

# NHS Orkney Board

## 7 March 2019

### 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 7 March 2019** at **10.00 am**

Ian Kinniburgh  
Chair

### Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	<b>Apologies</b>	Chair		To <u>note</u> apologies
2	<b>Declaration of interests</b>	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	<b>Minutes of previous meetings held on 13 December 2018</b>	Chair		To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	<b>Matters arising</b>	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	<b>Board action log</b>	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
6	<b>Governance</b>			
6.1	European Union – Withdrawal of the UK – update	Chief Executive	OHB1819-49	To <u>note</u> the update provided
7	<b>Strategy</b>			
7.1	Financial Plan/Operational Plan 2019/20	Chief Executive/ Head of Transformational Change and	Verbal	To <u>note</u> the update provided

Item	Topic	Lead Person	Paper Number	Purpose
<b>8</b>	<b>Clinical Quality and Safety</b>	Improvement		
8.1	Infection Prevention and Control Report	Medical Director	OHB1819-50	To <u>review</u> and seek assurance on performance
8.2	Clinical and Care Governance Committee Chairs report and minute from meeting held on 10 October 2018	Clinical and Care Governance Committee Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
8.3	Area Clinical Forum Chairs report and minute from meeting held on 5 October 2018	Area Clinical Forum Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
		<i>*Comfort Break*</i>		
<b>9</b>	<b>Workforce</b>			
9.1	Chair's Report – Staff Governance Committee and minute of meeting held on 21 November 2018	Staff Governance Committee Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
<b>10</b>	<b>Organisational Performance</b>			
10.1	Financial Management Performance Report	Chief Executive/Head of Finance	OHB1819-51	To <u>review</u> the in year financial position and <u>note</u> the year to date position
10.2	Performance Management Report	Head of Transformational Change and Improvement	OHB1819-52	To <u>scrutinise</u> report and <u>seek assurance</u> on performance
10.3	Chair's Report – Finance and Performance Committee and	Finance and Performance Committee Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes

Item	Topic	Lead Person	Paper Number	Purpose
	minute of meeting held on 29 November 2018			
<b>11</b>	<b>Risk and Assurance</b>			
11.1	Chairs report Audit Committee and minutes of meeting held on 4 September 2018	Audit Committee Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
<b>12</b>	<b>Any other competent business</b>			
<b>13</b>	<b>Items for Information</b>			
13.1	Key Legislation	Chair		To <u>receive</u> a list of key legislation issued since last Board meeting and local implementation / action
13.2	New Hospital and Healthcare Facility - Authority Observer report	Authority Observer	OHB1819-53	To <u>review</u> report and <u>note</u> minutes
13.3	Orkney Partnership Board minute - 18 December 2018			
13.4	Board Reporting Timetable 2019/20			To <u>note</u> the timetable for 2018/19
13.5	Record of Attendance			To <u>note</u> attendance record
13.6	Evaluation	Reflection on meeting – led by Chair		

