Orkney had received 67 Early Resolution complaints and 35 Investigation complaints. The number of recorded Early Resolution complaints showed that the organisation had engaged well in the first year of the new process and that patients were satisfied with the outcomes in the majority of cases. 83.5% of Early Resolution complaints were responded to within the 5 day timescale, whilst 80.0% of Investigation complaints were responded to within 20 days. Alongside this, it was noted that staff continued to undertake the online Complaints and Feedback training modules regularly. Though responses to the complaints experience questionnaire had been very poor. Whilst not always recorded, staff continued to work with patients to ensure they received person centred care and that service improvements were driven by the experience of patients.

Members engaged in further discussion around complaints raised with services provided jointly with the Integration Joint Board. Both Orkney Island Council and NHS Orkney were noted has having very different complaint resolution processes and there were times when patients wishing to complain were unsure of where to direct their concerns or had potentially submitted a complaint to the incorrect organisation. There had also been issues in connection with data protection and data sharing across the Integration Joint Board, however it was noted that in some cases this had been due to staff wishing to safeguard the data of their patients and service users.

A further topic was discussed regarding complaints around visiting clinicians and consultants not employed by the NHS Orkney Health Board. It was difficult for patients to distinguish between NHS Orkney and the Health Board within which the visiting clinicians were employed and were generally aiming their displeasure at the service within which they had received their perceived dissatisfactory treatment. Members agreed that there was a need to follow national guidelines and that NHS Orkney should be required to have a degree of oversight into whatever pathway their patients were engaged in. In the interest of fostering a good patient experience.

**Decision/Conclusion**

Members noted that the new complaint handling system had been implemented, and this was noted as generally being an improvement and so a positive step forward. An opportunity was identified to gain open learning from dissatisfied complainants, which would help to ensure all individuals were receiving feedback and responses in a timely fashion.

**Population Health**

**Public Health Priorities – CCGC1819-22**

The report received by the Committee served the purpose of sharing the public health priorities and noted the endorsement of NHS Orkney of the priorities.

Following the 2015 Public Health Review, the 2016 Health and Social Care Delivery Plan, the Scottish Government had outlined a commitment to set national public health priorities with Society of Local Authority Chief Executives (SOLACE) and the Convention of Scottish Local Authorities (COSLA) that would direct public health improvement across the whole of Scotland. This would establish the national consensus around public health direction that would inform local, regional
and national action.

A range of engagement events have been held nationally and staff from NHS Orkney joined a virtual event.

**Decision/Conclusion**

Members were informed that the Director of Public Health would feed the public health priorities into the Strategic Planning Group (SPG) in order to increase the awareness of those issues. She would also produce a document regarding how the priorities would be applied within a public health workstream.

**Social Work and Social Care**

286 **Chief Social Work Officer’s Quarterly Report – CCGC1819-23**

The Committee received the Chief Social Work Officer’s Quarterly Report, however noted that the Chief Social Work Officer was unavailable to present the report at the meeting.

The report was opened to the Group for comments and the following issue was raised:

- Item 4.1—the Vice Chair raised that there had been some further changes. A representative from the Chief Officers Group attended the Area Clinical Forum Chair’s Group to discuss the link between the ACF and IJB and there being variability Scotland-wide. Further clarity was required and the ACF Chair’s Group have since written to the Chief Officer Group for this

The Committee members discussed the possibility of the Chair of the ACF being invited to the IJB, as there had been involvement of the Chief Officer at designated meetings of the ACF to speak on particular items.

Concerns regarding the membership at both the IJB and SPG were discussed and it was noted that this had been extended to numbers which were unsustainable. In light of this, both groups were looking at moving back to the legislated number of attendees to ensure an appropriate speed for the completion of business. Balance was needed in connection with integration across Health and Social Care and the understanding was that there would be a review of progress in connection with IJBs across Scotland. There was an audit into this being undertaken and Cllr. R. King agreed to link in with the head auditor, Claire Sweeney, to ensure there was an island perspective.

**Decision/Conclusion**

Members noted that there was a need to be open to designing and IJB that works for Orkney, rather than a prescriptive way of working that might not be suitable. To do this we would be required to illustrate the method and how it was working for Orkney.

287 **Minutes of Professional Social Work Advisory Committee meetings held on 5 June 2018**

The Committee noted the minute of the Professional Social Work Advisory
Committee meeting.

**Joint Inspection of Adult Services – CCGC1819-24**

The Committee received the report in connection with the Joint Inspection of Adult Services; however the Head of Health and Community Care had not been available to deliver the report.

The report was opened to the Group for comments and the following issue was raised:

Recommendation 4, Item 4.1 – There was a discrepancy between the figure detailed in the ‘Action’ column and the ‘Action, Comments and Review’ column.

**Decision/Conclusion**

The Vice Chair agreed to contact the Chief Financial Officer for the Integration Joint Board for further clarification on the discrepancy between the figures of item 4.1 of the JIAS Action Plan Review.

**Chair’s reports from Governance Committees**

**Audit Committee – Cross Committee Assurance**

The report provided the two Internal Audit reports that were presented to the Audit Committee meeting on 1 May 2018 and it was agreed that these should be shared with the Clinical and Care Governance Committee for information:

- Nurses, Midwives and Allied Health Professionals (NMAHP) Revalidation
- Waiting Times

There were two action points taken from the Revalidation report.

1) Reviewing the ‘Lapsed Professional Registration’ policy to ensure that it remained up to date and consistent with current practice. The revalidation policy had been revised.
2) Ensuring that the role performed by the HR Logistics Officer could be performed in his absence in both the short and long term. The Group were D. Wilson (Recruitment Officer) was able to access the system.

There was one action point taken from the Waiting Times report.

1) Ensuring staff were recording the arrival time of patients arriving by ambulance as being the time the ambulance arrives and not the time the patient was brought to A&E reception.

**Decision/Conclusion**

The Director of Nursing, Midwifery and Allied Health Professionals advised the Committee that both actions had been addressed. The Professional Registration policy had been updated and the duties performed by the HR Logistics Officer could be performed by the Recruitment Officer in the interim as she had access to the required systems.
The Accident and Emergency (A&E) waiting times report received was noted as being positive, though members were advised that the action point was not of concern. The current location of A&E meant staff were unable to see the front door, and so could not accurately record the time of the ambulance arriving. Due to this, arrival times were incorrect by a matter of seconds and this would not be a permanent problem due to the up-coming move to the new hospital.

Risk

Risk Register Report – CCGC1819-25

The Committee received the Risk Register Report to seek assurances in relation to how risks were being handled and to note the content of the risk register and the actions proposed.

There were 40 active risks across the Corporate and Operational risk registers. 9 Risks had been either closed or made inactive since the last report. This was highlighted in section 4 of the report.

Members raised queries in connection with the following items:

- **Item 287** – This item had been mitigated and would be moved to the Hospital Operational risk register
- **Item 238** – This item was noted as something that SMT were actively dealing with. Discussion had also taken place regarding this within the ‘Matters arising’ section of these minutes and would be included on the Committee action log
- **Item 84** – This item had reduced from ‘Very high’ to ‘High’ and was linked to the pager work that had been undertaken recently. Key individuals on call were in possession of pagers and mobile telephones should there be a service problem with the pagers. Members noted it was the responsibility of the individual to ensure they were contactable at all times whilst on call.
- **Item 251** – This item had been placed on hold on the direction of the Chief Executive, though would still maintain a ‘Medium’ risk status
- **Item 291** – Would need to be reviewed following the approval of the Informed Consent policy
- **Item 296** – The risk was noted as no longer exists.

Decision/Conclusion

Members reviewed the risk register and received assurance on the performance required to mitigate and close the risk register actions suitably.

Agree risks to be escalated to the Audit Committee

- Brexit – The amalgamation of an IJB and NHS Orkney approach to Brexit
- Complaints handling – Combined working between the IJB and NHS Orkney and further clarity regarding when staff are within their rights to withhold information relating to a patient or service user.

Emerging Issues
Recruitment of new Non-Executives
The new Non-Executive Directors had been recruited, though were yet to go through the process of being formally appointing to Committees and the IJB. This would be ratified at the next Board meeting. Members felt an induction process for the various NHS Orkney and IJB committees would be beneficial.

Attendance of the Clinical and Care Governance meetings
The number of members in attendance at the Clinical and Care Governance meetings was noted as a concern, especially considering the importance of the Committee’s remit. Members noted that it was especially concerning given the absence of key figures and stressed the need to send a nominated deputy should the individual be unable to attend. This was a key issue due to previous problems with Quoracy.

Any other competent business
No other competent business.

Agree items to be brought to Board or Governance Committees attention
It was agreed to raise the following issues to the Board through the chair’s report:

- Induction process for new non-executives and new Chief Officer within both NHS Orkney and the Integration Joint Board (IJB)
- Children being required to travel outwith Orkney for Joint Investigation Interviews
- The issue of lack of attendance at the Clinical and Care Governance Committee

Items for Information and noting only

Schedule of Meetings
The Committee noted the schedule of meetings for 2018/19.

Record of Attendance
The Committee noted the record of attendance.

Members took the opportunity to revisit the earlier discussion regarding Clinical and Care Governance Committee meetings that coincided with the clinical time of the Medical Director. The Medical Director noted that a later start for the meeting of 14:00 would help to ensure that he would be able to attend future meetings.

Committee Evaluation
Members noted that it had been a positive meeting.

Meeting closed at 16:25
NHS Orkney Board – 23 August 2018

This report is for noting

Area Clinical Forum Chair’s Report

<table>
<thead>
<tr>
<th>Lead Director Author</th>
<th>Steven Johnston, Chair Area Clinical Forum</th>
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<tbody>
<tr>
<td>Action Required</td>
<td>The Board is asked to:</td>
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<tr>
<td></td>
<td>1. Note the report and seek assurance on performance</td>
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<tr>
<td>Key Points</td>
<td>This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 3 August 2018 and it was agreed that these should be reported to the NHS Orkney Board:</td>
</tr>
<tr>
<td></td>
<td>• Output from the July development session</td>
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<td></td>
<td>• Appointment of office bearers to the Professional Advisory Committees.</td>
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<td></td>
<td>• Committee support of the Well Being pilot.</td>
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<tr>
<td>Timing</td>
<td>The Area Clinical Forum highlights key issues to the Board on a quarterly basis following each meeting.</td>
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<tr>
<td>Link to Corporate Objectives</td>
<td>The Corporate Objectives this paper relates to:</td>
</tr>
<tr>
<td></td>
<td>• Improve the delivery of safe, effective patient centred care and our services;</td>
</tr>
<tr>
<td></td>
<td>• Optimise the health gain for the population through the best use of resources;</td>
</tr>
<tr>
<td></td>
<td>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</td>
</tr>
<tr>
<td></td>
<td>• Create an environment of service excellence and continuous improvement; and</td>
</tr>
<tr>
<td></td>
<td>• Be trusted at every level of engagement.</td>
</tr>
<tr>
<td>Contribution to the 2020 vision for Health and Social Care</td>
<td>The work of the Area Clinical Forum is supporting the delivery of the 2020 vision for health and social care by ensuring that a co-ordinated clinical and professional perspective and input is provided to the Board when decisions are made regarding clinical matters.</td>
</tr>
<tr>
<td>Benefit to Patients</td>
<td>Active engagement of all parties is essential for NHS Orkney to achieve continuous improvements in service quality which deliver the best possible outcomes for the people of Orkney.</td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>No specific equality and diversity elements to highlight.</td>
</tr>
</tbody>
</table>
Area Clinical Forum Chair’s Report

Author    Steven Johnston, Area Clinical Forum Chair

Section 1  Purpose

The purpose of this paper is to provide the minute of the meeting of the Area Clinical Forum and to highlight the key items for noting from the discussions held.

Section 2  Recommendations

The Board is asked to:

1. Review the report and note the issues raised
2. Adopt approved / note unapproved committee minutes

Section 3  Background

This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 3 August 2018 and it was agreed that these should be reported to the NHS Orkney Board.

Section 4  Issues Raised

1.1 Development Session

The ACF held a development session on the Regional Delivery Plan and Workforce Plan which proved very useful

1.2 Professional Advisory Committees – Appointment of office bearers

It was noted that almost all office bearers for the Professional Advisory Committees had now been appointed.

1.3 Well Being pilot

Martin Lever, Public Health Improvement Team, presented a report advising that the pilot programme had commenced. The Public Health Team were looking for assistance in broadening the referral avenues to help increase numbers within the programme. The
Area Clinical Forum noted the positive progress of the pilot so far and supported its continuation through staff groups as appropriate.

2. 1

Cross Committee Assurance

There were no issues requiring Cross Committee Assurance

Appendices

- Unapproved Minute of the Area Clinical Forum meeting held on 3 August 2018
- Output from the July Development Session
Joint Area Clinical Forum & Area Partnership Forum Development Session

Regional Delivery Plan and Workforce Plan

6th July 2018


Introduction: Gerry O’Brien gave a presentation on the RDP and workforce plan, outlining some of the challenges and enablers. Gerry highlighted the demographic and financial challenges facing the North Region, which are similar to other regions in Scotland. The geographical challenge is unique to the North and adds to the complexities of the challenges. There were no real surprises in any of the points highlighted and indeed many of the same issues have been relevant for the past 14 years or so.

Discussion: An open discussion followed with the following points and themes captured:

- When recruitment unsuccessful we should have novel methods at our disposal to attract new staff rather doing the same thing over and over. It was asked how could the region help us with this? If “centres” have recruitment issues that clearly has a knock on effect for Orkney with the “periphery” clinics being the first to be reduced or cut. Some discussion around how Orkney has been in a position to share its expertise. An account of occupational therapy sending staff to Shetland was given, which worked out as mutual benefit as it was also a learning experience. NHSO consultants have also been moving across the region. It was acknowledged that it would be helpful to have wider community benefit considerations during the recruitment process if possible e.g. looking at applicants partners occupation.
- It was highlighted that the plans don’t have much of a focus on primary care and therefore GP’s which has implications for the nursing/AHP/etc services which support these. There was further discussion around how the documents seemed to have too much of a hospital focus and were light on preventative aspects.
- How can the Isles be part of the solution? There has been lots of good innovative work done already which possibly needs to be driven further forward. There were views shared that clinicians and managers could work together in a supportive fashion to lead to improvements.
- Similar issues were discussed 14 years ago and many remain issues. However, it was highlighted that there has still been a huge amount of other very good work been done and the devotion of staff should be applauded and that appetite to adapt, explore and innovate should be encouraged.
- The realistic medicine agenda could help to drive some of the regional work forward (and the third CMO report could should be outlined in the RDP). Other work including Integration and the new GP contract/Primary Care Improvement Plan also has cross-over with this regional work.
There is work ongoing to develop a regional approach to job evaluation in the north to facilitate the AfC processes across the region. This is hoped to ensure consistency. However it needs to be remembered that the outcome of the evaluation process is entirely dependent on the information the manager puts into the job description. It is recognised that recruitment is a challenge across the workforce and the “Christmas tree” model (i.e. the majority of the workforce sits at the broadest base of the tree and as speciality increases the workforce gets proportionally smaller) doesn’t always work for the isles as our staff have very multifaceted roles and these roles may be very different in a more central location with bigger workforce sectors so not comparable. This has to be recognised when evaluating workforce requirements locally.

The work with young people and apprentices was shared and welcomed in recognition of the figures shown around the ageing workforce across the region but in Orkney in particular. There was some discussion around allowing flexibility in training to move between health and social care and some work in this respect was highlighted.

The investment in training was regarded as of utmost importance due to the number of benefits this brings for the staff member, patients and the organisation/region but in particular the previous work has demonstrated that it helps attract staff to work for NHSO. AHP’s are looking at links with UHI and Napier to enable placements for trainees.

The question was raised, “do we have a good understanding of why our staff leave so that we can adapt?” to which the response was that this is assessed by a variety of means and there are no obvious trends and clearly no easy fix.

NHSO needs a strong region to protect our own staff in terms of training and development and for clinical benefits. There was reference to the Morecambe Bay report which highlighted the dangers of professional isolation.

There are obvious constraints, namely finance and national obligations (recruitment process, bandings, agenda for change etc). With regard to recruitment, there needs to be consistency across the region with transparency of finances going to the Boards to ensure no staff group is disadvantaged and expected to take on additional roles without resources. We need to see where and how this money is being spent.

There was some comment around how the capacity of the Isles staff could be better used with innovation and there is a need to ensure these jobs remain attractive.

It was acknowledged that those who come to work in NHSO and leave after a short time still provide benefit and there may sometimes be benefit in encouraging this type of worker.

The work done already in redesigning services in the Balfour without any increase in budget was acknowledged. For this work to continue there needs to be support for all staff. There are many benefits which extend beyond financial ones – work satisfaction, development opportunities.

Staff need to be able to move freely across the region for secondments, training, sharing clinical services/staff across the region/Scotland where appropriate and agreed by staff involved. It was highlighted that work has progress well with a “passport” which would facilitate this. It would be a means of demonstrating occupational health clearance, PVG, mandatory training etc are all in place so that is does not need to be repeated unnecessarily which moving between healthboards.
- The IT developments were acknowledged including the single Clinical Portal for the North and information governance.

**Summary:** There was a consensus that the session had been helpful and the output would be fed back to the ACF and APF, to the regional Board and the NHSO Board.

Steven Johnston, Chair Area Clinical Forum

Fiona MacKellar, co-Chair Area Partnership Forum

Gerry O’Brien, co-Chair Area Partnership Forum
Orkney NHS Board

Minute of meeting of Area Clinical Forum of Orkney NHS Board held in the Saltire Room, Balfour Hospital on Friday 3 August 2018 at 12.15pm.

Present: Steven Johnston, Chair (ADC)
Nigel Pendrey, Secretary (ADC)
Moraig Rollo (TRADAC)
Sylvia Tomison (NAMAC)

In Attendance: Lauren Johnstone, PA to the Director of Public Health (Minute Taker)
Martin Lever, Public Health Improvement Team
Marthinus Roos, Medical Director
Emma West, Corporate Services Manager
Louise Wilson, Director of Public Health

53 Apologies

Apologies were received from Adelle Brown, Moira Flett, Lindsey Kolthammer and Kate Smith.

54 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

55 Minute of meeting held on 1 June 2018

The minute from the meeting held on the 1 June 2018 was accepted as an accurate record of the meeting, subject to the amendments noted below and was approved on the motion of M. Rollo seconded by The Chair:

- Throughout the minute - Director of Nursing should read Director of Nursing, Midwifery and AHP.

56 Matters Arising

35 - Clinical Supervision Policy – May Development Session

It was agreed that the chair would contact Lynne Spence for an update on progression and the reporting structure for this.

37 – New Hospital and Healthcare Facility update

It was agreed that an update would be provided at all meetings of the Area Clinical Forum going forward due to the short timescales now involved. The Chair advised that he also sat on the Transformational Implementation Programme Board (TIPB) and would continue to update the forum from these meetings.

50 - Primary Care Improvement Plan

Members were informed that the plan had not been approved by the GP Sub Committee and engagement was ongoing.
Area Clinical Forum Action Log/ Recurring Agenda Items for Area Clinical Forum

The Action Log was reviewed and corrective action agreed on outstanding issues (see action log for details).