**Open Forum –**

Public Questions and Answers Session

**A Press Briefing will follow the conclusion of Board Business**

**By Standing Invitation:**

Sally Shaw, Chief Officer

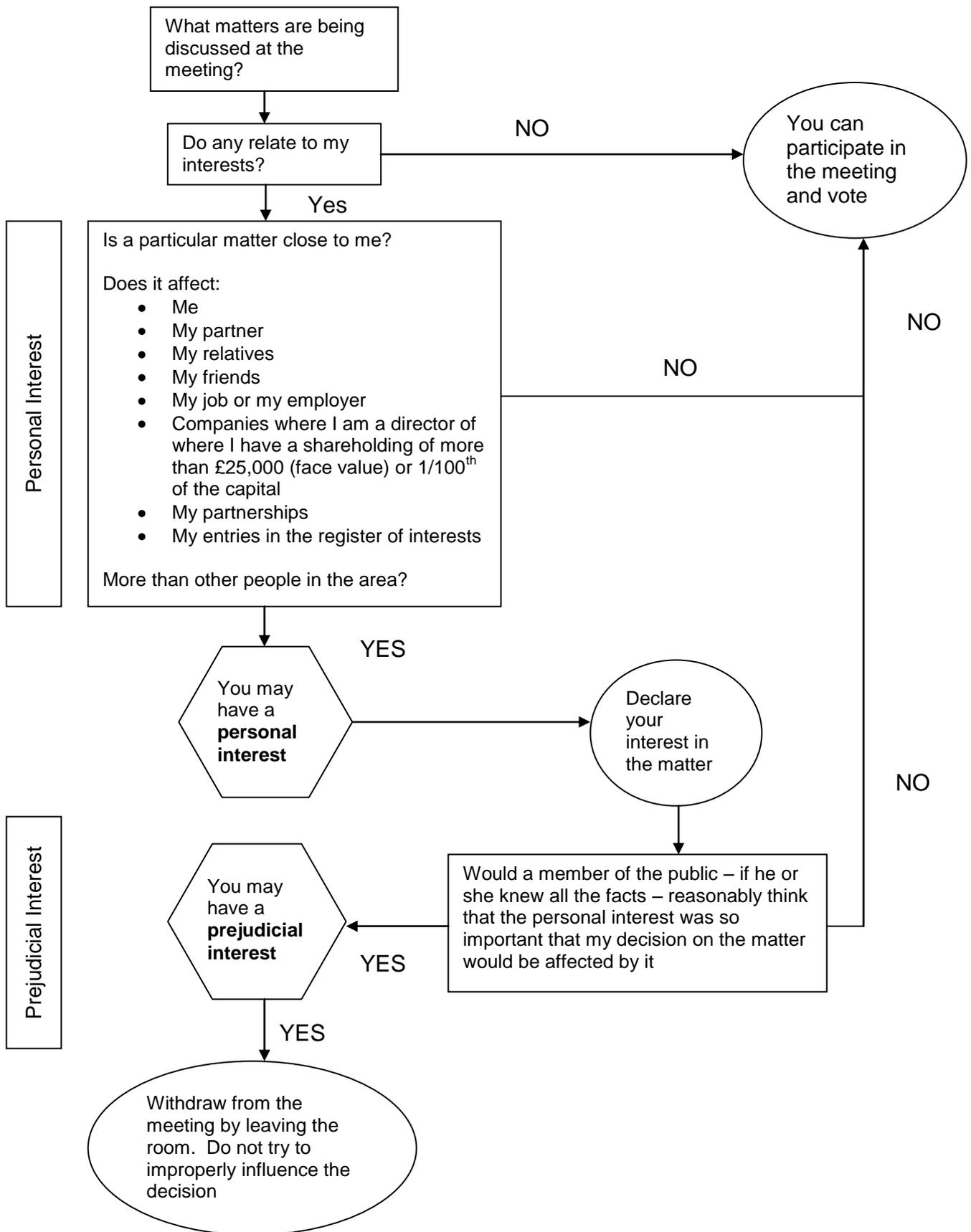
Christina Bichan, Head of Transformational Change and Improvement

Ashley Catto, Human Resources Manager

Malcolm Colquhoun, Head of Hospital and Support Services

Julie Nicol, Head of Organisational Development and Learning

**Declaring interests flowchart – Questions to ask yourself**



## Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held in the **Saltire Room, Balfour Hospital, Kirkwall** on **Thursday 13 December 2018** at **10:00am**

**Present**

- Ian Kinniburgh, Chair
- David Drever, Vice Chair
- Davie Campbell, Non Executive Board Member
- Caroline Evans, 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
- Meghan McEwen, Non Executive Board Member
- Gerry O'Brien, Chief Executive
- Marthinus Roos, Medical Director
- James Stockan, Non Executive Board Member
- Louise Wilson, Director of Public Health

**In Attendance**

- Christina Bichan, Head of Transformational Change and Improvement
- Ashley Catto, Human Resources Manager (via VC)
- Derek Lonsdale, Head of Finance (item 651)
- Sally Shaw, Chief Officer
- Emma West, Corporate Services Manager (minute taker)

641 **Apologies**

Apologies were noted from A Ingram, M Colquhoun and J Nicol.