07-17/18 Clinical Documentation

Members were advised that NHS Orkney would be moving to office 365 within the next 3 years which includes share point which could potentially be used as an intranet space. Clarification was sought on whether other areas in Scotland would use it as such. It was noted that there was limited IT capacity to progress further at this point due to the new hospital and healthcare facility work.

Members agreed that the system used needed to be functional and address the current clinical risk around out of date clinical documentation. There would be a paper to the Senior Management Team to discuss the intranet plans further and reassess the risk. There had been no recent DATIX but it was acknowledged that responsibility for maintenance of a document should sit with the owner(s).

Chairman’s report from the Board and ACF Chairs Group

The Chair provided members with an update from the June Board meeting highlighting the following:

- The Internal naming convention had been further discussed.
- The Annual accounts had been approved

M Roos withdrew from the meeting

The following update was provided from the ACF Chairs Group:

- There had been positive developments nationally raising the focus of the Area Clinical Forum
- There was now an ACF representative on the Scottish Access Collaborative, which was a useful link to Quality Improvement Work and summary updates from this would be fed back.

Advisory Committee Reports:

NAMAC

NAMAC had last met on the 27 June 2018 and the minute had been provided for review

AMC

Members had received the AMC minute from the 4 July 2018 for information, no members were present to provide an update.

From the minute it was discussed that the AMC wished to escalate to the Forum the resuscitation policy, and the training requirements around this. The Chair agreed to contact the Head of Organisational Development and learning for a progress update on incorporation of changes and training requirements.
There had been no recent meetings of the APC and no members were present at the meeting.

N Pendrey advised that the ADC had last met on the 1 May 2018. The meeting due to be held on 24 July had been rescheduled to 14 August. N Pendrey stressed that staffing levels within the Public Dental service had been severely reduced mainly down to retirement and resignations. It was confirmed that Amy Tulloch had now taken up position of Vice-Chair.

M Rollo advised that TRADAC had met on 28 June 2018. It was confirmed that Kate Smith had taken up position of Chair and Lindsey Kolthammer the position of secretary with a view to take up vice-chair in the future. M. Rollo queried if a deputy could be nominated to attend ACF, it was confirmed that deputies were acceptable. The group held a discussion with regards to the frequency of the TRADAC meetings as members did not feel the current timetable was sufficient and would prefer to hold business meetings every month rather than every second month. Further discussion would be held and fed back to ACF as this may affect the frequency, reporting and support requirements of the other Professional Advisory Committees.

It had been agreed that the September development session would focus on the Primary Care Improvement Plan, with a reminder to be distributed 2 weeks before the session.

The Chair opened the floor to suggestions for November development session topics, with the following suggestions made:

- Realistic medicine
- Strategic Commissioning plan
- New build – clinical transitions

There was a consensus that the session had been very useful, the output would be fed back to the Area Partnership Forum, to the regional Board and the NHS Orkney Board.

Martin Lever, Public Health Improvement Team, presented the report advising that the pilot programme had commenced and that although there had been capacity issues in delivery, engagement had been positive. The pilot was targeted at those in deprived areas, at risk of Cardio Vascular Disease and patients presenting with early stages of anxiety or low mood. The Public Health team were asking for assistance in broadening the referral avenues to help bring people into the programme. Numbers to date had been lower than anticipated, mainly down to the lack of referrals and awareness of the programme.
8.3.1

The Medical Director sought clarity on the referral route and was advised that this would be through clinicians identifying risky behaviors such as smoking, drinking, lack of exercise; patients showing low moods or living in a deprived area were all listed as key identifiers. All patients must approve referral before being enrolled into the programme. Self-referring patients showing signs of a mental health illness would be directed back to their GP to insure early intervention and correct support. It was anticipated that most people would join the programme by clinician referral.

M Lever advised that from the questionnaire completed by the patient, the appropriate support would be readily available, which would include coaching and/or easy to read booklets. There was concern raised over the information that was available to patients which could cause barriers such as booklets for a patient with literacy issues. It was stressed that there would be one-to-one appointments available to ensure that all clients understood the information being delivered. Meetings were flexible, and could be carried out in the home; surgeries or place the client felt most comfortable.

The pilot offered 12 weeks of support after their initial screening. Success would be measured from achievements of goals set, verbally from the patient and physically such as stopping smoking or increased exercise.

Members were keen to support the programme which has already been very successful in Dumfries and Galloway. It was agreed that consultation would be required with other departments within NHS Orkney to ensure the best response possible to the programme.

**Decision/Conclusion:**

The Area Clinical Forum noted the positive progress of the pilot programme and supported its continuation through staff groups as appropriate. The Forum requested an update report in around nine months on the pilot outcomes.

62 **Governance**

There were no agenda items this meeting.

**For information and noting**

63 **Key legislation issued**

Members noted the key legislation issued since the last meeting.

64 **Correspondence**

No correspondence had been received.

65 **Area Partnership Forum minutes**

Members noted the minutes from 15 May 2018 and 19 June 2018.

66 **Learning and Education Steering Group**

Members noted the minutes from 8 May 2018.

67 **Occupational Health & Safety Committee**

4
Members noted the minutes from 29 May 2018

68 **Quality and Safety Group minutes**
Members noted the minutes from 14 May 2018 and 11 June 2018. The Chair advised that a NEW2 (National Early Warning) short life working group had been established to progress this locally.

69 **Transformational Implementation Programme Board minutes**
There had been no recent meetings.

70 **Communication and Engagement Group minute**
Members noted the minutes from 10 April 2018 and 22 May 2018.

71 **Digital Medical Records Project**
Members noted the minutes from 19 April and 31 May 2018.

Members noted that the Ordercomms system had been put on hold due to technical issues, the Chair would request an update from the Head of Hospital and Support Services.

72 **Risk Register Report – ACF1819-11**
Members noted the report. There were 40 active risks across the Corporate and operational risk registers identified. 9 Risks have been either closed or made inactive since the last report. The committee agreed to support the actions proposed. It was noted that there had been a decline in risks however this was primarily down to having cleansed current risks and noted mitigation in place rather than there being less risks evaluated.

73 **Agree any items for onward reporting:**
It was agreed that the following items would be reported to:

**Board**
- Output from the July development session.
- Attendance at meetings noting that office bearers were now in place for almost all professional advisory committees
- Committee support of the Well Being pilot. The Area Clinical Forum would encourage the board to engage with staff, with the view to increase requests for referrals.

74 **Any other competent business**

**Vice Chair**
The position of Vice Chair was currently vacant, it was agreed that the nomination process would commence for this role.

**Representation on the Endowment Fund Sub Committee**
It was agreed that an additional ACF representative would be sought for the September meeting of the Committee. Following this an email would be send to all members of the Professional Advisory Committees seeking permanent representation. M Rollo would also continue as ACF representative on this group.

75 **Schedule of Meetings 2018/19**

Members noted the schedule of meetings for 2018/19.

76 **Record of Attendance**

Members noted the record of attendance.

77 **Committee Evaluation**

Members noted that it was a well timed meeting with a balanced agenda.
## NHS Orkney Board – 23 August 2018

### Report Number: OHB1819-29

This report is for discussion

### Financial Performance Management Report

| Lead Director Author | Hazel Robertson, Director of Finance  
Derek Lonsdale, Head of Finance |
|----------------------|--------------------------------------------------------------------------------|

| Action Required | Members are asked to  
• review the in year financial position  
• note the year to date overspend of £0.183m and forecast breakeven at year end  
• note the risks to delivery, including (but not exclusively) the risk around savings. |

| Key Points | NHS Orkney commences the year with a recurring surplus, with significant levels of funding being set aside for cost pressures, and a consequent savings target of £2.7m.  
The end June position is an overspend against revenue resource limit of £0.183m and slow delivery of savings. It is common to have a slow start to savings delivery, but this is very concerning in the current year due to the level of financial challenge.  
The high level forecast indicates a surplus of £0.38m, in line with the Financial Plan, reflects full delivery of savings, but relies on £0.765m of reserves, and the assumptions have still to be robustly tested. A detailed forecast on the major cost centres and areas of financial flexibility will be compiled for the month 4 report. |

| Timing | July 2018 |

| Link to Corporate Objectives | Effective management of the financial position should be driven by and support the objective to optimise health gain for the population through the best use of resources. |

<p>| Contribution to 2020 vision for Health and Social Care | Value and financial sustainability – effective use of resources. |</p>
<table>
<thead>
<tr>
<th>Benefit to Patients</th>
<th>Effective management of the financial position should be driven by and support the objective to optimise health gain for the population through the best use of resources.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality and Diversity</td>
<td>No assessment required.</td>
</tr>
</tbody>
</table>
Section 1  Purpose

The report provides analysis of the financial position for the period to 30 June 2018. Significant financial issues are explored, including a summary of progress on delivery of savings. Financial risks have been updated.

Section 2  Recommendations

Members are asked to

- review the in year financial position
- note the year to date position of £0.183m overspend and forecast breakeven at year end
- note the risks to delivery, including (but not exclusively) the risk around savings.

Section 3  Background

NHS Orkney is required to achieve financial targets:

- Live within the Revenue Resource limit
- Live within the Capital Resource limit
- Meet the Cash Requirement
- Achieve target savings.

How the Financial Plan is constructed

The £4.5m uplift in our baseline arising from the NRAC formula (NHS Scotland Resource Allocation Committee) was phased in over four years to address significant cost pressures and allow investment in services. 2018/19 is a pivotal year in transitioning to the new hospital and healthcare facility, with additional recurring revenue costs of £1.4m funded over two years.

The table below provides a summary of the plan for this year and next. (See Appendix 1 for more information over the 5 years of the approved plan.)
Key features of the financial plan are:

- A recurring surplus of £1.089m at end March 2019, and an overall surplus of £0.038m.
- By end March 2020 the recurring surplus will reduce to £0.2m, and will remain at this level in future years.
- Growth funding from Scottish Government is insufficient to meet inflationary pressures, which means that a minimum of £0.75m recurring savings is required every year.
- In 2018/19, a requirement to address cost pressures as well as deliver savings.

Pay issues are a particular feature this year:

- The Scottish Government expects to receive Barnett consequentials arising from the National Independent Pay Review Body and have provided an undertaking that this will be passed to Boards. There remains an element of risk, however at this time it is assumed that costs will be met in this financial year. It is understood that costs for future years will be built into our baseline allocation.
- Pay as If At Work. We have set aside funds for the ongoing and backdated costs.

NHS Orkney’s baseline allocation for 2018/19 is £48.001m. Additional allocations assumed in the financial plan account for a further £8.259m. Any unused allocations during the year may be used to contribute to the savings target or alternatively will be held in reserves to offset over spends.

### Scale of the Financial Challenge

Achievement of financial balance is predicated on delivery of savings of £2.75m in 2018/19 (5.7% of baseline) and £1.55m in 2019/20 (3.2%). Over these two years NHS Orkney needs to identify recurring savings of £2.05m (4.2%).

The NHS Orkney approach to delivery of savings in 2018/19 is through:

- recurring savings of £1m to be progressed through the Transformation and Cost Improvement Plan.
- non recurring savings of £1.7m to be covered by financial flexibility in year.
**Reserves**

A total of £2.93m is held in reserve, comprising mostly of specialist drugs, provision for pay as if at work, pay award and investments that have not yet started. Any surplus in these reserves will be agreed with managers and will contribute to the financial flexibility required to meet our financial targets.

**Section 4 Discussion**

**Summary Revenue Position**

At end June, NHS Orkney is £183,000 over spent on the Core Revenue Resource Limit.

<table>
<thead>
<tr>
<th>Area of spend</th>
<th>Prior Month Variance £000</th>
<th>Current Month Variance £000</th>
<th>Movement £000</th>
<th>Forecast Year End Variance £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sla Hcp-Grampian Mental Health</td>
<td>(60)</td>
<td>(91)</td>
<td>(30)</td>
<td>(363)</td>
</tr>
<tr>
<td>Surgery Balfour Hospital</td>
<td>(64)</td>
<td>(70)</td>
<td>(6)</td>
<td>(281)</td>
</tr>
<tr>
<td>Radiography - Balfour</td>
<td>(47)</td>
<td>(56)</td>
<td>(9)</td>
<td>(208)</td>
</tr>
<tr>
<td>Acute Services</td>
<td>(32)</td>
<td>(54)</td>
<td>(22)</td>
<td>(248)</td>
</tr>
<tr>
<td>Opd - Balfour</td>
<td>20</td>
<td>29</td>
<td>10</td>
<td>115</td>
</tr>
<tr>
<td>Other Areas of Spend</td>
<td>84</td>
<td>57</td>
<td>(27)</td>
<td>1,022</td>
</tr>
<tr>
<td>Total</td>
<td>(100)</td>
<td>(183)</td>
<td>(84)</td>
<td>38</td>
</tr>
</tbody>
</table>

There are four cost centres with overspends of over £50,000 and all are services which are not delegated to the Integration Joint Board:

- A cost allowance for medical locums was approved in the Financial Plan. Costs are currently running ahead of expenditure at this time last year, and ahead of the pro rata share of the £750,000 cost allowance set aside in the Financial Plan. Across all medical staffing cost centres there is a deficit of £121,000 which projects to £485,000 for the full year. Detailed analysis will be undertaken for month 4 to identify the budget requirements in the various specialities based on the medical model in place.
- Continued high level of expenditure related to the service level agreement with NHS Grampian for mental health services.
- Radiography. The requirement for locums has resulted in an over spend of £50,000, with a projection of £194,000 at the outturn. A proposal has been agreed to transfer obstetrics scanning to the midwifery service, which will address this pressure in the medium term.
- Acute Services is overspent as a result of sickness and maternity cover. The projection to year end is £107,000 over spent.

Two cost centres have underspends greater than £25,000:
- Outpatients £29,000 due to vacancies
- Pharmacy £28,000 due to vacancies
Year to Date Position by Service area

A year to date summary of budgeted against actual revenue expenditure by service area is set out below:

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Annual Budget £000</th>
<th>Budget YTD £000</th>
<th>Spend YTD £000</th>
<th>YTD Variance £000</th>
<th>YTD Variance %</th>
<th>Forecast Year End Variance £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Services</td>
<td>11,876</td>
<td>2,976</td>
<td>3,152</td>
<td>(175)</td>
<td>(5.89)</td>
<td>(649)</td>
</tr>
<tr>
<td>Pharmacy &amp; Drug costs</td>
<td>1,900</td>
<td>473</td>
<td>468</td>
<td>5</td>
<td>1.10</td>
<td>(141)</td>
</tr>
<tr>
<td>Integrated Joint Board</td>
<td>22,527</td>
<td>5,282</td>
<td>5,176</td>
<td>106</td>
<td>2.01</td>
<td>362</td>
</tr>
<tr>
<td>Orkney Health and Care - Non IJB</td>
<td>246</td>
<td>66</td>
<td>85</td>
<td>(19)</td>
<td>(28.29)</td>
<td>(61)</td>
</tr>
<tr>
<td>External Commissioning</td>
<td>10,524</td>
<td>2,452</td>
<td>2,576</td>
<td>(124)</td>
<td>(5.08)</td>
<td>(411)</td>
</tr>
<tr>
<td>Estates and Facilities</td>
<td>3,367</td>
<td>1,079</td>
<td>1,101</td>
<td>(22)</td>
<td>(2.06)</td>
<td>(6)</td>
</tr>
<tr>
<td>Support Services</td>
<td>5,334</td>
<td>1,184</td>
<td>1,219</td>
<td>(35)</td>
<td>(2.94)</td>
<td>178</td>
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<tr>
<td>Reserves</td>
<td>2,930</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>765</td>
<td></td>
</tr>
<tr>
<td>Reserves – Under spends</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Savings Targets</td>
<td>(2,669)</td>
<td>81</td>
<td>81</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Total Core RRL</strong></td>
<td>56,033</td>
<td>13,593</td>
<td>13,777</td>
<td>(183)</td>
<td>(1.35)</td>
<td>38</td>
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<tr>
<td>Ophthalmic Services NCL</td>
<td>293</td>
<td>68</td>
<td>68</td>
<td>(0)</td>
<td>(0.00)</td>
<td>0</td>
</tr>
<tr>
<td>Dental and Pharmacy NCL - IJB</td>
<td>1,302</td>
<td>343</td>
<td>343</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td><strong>NON-CORE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annually Managed Expenditure</td>
<td>255</td>
<td>1</td>
<td>2</td>
<td>(0)</td>
<td>(38.64)</td>
<td>(0)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,235</td>
<td>300</td>
<td>300</td>
<td>(0)</td>
<td>(0.00)</td>
<td>(0)</td>
</tr>
<tr>
<td><strong>Total For Board</strong></td>
<td>59,118</td>
<td>14,305</td>
<td>14,489</td>
<td>(183)</td>
<td>(1.29)</td>
<td>38</td>
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</tbody>
</table>

The significant issues in relation to hospital services and external commissioning have been explored in the previous summary section. Additionally:

- Visiting services costs are based on activity in 2017/18. Once invoices are received a more accurate assessment will be provided.

Significant issues in relation to Orkney Health and Care delegated functions are explored in the next section of this report.

Support Services have contributed £75,800 non recurrently to savings as a result of vacant posts in Public Health, Health Intelligence, Human Resources, Chief Executive and Nursing/Midwifery and AHP.

Areas which do not form part of core funding therefore do not count against our statutory targets:

- non cash limited expenditure on Family Health Services is covered by a separate stream of funding.
- non-core expenditure is supported through specific non-core revenue allocations.
Year to Date Position for Services delegated to the Integrated Joint Board

Orkney Health and Care NHS Services (Under spend £87,000)

<table>
<thead>
<tr>
<th>Services</th>
<th>Annual Budget £000</th>
<th>Budget YTD £000</th>
<th>Spend YTD £000</th>
<th>YTD Variance £000</th>
<th>Forecast Year End Variance £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration Joint Board</td>
<td>3,995</td>
<td>596</td>
<td>596</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Children's Services &amp; Womens Health</td>
<td>1,736</td>
<td>434</td>
<td>404</td>
<td>30</td>
<td>126</td>
</tr>
<tr>
<td>Primary Care, Dental &amp; Specialist Nurses</td>
<td>9,331</td>
<td>2,349</td>
<td>2,276</td>
<td>73</td>
<td>356</td>
</tr>
<tr>
<td>Health &amp; Community Care</td>
<td>3,498</td>
<td>910</td>
<td>887</td>
<td>24</td>
<td>43</td>
</tr>
<tr>
<td>Pharmacy Services</td>
<td>3,967</td>
<td>992</td>
<td>1,012</td>
<td>(21)</td>
<td>(163)</td>
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<tr>
<td><strong>TOTAL - IJB</strong></td>
<td>22,527</td>
<td>5,282</td>
<td>5,176</td>
<td>106</td>
<td>362</td>
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<tr>
<td><strong>TOTAL - NON IJB</strong></td>
<td>246</td>
<td>66</td>
<td>85</td>
<td>(19)</td>
<td>(61)</td>
</tr>
<tr>
<td><strong>TOTAL ORKNEY HEALTH &amp; CARE</strong></td>
<td>22,773</td>
<td>5,348</td>
<td>5,261</td>
<td>87</td>
<td>302</td>
</tr>
</tbody>
</table>

The Financial Plan allowed for:
- £342,000 to cover cost pressures in Primary Care.
- Approved investment funds of £56,000 for Mental Health
- Both have been incorporated into budgets.