642 **Declarations of interests**

No declarations of interest on agenda items were made.

643 **Minute of previous meeting held on 25 October 2018**

The minute of the meeting held on 25 October 2018 was accepted as an accurate record of the meeting, subject to the amendments noted below, and was approved.

- Page 3 – 533, 3<sup>rd</sup> paragraph, amend 'vice chain' to 'vice chair'

644 **Matters Arising**

543 - Community Mental Health Strategy

Members were advised that work continued linked to the Clinical Strategy and Integration Joint Board Commissioning Strategy and would be discussed further at the January Board Development Session. Joint sessions would be held with Orkney Islands Council (OIC) colleagues to ensure that there was a robust concept moving forward into 2019/20 and clarity on the longer term vision.

645 **Board Action Log**

The action log was reviewed and corrective action agreed on outstanding issues

(see action log for details).

### **Governance**

#### 646 **European Union – Withdrawal of the UK - update – OHB1819-44**

The Chief Executive presented the report advising that it was projected that the UK would withdraw from the European Union on 29 March 2019, commonly referred to as Brexit. NHS Orkney along with all other Boards in NHS Scotland had been asked to participate in a number of self assessments or operational readiness assessments. NHS Orkney had established a Brexit working group considering the key risks and mitigation.

Discussions at the NHS Scotland Chief Executive's group had focused on planning for a no deal approach as any deal would then be an improvement on this planning assumption. Due to relatively small size of NHS Orkney and the low number of European Union nationals employed there would be a lesser impact than some other Boards. It should be acknowledged however that NHS Orkney had links and Service Level Agreements with other Boards who would be affected to a greater degree.

A workforce questionnaire had been completed and active discussions were ongoing with individuals affected around the settlement scheme.

D Drever sought assurance that all staff affected would receive individual support and was advised that Human Resources were working with staff on a one to one basis including assistance, where appropriate, with family and domestic circumstances. It was noted that assistance was limited due to the settlement criteria but NHS Orkney as a Board would do everything within its powers to support staff.

D Campbell questioned whether staffing information was also available in regard to Boards that has Service Level Agreements with NHS Orkney. He was advised that this information was available but the message was clear that the NHS would support all staff and their families as they were very much dependant on them to provide services.

I Grieve queried whether the supply of equipment to the new Hospital and Healthcare Facility could be affected and was advised by the Chief Executive that orders had been accelerated where possible to avoid issues, questions remained around the warranty and maintenance agreements for some items but these would be agreed in due course.

### **Decision / Conclusion**

The Board noted the update report with regard to the current Brexit position.

#### 647 **NHS Orkney Annual Review**

The Chairman provided members with a verbal update from the NHS Orkney Annual Review which had been held on Monday 10 December 2018.

He advised that the Annual Review had been led by Joe FitzPatrick, Minister for Public Health, Sport and Wellbeing, attended by Donna Bell, Director of Mental Health and supported by Carmel Sheriff, Performance Manager.

There had been a series of meetings held with the Minister who had been very specific around wanting to speak more directly with staff and patients with little management input. Feedback from each of the meetings had been very positive with no significant issues raised. The Board would now await a written letter which would provide specific areas for focus going forwards.

The day had consisted of meetings with the Area Clinical Forum, Area Partnership Forum, Patients and Carers, a brief visit to the new Hospital and Healthcare facility and had been concluded with a private session with the Chief Executive and Chair which had been used to provide feedback on the day.

There had been positive feedback from the Area Clinical Forum meeting but recognition that clinical involvement could be improved in some areas and groups and further engagement would be welcomed. The Area Partnership Forum meeting had focused on challenges in recruitment, retention and training along with supporting staff with bullying and harassment issues. This was a national issue and work was required to improve the mechanisms for staff to report concerns and ensure that they had the confidence to do this.