The significant variances are service delivery issues, reflecting a high level of vacancies:
- Children’s Services and Women’s Health is under spent due to vacant posts within Health Visitors and Maternity.
- Dental currently have vacancies of 8.36 WTE.
- Health and community care have vacancies within Occupational Therapy of 1.5WTE, Community nursing of 2.8 WTE, and within Mental Health.

Pharmacy Services is currently £21,000 over spent as a result of dispensing, work is ongoing in this area with practices. This will be a key area of focus in the Primary Care Improvement Plan.
**Savings**

The cash releasing cost reduction target is set at £2.75m, which is 5.67% of the baseline. 38% is recurring.

Recurring savings are delivered through the Transformation and Cost Improvement plan, with the majority coming from transformational projects which also drive down costs. The Transformation and Cost Improvement plan will be provided to every meeting of the Finance and Performance Committee for review and scrutiny of the current status.

The £1.7m non recurring target will be met through financial flexibility arising in year. This includes efforts to bring challenging budgets closer to financial balance.

At month 3, £75,800 (2.8%) of savings have been realised of which, £5,800 is recurring, as shown in appendix 2. These savings have arisen from vacancies.

A risk assessment has been carried out on the Transformation and Cost Improvement Plan which has reduced the anticipated savings this year from £0.783m to £0.494m increasing the recurring gap to £0.556m. Potential sources of flexibility have been identified, and will be risk assessed with managers, to inform a detailed forecast based on the month four position.

This is the area of highest risk in the financial position and will continue to be reported in detail to the Finance and Performance Committee via a separate report. The projected gap at month three is £0.57m.

**Risks**

<table>
<thead>
<tr>
<th>Risk</th>
<th>Rating and impact (per financial plan)</th>
<th>Rating and impact (current)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to identify and deliver unidentified savings</td>
<td>High Risk £1m</td>
<td>High Risk £600k</td>
<td>Potential for reductions to be non recurring</td>
</tr>
<tr>
<td>Locum costs over and above plan</td>
<td>Medium Risk £500k</td>
<td>Medium Risk £400k</td>
<td>Physicians, surgeons and primary care - depending on resignations and cover.</td>
</tr>
<tr>
<td>Drug costs</td>
<td>Low Risk Up to £100k</td>
<td>Low Risk £100k</td>
<td>Currently forecast breakeven</td>
</tr>
<tr>
<td>Service Level agreements and Off Island Placements</td>
<td>Medium Risk Up to £250k</td>
<td>Medium Risk Up to £250k</td>
<td>Forecasted activity level uncertain.</td>
</tr>
</tbody>
</table>
**Capital**

The Board has an allocation of £0.978m with an anticipated allocation of a further £31.127m bringing the total to £32.105m. The prepayment of the new healthcare facility accounts for 81% of the total allocation.

The forecast outturn is a break-even position, with 10% of the total allocation having been utilised to date.

**Conclusion and forecast outturn**

At end June the year to date position is an overspend against the revenue resource limit of £0.183m and slow delivery of savings. Whilst it is not uncommon to have a slow start to savings delivery, this is more concerning in the current year due to the level of financial challenge.

The high level forecast indicates a surplus of £0.38m which is in line with the Financial Plan, reflects full delivery of savings, but relies on £0.765m of reserves, and the assumptions have still to be robustly tested. A detailed forecast on the major cost centres and areas of financial flexibility will be compiled for the month 4 report.

Derek Lonsdale
Head of Finance

17 July 2018
## APPENDIX 1 - Local Delivery Plan

### NHS Orkney 5 Year Summary Financial Plan

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RECURRING POSITION (deficit) / surplus</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Recurring Financial Position at start of year</td>
<td>945</td>
<td>1,089</td>
<td>229</td>
<td>72</td>
<td>98</td>
</tr>
<tr>
<td>B Estimated Recurring Growth</td>
<td>1,209</td>
<td>728</td>
<td>739</td>
<td>750</td>
<td>761</td>
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<tr>
<td>C Inflation Uplifts</td>
<td>(1,595)</td>
<td>(1,388)</td>
<td>(1,445)</td>
<td>(1,473)</td>
<td>(1,539)</td>
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<tr>
<td>D Developments and Cost Pressures</td>
<td>(521)</td>
<td>(1,200)</td>
<td>(200)</td>
<td>-</td>
<td>-</td>
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<tr>
<td>G Agreed Savings Targets</td>
<td>1,050</td>
<td>1,000</td>
<td>750</td>
<td>750</td>
<td>750</td>
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<tr>
<td>H Recurring Financial Position at end of the year</td>
<td>1,089</td>
<td>229</td>
<td>72</td>
<td>98</td>
<td>70</td>
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### IN YEAR EFFECT

<table>
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<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I Recurring Financial Position for year</td>
<td>1,089</td>
<td>229</td>
<td>72</td>
<td>98</td>
<td>70</td>
</tr>
<tr>
<td>J Add non recurring resources</td>
<td>(29)</td>
<td>12,009</td>
<td>(21)</td>
<td>11</td>
<td>52</td>
</tr>
<tr>
<td>K Borrowing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L Developments and Cost Pressures</td>
<td>(2,722)</td>
<td>(12,780)</td>
<td>(290)</td>
<td>(307)</td>
<td>(295)</td>
</tr>
<tr>
<td>M Non-recurring savings</td>
<td>1,700</td>
<td>550</td>
<td>250</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td>N Non-recurring (deficit) / surplus in year</td>
<td>38</td>
<td>5</td>
<td>11</td>
<td>52</td>
<td>78</td>
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## APPENDIX 2
### COST REDUCTIONS ANALYSIS

<table>
<thead>
<tr>
<th>SAVINGS ANALYSIS 2017-2018</th>
<th>Target Rec</th>
<th>NR</th>
<th>TOTAL</th>
<th>Achieved Rec</th>
<th>NR</th>
<th>TOTAL</th>
<th>% ACHIEVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE PRODUCTIVITY</td>
<td>(580,000)</td>
<td></td>
<td>(580,000)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>DRUGS AND PRESCRIBING</td>
<td>(41,000)</td>
<td></td>
<td>(41,000)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>WORKFORCE</td>
<td>(155,000)</td>
<td></td>
<td>(155,000)</td>
<td>5,000</td>
<td>0</td>
<td>5,000</td>
<td>48.4%</td>
</tr>
<tr>
<td>Chaplaincy</td>
<td></td>
<td>3,000</td>
<td>3,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPHM</td>
<td></td>
<td>22,000</td>
<td>22,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR</td>
<td></td>
<td>12,500</td>
<td>12,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Secretariat</td>
<td></td>
<td>10,000</td>
<td>10,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WORKFORCE</td>
<td>(155,000)</td>
<td></td>
<td>(155,000)</td>
<td>5,000</td>
<td>0</td>
<td>5,000</td>
<td>48.4%</td>
</tr>
<tr>
<td>ESTATES AND FACILITIES</td>
<td>(5,625)</td>
<td></td>
<td>(5,625)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Procurement</td>
<td>(2,000)</td>
<td></td>
<td>(2,000)</td>
<td>800</td>
<td>0</td>
<td>800</td>
<td>0.0%</td>
</tr>
<tr>
<td>IT contracts</td>
<td></td>
<td>800</td>
<td>800</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROCUREMENT</td>
<td>(2,000)</td>
<td></td>
<td>(2,000)</td>
<td>800</td>
<td>0</td>
<td>800</td>
<td>0.0%</td>
</tr>
<tr>
<td>UNIDENTIFIED</td>
<td>(266,375)</td>
<td>(1,700,000)</td>
<td>(1,966,375)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL CRES</td>
<td>(1,050,000)</td>
<td>(1,700,000)</td>
<td>(2,750,000)</td>
<td>5,800</td>
<td>75,000</td>
<td>75,800</td>
<td>2.8%</td>
</tr>
<tr>
<td>Less achieved (CRES)</td>
<td>5,800</td>
<td>75,000</td>
<td>75,800</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRES BALANCE TO BE FOUND</td>
<td>(1,044,200)</td>
<td>(1,625,000)</td>
<td>(2,674,200)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>% ACHIEVED</td>
<td>0.6%</td>
<td>0.0%</td>
<td>2.8%</td>
<td></td>
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</table>
NHS Orkney Board – 23 August 2018

Report Number: OHB1819-30

This report is for information.

Performance Report

<table>
<thead>
<tr>
<th>Lead Director</th>
<th>Gerry O'Brien, Chief Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Christina Bichan, Head of Transformational Change and Improvement</td>
</tr>
<tr>
<td>Action Required</td>
<td>The Finance and Performance Committee is invited to:</td>
</tr>
<tr>
<td></td>
<td>1. note the report</td>
</tr>
<tr>
<td>Key Points</td>
<td>• Performance in regards the Local Delivery Plan Standards is provided in Appendix 1.</td>
</tr>
<tr>
<td></td>
<td>• Timely access to some Outpatients services as well as Psychological Therapies and Child and Adolescent Mental Health services continues to be challenging with current performance below the required LDP level.</td>
</tr>
<tr>
<td></td>
<td>• Performance in regards to the 4 week MSK target is also an area requiring focus.</td>
</tr>
<tr>
<td>Timing</td>
<td>No timing constraints.</td>
</tr>
<tr>
<td>Link to Corporate Objectives</td>
<td>The Corporate Objectives this paper relates to are:</td>
</tr>
<tr>
<td></td>
<td>• Nurture a culture of excellence, continuous improvement and organisational learning</td>
</tr>
<tr>
<td></td>
<td>• Improve the delivery of safe, effective and person centred care and our services</td>
</tr>
<tr>
<td>Contribution to the 2020 vision for Health and Social Care</td>
<td>This work is contributing to the 2020 vision by seeking to ensure that timely access to high quality, safe and effective care is available for the people of Orkney.</td>
</tr>
<tr>
<td>Benefit to Patients</td>
<td>More timely access to care and services.</td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>There are no Equality and Diversity implications identified with this item.</td>
</tr>
</tbody>
</table>
Not Protectively Marked

NHS Orkney Board – 23 August 2018

Performance Report

Author  Christina Bichan, Head of Transformational Change & Improvement

Section 1  Purpose

The purpose of this report is to provide Board members with information on current performance in regards to Local Delivery Plan standards.

Section 2  Recommendations

The NHS Orkney Board is asked to:

1. Note the report.

Section 3  Background

Local Delivery Plan (LDP) Standards are priorities that are set and agreed between the Scottish Government and NHS Boards. The current standards are:

- Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal, and lung cancer by 25 per cent
- 95 per cent of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95 per cent of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral
- People newly diagnosed with dementia will have a minimum of one year’s post-diagnostic support
- 100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee)
- 90 per cent of planned/elective patients to commence treatment within 18 weeks of referral
- 95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100 per cent
At least 80 per cent of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation

90 per cent of Eligible patients to commence IVF treatment within 12 months of referral

90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral

90 per cent of patients to commence Psychological therapy based treatment within 18 weeks of referral

NHS Boards' rate of Clostridium difficile in patients aged 15 and over to be 0.32 cases or less per 1,000 occupied bed days

NHS Boards' rate of staphylococcus aureus bacteraemia (including MRSA) to be 0.24 cases or less per 1,000 acute occupied bed days

90 per cent of Clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery

NHS Boards to sustain and embed alcohol brief interventions in the three priority settings of primary care, A&E and antenatal and to broaden delivery in wider settings

NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas (60 per cent in the Island Boards)

GPs to provide 48 Hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients

NHS Boards to achieve a staff sickness absence rate of 4 per cent

95 per cent of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98 per cent.

NHS Boards are required to operate within their Revenue Resource Limit (RRL), their Capital Resource Limit (CRL) and meet their Cash Requirement

In addition to the above there are several areas of focus which do not sit within LDP standards but are areas of priority for Board delivery as stated by Scottish Government in their LDP guidance. Examples of this are reducing the number of people who are waiting to move from hospital wards to a more appropriate care setting (Delayed Discharges) and AHP Musculoskeletal Services whereby the maximum wait for from referral to first clinical out-patient appointment should be 4 weeks (for 90% of patients).

Section 4 Discussion

A summary of NHS Orkney’s position in regards to each of the current LDP Standards and areas of performance focus is provided in Appendix 1. The information provided is as up to date as the most recently published national data source and has been taken from the NSS Discovery LDP Dashboard.

As can be seen from Appendix 1 challenges remain in regards to timely access to outpatient services as well as Psychological Therapies and the Child and Adolescent Mental Health service.
In Outpatient Services for the most recently reported quarter (January-March 2018) the average number of days waited for a new outpatient appointment within the Balfour Hospital was 34 and 90% of patients were seen within 193 days. Performance over the past 4 quarters for both measures is provided in Figures 1 and 2. (Source: NHS Performs)

Figure 1 Outpatient Waiting Times – Average Number of Days Waited January 2017-March 2018 (Source: NHS Performs)

Figure 2 Outpatient Waiting Times – Number of days within which 90% of patients are seen January 2017 – March 2018 (Source: NHS Performs)

As can be seen from the information provided above in the majority of cases patients are being seen well within the 12 week standard however there are still breaches of the target being experienced within a number of speciality areas. Figure 3 shows the number of patients waiting in excess of 12 weeks for a new outpatient appointment over the period January 2018 until August 2018. The total number of patients waiting over 12 weeks as at 06th August was 298. The most significant area of pressure is in Ophthalmology with over 156 patients currently waiting more than 12 weeks to be seen at a first new outpatient appointment.
Management of long waiting patients continues to be an area of increased focus given that for some specialties there has not been sufficient capacity to meet demand over a sustained period. Clinical review of the notes of the longest waiting patients has been undertaken (e.g. in Ophthalmology) to allow appropriate triaging of those who have greater clinical risk associated with their presenting condition.

Figure 4 summarises the position in regards to the distribution of waits over 12, 18 and 26 weeks as at 6\textsuperscript{th} August 2018 with the longest waits being experienced in Ophthalmology, Orthopaedics, Dermatology and Cardiology.

The new Dermatology service with NHS Tayside will commence at the end of August 2018 with the first scheduled consultant visit. Ahead of this visit all referrals into the service are being vetted and triaged by the Tayside team to ensure prioritisation of the most clinically urgent cases in the first instance. This will be a welcome development in providing assurance regarding quality of care and timely access in this service area.
Since the last report work has been undertaken to better understand our reporting processes and in particular its comparability with national requirements and the reporting activities of other Board areas. From this work it was identified that our reporting of “other” activity included several non-consultant led services and mental health specialties which are not eligible for inclusion in this type of reporting (namely the CAMH and PT services which are reported via their own LDP target processes). This has, over time, worsened the reported position and our reporting practice has now been amended with a positive effect on the waiting list position as can be seen in Figure 4 above. The mental health targets continue to be reported separately in line with the reporting requirements of the associated Local Delivery Plan standards and as highlighted in Appendix 1, performance in this regard has not met the standard level in recent months. Members of the national Mental Health Access Improvement Support Team from Healthcare Improvement Scotland were in Orkney on 16/17th July to enable colleagues to better understand the opportunities for utilising the programme support available to improve our performance and the next steps from this initial scoping exercise are being agreed with service leads.

In regards to the target set by Scottish Government that from 1st April 2016 Scottish Government set a target that, the maximum wait for AHP MSK Services from referral to first clinical out-patient appointment will be 4 weeks (for 90% of patients). Figure 6 below shows Physiotherapy performance over time against this 4 week Musculoskeletal target. As can be seen from this chart there is an increasing trend which has built up over time as the culmination of a number of issues.
The development of an improvement plan to address this issue is currently being taken forward with the Head of Health and Community Care, Lead AHP and the Physiotherapy team to ensure all practical steps can be taken to reduce the length of wait experienced by patients.

Figure 6: MSK Physiotherapy Waiting Times, NHS Orkney - April 2017 – July 2018

In the Balfour Hospital, performance in regards to operations cancelled for non clinical reasons remains good (and better than the Scottish average position) as shown in Figure 7. Minimising delayed discharges continues to be an area of multi-disciplinary focus and as shown in Figure 8 remain at a low level.

Figure 7: Cancelled Operations (non clinical reasons), Balfour Hospital May 15 – June 18
Figure 8: Delayed Discharges, Balfour Hospital - October 15 – June 18

Appendices

- Appendix 1: LDP Standard Performance – NHS Orkney
### Appendix 1: LDP Standard Performance – NHS Orkney
(Source: NSS Discovery LDP Dashboard)

<table>
<thead>
<tr>
<th>LDP Standard</th>
<th>Current (date)</th>
<th>Previous (date)</th>
<th>Standard</th>
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<tbody>
<tr>
<td>4 hour A&amp;E</td>
<td>96.6 (31/05/18)</td>
<td>95.5 (30/04/18)</td>
<td>95.00</td>
</tr>
<tr>
<td>12 week first OP</td>
<td>62.47 (31/03/18)</td>
<td>63.66 (28/02/18)</td>
<td>95.00</td>
</tr>
<tr>
<td>12 week TTG</td>
<td>100.0 (31/03/18)</td>
<td>94.74 (28/02/18)</td>
<td>100.00</td>
</tr>
<tr>
<td>18 week referral</td>
<td>95.63 (30/04/18)</td>
<td>98.66 (31/03/18)</td>
<td>90.00</td>
</tr>
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<td>48 hour Access GP</td>
<td>98.77 (31/03/18)</td>
<td>97.58 (31/03/16)</td>
<td>90.00</td>
</tr>
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<td>Access to antenatal</td>
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<td>100.0 (31/08/17)</td>
<td>80.00</td>
</tr>
<tr>
<td>Adv booking GP</td>
<td>96.15 (31/03/18)</td>
<td>97.64 (31/03/16)</td>
<td>90.00</td>
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<td>Alcohol Brief Interventions</td>
<td>102 (30/06/18)</td>
<td>29.94 (31/01/17)</td>
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<tr>
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<td>0.0 (30/04/18)</td>
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## NHS Orkney Board – 23 August 2018

### This report is for noting

#### Finance and Performance Committee Chairs Report

| **Lead Director Author** | Hazel Robertson, Director of Finance  
James Stockan, Finance and Performance Committee Vice Chair |
|--------------------------|----------------------------------------------------------|
| **Action Required**      | The Board is asked to:  
1. Review the report and note the issues raised  
2. Note unapproved committee minutes |
| **Key Points**           | This report highlights key agenda items that were discussed at the Finance and Performance Committee meeting on 26 July 2018 and it was agreed that these should be reported to the NHS Orkney Board:  
- NHS Orkney Financial Position  
- eHealth and IT Interim Report  
- Appreciation for the hard work of the Finance Team |
| **Timing**               | The Finance and Performance Committee highlights key issues to the Board on a bi-monthly basis following each meeting. |
| **Link to Corporate Objectives** | The Corporate Objectives this paper relates to:  
- Improve the delivery of safe, effective patient centred care and our services;  
- Optimise the health gain for the population through the best use of resources;  
- Pioneer innovative ways of working to meet local health needs and reduce inequalities;  
- Create an environment of service excellence and continuous improvement; and  
- Be trusted at every level of engagement. |
<p>| <strong>Contribution to the 2020 vision for Health and Social Care</strong> | The work of the Finance and Performance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on operating within a context of affordability and sustainability. |</p>
<table>
<thead>
<tr>
<th><strong>Benefit to Patients</strong></th>
<th>Delivery of the best possible outcomes for the people of Orkney within available resources.</th>
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<tbody>
<tr>
<td><strong>Equality and Diversity</strong></td>
<td>No specific equality and diversity elements to highlight.</td>
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</table>
Not Protectively Marked

NHS Orkney Board

Finance and Performance Committee Chair’s Report

Author James Stockan, Finance and Performance Committee Vice Chair

Section 1 Purpose

The purpose of this paper is to provide the minutes of the meetings of the Finance and Performance Committee and to highlight the key items for noting from the discussions held.