There had been very positive feedback from the patients and carers meeting, with patients being satisfied with their care. Issues raised had included the need for better coordination of appointment to avoid unnecessary travel, especially for those on isles; this was an issue that NHS Orkney were already aware of.

Members were advised that the meetings and visit held on the 10 December were the first part of the Annual Review Process as set out by the Scottish Government. The second part would be carrying out engagement with the public in a meaningful way and the Board would now consider how this could be achieved to capture feedback and experiences of people using services. The use of Social media and local media including the Orcadian and Radio Orkney would be considered as part of this public engagement.

The Chief Executive added that the Minister welcomed the excellent leadership of the Area Clinical Forum and Area Partnership Forum.

The importance of the 'Reaching 100% programme' (R100), which was part of a Scottish Government commitment to deliver superfast broadband access to 100% of premises in Scotland, was noted. Much could be achieved to reduce patient travel if broadband connections were improved and it was important to engage with the public through such sessions to help deliver and influence the strategic intent.

S Johnson, as Chair of the Area Clinical Forum agreed that much of what the forum presented had been positive but there was still an issue with clinical engagement. Staff were very committed to their day jobs and their patients and it was sometimes very difficult to get away from this, there was a need to explore innovative ways of receiving further engagement.

F MacKellar, Chair of the Area Partnership Forum noted that the session had also been positive with the Minister asking specific questions and the forum able to answer these fully. Opportunity had been given to discuss migration planning for the new Hospital and Healthcare Facility, dignity at work which had reflected nationally across workforce and the opportunity to express how these issues were being progressed locally.

Proposals around the format of the public engagement session work would be agreed shortly and would be worked up in consultation with the public to make this it effective and engaging as possible.

### **Decision / Conclusion**

The Board noted the verbal update from the Annual Review.

*Post meeting note: The Cabinet Secretary has confirmed that she will be attending the public session of the NHS Orkney Annual Review. NHS Orkney are currently liaising with the Scottish Government around suitable dates.*

### **Strategy**

#### 648 **Risk Management Strategy – OHB1819-45**

The Chief Executive presented the Risk Management Strategy for approval advising that the document provided strategic direction for Risk Management within NHS Orkney.

Members were advised that the report had been presented to the Audit Committee but had not been discussed as the Chief Executive had not been available. The Chair of the Audit Committee had been content that the Strategy be presented directly to the Board for approval in order to avoid delays to implementation.

Members were advised that the strategy introduced subtle changes in the Board approach understanding of risk along with the willingness to accept risk at certain levels and establish risk appetite.

The Strategy considered the impact of uncertainty should be a significant enabler for the design and improvement of care:

- empowering staff to be able to take informed risks, and learn from things that do not go as planned
- improving patient safety through effective care pathways and supporting clinical decision making
- considering uncertainty as part of transformation improves decision making about service design for the future
- seizing opportunities for efficient and effective use of resources.

There was a need for the strategy to deliver a change in ethos and approach, along with a review of how corporate risks were assigned and escalated.

Risk appetite was very important and work would be completed reviewing the risk, controls and assurance frameworks as part of this.

D Campbell, questioned if the Board had historically taken this attitude to risk and was advised that clinicians carried this out on a daily basis but there were was a need to formalise. The Board hadn't formally empowered staff to take informed risks and there would be great benefit from giving staff a framework to work within.

The Employee Director agreed that clinical staff risk assess every time they see a patient but this is not a language that is used and communication around this language would be a shift in mindset.

The Chair agreed that clinicians took informed risks with every patient as they were trained and empowered to do this. There was a need to empower all staff to take risks to enable change by being more efficient and effective and helping to drive this culture through the organisation.