Section 2 Recommendations

The Board is asked to:

1. Review the report and note the issues raised
2. Adopt approved / note unapproved committee minutes

Section 3 Background

This report highlights key agenda items that were discussed at the Finance and Performance Committee meeting on 26 July 2018 and it was agreed that this should be reported to the NHS Orkney Board.

Section 4 Issues Raised

1. NHS Orkney Financial Position

   The Committee received a presentation demonstrating the financial position for the period ended 30 June 2018. They were advised that the year to date position would be of a £0.183m overspend, with a forecasted breakeven at year end. Members were asked to note the risks to delivery, including (but not exclusively) the risk around savings.

2. eHealth and IT Interim Report

   An interim report was received by the Committee, providing an update on issues relating to eHealth and IT. The primary focus had been on the preparation of plans for migration to the new facility, and updating IT security arrangements. A further report would be provided to the Finance and Performance Committee for its meeting on 27
September on the Enabling Technology Strategy.

3. **Appreciation for the hard work of the Finance Team**

    The Committee submitted their thanks and congratulations to finance staff for their continued hard work.

**Cross Committee Assurance**

There were no current issues requiring Cross Committee assurance.

**Appendices**

- Unapproved Minute of the Finance and Performance Committee meeting held on 26 July 2018
Orkney NHS Board

Minute of meeting of Finance and Performance Committee of Orkney NHS Board held in the Saltire Room, Balfour Hospital, Kirkwall on Thursday 26 July 2018 at 9:30 am

Present: James Stockan, Non-Executive Director, Vice Chair
Davie Campbell, Non-Executive Director
Gerry O’Brien, Interim Chief Executive
Hazel Robertson, Director of Finance

In Attendance: Christina Bichan, Head of Transformational Change and Improvement
Eddie Graham, Resilience Officer (item TBC)
Derek Lonsdale, Head of Finance
Pat Robinson, Chief Finance Officer, Integration Joint Board
Louise Wilson, Director of Public Health
Gemma Pendlebury, PA to Director of Finance (minute taker)

307 Apologies

Apologies were noted from David McArthur and Ian Kinniburgh.

308 Declarations of Interests – agenda items

No declarations of interest were raised with regard to agenda items.

309 Minutes of Meeting held on 31 May 2018

The minute of the meeting held on 31 May 2018 was accepted as an accurate record of the meeting and was approved on the motion of G O’Brien seconded by D Lonsdale.

310 Matters Arising

327 - Heart Failure Nurse

There had been no progress in recruiting to the post, the Interim Chief Executive agreed to meet with relevant staff to move this forward acknowledging the need to ensure that the role was attractive to potential candidates.

164 - Patient travel

The Head of Finance provided members with a verbal update around the patient travel contract to and from Aberdeen Royal Infirmary. This was up for renewal and as such had been put out to tender, the returned tender information had been shared with NHS Shetland who had confirmed that they would not be taking part in this due to the increased costs. The two bidders had been contacted and challenged on the costs provided.

The Head of Finance noted that a meeting had taken place to understand Shetland’s position and discuss progress. Both received tenders were very similar in cost. NHS Shetland had subsequently agreed to be involved in the tender for 3 years with a view that NHS Aberdeen would look at taking travel arrangements in-house following this.
The current provider Red Cross, had removed 4 seats from their 12 seat buses for the remainder of their tendered contract to meet licensing requirements. The company, Falcon Coach Hire Ltd, would be taking over the contract. Members were advised that there would not be any savings to be made by using Falcon Coach Hire. There would be around £25,000 additional cost per board per year, which was the cost of inflation.

311 Action Log

The action log was reviewed and members were provided with an update on outstanding issues (see action log for detail).

Service Development and Review

312 eHealth and IT update – FPC1819-08

An interim report was received by members, providing an update on issues relating to eHealth and IT. The primary focus had been on the preparation of plans for migration to the new facility and updating IT security arrangements. A fuller report would be provided to the September 2018 Finance and Performance Committee meeting.

Members noted the publication of the NHS Scotland Digital Health and Care Strategy, the deadline for completing the Digital Maturity Assessment by November 2018, the pre-assessment against Cyber Security Standards, that communication and engagement on the overall programme was intended to launch with a workshop approach in August 2018, and the establishment of the new Enabling Technology Board.

The Director of Public Health raised a query regarding the proposals for the National Digital Platform; ‘a single platform, or spine, for data that other systems connect into’ and the need to ensure that NHS Orkney were fully cited on any bids or tenders that the organisation would be tied into. There was a need to establish if there would be any guidance circulated around the different platforms available and also areas where Health Boards could make individual choices, despite the aim for convergence of systems. Members were concerned that a move to a single platform would prove difficult to implement due to existing issues whereby systems were having difficulty linking together across Health Boards.

Decision/Conclusion

Members were assured that a further report would be provided to the Finance and Performance Committee for its meeting on 27 September on the Enabling Technology Strategy.

313 Minute of the eHealth Programme Board held on 13 April 2018

The Committee noted the minute of the eHealth Programme Board.

Performance Management

314 Performance report – FPC1819-09

The Head of Transformational Change and Improvement delivered the report which provided a high level overview on the current performance in regards to Local
Delivery Plan standards in conjunction with several areas of focus that did not form part of the LDP but were key performance targets for Board delivery.

Timely access to some Outpatients services as well as Psychological Therapies and Child and Adolescent Mental Health services continued to prove challenging with performance currently not reaching the required LDP level. Members were reassured that although there were breaches of LDP targets, the majority of patients were seen within timescales.

From work undertaken to investigate NHS Orkney reporting in comparison to other Health Boards, it was identified that the reporting of ‘other’ outpatient activity included several non-consultant led services and mental health specialties which were not eligible for inclusion in this category. This had impacted the reported position and due to this reporting practice had been amended with a positive effect on the waiting list position.

With Dermatology, the Service Level Agreement (SLA) with NHS Tayside would be commencing in September 2018 and was in the initial stages of data sharing prior to triaging and testing the service.

Performance in regards to the 4-week Musculoskeletal (MSK) target was also highlighted as an area requiring focus. The Head of Transformational Change and Improvement had met with the Physiotherapy Team to better understand the situation and provide support. Issues with team capacity, an increased population demand, complex patient needs, the knock-on effect of delays within the Orthopaedics service and patients failing to attend appointments were all issues closely linked to the increase in waiting times. It was suggested that an Improvement Plan be implemented, however the Head of Transformational Change and Improvement noted that the Senior Management Team (SMT) had been asked to consider if they felt there was a better way to support the service and make a difference. Members of the Committee commented that they were committed to better understanding the referral pattern and other ways of working that could be explored within the service. An Improvement Plan was considered a key initial step.

Members of the national Mental Health Access Improvement Support Team from Healthcare Improvement Scotland visited Orkney to enable colleagues to better understand the opportunities for utilising the programme support available to improve performance and the next steps from this initial scoping exercise were being agreed with service leads. The Community Mental Health Team were engaging in a significant piece of work to implement an Improvement Plan.

**Decision/Conclusion**

Members noted the Performance report and commented that the progress was an excellent move in the right direction identifying the themes that required more focus.

**Financial Management and Control**

Financial Management Performance Report for period ended 30 June 2018 – FPC1819-10

The Director of Finance presented the report advising this would be undergoing some transformation based on thoughtful feedback received via a recent survey and in the interest of ensuring the Board’s financial position was well understood.
11.3.1

Members were advised that the report would continue to change and comments about key items to include for clarity for both existing and new Committee members were welcomed.

The Head of Finance presented the financial position for the period ended 30 June 2018, advising that the year to date position was of £183,000 overspend, with a forecasted breakeven at year end.

There were four cost centres with overspends of over £50,000 all of which were services not delegated to the Integration Joint Board (IJB):

- A cost allowance for medical locums
- Continued high level of expenditure related to the service level agreement with NHS Grampian for mental health services.
- Radiography requirement for locums
- Acute Services sickness and maternity cover

Two cost centres had under spends greater than £25,000:

- Outpatients due to vacancies
- Pharmacy due to vacancies

Additionally there were significant issues with visiting service costs based on activity in 2017/18. Once invoices were received a more accurate assessment would be provided for the Committee.

Support Services had contributed £75,800 non-recurrently to savings as a result of vacant posts in Public Health, Health Intelligence, Human Resources, Chief Executive and Nursing, Midwifery and Allied Health Professionals.

Areas which did not form part of core funding, therefore not counting towards statutory targets were:

- Non-cash limited expenditure on Family Health Services
- Non-core expenditure

The Director of Finance advised that the recurring budget surplus of £1m would be reduced as of 2019 due to the new facility being completed. However, members were also made aware that should the recurring savings target not be achieved in 2018-19, it would then be carried over into the following financial year worsening the future financial position.

Members of the Committee felt it important to consider the scale of the financial challenge faced by the Health Board and asked to continue to receive both a Financial Management Performance Report and a separate Savings Report at future Finance and Performance Committee meetings. This would assist the Committee in providing assurance to the Board that the Financial Plan had been scrutinised thoroughly and consideration had been given to looking at different ways in which funds could used more cost effectively.

A more in depth analysis report and discussion would be delivered at the next meeting of the Finance and Performance Committee.

Decision/Conclusion
The Finance and Performance Committee noted the Financial Management Performance Report, including the year to date position, plan for savings and the risks to delivery.

316 Integration Joint Board Revenue and Expenditure Monitoring Report – FPC1819-11

The Chief Finance Officer (CFO), Integration Joint Board, presented the report advising the current position. She advised that the Orkney Islands Council and NHS Orkney had different accounting mechanisms in some areas which were reflected in the reporting. The fundamental difference in how each organisation monitored and reported on savings targets needed to be reiterated within respective reports. Further discussions would be required to identify common language across the two organisations, as well as what key factors for inclusion in NHS Orkney reports would help to inform the IJB.

Members were also advised that the report was considered too operational in nature and needed to report more on the services commissioned by the IJB.

Demand was rising significantly whilst in real terms, available public spending was reducing. Over coming years the IJB would be required to balance ambitious commissioning decisions to support change alongside a decommissioning strategy that would enable NHS Orkney and Orkney Islands Council to deliver year on year efficiencies to sustain priority services.

The Chief Financial Officer noted that there would be budget movements between functions throughout the financial year as most budgets were not ring-fenced, unless otherwise advised. The funds would be re-allocated to areas of service pressure. The Committee were also advised that should there be a substantial savings made within OIC, it was permissible for funds to be transferred to the Health Board should agreement be received from the IJB.

The current OIC savings figure was reduced due to delays in charging and recovering funds.

The projected outturn forecast was presented to the Committee as at 30 June 2018 showing an anticipated overspend of £990,000 for the IJB for financial year 2018 to 2019 and included anticipated future commitments up until 31 March 2019. This would be continually reviewed on a regular basis throughout the year.

There was felt to be a lack of consistency in reporting within IJBs across Scotland with differing perceptions of requirements which needed clarification at the Chief Finance Officer’s working group. Members discussed how decisions should be made and structured in partnership within the IJB; however, this had been paused momentarily until the Chief Officer vacancy had been filled. Members also expressed that it was imperative that membership of the IJB be a manageable responsibility for the appointed individuals.

Decisions/Conclusion

The Committee noted the Revenue and Expenditure Monitoring Report and were assured on performance, as well as advised on areas requiring continued oversight.
The Head of Finance presented the Savings Plan report to the Committee, which had expanded on previous reports. Members were made aware that the recurring savings target for 2018/19 was £1.05m.

At month 3, £75.8k of recurring savings had been realised. A risk assessment had been carried out reducing the anticipated savings from £0.783m to £0.494m. This was due to the following high risk areas which were largely suffering from delays:

- **People and Services**
  - Physician costs
  - Laboratories management arrangements
  - Estates and Facilities staffing issues
  - Opportunities around GP contract
- **Productivity**
  - Reducing medicines waste work
  - Reductions in patient travel costs
- **Premises discussions**

Members also noted the ongoing work taking place to identify financial flexibility to cover the non-recurring savings target along with the £0.75m risk to the delivery of the overall financial balance arising from the difficulties in identifying savings.

Discussion took place regarding the potential for reducing costs in relation to patient travel. Historically, there had been a significant number of journeys booked that were later changed or cancelled and the Committee discussed the opportunity to apply charges to those responsible for those changes (i.e. patients requesting the change, or NHS Grampian issuing changes to appointment times and dates.) Members noted that changes to the Travel Policy would be required to reflect the change of procedure. There was also discussion around the potential to move towards a direct booking system, as had been successfully introduced in NHS Shetland. Investigation into this would be lead by the Head of Hospital and Support Services with the support of the Head of Finance. A third option would be to move from the corporate rate. Travel bookings, as standard, were made at full price to ensure that changes to travel could be made without further charges; however the move to a different rate would lower the cost and any charges applied for those changes would then be allocated to the patient or NHS Grampian. This option had not been progressed as of yet.

There was a need to raise new ideas to make the required savings and members agreed that further discussion was needed with the Senior Management Team (SMT). There was a need to establish a 3-year savings plan, engaging with both the population and members of staff. Advice from the SMT would be returned to the September 2018 Finance and Performance Committee meeting to identify key areas which required focus. It was suggested that all members of the Board should be invited to attend that meeting.

**Decision/Conclusion**

Members review the Transformation and Cost Improvement Plan and were assured on the plan’s delivery. Members also noted ongoing work to identify financial flexibility to cover non-recurring savings target and the £0.57m risk to delivery of the overall financial balance arising from difficulty in identifying savings.
The Head of Transformational Change and Improvement left meeting at 11:14

**Governance**

### 318 Business Continuity Management policy – FPC1819-13

Eddie Graham, Resilience Officer, joined the meeting and presented the Business Continuity Management policy to the Committee.

It was felt that the policy would help to engage staff, ensuring they understood their obligations (as a part of the wider organisation, at various levels within their team and individually) and realised why the BCPs had been implemented. The policy document was received by the Committee in draft form and was in the process of undergoing the due governance process before returning to the Finance and Performance Committee for final approval at the September 2018 meeting.

Members were keen to embed business continuity culture within the organisation and for the policy document to become a reference guide for all.

A query was raised in connection with a contingency plan should the hospital building be inaccessible for a period of time. Members were keen to discover if there were suitable arrangements in place for an alternative base of operations and were advised that Garden House would be utilised in the first instance, until the move to the new facility. A revised plan would be created and implemented once the move had been completed.

The Director of Finance advised the Committee that business continuity had previously been subject to internal audit and sought confirmation that comments had been incorporated. This was confirmed and it was agreed that would be another audit taking place in quarter 4 of 2018/19. Following this, testing of the BCPs would be undertaken to monitor the effectiveness and efficiency of each of the plans.

The policy also required annual review due to potential changes in legislation. Members were informed that any major changes in law would require the policy to be amended and resubmitted through the governance process. Minor changes however would be illustrated in the Resilience Group Chairs Report.

**Decision/Conclusion**

Members approved the Business Continuity Management Policy.

### 319 Chair’s Report – NHS Orkney Resilience Planning Group – FPC1819-14

The Resilience Officer presented the Resilience Group Chair’s Report highlighting the following:

- **Foundation Training Integrated Emergency Management**
  Some managers on call had not undertaken any Incident/Major Emergency training offered by the Scottish Resilience Development Service (ScoRDS). There was potential to link in with other agencies such as Police Scotland and Scottish Fire and Rescue Service for a one day course on island.

- **Emergency Medical Retrieval Service**
  A table top exercise was undertaken on the 29 May 2018 and a debrief was held with feedback provided to Jimmy Ronaldson of EMRS who would collate
and produce a report. Once received, areas requiring further training could be established.

- **Emergency Trailer**
  A review of the emergency trailer had taken place and the Sand Piper bags that were loaded on the trailer were out of date and had an unfamiliar layout for the Out of Hours GPs. Work was ongoing to rectify the issues. In addition there were with the number of staff qualified to tow the emergency trailer. This had been raised with Organisational Development and Learning.

- **41 Standards of Organisational Resilience**
  The Board response to the published 41 standards of Organisational Resilience (2016) would be returned to the Scottish Government Health Resilience Unit by no later than 20 August 2018.

- **Network and Information Security Systems (NIS)**
  The Board was classified as an Operator of an Essential Service (OES) and was required to comply with the new Network and Information Security systems (NIS). Notification was required to be given to the Scottish Government of any cyber incidents within 72 hours.

- **Board Incidents**
  The Board had recently suffered a series of pager failures both on the mainland and within the Isles. Work took place in collaboration with Scottish Fire and Rescue Service (SFIRS) to mitigate the incident and it was identified that older pagers needed to be replaced by two way pagers. A working group had been established to monitor and take action.

**Decision/Conclusion**

Members noted the update on current business of the quarterly Resilience Group.

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320 **NHS Scotland Standards for Organisational Resilience – Self-Assessment Report**

The Resilience Officer presented the Boards response to the 41 Standards of Organisational Resilience. The Standards had provided a framework for all resilience work to be informed by and members were advised that there were a number of sub-standards within each section of the framework which the Board were required to achieve and report back upon to the Scottish Government.

**Decision/Conclusion**

The Committee noted the content of the Boards submission to the Scottish Government Health Resilience Unit in response to the 41 Standards of Organisational Resilience (second edition).

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321 **Minute of Resilience Planning Group meeting held on 5 June 2018**

The Committee noted the minute of the Resilience Planning Group.

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322 **Procurement Annual Report – FPC1819-15**

The Head of Finance delivered the Procurement Annual Report which provided a summary of NHS Orkney’s purchasing activities and allowed the publication of performance and achievements in delivering the procurement strategy. The report
allowed the demonstration to key stakeholders that NHS Orkney procurement spend was being used to support the Health Board corporate aims.

The report illustrated current spending was through contracts and the ‘calling off’ from framework agreements for suppliers, the majority of who were agencies. There had also been an increase in cost due to the new hospital facility.