*The Director of Public Health joined the meeting.*

I Grieve questioned how the Risk Strategy corresponded with the approach in Orkney islands Council. The Chief Officer agreed that there was a need to support integration and a shared culture; work would be shared through the Integration Joint Board to consider how this would dovetail as the IJB required to manage risk strategically and corporately but operationally the Strategy needed to cover both organisations. It was acknowledged that there was a need to turn risk management into an enabler for staff.

J Stockan suggested that rather than monitor risk there was a need to manage risk, and use this as a tool to make a shift throughout the organisation.

S Johnston welcomed the section on engagement and stressed that it was critical that this was backed up with appropriate training around risk management.

The Chief Executive agreed that there was a need to move to a more formal and structured training plan within the 3 -5 year vision and the priorities for training agreed within a coherent plan.

*M McEwen joined the meeting.*

### **Decision / Conclusion**

The Board approved the Risk Management Strategy and recognised the work that needed to be completed to drive this forward.

### **Clinical Quality and Safety**

#### 649 **Infection Prevention and Control Report - OHB1819-46**

The Medical Director presented the Infection Prevention and Control report, highlighting the following:

- Congratulations were to be given to staff in the Central Decontamination Unit for their recent quality and improvement award. The team has accomplished bringing the department up to ISO 13485 2016 Accreditation Standard for both decontamination of medical devices and endoscopy. The team had also been supporting NHS Western Isles with decontamination whilst changes were made to their unit.
- Antibiotic Awareness week had been held on the 13 -19 November with Girl Guiding Orkney joining in by working towards a challenge badge to help learn more about antibiotic resistance and raise awareness of this within the community, with very positive feedback.
- There had been changes to national definitions and denominators which

would result in better reporting of data

- *Staphylococcus aureus* bacteraemia (SAB) – NHS Orkney remained within the standard with SABs remaining a priority and the team were currently supporting clinical teams with improvement work around a Peripheral Vascular Cannula (PVC) related SAB.
- *Clostridium Difficile* - there had been two cases of Hospital Associated Infection and 3 community based within the reporting period, none due to antibiotic prescribing
- Hand Hygiene continued to be monitored by each clinical area and the results showed improvements in medical figures
- Catheterisation infections remained very low, with all wards above 111 days without an infection
- There had been no hospital ward or bay closures due to Norovirus since 2012, there had been cases within the community which was a good endorsement of infection control within the hospital.

D Drever welcomed the updated format of the report and the engagement around antibiotic prescribing with children at a young age.

S Johnston welcomed the good work to achieve the standards in catheterisation infections and questioned whether this work and learning had been shared with staff working in the community.

The Director of Nursing, Midwifery and AHP advised that the Infection Prevention and Control team were actively engaged with community staff and learning was regularly shared.

### **Decision / Conclusion**

The Board noted the Infection Prevention and Control Report.

### **Workforce**

#### 650 **Chair's Report – Staff Governance Committee and minutes of meetings held on 29 August 2018**

C Evans, Chair of the Staff Governance Committee, provided members with an update from the meeting highlighting the following:

- The Committee had discussed workforce challenges including concerns around the number of vacancies. Assurance had been provided that recruitment was ongoing and posts were not being left vacant as a cost saving exercise. The Committee noted the pressures that extended vacancies caused to staff members.
- The Committee considered regional working, noting that although NHS Orkney was on the edge of regional recruitment due to logistics, processes were still considered in line with a regional model.

### **Decision / Conclusion**

The Board noted the Chair's report and minute of meeting held on 29 August 2018

### **Organisational Performance**

651 **Financial Management Performance Report – OHB1819-47**

The Head of Finance presented the report advising that the financial position for the period to the 31 October 2018. Members were advised that the year to date overspend was £0.897 with a forecast overspend at year end in the range of £1.3m to £2.3m.