Against the key performances targets, savings had been delivered in the following areas:
- Patient Records Scanning contract - £18k
- National contract implementation - £35k
- Infusion Pumps against National Contract - £46k

The NHS Orkney Procurement Department had been assessed using the Procurement and Commercial Improvement Programme scores and had successfully moved from Bronze standard up to the Silver standard. Members were advised that the Gold standard would not be achievable due to both the Procurement Department and the Health Board being relatively small in size. Members noted that this was an excellent achievement for NHS Orkney.

Members were also advised that the purchase order process was undergoing a period of change, moving from paper-based to the electronic eProcurement system; PECOS. The Committee was advised that the process was highly manual and was difficult to assess. The aim was to ensure that the majority of departments were moved to the new eProcurement system by December 2018, with the exception of the Estates department which had more complex requirements.

A query was raised regarding any competitive spend that was not subject to any form of procurement process. Members were advised that though this was in relation to only one supplier, there was a need to update the tender waiver document to reflect the new regulations.

**Decision/Conclusion**

Members approved the Procurement Report for publication on the NHS Orkney website.

**323 Risk Register Report - FPC1819-16**

The Director of Finance delivered the Risk Register Report to the Committee noting that there had been significant change since the last Finance and Performance Committee meeting. There were 40 active risks across Corporate and Operational risk registers, with 9 risks having been either closed or made inactive. There were no new risks and no very high risks to be reported.

There was still a good deal of work that could be done to ensure that the risk registers were fit for purpose and informing the Board accurately on the risks. The financial risk needed to be updated. The results of that risk assessment would be provided for members at the next meeting.

The Director of Finance advised that a review of the Corporate risk registers for Health Boards across Scotland had taken place and gave food for thought about how NHS Orkney should take this work forward.
Members raised a query in connection with the Orkney Health and Care (OHAC) risk register and as to whether that was an IJB register, NHS Orkney register or a collaboration. It was confirmed that the risk register provided in this report was the operational NHS Orkney register and was not reported to IJB. The IJB hold a separate risk register which relates to their work as a commissioning body. It was agreed that it would be timely to review the IJB register again and that this could be linked into the review work which the Director of Finance was already facilitating.

A query was also raised in connection with the decrease of risk scores and it was confirmed that this was due to the reassessment of those risk, issues and challenges having passed and the management of risks and services with positive outcomes. This gave members confidence that previous high and very high risks were being affected positively.

The Director of Finance advised that she was looking to develop a greater focus on a Controls Assurance, which would detail the controls already in place and the controls that would be implemented to mitigate adverse impact.

The Committee was advised that there were a number of items on the risk register which needed to be updated and / or closed, however there was a variance in receiving responses which was causing delays in the process.

Members noted that they were keen to understand where Board intervention has added value to the process and suggested that it would also be useful to identify if risks had been closed due to intervention mitigating the threat or if outside circumstances had changed the level of the threat.

Members also took the opportunity to discuss the risks associated with Brexit, when Brexit should be included upon the Corporate risk register and the national work being undertaken in collaboration with the Scottish Government and across other Health Boards. It was advised that there would a Brexit Impact Assessment taking place and that would help to inform the Corporate risk register further.

**Decision/Conclusion**

Members received assurance that risks were being handed in the appropriate manner and noted the content of the risk register. Members were in support of the actions proposed.

324 **Agree risks to escalate to Audit Committee**

There were no items requiring escalation to the Audit Committee.

325 **Issues raised from Governance Committees/ Cross Committee Assurance**

No issues had been raised.

326 **Key items to be brought to Board or other Governance Committees attention**

Members agreed to bring the following items to the attention of the:

**Board:**
• NHS Orkney Financial Position
• eHealth and IT Interim Report
• Appreciation for the hard work of the Finance Team
• Invite for Board members to attend the September 2018 Finance and Performance Committee meeting to discuss progress with the Savings Plan

327 Any Other Competent Business

Review of supplier invoices

The Head of Finance informed the Committee that a review had been undertaken looking at all NHS Orkney supplier invoices to identify if duplicate payments had been made. Of all invoices, only 2 items had been identified and on closer investigation both issues had already been rectified. Further good news had been that there had been no cost implications to undertake this review.

Members noted how appreciative they were of the hard work done by the Finance Team.

328 Items for information and noting only

Confirmation of defined outcomes and performance management arrangements

329 Schedule of Meetings 2018/19

Members noted the schedules of meetings.

330 Record of attendance

Members noted the record of attendance.

331 Committee Evaluation

Members noted it had been a positive meeting with good debate and scrutiny, the committee continued to evolve and address key business.

The meeting closed at 12:10
Not Protectively Marked

NHS Orkney Board – 23 August 2018

This report is for noting

Audit Committee Chair’s Report

<table>
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<tr>
<th>Lead Director Author</th>
<th>Hazel Robertson, Director of Finance Naomi Bremner, Audit Committee Chair</th>
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<td>Action Required</td>
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<td>Key Points</td>
<td>This report highlights key agenda items that were discussed at the Audit Committee meeting on 25 June 2018 and it was agreed that these should be reported to the NHS Orkney Board: • Approval of the Annual Accounts</td>
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Audit Committee Chair’s Report

Author Naomi Bremner, Audit Committee Chair

Section 1 Purpose

The purpose of this paper is to provide the minute of the meeting of the Audit Committee and to highlight the key items for noting from the discussions held.

Section 2 Recommendations

The Board is asked to:

1. Review the report and note the issues raised
2. Adopt approved / note unapproved committee minutes

Section 3 Background

This report highlights key agenda items that were discussed at the Audit Committee meeting on 25 June 2018 and it was agreed that these should be reported to the NHS Orkney Board.

Section 4 Issues Raised

Annual Accounts

The Committee had received the annual accounts for year ended 31 March 2018 and gave a recommendation for Board approval. NHS Orkney would be issued with an unqualified audit opinion.

Cross Committee Assurance

There were no items for cross committee assurance.

Appendices

- Unapproved Minute of the Audit Committee meeting held on 25 June 2018
Orkney NHS Board

Minute of meeting of the Audit Committee of Orkney NHS Board held in the Saltire Room, Balfour Hospital, Kirkwall on Monday 25 June 2018 at 9:30 am

Present: Naomi Bremner, Chair
Rognvald Johnson, Non Executive Board Member
Fiona MacKellar, Employee Director

In Attendance: Jean Aim, Board Secretary
Davie Campbell, Non Executive Board Member
Issy Grieve, Non Executive Board member (from 1 July 2018)
Ian Kinniburgh, NHS Orkney Chairman
Derek Lonsdale, Head of Finance
Gerry O’Brien, Interim Chief Executive
Hazel Robertson, Director of Finance
James Stockan, Non Executive Director
Emma West, Senior Committee Clerk (minute taker)
Louise Wilson, Director of Public Health
Gillian Woolman, Audit Scotland

227 Apologies

Apologies were noted from J Richardson; R Johnson deputised.

228 Declarations of Interest

No declarations of interest on agenda items were made.

229 Minutes of previous meeting held on 5 June 2018

The minute of the Audit Committee meeting held on 5 June 2018 was accepted as an accurate record of the meeting and was approved subject to the amendments noted below:

- Item 199 – amend ‘2017’ to ‘2018’
- Page 6, item 199, first bullet point amend to – ‘All financial targets had been met or exceeded.’
- Page 6, item 199, forth bullet point, amend to ‘mainly due to Staffing Pressures in Primary care on the islands...’
- Page 6, item 199, seventh bullet point amend ‘51k to 51million’
- Item 199, last sentence amend ‘triangle’ to ‘Financial Services Compensation Scheme limits’

230 Matters Arising

67 – Laboratories Services Contract

The Head of Finance advised that the letter of intent had been received and noted that this had been signed in June 2016, as the equipment receipt was staggered a September 2023 termination date had been negotiated. Confirmation had been received that VAT payments would be reimbursable; the Board were awaiting a final revised schedule from Abbots.
Action Log

The Action Log was reviewed and corrective action agreed on outstanding issues (see Action Log for details).

Annual Accounts

Representation Letter – AC1819-32

The Interim Chief Executive presented the formal letter advising that in his role as Chief Executive and Accountable Officer he had not identified anything that should be drawn to the attention of the auditors. He did acknowledge that there was a need to consider staffing capacity and timeframes for future years.

The Director of Public Health questioned why the representation letter referred to Orkney Islands Council, Integration Joint Board and members agreed some further clarification in wording was required around this point.

Decision / Conclusion

The Audit Committee noted the representation letter subject to the above clarification to wording being made.

NHS Orkney Annual Accounts for year ended 31 March 2018 – AC1819-33

The Head of Finance presented the annual accounts for year ended 31 March 2018 seeking a recommendation of Board approval.

The accounts had been reviewed in full by the Audit committee on the 5 June 2018 with all comments reviewed and incorporated where appropriate. Once approved by the Board the accounts would be submitted to the Scottish Government by the 30 June 2018 and then laid before parliament in September.

There had been some further changes including amendments to the reporting elements and accounting treatment of the new hospital and healthcare facility which affected the expenditure and income notes. There had also been an amendment to make the Integration Joint Board element clearer and funding shown to bring in balance. These did not affect the bottom line but were presentational changes.

The Chair sought further clarity on the amendments around the new Hospital and Healthcare Facility and was advised that this had previously been categorised as an asset under construction, there had been a prepayment made around the annual service payments and this needed to be shown as such. The accounting would be amended again once the facility was operational.

J Stockan noted that there had been confusion over the accounting treatment of the set aside budget during the year and questioned if the auditors were now content with this. G Woolman advised that the IJB accounts audit had not yet commenced and this was where the set aside was accounted for. For the
consolidated NHS accounts this figure has been agreed by all parties who were content with arrangements. It was acknowledged that this was the second year of a period of transition across Scotland and this had been taken into account.

The Interim Chief Executive noted that moving forward there was a need for clearer terminology around set aside in Orkney as the Board only served one area. There was a need to consider both the presentation in the annual accounts and the use of money going forward.

The Employee Director noted the reference to Trade Union Regulations and was advised that this was the recommended wording from the Scottish Government; the figures would be collated by the required date and published.

Decision / Conclusion

The Audit Committee recommended the Annual Accounts for Board approval.

Gillian Woolman, Assistant Director, Audit Scotland, presented the annual accounts for year ended 31 March 2018 seeking a recommendation of Board approval.

She advised that the audit work on the 2017/18 annual report and accounts was now substantially complete and an unqualified audit opinion would be issued for NHS Orkney.

There were no unadjusted misstatements to report and the auditors were pleased with the representations from the Accountable Officer.

The accompanying financial statements gave a true and fair view of the state of affairs of the Board and its groups as at 31 March 2018 and of the net expenditure for the year. There were no matters to report by exception to the auditor general.

NHS Orkney 2017/18 Annual Audit Report

G Woolman presented the report drawing members attention to the Key messages and highlighting the following:

- NHS Orkney had effective arrangements in place for managing its finances and use of resources and had met all financial targets for 2017/18.
- The auditors had reported an unqualified opinion on the financial statements and the regularity of expenditure and income.
- Officers concluded the accounting treatment for the new hospital under construction recently and consequently the accounts had been adjusted to reflect the liability for the leased asset and the element prepaid; parties had been working closely in recent days to amend this.
- The audit had identified several presentational and disclosure issues in the performance report, the accountability report and related notes to the accounts. Following discussion with management, the reports were
revised to an acceptable standard but there was scope for further
improvement to ensure the reports and notes provide the users with a
clear, understandable and balanced assessment of the performance of
the board.

Part two of the report focused on Financial Management and it was noted that
the Board had been very dependent on non recurring savings to meet targets,
this presented challenges going ahead but the move to the new hospital and
healthcare facility and redesign of services ahead of this was acknowledged as
an excellent opportunity.

Part three of the report focused on financial sustainability moving forward and
the challenges ahead. It was noted that the new hospital and healthcare facility
project was progressing well and was expected to deliver efficiencies through
enabling new ways of working.

There remained significant uncertainty around the detailed implications of EU
Withdrawal and it was critical that public sector bodies were working to
understand, assess and prepare for the impact of this both with central direction
and locally.

Part four of the report focused on governance and transparency with positive
assurance provided around reporting arrangements and the provision of internal
audit arrangements.

The Board had completed its Cyber essentials pre-assessment by the required
date and was on track to achieve full accreditation. It was concluded that NHS
Orkney was actively strengthening cyber resilience arrangements.

Part five of the report focused on Value For Money and performance
management arrangements.

The Director of Finance observed that the work carried out by the Head of
Hospital and Support Services had brought a reduction in the use of locum staff
and welcomed the improvements this made to clinical services along with the
ability to better manage and scrutinise costs.

The Chair noted that the report mentioned transparency around committee
meetings, holding all meetings in public or broadcasting them had been
considered but this could not be progressed as a priority due to capacity and
this should be reflected.

J Stockan noted the workforce planning element to the reporting welcoming the
identification of staff retiring and planning for this, Orkney was a small
geographic area and this must be taken into account.

The Employee Director noted the current work undertaken by Organisational
Development and Learning with Modern Apprentices, noting the importance of
encouraging a younger workforce but also maintaining the older element of the
workforce. There was a need to invest to save within the workforce and
discussions were live in this area.

I Kinniburgh stated that he felt that the report was too harsh on the Board
around Brexit, given the uncertainty from Westminster around this there was a
limit to the extent any organisation could be prepared. G Woolman noted that
the opportunity should be taken to make assessments and gather information in
preparation; the Chair acknowledged this but noted that with the amount of
uncertainty and limited capacity this would be a challenge.

The Chair suggesting that collating such data would be useful community
planning exercise.

The Interim Chief Executive thanked G Woolman for the report and highlighting
of the key issues around capacity, challenges around the EU withdrawal,
sustainability going forward and financial and workforce provision. These key
areas were a good fit with the Boards direction of travel and corporate
objectives moving forward.

It was noted that the performance framework should to be reviewed to ensure
correct reporting routes and frequency.

### Decision / Conclusion

The Audit Committee noted the annual report and audit letter.

### Annual Governance letter

235 **Significant Issues that are Considered to be of wider interest - letter to the
Scottish Government - Health Finance Division – AC1819-35**

The Chair presented the letter advising that there were no significant issues or
fraud to draw attention to.

**Decision / Conclusion**

The Committee noted the final letter and agreed to its signing.

### Risks

No items this meeting.

### Governance

236 **Code of Corporate Governance – AC1819-36**

The Board Secretary presented the updated Code of Corporate Governance
seeking a recommendation of Board approval.

Members were advised that the main areas of updates included the:

- Vision and corporate aims from the updated Corporate Plan.
- An amendment to the timeframe for issuing papers in exceptional
circumstances.
- Updates to committees Terms of Reference
12.1.1

The Director of Finance requested that the reference to the Local Delivery Plan within the Finance and Performance Committee section be amended to Strategic and Operational Plans.

**Decision / Conclusion**

The Committee recommended Board approval of the changes to the Code of Corporate Governance.

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237  **Waiting Times Quarterly Audit Report – AC1819-37**

The Head of Transformational Change and Improvement presented the waiting times quarterly audit report, advising that this was the first time the paper had been presented to the committee.

She advised that the waiting times guidelines ensured that patients currently on waiting lists were managed in a fair and appropriate way. Following from a previous audit recommendation self assessed audits had been completed with good compliance recorded. There had been no significant issues to address.

There was a need to take action around monthly sampling of patient records as a significant reduction in capacity and changes in personnel had affected the ability to complete these audits as an element of knowledge, skills and experience was required. Performance in all other aspects remained positive.

As part of the work of the Quality Improvement Hub, a sampling programme would be carried out by appropriately skilled members of staff and the report provided for information and assurance.

**Decision / Conclusion**

The Committee noted the audit findings as presented and the remedial action to be undertaken.

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**Items for Information and Noting only**

238  **Schedule of Meetings 2018/19**

Members noted the schedule of meetings for 2018/19

239  **Record of Attendance**

Members noted the record of attendance.

240  **Committee Evaluation**

No comments were made.
Not Protectively Marked

NHS Orkney Board – 23 August 2018

This report is for noting

Key Legislation

| Lead Director Author | Gerry O’Brien, Interim Chief Executive  
Emma West, Corporate Services Manager |
|----------------------|-------------------------------------------------------------------------------------|
| Action Required      | The Board is asked to:  
1. Note the list of key documentation issued as attached at Appendix 1 |
| Key Points           | This report contains a list of documents issued by the Scottish Government so that members are kept up to date with new requirements, regulations. Legislation, standards and consultation documents. |
| Timing               | The list of key documentation is presented to the Board at each meeting. |
### Key Documentation issued by Scottish Government Health and Social Care Directorates

#### Consultations, Legislation and other publications affecting the NHS in Scotland

<table>
<thead>
<tr>
<th>Topic</th>
<th>Summary</th>
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<tbody>
<tr>
<td>Summary Report on the consultation on draft regulations transferring the mental health tribunal for Scotland o the Scottish Tribunals</td>
<td>This report is a summary of the responses from the Consultation on draft regulations transferring the mental health tribunal for Scotland to the Scottish Tribunals.</td>
</tr>
<tr>
<td>Health and Homelessness in Scotland</td>
<td>Whilst health inequalities across Scotland are well evidenced, this study links homelessness and health datasets for the first time at a national level, to explore the relationship between homelessness and health in Scotland.</td>
</tr>
<tr>
<td>Raising Scotland's tobacco-free generation: the SG’s tobacco control action plan 2018</td>
<td>This is a five-year action plan setting out interventions and policies to help reduce the use of and associated harms from using tobacco in Scotland. The actions we will be taking are set out by category into raising awareness, encouraging healthier behaviour, improving services and providing protection through regulation.</td>
</tr>
<tr>
<td>Transforming Specialist Dementia Hospital Care</td>
<td>Transforming Specialist Dementia Hospital Care is an independent report commissioned by the Scottish Government from Alzheimer Scotland's National Dementia Nurse Consultant.</td>
</tr>
<tr>
<td>Why are drug-related deaths among women increasing in Scotland?</td>
<td>This scoping project examines potential explanations for this phenomenon and identifies priority areas for future work.</td>
</tr>
<tr>
<td>Rejected referrals to Child and Adolescent Mental Health Services (CAMHS): a qualitative and quantitative audit</td>
<td>This research explored the experiences of children, young people and their families who were referred to CAMHS but who did not subsequently receive their services</td>
</tr>
<tr>
<td>A Healthier Future: Scotland’s Diet &amp; Healthy Weight Delivery Plan</td>
<td>The actions set out within the delivery plan provide clarity on how the Scottish Government, together with partners across the public and private sector, will help everybody in Scotland</td>
</tr>
<tr>
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<tr>
<td>The contribution of non-UK EU workers in the Social Care Workforce in Scotland</td>
<td>An assessment of the Contribution of EU Workers in the Social Care Workforce in Scotland</td>
</tr>
<tr>
<td>Clinical review of the impacts of hepatitis C: Short Life Working Group Report</td>
<td>The clinical review group, considered both international evidence on the physical and mental health impacts of chronic hepatitis C and data about and interviews with beneficiaries of the Scottish Infected Blood Support Scheme</td>
</tr>
<tr>
<td>Active Scotland Delivery Plan</td>
<td>The Active Scotland Delivery Plan outlines the actions that the Scottish Government and a wide range of partner organisations will take to support and enable people in Scotland to be more physically active.</td>
</tr>
<tr>
<td>A healthier future: framework for the prevention, early detection and early intervention of type 2 diabetes</td>
<td>This framework provides national guidance on the implementation of an integrated weight management pathway for those ‘at risk’ or those diagnosed with type 2 diabetes</td>
</tr>
<tr>
<td>Independent National Whistle blowing Officer for NHS Scotland: engagement events outcomes (May 2018)</td>
<td>A report on the outcomes from an engagement event, focussing on the key areas of the proposed role and remit of the Independent National Whistleblowing Officer.</td>
</tr>
<tr>
<td>The Governance of the NHS in Scotland – ensuring delivery of the best healthcare for Scotland</td>
<td>A Health and Sport Committee publication sets out the findings of an investigation into the culture of the NHS and how it impacts on patients. It discusses: making the NHS more open and transparent, allowing staff to feel confident about speaking out about their concerns; the centralised reporting of serious errors to ensure early identification of wider systemic failings; more patient and family involvement in the complaints process; and a review of parts of Health Improvement Scotland, whose role it is to improve the quality of care in Scotland.</td>
</tr>
<tr>
<td>Opt out organ donation: a rapid evidence review</td>
<td>A rapid evidence review of opt-out organ donation was undertaken to inform a potential move to a soft opt-out system in Scotland</td>
</tr>
<tr>
<td>Free Personal and Nursing Care, Scotland, 2016-17</td>
<td>This Statistics Release presents the latest figures for free</td>
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</tbody>
</table>
personal care (FPC) and free nursing care (FNC) for the financial year 2016 to 2017. Free personal and nursing care (FPNC) was introduced in Scotland on 1 July 2002.

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## Circulars

<table>
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<tr>
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</tr>
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<tbody>
<tr>
<td>PCA(D)(2018)08</td>
<td>15.06.18</td>
<td>Phasing down of Dental Amalgam. Amendment to 138 to the Statement of Dental Remuneration (SDR)</td>
</tr>
<tr>
<td>PDA(P)(2018)07</td>
<td>15.06.18</td>
<td>Pharmaceutical services: amendments drug tariff in respect of remuneration arrangements from 1 April 2018</td>
</tr>
<tr>
<td>DL(2018)08</td>
<td>25.06.18</td>
<td>F1 induction and shadowing arrangements</td>
</tr>
<tr>
<td>DL(2018)09</td>
<td>25.06.18</td>
<td>Human resource aspects of foundation and speciality training programmes: Changeover dates for 2018-19</td>
</tr>
<tr>
<td>PCA(M)(2018)05</td>
<td>27.06.18</td>
<td>Provides updated link to 2018/19 Statement of Financial Entitlements for GMS contractors and replaces PCA(M)(2018)03</td>
</tr>
<tr>
<td>Reference:</td>
<td>Date of Issue:</td>
<td>Subject:</td>
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<tr>
<td>PCA(O)(2018)01</td>
<td>28.06.18</td>
<td>Advises of proposed amendments to the NHS (General Ophthalmic Services) Regulations 2006.</td>
</tr>
<tr>
<td><a href="http://www.sehd.scot.nhs.uk/pca/PCA2018(O)01.pdf">http://www.sehd.scot.nhs.uk/pca/PCA2018(O)01.pdf</a></td>
<td></td>
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<tr>
<td>PCA(P)(2018)08</td>
<td>29.06.18</td>
<td>Pharmaceutical Services – Amendments to the Drug Tariff In Respect of Remuneration Arrangements from 1 April 2018</td>
</tr>
<tr>
<td><a href="http://www.sehd.scot.nhs.uk/pca/PCA2018(P)08.pdf">http://www.sehd.scot.nhs.uk/pca/PCA2018(P)08.pdf</a></td>
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<tr>
<td>CMO(2018)05</td>
<td>02.07.18</td>
<td>Abortion Act 1967</td>
</tr>
<tr>
<td>PCA(P)(2018)09</td>
<td>05.07.18</td>
<td>Community Pharmacist Practitioner Champions – Funding 2018-19</td>
</tr>
<tr>
<td>PCA(D)(2018)10</td>
<td>06.07.18</td>
<td>Results of Practice Premises Revaluation Exercise – 2018</td>
</tr>
</tbody>
</table>
NHS Orkney Public Board – 23 August 2018

Report Number: OHB1819-

This report is for noting.

Title of report - New Hospital and Healthcare Facility - Authority Observer Report

| Lead Director Author | Gerry O’Brien, Interim Chief Executive  
| Ann McCarlie, Project Director |
| Action Required | The Board is asked to note the contents of the Authority Observer Report. |
| Key Points | This Authority Observer’s report is as at week 62 of the 100 week construction programme and covers the period from 1st May 2018 to 30th June 2018. The construction remains 6 weeks ahead of programme. The cumulative total pre-payment to the end of June stands at 68% of the maximum cumulative payment schedule. No unresolved issues in respect of quality have been escalated to the Project Team in the reporting period. |
| Timing | The Authority Observer provides a report to each meeting of the Board throughout the new hospital and healthcare facility construction period. |
| Link to Corporate Objectives | The Corporate Objectives this paper relates to are:  
| Improve the Health and Wellbeing of the people of Orkney and reduce health inequities  
| Pioneer ways of working to meet local health needs and reduce inequality  
| Improve the delivery of safe, effective and person centred care and our services |
| Contribution to the 2020 vision for Health and Social Care | The New Hospital and Healthcare Facility Project supports the achievement of the 2020 vision for health and social care by providing fit for purpose facilities to support the provision of newer models of care designed to deliver the right care, at the right time and in appropriate locations that are closer to people’s homes. |
| Benefit to Patients | A better experience for our patients when using our services  
| Safe, effective and person centred services that are efficient, sustainable and affordable going forward. |
| Equality and Diversity | Not applicable. |
Section 1 Purpose

The purpose of this report is to provide assurance to Board members that project governance and management arrangements in respect of the new build facility project are robust and that the project is progressing to programme and on budget.

Section 2 Executive Summary

On 2nd July 2018 Robertson Capital Projects formally issued an offer of an early construction completion date of 25th February 2019, nine weeks in advance of the contract date of 29th April 2019. The NHS Orkney Board considered the commercial, contractual and operational implications of the offer at a Special Board Meeting held on 19th July and agreed to accept the offer. All parties are now working towards an Actual Handover Date of 25th February 2019.

The remainder of this Authority Observer’s report is based on reports received to week 62 of the 100 week construction programme and covers the period from 1st May 2018 to 30th June 2018 at which point the construction was reported as 6 weeks ahead of programme.

The cumulative total pre-payment to the end of June stands at 68% of the maximum cumulative payment schedule. The Clerk of Works (CoW) has reported that the M&E (Mechanical and Electrical) installation issues previously highlighted to the Project Team have been proactively addressed. The Clerk of Works continues to report on items as they arise and monitors their progress to resolution.

Robertson held a meeting with Planners to discuss a small number of non-material variations of which the majority were agreed. Planners did not accept all the variations as being non material. Robertson has submitted a further package of information on these points and a response is awaited from Planners.

The Project Team and the operational teams continue to progress the planning for the NHS Orkney commissioning of the new building and the migration of services once the commissioning is completed.
Section 3  Recommendations

The Board is asked to note the contents of the Authority Observer Report.

Section 4  Background

The New Hospital and Healthcare Facility Project reached Financial Close on 24th March 2017, following which the Board of NHS Orkney considered the project governance and reporting arrangements for the construction phase of the project.

The Transformation Implementation Programme Board (TIPB) was established and its Terms of Reference agreed. TIPB is chaired by the Chief Executive. Membership of TIPB includes three Non Executive Directors, one of which is the Authority Observer.

The Authority Observer provides a regular progress report on the project, informed by her observations as a member of both the TIPB and the Special Purpose Vehicle (SPV) Board established by Robertson Capital Projects Limited for the design, build, finance and maintenance of the new hospital and healthcare facility for NHS Orkney.

Section 5  Discussion

Programme

On 2nd July 2018 Robertson Capital Projects formally issued an offer of an early construction completion date of 25th February 2019, nine weeks in advance of the contract date of 29th April 2019. The NHS Orkney Board considered the commercial, contractual and operational implications of the offer at a Special Board Meeting held on 19th July and agreed to accept the offer. All parties are now working towards an Actual Handover Date of 25th February 2019.

The 100 week construction programme started on site on 24th April 2017. This Authority Observer’s report is as at week 62 of the construction programme and covers the period from 1st May 2018 to 30th June 2018.

Works on site continue to be reported as 6 weeks ahead of programme. Progress against programme is verified by reports from the Independent Tester and the Authority Technical Advisor and further supported by the Clerk of Works.

The average number of personnel on site per day was 168 for the month of June. In the month of June Robertson issued a total of 4 Yellow Cards for safety breaches on site, 1 Green Card was also issued to an operative in respect of proactive attitude to Health & Safety.

Cumulatively, since start on site, Robertson have issued a total of 4 Red Cards for major safety breaches, which have resulted in the individuals concerned being permanently barred from the site. They have also issued 36 yellow cards for minor safety issues, principally in respect of PPE (Personal Protection Equipment) and 5 Green Cards.
Total construction hours lost since start on site as a result of health and safety issues is reported as 65.

All utilities procurements are in line with the construction programme, as are all work package and subcontractor procurements. Stages 1 to 6 Building Control Warrants, covering ground works and drainage, foundations, superstructure, fire strategy, the external envelop and mechanical and electrical installation have been approved. The Building Control Warrant for stage 7 (internal fit out) has been submitted and is awaiting sub contractor confirmation of final details before approval. Roads Construction Consent (RCC) has been approved.

The design for the audiology booth (which is one of two reviewable design items) has been completed. The other reviewable design item is piped medical gases, this item will remain open as a review item until all testing has been completed.

Planning

As previously reported Robertson have identified a number of minor non-material variations to the approved design. Of these OIC has required further discussion and details in respect of four changes as follows:-

1. Change to Lab windows, undertaken to facilitate internal equipment layout and room functionality.
2. Final PV (solar panel) layout to accommodate necessary access routes and the achievement of the optimum layout which has resulted in a change to roof coverage.
3. Lift over-run height increase - to facilitate the lift manufacturer’s final lift size requirements to provide planned access to the Plant Room. (This did sit above the main roof at submission stage and the increase is nominal).
4. Resuscitation room window height (adjusted post planning to achieve combination of patient privacy, clear span under cill for bedhead services and to allow lead lining protection to run through external wall detail).

At the time of the July TIPB meeting Robertson were awaiting the outcome of a further submission of information to Planners. Robertson have since been advised by Planners that the lift over run has been agreed as a non-material variation. However the Planners have not accepted the window alterations or the PV layout as non-material variations.

The Planners have advised that although they see no issues with passing the alterations a Full Planning Application (with the requisite fee) to formalise the alterations will be required. A Full Planning Application could result in the application going to the Planning Committee (should there be one objection) for decision, which raises the potential of a delay that could impact on the early handover date. The next available Planning Committee date has been advised as October 2018.

Keppie Planning (on behalf of Robertson) have provided precedent on process used elsewhere in respect of similar developments to assist the discussions on the matter.

Contractually planning is entirely a Robertson risk and for them to manage, any additional planning fees would also be a Robertson responsibility.
A response on the information recently provided on behalf of Robertson is currently awaited from the Planners.

**Quality**

In respect of build quality the Board’s Clerk of Works (CoWs) notifies any issues in respect of build or installation quality to the Robertson on site team and records them in the CoWs Log. The CoWs monitors progress on all issues raised until they are resolved to his satisfaction and closed on the Log. Any issues not so resolved are escalated to the Project Team. The Clerk of Works (CoW) has reported that the M&E (Mechanical and Electrical) installation issues previously highlighted to the Project Team have been proactively addressed. The Clerk of Works continues to report on items as they arise and monitors their progress to resolution.

The Independent Tester noted in his February report that the achievement of the Building Establishment Assessment Method (BREEAM) credits, which Robertson are responsible for gaining accreditation, should be accelerated to ensure that it remains in line with the construction programme. To the end of June 75% of the targeted BREEAM credits had been achieved. This item continues to be monitored closely.

**Payment Schedule**

The cumulative total pre-payment certified by the Authority Technical Advisor to end of June 2018 is £43,634m, which represents 68% of the maximum cumulative payment schedule.

**Community Benefits**

All contractual Community Benefit Key Performance Indicators are on track or have been achieved. Notably the number of local apprentices employed on site now stands at 26 against a target of 16 for the full construction period. The number of jobs created on site for local employees stands at 19 against the target of 10. Robertson continues to provide training for construction and retailed qualifications to island based contractors and the local workforce.

The site was reassessed under the Considerate Contractors scheme in the reporting period and achieved a score of 42 (up from 40, the contractual target) out of 50 which is a high score.

**Construction, Commissioning and Move Group**

The Hospital Operational Team (HOT) continues to progress Facilities Management, Clinical, Fire, Clerk of Works, Equipment and Information & Communications Trackers. Community and Primary Care Trackers are now being progressed as is the Infection Control Tracker.

Draft service migration plans continue to be developed and reviewed. Following the HOT workshop a report is now in second draft with a target date for completion of the advanced draft migration plan of 31st October 2019. The NHS Orkney Board has approved the
Departmental Naming convention and this is currently being finalised by the Project Director and Chief Executive prior to issue to Robertson to inform the Signage Package.

Ducting for the BT fibre cables from Foreland Road and New Scapa Road entrances has been completed on site and confirmation is awaited on a date from BT to lay the fibre.

The procurement programmes for IT and Group 2, 3 and 4 equipment have been finalised and the project plans for the installation of specialist Group 2a equipment have been agreed in line with the early handover date.

**Information and Communications Technology (ICT)**

TIPB considered a paper on ICT resource planning for the commissioning, migration and operational period of the new build. The paper outlined the steps being taken to secure the resources and skills required to facilitate the migration of ICT services to the New Hospital and Healthcare Facility, and the plans to prioritise current and future ICT developments to ensure a successful transition to the new build.

TIPB also considered an assurance paper in respect of ICT Equipment for the Clinical Support Building (CSB) to TIPB. The paper outlined that the CSB will host a significant number of teams, both clinical and non clinical, who all have varying requirements when it comes to information, communication and technology (ICT). These needs have been mapped by the Head of OD and Learning as part of progressing the transition into the new build.

The paper concluded that from work undertaken to date assurance can be given that all teams moving into the CSB area have the IT hardware required in terms of infrastructure to meet remote and agile working and increased VC. The technology and operational requirements have been recognised and are currently under development and are all included in the ICT procurement plan.

The Board also received assurance that in relation to paperlite, all departments had confirmed that they were working to a he December 2018 deadline for being paperlite.

**Development of Arts Strategy**

A joint working arrangement has been agreed to develop the art strategy for the new building. The Project Director will take this forward with the charity Arts in Healthcare and the OIC Art Coordinator.

**Section 6 Consultation**

The Project Director provides TIPB with the Project Highlight Report which is compiled, with input from members of the Project Team, based on formal reports provided by Project Co (Robertson) the Independent Tester, the Authorities Technical Advisor and the Clerk of Works and as appropriate other Board Advisors from time to time (i.e. the Fire Advisor).

The Highlight Report also reflects matters discussed at the monthly site meetings which the Project Director, members of the Project Team and those identified above all attend.
The Authority Observer attends the quarterly meetings of Robertson Health (Orkney) Limited (the SPV) and receives the agenda and all supporting papers circulated to SPV Directors including 6 monthly management accounts, budgets and management reports and the statutory accounts in respect of each financial year. The Authority Observer also receives copy minutes of meetings of the SPV Board and all other documents circulated to Directors generally.

Since commencement of the construction phase of the project TIPB has met on 8 occasions, 30th May, 20th July, 18th September, 29th November 2017 and 25th January, 22nd March, 24th May 2018 and 19th July 2019. The SPV Board has met on 5 occasions, 22nd May, 14th August and 20th November 2017, 19th February and 21st May 2018. The next meeting of the SPV Board is on 20th August 2018.

Appendices

- Summary of the Authority Observers Role – Appendix 1
Role of the Authority Observer

Robertson Health (Orkney) Limited is the Special Purpose Vehicle (SPV) established by Robertson Capital Projects for the design, build, finance and maintenance of the new hospital and healthcare facilities for NHS Orkney (the Authority).

The Articles of Association of Robertson Health (Orkney) Limited entitle the Authority to appoint an individual, known as the Authority Observer, as its representative on the SPV Board. The Authority Observer is not a Director of the SPV and not entitled to exercise the powers of a Director.

The Authority Observer is entitled:-

- to be invited to all meetings of the SPV board,
- to receive the agenda and all supporting papers circulated to SPV Directors including 6 monthly management accounts, budgets and management reports and the statutory accounts in respect of each financial year,
- to attend and participate (but not vote) in all meetings of the SPV board,
- to receive copy minutes of meetings of the SPV board and all other documents circulated to Directors generally.

The Directors of the SPV are entitled to exclude the Authority Observer from any part of an SPV board meeting at which any of the following is discussed:-

- the exercise or possible exercise of contractual rights by the SPV against the Authority or vice versa,
- any claims or potential claims by the SPV against the Authority or vice versa,
- any matter of interpretation of the PA, the Pre Payment Agreement (PPA) and/or the Subordination Agreement.

The Directors of the SPV are entitled to withhold from the Authority Observer any supporting papers and information relating to the above items.

The Authority Observer must adhere to the requirements of the Project Agreement (PA) in respect of SPV commercially sensitive information as set out in the Articles of Association, (article 5.15.5 in the attached). In practise this generally means that SPV board papers are issued as “commercially sensitive” and while reports, minutes and other information may be (as “commercial in confidence”) discussed with and disclosed to NHSO Board members and other NHSO employees (or its advisors or other agents) as deemed necessary for the exercise of the Authorities rights and obligations under the PA and PPA, the papers (including their contents) should not be disclosed further and in particular should not be appended or annexed to any minutes or other Authority papers which will be taken into the public domain. Any request made to the Authority for information contained in SPV board papers should be treated as a Freedom of Information request and dealt with under Clause 62 of the PA.
Minute of meeting of Transformation Implementation Programme Board held in the Saltire Room on Thursday 24th May 2018 at 2.00pm.

Present:  
Gerry O’Brien - Chief Executive (Chair)  
Malcolm Colquhoun - Head of Hospital and Support Services  
Mark Easton – Scottish Futures Trust  
Tom Gilmour - eHealth Lead  
Steven Johnston – Chair of the Area Clinical Forum  
Derek Lonsdale – Head of Finance  
Wendy Lycett – Principal Pharmacist  
Ann McCarlie – Project Director  
Julie Nicol – Head of OD and Learning  
Rhoda Walker – Clinical Lead  
Louise Wilson – Director of Public Health  
Debbie Lewsley - Programme Administrator (minutes)

1. Apologies

Apologies were received from M Firth, C Bichan, N Bremner, F MacKellar, D McArthur, J Trainor and M Swannie.

2. Minute of Last Meeting

The minute of the TIPB meeting held on 22.03.2018 was accepted as an accurate record of the meeting, subject to one accuracy amendment.