There were six main cost centres that contributing significantly to the position, these were:

- Grampian Mental Health Service Level Agreement, this was due to a change in cost base for bed days which was under review
- Balfour Hospital – Surgery, which was currently £154,000 overspent due to unsuccessful recruitment to vacant posts
- Balfour Hospital - Acute ward, with higher than average sickness and maternity leave affecting the overspend
- Radiology were currently £75,000 overspend again due to locums covering vacant positions
- Hospital Medical Team Consultants
- Patient Travel (Aberdeen)

The Integration Joint Board savings target was showing a shortfall, savings that had been achieved were mainly from unfilled vacancies which was not sustainable as recruitment continued. Primary Care budgets had been analysed and realigned against practices based on expenditure and activity.

If the IJB recovery plan was unsuccessful, NHS Orkney would be required to make an additional payment to the IJB. The Integration Scheme permitted NHS Orkney to require this additional payment to be repaid in the following year. It was NHS Orkney's intention not to invoke this requirement. In this way, NHS Orkney effectively carried the risk in relation to non delivery of savings targets.

At month 7, £0.466m (16.9%) of savings had been realised, of which £0.460m was non-recurring; several of the projects which would deliver recurring savings were suffering delays in implementation. The shortfall in delivering recurring savings will have an effect on the 2019-20 position.

The Chief Executive acknowledged what had been delivered and the significant achievement in savings this amounted to for a small Board. The plan had been based on locum medical staff spend reducing but in reality there had been increases due to additional vacancies. Additional spending had been used to maintaining critical services and waiting lists, these high costs would be reflected in meetings with Scottish Government colleagues highlighting the impact on smaller Boards of absorbing these cost pressures.

The Employee Director highlighted discussions held at the Staff Governance Committee around vacancies including how maintaining services with sustained vacancies affected the health and wellbeing of staff.

M McEwen noted the need to be open and honest about what was realistically achievable when setting savings targets.

The Chair noted that the language in the report around the IJB not meeting

targets should be amended as it was the inability to make savings on the delivery of services and match spend to aspirations that was the real driver.

The Human Resources Manager provided further information around the recruitment challenges, advising that work was being completed on the workforce report to further understand vacancies and the stages that each were at. Recruitment processes continued for both surgical and obstetrics and gynaecology consultants, with anaesthetics recruitment to take place in early 2019, she stressed that significant efforts were being taken to fill these posts.

### **Decision / Conclusion**

The Board:

- noted the Scottish Government Medium Term Financial Framework which set out the approach and initiatives to ensure delivery of a financially balanced and sustainable Health and Social Care System
- reviewed the in year financial position
- noted the year to date overspend of £0.897m and forecast overspend in a range from £1.3m to £2.3m
- considered the outlook for next year which required a review of budgets, financial plan and medium to long term financial model.

### 652 **Performance Management Report – OHB1819-48**

The Head of Transformational Change and Improvement, presented the report providing members with information on current performance in regards to Local Delivery Plan standards. She highlighted the following:

- Performance in regards to the 4 hour Accident and Emergency target was below the 95% level in September 2018. Work was taking place to understand the data further, including the increase of nearly 600 attendances over this time period.
- Performance with regard to the Cancer 62 day Standard was below the required level in the most recent reporting period at 66.67% with 2 out of 3 patients receiving treatment by their target date. Following investigation of the issues relating to this case it was confirmed that the delay had been unavoidable and the patient commenced treatment 3 days after the breach occurred.
- Challenges remained with regard to timely access to outpatient services, although this was an improving picture
- Additional capacity from the waiting times improvement plan in Ophthalmology and Dermatology was helping to bring these services back within trajectory.
- Performance against the Treatment Times Guarantee was variable and linked to visiting services, there was also a dependence on other Boards where they were providing the procedures and treatments.
- Improvement activity within Physiotherapy continues to progress with small gains already being seen from additional hours being assigned to cover gaps in capacity.
- There had been no cancellations to planned operations, for non clinical reasons, in last reporting period
- Delayed discharge management was currently very positive, there would be pressure in system heading into winter and teams were working well

together to actively manage this.

J Stockan questioned whether the number of referrals could be provided in future reports to help put the data into context. It was agreed that this could be provided and would help show variation across the specialties.

The Medical Director added that demand for services was increasing across the Board.

The Employee Director advised that the first point of contact Physiotherapist had seen 93 patients since October 2018 and only 3 of these had been referred for further physiotherapy which would have a positive impact on waiting times and patient experience.

#### **Decision / Conclusion**

The Board noted the performance report.

#### 653 **Chair's Report – Finance and Performance Committee and minutes of meetings held on 27 September and 15 October 2018**

D Campbell, Chair of the Finance and Performance Committee, provided members with an update from the meeting highlighting the following:

- The Financial Position had been discussed in detail
- The agenda had been reviewed providing the opportunity for more detailed discussion sessions.
- The Head of Hospital and Support Services had been invited to attend future meetings

#### **Decision / Conclusion**

The Board noted the Chair's report and minutes of meetings held on 27 September and 15 October 2018.

#### **Risk and Assurance**

#### 654 **Chair's Report – Audit Committee and minutes of meetings held on 4 September 2018**

M McEwen, Chair of the Audit Committee, provided members with an update highlighting that this had been the last meeting chaired by N Bremner and the Committee were looking forward to the Internal Audit reports that would be provided at the next meeting.

#### **Decision / Conclusion**

The Board noted the chair's report and minute of meeting held on 4 September 2018.

#### 655 **Any other competent business**

#### **Area Clinical Forum update**

S Johnston, Chair of the Area Clinical Forum advised that the ACF report had not been on the agenda as the Board meeting was being held earlier in the month due to the festive period. He provided a verbal update highlighting:

- Realistic medicine was gathering momentum and would continue to be part of agendas going forward.
- The issue of lack of attendance and quoracy at Professional Advisory Committee meetings, especially the Area Medical Committee, had been noted. This had also been raised at the Annual Review with the Board giving a commitment of support.
- On a positive note, the GP Sub Committee were meeting regularly and was well attended.

The Medical Director suggested that one issue affecting attendance at the Area Medical Committee was that many of the current Hospital Doctors were locums with a focus on clinical care. Other ways of engaging with hospital medical staff were being considered.

The Chair advised that S Johnston had taken on the role of Chair of the National Area Clinical Forum, this was endorsed and supported by the Board as a very beneficial role but had come with an unexpected cost. Unlike the Area Partnership Forum which was fully supported, the agreement for the ACF was that the Board employing the chair would pick up the costs for running the secretariat. It was felt that this was inappropriate for a small board such as Orkney to provide the running costs for a national group and it was hoped that this would be moved to put on a similar footing as the national partnership group.

Members were advised that support was currently being provided and that no payment had been made to the person providing this for a period of time. The Chair stated that he would like to meet this limited financial commitment until a more formalised uniform approach was agreed.

The Chief Executive agreed that it was unreasonable for a national committee to be supported by one Board but that payment for work provided would be met in the short term.

### **Items for Information**

#### **656 Key Legislation**

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

#### **657 New Hospital and Healthcare Facility - Authority Observer report**

The Chief Executive advised that although N Bremner's term as a Non Executive Director had ended, she had been asked to stay on as Authority Observer to the end of the construction process to provide continuity.

N Bremner, Authority Observer, presented her report based on reports at week 80 of 100 week construction programme. She advised that the project was currently 5 weeks ahead of schedule, a one week slippage from previous reporting and it was not expected that further slippage would occur. Progress had been verified by the independent tester and clerk of works and all concur that progress was as

reported. Robertson had a tight control around health and safety on site and the report provided reassurance that this was being managed proactively.

Preparations for commissioning activities for water services and ventilation had commenced as has testing of electrical circuits within the building. External works were also progressing well, including landscaping and the car park, with dial-a-bus and public bus services to be involved with testing in the new year.

All contractual Community Benefit Key Performance Indicators were on track or have been achieved. Notably the number of local apprentices employed on site now stood at 25 against a target of 16 for the full construction period.