3. Matters Arising and Action Log

NHSO Review of Outstanding 1:50s

G O’Brien queried the status of the outstanding 1:50s; R Walker informed TIPB that the latest Review Procedure (RP) included some of the outstanding 1:50s but we were still awaiting the rest to be issued and that these should be with us by the end of the month.

Action
To be added to Action Log to provide TIPB with update on status of the outstanding 1:50s.

Action Log

The action log was reviewed and updated as follows:

Action 1: Ongoing discussions with Heilendi. D Lonsdale formally writing to them to practice to request a statement of intent that they will be moving into the new build.

Action 4: Formal document received from Robertson FM and reviewed by HFS & SFT – their formal recommendation - that at this stage NHSO should not enter into any arrangement with Robertson FM. M Colquhoun to go back to
Robertson with formal response based on HFS/SFT recommendation. Paper on Robertson FM provisions and resources to be brought to July TIPB.

Action 5: Closed – Room numbering convention agreed by SMT & Board.

Action 6: Closed – TIPB approved in principle the phasing and direction of the draft scope with the possibility to converge into 2 phases. (Agenda Item 8)

Action 7: Closed – Risk Register Report format reviewed.

Action 8: Closed – Included in Risk Register Report.

Action 9: Closed – Recommenement approved at April NHSO Board meeting.

Action 10: Closed – TIPB noted the Construction, Commissioning and Move Group ToRs (Agenda Item 13.2)

Action 11: Paper for discussion provided to April NHSO Board meeting.

G O’Brien wished to note his appreciation to the Project Team for their work in completing and closing a number of actions.

4. Project Team Assurance Report

A McCarlie presented the Project Team Assurance Report and informed TIPB that the purpose of the report was to provide TIPB with assurance on project progress, quality and cost, highlighting any critical issues to be addressed or particular areas of risk. The report also provides a “look ahead” on matters to be progressed in the next reporting period.

A McCarlie highlighted to TIPB members that since this report had been issued 6 of the total 7 Collateral Warranties had now been signed.

A McCarlie informed TIPB that although the BREEAM target was slightly behind target the project team were receiving regular reports from Robertson at the monthly Site Progress Meetings.

R Walker informed TIPB that a condition check of current equipment had been carried out by NHSO and NHS Highland (NHSH) and a report had been received that would go to the Medical Equipment Group (MEG).

G O’Brien queried if MEG had the budget for replacing the end of life equipment within the report. D Lonsdale stated that there was a small element for this within the MEG budget and that he had been in discussions with A McCarlie regarding scope within capital funding. G O’Brien stated that a message needed to be sent to MEG that replacement of existing equipment highlighted in the report needs to be purchased prior to any new equipment this year.

S Johnston queried what happens to any clinical equipment that is still working but is getting replaced. R Walker informed TIPB that NHSH have a process in place that this equipment is either reconditioned or decommissioned and that the Medical Physics Lead will bring this back through SMT once finalised.

5. Risk Register Report

A McCarlie presented the Risk Register Report advising that the Risk Register Group met on 11th April 2018 to review the Construction and Operational Risk
A McCarlie informed TIPB that the project is now at a point where the highest Risk Rating is 12 and that this is due to the project now having reached a period of greater certainty in the construction programme.

Construction Risk Register Risk 31 – A McCarlie informed TIPB that the current likelihood of this risk had been increased as a prompt to Robertson as the issuing of the Group 1 Catalogue had been outstanding for a long period of time. R Walker explained to TIPB that we had now received the Group 1 Catalogue for furnishings but were still awaiting one for specific equipment items, she has requested these from Robertson and is awaiting a response of timescales for when these will be issued.

Operational Risk Register Risk 52 – G O'Brien queried that if there was a risk of insufficient time to procure IT equipment why it had not been appropriately articulated before. T Gilmour explained that his was a part of process risk and that wording of risk needed to be reviewed.

Action
Operational Risk Register Risk 52 – Wording of risk to be reviewed

Operational Risk Register Risk 53 – G O'Brien queried why we don't have sufficient IT resource for moving into the new build. A McCarlie explained that this is not a commissioning /migration risk but an operational one for when we have moved into the new build and that D Kinnaird was a present working on IT departmental workload and what is required for the new build.

Action
Operational Risk Register Risk 53 – Paper on IT resources for commissioning /migration period and going forward into operational period in new build to be brought to July TIPB.

L Wilson queried the reason the Risks/Issues on the Directors Highlight Report were at amber in respect to the Risk Register Report. A McCarlie explained that looking at the overall risk position it was not only Board risks that were taken into account but also Robertson’s risks. It was also noted it would not be until we have moved into the new build that the overall position would go to green. The current position is that there are known risks but that these are being managed by the Board and and/or Robertson. M Colquhoun emphasised that with some of the risks (for example water pressure and quality) until we actually move into new build and items are tested he would not be satisfied and so until then these risks had to stay at amber.

6. Digital Medical Records (DMR) Highlight Report

A McCarlie presented the DMR Highlight Report and informed TIPB that the recommencement of sending records off site has began and to date 200 boxes have sent off island.

M Colquhoun explained that there were still some issues with resources but contingencies have been put in place and are being managed on a daily basis. The core team, although limited in numbers, are dedicated to the project and he was satisfied that all risks have mitigations in place.

G O’Brien noted the assurance on the hospital records but queried where the project was on community and dental. A McCarlie informed TIPB that the
scoping of community and dental had taken place and the volume of work had been identified and A McOmish has been in discussions with Service Leads on planning for implementation and resources needed. M Colquhoun stated that many lessons had been learnt over the past weeks and suggested that if financially viable the hospital team could support colleagues in the community and dental.

G O’ Brien asked TIPB members where their teams were with paperlite and L Wilson noted that both Public Health and Health Promotions were concerned on storage of resources i.e. leaflets within the new build.

R Walker informed TIPB that these concerns and all other issues were recorded in each services trackers.

G O’Brien stated that TIPB needed assurance from all managers that they have developed a tracker and that services will be as paperlite as possible for migration to new build.

**Action**
Assurance paper to be brought to July TIPB and then to future NHSO Board Meeting.

7. **Digital Medical Records (DMR) Resources Assurance Report**

A McCarlie presented the DMR Resources Assurance Report and informed TIPB that the purpose of the paper was to provide assurance to TIPB on the resources, actions and contingencies in place to ensure the effective completion of the DMR Project.

M Colquhoun informed TIPB that both the e Health Facilitator and the Clinical Systems Facilitator posts have been appointed and bank staff borrowed from OD & Learning are in place until recruitment for further vacancies has been filled.

8. **Art Strategy – Scope of Art Co-ordinator Role**

A McCarlie presented the Development of the Scope for Art Coordinator Role paper and informed TIPB that she had engaged with the charity Art in Healthcare and the Directorate of Education, Leisure and Housing, Orkney Island Council to develop this scope for the role of Art Coordinator to support the development of an arts strategy for the new building.

A McCarlie informed TIPB that the scope took into account the existing art work held by the Board and explained the 3 main implementation phases.

G O’Brien asked for assurance that there would be art on display from day 1 of the opening of the new build. A McCarlie stated that there would be art displayed on day 1 and that this would be part of the phase 1 implementation.

L Wilson queried the timescales and length of time for each implementation phase. A McCarlie explained that these timescales were set due to availability of resource, budget constraints and timing needed for public consultations.

**Action/Decision**
After discussion and consideration of the paper TIPB members –

1) **Noted** the contents of the draft scope
2) **Approved in principle** the phasing and direction of the draft scope with the possibility to converge into 2 phases.

9. **ICT Disaster Recovery Post Occupation of the New Build**

T Gilmour presented the ICT Disaster Recovery (DR) Post Occupation of the New Build paper to TIPB and explained that the NHSO ICT DR Facilities are currently provided from leased premises in Victoria Street. The level of ICT resilience which will be available in the new build will mitigate the requirement for a similar level of ICT DR as currently exists in Victoria Street, however some off-site ICT DR provision will still need to be made. He informed TIPB that the paper gives a high-level explanation of the ICT resilience in the new hospital and gives options for alternative ICT DR locations.

G O'Brien wished to clarify that this paper was to address infrastructure only and not business continuity. He highlighted from the paper that it reflected that the new build will be as resilient as it can be but that we would still need to have a 2\textsuperscript{nd} set of servers located in another location.

G O'Brien queried if the resilience for the new build has been externally audited. T Gilmour stated that it had not but it would be beneficial for it to be audited.

G O'Brien stated that the ICT Disaster Recovery needed to be considered by the Enabling Technology Group.

**Actions**

1) Lease on Victoria Street to be extended to at least December 2019.

2) Paper on ICT Disaster Recovery to go to Enabling Technology Group.

3) Proposal for ICT Disaster Recovery to be produced by December 2018.

4) ICT Resilience for the new build to be externally audited.

10. **ICT Equipment and Services in the New Build**

T Gilmour presented the ICT Equipment and Services in the New Build paper to TIPB and explained that much of the NHSO ICT estate will be required to be refreshed as part of the move to the new build. The paper lists these services, giving an update on progress and provides costs/costs estimated noting that the cost estimates exclude VAT.

G O'Brien queried what the overall budget was for ICT equipment. T Gilmour informed TIPB it was £1.5 million, but if the budget did become under pressure we could look at what equipment we have now that could continue to work in the short term.

D Lonsdale stated that he was confident that the revenue budget would cover all of the revenue costs quoted in paper.

G O'Brien, A McCarlie and T Gilmour all agreed they were not content that the ICT equipment scoped does align with what will be required in the Clinical Support Building.
Action
Assurance paper on ICT equipment for Clinical Support Building to be brought to July TIPB.

11. FM Options Paper

M Colquhoun gave a verbal update on discussions with Robertson FM, he informed TIPB that Robertson FM had formally approached NHSO with a document on subcontracting NHSO and he had submitted the document to P McKenna Health Facilities Scotland (HFS) for review. P McKenna has met and discussed the document with D Stevenson and M Easton at Scottish Futures Trust (SFT) and they have recommended that at this stage NHSO should not enter into any arrangement with Robertson FM.

M Easton confirmed this position and stated that this proposal would put the risk back on NHSO Board. He stated that the proposal did not match with the overall method statements as Robertson FM have not looked at a resource profile on island and have instead came straight to NHSO Board with a proposal. He informed TIPB that the Paymech cannot be altered and he believed that although the working relationship would be healthy in the early months, this may not carry on.

G O’Brien queried if this recommendation had been presented formally, M Colquhoun stated that P McKenna was preparing formal recommendation stating that Robertson FM need to reconsider their resources options.

G O’Brien queried the timeline for a revised offering from Robertson FM, M Colquhoun stated that everything must be in place 6 months prior to contract date and that Robertson FM must satisfy NHSO that they have qualified contractors in place.

Actions
1) M Colquhoun to go back to Robertson FM with formal response based on HFS/SFT recommendation.

2) Paper on Robertson FM provisions and resources to be brought to July TIPB.

12. Project Methodology – Defining Levels of Project Management

A McCarlie presented the report and informed TIPB that the purpose of the paper is to introduce a conceptual model which can be used to assess project complexity, and therefore provide an informed opinion about the appropriate level of project management arrangements to put in place.

Decision
After discussion TIPB members -

Noted -
The report and to defer it to SMT for discussion and approval.

13. Items for information

13.1 Project Change Log

TIPB noted for Information.
13.2 Construction, Commissioning and Move Group ToRs

TIPB noted for Information.

14. Minutes for Information

14.1 Communication & Engagement Group

The minutes were presented to TIPB for information.

14.2 DMR Project Board

The minutes were presented to TIPB for information.

14.3 Robertson Sit Progress Meeting 11

The minutes were presented to TIPB for information.

15. Any Other Business

There was no other business presented.

15.2 Actions to be included in Action Log

- Outstanding 1:50s to be added to Action Log to provide TIPB with update on status of them.
- Operational Risk Register Risk 52 – Procurement of IT equipment – wording of risk to be reviewed.
- Paper on IT resources for commissioning/migration period and going forward into operational period in new build to be brought to July TIPB.
- Assurance paper on all services development of tracker including assurance that all services will be as paperlite as possible for migration to new build to be brought to July TIPB and then to future NHSO Board Meeting.
- Lease on Victoria Street to be extended to at least December 2019.
- Paper on ICT Disaster Recovery to go to Enabling Technology Group.
- Proposal for ICT Disaster Recovery to be produced by December 2018.
- ICT Resilience for the new build to be externally audited.
- Assurance paper on ICT equipment for Clinical Support Building to be brought to July TIPB.
- M Colquhoun to go back to Robertson FM with formal response based on HFS/SFT recommendation.
- Paper on Robertson FM provisions and resources to be brought to July TIPB.

16. Date and Time of Next Meeting

The next meeting of the Transformational Implementation Programme Board will take place on Thursday 19th July 2018 at 2.00pm in the Saltire Room.
**Present:**
- James Stockan: Orkney Islands Council *(Chair)*
- Gail Anderson: Voluntary Action Orkney
- Graeme Harrison: Highlands and Islands Enterprise
- Seonag Campbell: Skills Development Scotland *(items 1-12)*
- Eilidh Johnston: Scottish Environment Protection Agency
- Alan Johnston: Scottish Government
- Ian Kinniburgh: NHS Orkney
- John McKenna: Scottish Fire and Rescue Service *(items 1-12)*
- Leslie Manson: Orkney Islands Council *(items 1-12)*
- Gerry O’Brien: NHS Orkney
- Bill Ross: Orkney College *(items 1 – 10)*
- Gillian Morrison: Orkney Islands Council
- Jeremy Richardson: Integration Joint Board
- Kristin Scott: Scottish Natural Heritage *(items 1-12)*
- Graham Sinclair: HiTrans
- Craig Spence: Orkney Housing Association Limited
- Matt Webb: Police Scotland and Orkney Community Justice Partnership
- Leslie Manson: Orkney Islands Council *(items 1-12)*
- Gerry O’Brien: NHS Orkney
- Bill Ross: Orkney College *(items 1 – 10)*
- Gillian Morrison: Orkney Islands Council
- Jeremy Richardson: Integration Joint Board
- Kristin Scott: Scottish Natural Heritage *(items 1-12)*
- Graham Sinclair: HiTrans
- Craig Spence: Orkney Housing Association Limited
- Matt Webb: Police Scotland and Orkney Community Justice Partnership
- Leslie Manson: Orkney Islands Council *(items 1-12)*
- Gerry O’Brien: NHS Orkney
- Bill Ross: Orkney College *(items 1 – 10)*
- Gillian Morrison: Orkney Islands Council
- Jeremy Richardson: Integration Joint Board
- Kristin Scott: Scottish Natural Heritage *(items 1-12)*
- Graham Sinclair: HiTrans
- Craig Spence: Orkney Housing Association Limited
- Matt Webb: Police Scotland and Orkney Community Justice Partnership

**By invitation (for item 13):**
- Duncan Nisbet: Scottish Government R100 Programme
- Shona Croy: Orkney Islands Council
- Tom Gilmore: NHS Orkney
- Karen Greaves: Orkney Islands Council
- Hayley Green: Orkney Island Council
- Kenny MacPherson: Orkney Islands Council
- Kirsty Groundwater: Orkney Islands Council
- Shaun Hourston-Wells: Orkney Health and Care
- Hazel Robertson: NHS Orkney
- Gerard McCormack: Improvement Service

**In attendance:**
- Anna Whelan: Orkney Islands Council *(Secretary)*
- Marie Love: Orkney Islands Council

**Apologies:**
- Alistair Buchan: Orkney Islands Council
- Ken Massie: VisitScotland
- Garry Reid: Scottish Sports Council

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<td>1</td>
<td>Draft minutes of the last meeting of the Board on 19 March 2018</td>
<td>Chair</td>
<td>To amend as necessary and agree the minutes</td>
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<td>1.1</td>
<td>The minutes were agreed.</td>
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2.1 Item 12 (Locality Plan)

Re the Locality Plan, which had been agreed by the Board, it was noted that a screening report had been submitted to the Scottish Government's Strategic Environmental Assessment Team. They confirmed that the Consultation Authorities had considered the report and agreed that a full Strategic Environmental Impact Assessment was not required. The Plan would be presented to OIC for consideration in so far as it relates to the council and would be circulated to other partners who may want to present it to their respective boards.

**Action: AFW/ML**

3 Executive Group report

3.1 Update from the Group Gail Anderson

3.1.1 Gail Anderson reported that the Executive Group had met on 30 May 2018 when the main item of discussion had been external air services. Board members had been invited to the meeting for the discussion with Jonathan Hinkles, Managing Director of Loganair Ltd. Gail highlighted the following points:

- Concern had been expressed re the reduced service to Inverness over a six-week period in early 2018 and the lack of consultation with service users. This had resulted in logistical and financial issues for individuals and organisations in Orkney. It was explained that the reduction in service had been due to a shortage of aircraft because of maintenance checks. Loganair had considered a range of options and this route had ultimately been chosen because it was the least commercially viable, affected the lowest number of passengers, and was therefore the 'least bad' option. Loganair acknowledged that the reduction in service had not been well communicated and lessons had been learned. The service on this route will be reduced again in November / December 2018 but it is not anticipated this will happen in Spring 2019.

- Loganair had experienced significant losses during the period it had been in competition with Flybe and these had not been sustainable. It had subsequently been necessary to raise prices, but any increases were done on an incremental basis and more seats were now available.

- There had been issues on the Kirkwall / Glasgow route around timetabling. Loganair acknowledged they had got it wrong in terms of how the change was handled, but not in terms of the change. An additional flight to Glasgow had been put on during weekdays at noon but it would be necessary to review this because of low passenger numbers.

- Plans are currently being made for summer 2019 and no fundamental change is anticipated. Early bookings for the nonstop Manchester service...
were looking good with 75% of the seats already sold before the first flight takes off, the majority of these being inbound.

- Work will commence shortly on replacing aircraft. Options are still being discussed and no firm decisions have been made but it is not anticipated there will be significant changes around frequency.

3.1.2 Noted that the session had been helpful, but it was unfortunate that Jonathan Hinkles had not been able to attend in person and had participated via Skype. Agreed it would be of benefit to engage in a more focused conversation by having Jonathan present so an invitation should be extended. While he had been open and honest the fact remains that Orkney is on the receiving end of a reduction in service.  
Action: AFW/ML

3.1.3 During discussion the following points were also highlighted:

- Re. the Inverness route, while the daily flight service had been reintroduced, Fridays had not been included which meant people travelling to Inverness were only there for 1.5 hours.
- Members agreed that 70% of inbound traffic from Manchester was very positive news from a tourism perspective.
- There had been reference in the media to a potential Loganair commitment to modern apprenticeships, but this had not been referred to during the meeting.
- Loganair had made a ‘Shetland pledge’ and was apparently undertaking a similar pledge for Orkney but this had not yet been done. Members were keen to ensure this was forthcoming.  
Action: GS
- It was hoped that, as the company recovers, the service reduction in autumn may not be necessary in future years. There was a need to work towards a basis where Orkney should not accept this as a regular occurrence.
- There was a need also to press on the subject of ADS for business travel, but it would be more appropriate to do so with the Transport Minister rather than Loganair.
- NHS Orkney was about to commence discussions with NHS Highland on whether more patients who required ophthalmology and orthopaedics could attend Raigmore Hospital in Inverness. The maintenance of the Inverness route is crucial in terms of this planning. Gerry O’Brien would keep members up to date on progress to see if action was required.
- Noted that the aircraft carrying out the early morning flight to Aberdeen now goes from Aberdeen to Shetland before coming to Orkney which could have an impact on Orkney if there was bad weather in Shetland.
• Noted that Orkney was not uniquely affected by a reduction in service during maintenance periods as there were also implications for Stornoway. The matter is being kept on the HiTrans agenda.

3.1.3 All other items of discussion at the Executive Group were included on the Board agenda.

3.2 Development Plan update Marie Love

3.2.1 • Re. action B3 (Review and update LOIP and issue new edition for 2017-2020 to include a Locality Plan for the non-linked isles) noted that this had now been completed and agreed this action could be removed from the Development Plan.

• Re. action B4 (Review and update LOIP and issue new edition for 2018-2021, to include updated values and strategic priorities) noted that this was a new action which had been completed and was on the agenda.

• Re. action D2 (Develop a partnership approach to property asset management for existing and future property projects) noted that this was still amber. It will be managed by the Executive Group until completion.

4 Strong Communities Delivery Group Gail Anderson To report progress

4.1 Gail Anderson advised that the newly formed Strong Communities Delivery Group had already had two planning sessions to review and revise outcomes. Another planning meeting would be held shortly to firm up what the group will do. The group had considered its medium term outcomes and proposed that these be amended to the following, which was agreed by the Board:

A. Our communities have vibrant, innovative, sustainable and inclusive populations.

B. Our communities have access to the services, facilities and resources they require to enable them to lead, develop and innovate.

C. Partners and communities share trusting relationships and understand their own and others’ accountability, responsibility and capacity.

5 Living Well Delivery Group Gerry O’Brien To report progress

5.1 Gerry O’Brien informed members that planning sessions for the Living Well Delivery Group had now been diaried. Membership was key, and he was keen that the Group actually deliver. He had had a very useful meeting with Gail Anderson around handing over activities from the Positive Ageing Delivery Group. He had also met with Frazer Campbell of Orkney Blade Trust and they had agreed a mental health event in July would be held under the banner of Living Well. Gerry would work with Louise Wilson to capture the impact of welfare reform to see whether that would influence the LWDG’s work plan.
6 Vibrant Economy Delivery Group

Graeme Harrison advised that the new Vibrant Economy Delivery Group had met the previous week. The strategic priority being delivered by this Group had not changed to the extent of the other two. However, the group had some new members and had started to redraft its short term activities and outputs with a focus on delivery of the Locality Plan. The VEDG would have a greater role in the next phase of delivery of the Islands Deal proposals, including the development of business cases. It also had a piece of work to do around coordination of different skills and employment strategies, including talent attraction and Developing the Young Workforce. These needed to be pulled together so that gaps could be identified. The infrastructure for the research and development campus was well underway and, as this progressed, it was hoped members of the Board could visit.

7 Locality Plan Actions

7.1 • Re. action 1 (Development of business case around digital connectivity) noted that the timescale for delivery was 30 June 2018 but, as the business case would be informed by the Board discussion (item 13) and a number of discussion groups, it would not be complete by then.
• Re. action 8 (Rollout of Empowering Communities project to other islands, subject to availability of funding) agreed that the lead should be OIC only rather than the Strong Communities Delivery Group / OIC.
• Re. action 17 (Regular Board updates to ensure that, if needed, the Partnership can offer additional support to ongoing issues including in relation to freight costs and ferries) agreed to amend wording to include ‘road equivalent tariff’.

8 CONTEST/PREVENT

Matthew Webb
Gillian Morrison

8.1 Matthew Webb reiterated that, although Orkney is not seen to be at significant risk, the key message is vigilance. The latest version of CONTEST had just been released. Powers had also been introduced to provide for earlier police intervention and more information on these would be circulated. Police Scotland could bring a trainer to Orkney to provide further training sessions if necessary and anyone who felt this would be beneficial for their organisation should get in touch. Noted there was currently a rise in extreme right-wing activity.

8.2 Gillian Morrison informed members that she was sharing the peer review she had carried out. She explained that a peer review is different from an inspection in that it is about learning from improvements in other areas. Once the PREVENT Strategy had been completed she would circulate this to Partners as well as elected members.

Action: GM
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<tr>
<td>9</td>
<td>The Islands Bill and Islands Deal</td>
<td>Chair</td>
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9.1 The Chair presented a paper on the Islands Bill and Islands Deal. Re. the Islands Bill he said it was remarkable how far the island areas had managed to progress additional powers and devolution of functions. While it had taken extensive lobbying, the Scottish Government had agreed to more than had been anticipated. Orkney may be small but are unique and he urged Partners to look for any opportunities for us to do things in different and better ways and let him know so that these could be taken back to the Scottish Government, it is important SG knows we are keen to do things in different ways. If we can make better use of resources it is not only good for Orkney, but good for the country.

9.2 The Chair explained that the Islands Deal had lost some impetus because of the Islands Bill work, but there was now a significant amount of work to be done over the summer months as there was a desire to see the Deal in the autumn budget statement. The paper contained a list of ‘areas of innovation’ which are themes rather than actions. It would be a challenge to find the resources to develop full plans and partners would be involved in pulling together the final outline papers. These themes cover the three island areas and it was acknowledged not all will be successful in receiving funding.

10 | Scottish Government Location Director | Alan Johnston | Discussion of role refresh |

10.1 Alan Johnston referred to the letter from the Scottish Government and explained that attention was now moving on from the processes of community planning and into the practice. Location Directors can be a conduit between partnerships and the Scottish Government as well as being a critical friend. He reiterated that, while part of his ‘day job’ was digital connectivity, he attended the Board in his role as Location Director. The Location Director role had been broadened out so that there were now teams, with two to four people per area rather than one. What would be interesting for him as work moved on was what is happening with the delivery groups and whether there were any issues or sticking points, particularly if these were in relation to the Scottish Government.

10.2 Concern was expressed about the team approach, as dealing with teams could make the connection ephemeral. Alan explained that he would be team lead and the first point of contact. He would provide details of the other team members. **Action: AJ/ML**

10.3 The Chair emphasised that the Partnership wanted to make this work so that there was better value for the Scottish Government and ourselves.
<table>
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<tr>
<th>Item</th>
<th>Topic</th>
<th>Lead</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>11</td>
<td>Local Outcomes Improvement Plan (LOIP)</td>
<td>Anna Whelan</td>
<td>To consider and approve the LOIP 2018/2021</td>
</tr>
</tbody>
</table>

11.1 Anna Whelan presented the draft LOIP for 2018-2021 which was approved, subject to amendments to the Strong Communities medium term outcomes.  

*Action: AFW/ML*

12 Any other businessChair

12.1 Noted that Kristin Scott would be retiring shortly and this would be her last Board meeting. She was sorry she would no longer be involved in community planning as she had experienced real warmth and determination. The Chair proposed a vote of thanks to Kristin for the positive contribution she had made to the work of the Partnership.

12.2 Seonag Campbell advised that recent data published around modern apprenticeships showed that from 1 April 2017 to 31 March 2018, 135 Modern Apprenticeship starts had been supported across Orkney. This was an increase of 35 and double the figure for 2014/15 which was testament to the fact that there are opportunities. It had to be acknowledged that there were some challenges and it was particularly difficult to recruit to construction Modern Apprenticeships.

12.3 Graeme Harrison advised that HIE’s young people’s attitudes and aspirations survey was now live. This was last done in 2015 and there had been a good response in Orkney then. It was agreed that this would be circulated to allow partners to help increase awareness to ensure a good response.  

*Action: GH/ML*

*The Board adjourned for lunch at 12.55 and the meeting resumed at 13:45.*

13 R100 Programme Alan Johnston  
Duncan Nisbet | To discuss R100 Programme |

13.1 Duncan Nisbet and Alan Johnston made a powerpoint presentation which is attached to this minute. During discussion the following points were noted and raised:

- 93.4% of premises in Scotland can access superfast broadband compared to 65.8% of premises in Orkney, which is where Scotland was five or six years ago.

- A tender process for delivery of access to Next Generation Access Broadband Infrastructure, capable of delivering speeds of at least 30 Mbps, had started in March 2018. There were now three active bidders following the competitive dialogue process and contracts would be awarded in early 2019. For the purposes of the process, Scotland is broken down into three lots. The north lot contains some sizeable communities that are some distance from accessible fibre.
Some of the more challenging areas within the Digital Scotland Reaching 100% programme intervention area had been mandated and weighted to incentivise the delivery of fibre infrastructure. It was disappointing to note that North Ronaldsay was not one of these; Alan explained that the number of mandated locations was restricted. It may not be possible to provide fibre to every island but if it comes closer there may be further technology that will allow superfast connectivity to reach the fibre.

It had never been envisaged that Digital Scotland Superfast Broadband would reach 100% coverage. The intention had been to maximise funding to push fibre as far as possible so that, in areas who didn’t reach 100% through the first push, a fibre connection would be nearer and other measures could potentially be put in place.

Members had concerns bidders would be tempted to go for most up to date areas first and the remote areas would be left. Unfortunately, there is no funding for interim solutions. It had been felt it did not make sense to utilise resources on something that would be provided in a couple of years in any case.

Noted that the use of infrastructure could stop interim solutions. Use of the assets belong to the bidder and it is likely they will charge everyone else who wants access to them.

The Better Broadband Subsidy Scheme had been developed by the UK Government to provide access to a subsidised broadband installation to homes and businesses that are unable to access a broadband service with a download speed of at least 2Mbps and who would not benefit from the superfast broadband rollout. The scheme will ensure that no household or business will need to pay more than £400 to access a basic broadband service over a 12-month period. Noted that, at the moment, applications to the scheme can only be accessed by individuals or businesses so it would not be possible for the Board to apply for a locality.

Concern was expressed around timescales, which wasn’t yet known as this would be contained within the bids. The hardest to reach areas are also Orkney’s most disadvantaged. If some of the work is still years away, they will become even more disadvantaged. It was felt by members there should be some kind of intervention to assist rural areas in the short term.

The Chair suggested the Orkney Partnership could write to Fergus Ewing acknowledging that, while we’re delighted R100 is coming along, Orkney needs an interim solution in its most fragile areas and asking for his support while we’re waiting for the process to go through. Alan advised it was difficult at this point to say what the landscape and timescales would be. Once he has this information further discussion could be had.

Orkney has an abundance of marine assets and it was hoped this local knowledge would be used when the fibre routes to the islands were being determined.
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The meeting closed at 15:00

ML/AFW
14.06.2018

Annex – Digital Scotland Reaching 100% presentation
Orkney Partnership Briefing

14th June 2018

Alan Johnston
Head of Connectivity, Economy & Data Division
Scottish Government
alan.johnston@gov.scot

Duncan Nisbet
R100 Stakeholder Director
Scottish Government
duncan.nisbet@gov.scot

Content

• UK Telecommunications
• Scottish Programmes
• R100 Procurement
• Other Initiatives
UK Telecommunications

• Reserved matter to UK Parliament
• Regulated by OFCOM
• No USO for broadband …. Yet!
  • Digital Economy Bill includes 10Mbps USO by 2020
• UK target was:
  • 95% superfast availability by end 2017
  • Basic broadband availability for all

Scottish Programmes

• Digital Scotland Superfast Broadband
  • Almost 900,000 premises connected
  • £400M+ (£100M from UKG)
• Community Broadband Scotland
  • Helped many communities to help themselves
  • Now Digital Communities team
• Better Broadband Scheme
  • Extended to end 2018 (UKG funded)
Scotland Superfast and Fibre Coverage

Superfast 93.4%

- Superfast UK (>24 Mbps): 93.71%
- Superfast EU (>30 Mbps): 92.38%
- Ultrafast (>100 Mbps): 43.84%
- Openreach (>30 Mbps): 88.18%
- Openreach FTTP: 0.64%
- Openreach G.fast: 0.54%
- ‘Fibre’ partial/full at any speed: 96.98%

Below 2 Mbps down: 1.21%
Below 10 Mbps down: 4.14%
Below 10 Mbps, 1 Mbps up: 5.44%
Below 15 Mbps: 5.15%
Virgin Media Cable: 43.15%
Full Fibre (FTTP or FTTH): 1.03%

Orkney Islands Superfast and Fibre Coverage

Superfast 65.8%

- Superfast UK (>24 Mbps): 67.38%
- Superfast EU (>30 Mbps): 65.84%
- Ultrafast (>100 Mbps): 0.18%
- Openreach (>30 Mbps): 65.84%
- Openreach FTTP: 0.18%
- Openreach G.fast: 0.00%
- ‘Fibre’ partial/full at any speed: 82.57%

Below 2 Mbps down: 7.05%
Below 10 Mbps down: 27.00%
Below 10 Mbps, 1 Mbps up: 27.11%
Below 15 Mbps: 30.02%
Virgin Media Cable: 0.00%
Full Fibre (FTTP or FTTH): 0.18%

Source: thinkbroadband.com 12th June 2018
R100 Programme

• Scottish Government is committed to delivering superfast availability to 100% of premises by the end of 2021
• Builds on the DSSB investment
• Initial procurement aims to bring every premises within reach of accessible fibre
• Likely to be a range of practical solutions to deliver commitment
• £600M subsidy (£21M from UKG)

Intervention Area

• Prior to procurement
  • Identify all Scotland’s premises
  • Open Market Review to create draft IA
  • Test via Public Consultation
• Approximately 227,000 premises identified as sub 30 Mbps
• Orkney ~ 4,400 premises < 30 Mbps
  • Public Consultation Report available on SG website
Orkney IA

Orkney Islands v Scotland

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<tr>
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<th>Orkney Islands</th>
<th>Scotland</th>
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<tbody>
<tr>
<td>Total Premise Count</td>
<td>12,661</td>
<td>2,834,302</td>
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<tr>
<td>Total NGA White Premises</td>
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<td>U1 NGA White Premise</td>
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<td>NGA White 24-30Mbps exc. U1</td>
<td>332</td>
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<td>0</td>
<td>15,840</td>
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<td>In-Scope NGA White</td>
<td>4,072</td>
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* Not including those in U1 or 24-30Mbps

Procurement Timetable

- OJEU Notice Published December 2017
  - Includes ESPD Selection Process
- Tender Process started in March 2018
  - Following Competitive Dialogue Process
  - Three lots in parallel
- Award Contracts early 2019
Removed Urban 1 Classification and 24 Mbps+ from initial procurement

<table>
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<th>In Scope Premise Count</th>
<th>Gap Funding Available</th>
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<td>84,427</td>
<td>£384M</td>
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<tr>
<td>Central</td>
<td>41,550</td>
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<tr>
<td>South</td>
<td>21,242</td>
<td>£133M</td>
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</table>
DSSB Fibre Coverage
Mandated & Weighted

Mandated & Weighted Areas - North Lot

1 - South Uist
2 - Yell
3 - Unst
4 - Hoy / Flotta
5 - Acharn
6 - Glenbhein / Glenbheide
7 - Skye / Hardknott
8 - Glen Lyon
9 - Achiltibuie
10 - Uig / Timgavie
11 - Sandyford
12 - Gearrannan
13 - Stronsay
14 - Glen Creran / Glen Creran
15 - Sheepishness
16 - Caledonia
17 - Loch Tarbert
18 - Luing
19 - Rousay / Westray / Wyre
20 - South Uist
21 - Scarinish
22 - Isle of Man
23 - Arran
24 - West Voe
25 - Lismore
26 - Tiree / Canna / Rum / Muck
27 - Coll
28 - Islay
29 - Islay
30 - Netherton / Westerwick
31 - Isle of Skye
32 - Glen Esk
33 - Benbecula
34 - Benbecula
35 - Benbecula
36 - Rishiri
37 - Benbecula
38 - Shetland
39 - Benbecula
40 - Benbecula
41 - Barra
42 - Taransay
43 - Coll
44 - Arran
45 - Arran
46 - Arran
47 - Tranent / Tranent
48 - Arran
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R100 Area Type
- Mandated
- Weighted

R100 Procurement
- North Lot

Contains NRS data
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Ordnance Survey 100 licence number 1371909000
Aligned Interventions

- Initial procurement not expected to deliver 100% coverage
- Parallel work stream for Aligned Interventions
- Work will focus on remaining premises
  - Early indication during summer
- Funding assured for Aligned Interventions in addition to core £600M
- In parallel with UKG schemes

Local Full Fibre Network

- LFFN UKG Initiative
  - Aims to stimulate commercial investment full fibre networks
- Funding bids invited from public sector
  - £200M over 3 funding waves
- R100 team working with LFFN
- Complementary programmes
- No certainty!
Gigabit Voucher Scheme

- UKG Initiative
  - Aims to stimulate commercial investment full fibre networks
- £67M Confirmed Funding
- Aimed at SME Businesses & Surrounding Residential Premises
- Applications via Registered Suppliers
- https://gigabitvoucher.culture.gov.uk/

Mobile

- Mobile Infill Programme
  - £25M Investment
  - 4G Infrastructure & Services to 4G not-spots
  - In procurement (contract expected June)
  - Four year deployment programme
  - 16 initial sites (could rise to 60)
  - Mainly Highlands & Islands
Stakeholder Engagement

- Managing Expectations
- Pre-contract phase
  - Procurement process in confidence
- Continue to work with LFFN team
- New Build Challenge
- Local Authority Input
  - Roads & Planning
  - Wayleaves
  - Local Knowledge
# NHS Orkney Board

## Timetable for Submitting Agenda Items and Papers – 2018/2019

<table>
<thead>
<tr>
<th>Initial Agenda Planning Meeting with Chair, Chief Executive and Board Secretary</th>
<th>Final Agenda Planning Meeting with Chair, Chief Executive and Board Secretary</th>
<th>Papers in final form(^3) to be with Board Secretariat by 1700 hrs on</th>
<th>Agenda &amp; Papers to be issued no later than 1600 hrs on</th>
<th>Date of Meeting held in the Saltire Room Balfour Hospital (unless otherwise notified) at 10:00 am</th>
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<tbody>
<tr>
<td>&lt; 1 week after previous meeting &gt;</td>
<td>&lt; 4 weeks before Date of Meeting &gt;</td>
<td>&lt; 2 weeks before Date of Meeting &gt;</td>
<td>&lt; 1 week before Date of Meeting &gt;</td>
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<td>1 March 2018</td>
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<td>15 November 2018</td>
<td>29 November 2018</td>
<td>06 December 2018</td>
<td>13 December 2018</td>
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Chair: Ian Kinniburgh  
Vice Chair: Naomi Bremner  
Lead Officer: Gerry O’Brien  
Corporate Services Manager: Emma West

\(^1\) draft minute of previous meeting, action log and business programme to be available  
\(^2\) draft agenda, minute and action log issued to Directors following meeting  
\(^3\) Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent
## NHS Orkney - Board - Attendance Record - Year 1 April 2018 to 31 March 2019:

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**Attending for specific items**

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