An advert for artists to undertake the first phase of the art strategy for the new building had been placed in the local press and it was planned that the second and third phases of the strategy would be issued in December.

D Drever questioned what would happen to those taken on as apprentices when the construction period was complete. N Bremner advised that a number of apprentices had been taken on through sub contractors and would continue their careers with these firms.

*Post meeting note: The Project Director advised it was intended that apprentices taken on by Robertson and their subcontractors during the course of the construction period would be given the opportunity of transferring to local contractors once the build was complete if this was what they wished to do. The Community Benefits Group included a representative of local construction and related businesses and discussions had started with the local representation of the Construction Industry Training Board (CITB) to produce a pack for apprentices providing them with information on possibilities at end of contract. In addition Robertson FM had opportunities for an electrical and an administrative apprentice during the operational phase.*

J Stockan questioned whether the fluctuations in the value of the pound presented any risks for the project and was advised that this was not an issue as all contracts were in sterling.

The Chief Executive noted that the planning committee had approved all non material variations at their committee meeting on 12 December 2018 and gave thanks to colleague in Orkney islands Council for this work.

### **Decision / Conclusion**

The Board noted the report and progress being made.

#### 658 **Board Reporting Timetable 2018/19 and 2019/20**

The Board had received the schedule of meetings for 2018/19 and 2019/20.

#### 659 **Record of Attendance**

The record of attendance was noted.

#### 660 **Evaluation – reflection on meeting**

Members noted that the meeting had been positive.

661 **Public Forum**

No members of the public were present.

### NHS Orkney Board Action Log Updated 28 February 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.

No	Action	Source	Target date	Owner	Status / update
05-2018/19	<u>Annual Review</u> Outcome letter to be provided to Board once received	Annual Review 10 Dec 2018	<b>April 2018</b>	Chair	To be provided once received
06-2018/19					

Completed actions deleted after being noted at following meeting

Not Protectively Marked

<p><b>NHS Orkney Board</b></p> <p><b>Report Number: OHB1819-49</b></p> <p><b>This report is for information</b></p> <p><b>Brexit Update</b></p>	
<p><b>Lead Director Author</b></p>	<p>Gerry O'Brien, Chief Executive Julie Nicol, Head of Organisational Development and Learning</p>
<p><b>Action Required</b></p>	<p>The Board are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the report</li> </ul>
<p><b>Key Points</b></p>	<p>It is projected that the UK will withdraw from the European Union on 29<sup>th</sup> March 2019.</p> <p>NHS Orkney has established a Brexit Risk Register, which will be used to inform short, medium and long term plans as a result of pending exit from the EU.</p> <p>NHS Orkney contributed to a local EU exit civil contingencies workshop along with partner agencies from across Orkney.</p> <p>A local OLECG meeting will be held on the 12<sup>th</sup> of February to update partners on planning arrangements and ensure obligations under the Civil Contingencies Act 2004 are being fulfilled.</p> <p>Regular updates are issued to the local Brexit and Resilience Leads which are discussed and risk assessed by the Brexit Steering Group.</p>
<p><b>Link to Corporate Objectives</b></p>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services</li> <li>• Optimise the health gain for the population through the best use of resources</li> <li>• Pioneer innovative ways of working to meet local</li> </ul>

# 6.1

	health needs and reduce inequalities <ul style="list-style-type: none"><li>• Create an environment of service excellence and continuous improvement</li><li>• Be trusted at every level of engagement.</li></ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	Workforce 2020 implementation plan
<b>Benefit to Patients</b>	High levels of engagement can lead to higher standards in patient care
<b>Equality and Diversity</b>	Applies equally to all

**Not protectively marked**

**NHS Orkney Board**

**Brexit update**

**Julie Nicol, Head of Organisational Development and Learning**

---

**Section 1            Purpose**

The purpose of this paper is to update on the position in relation to planning for withdrawal from the EU.

**Section 2            Executive Summary**

It is projected that the UK will withdraw from the European Union on 29<sup>th</sup> March 2019.

NHS Orkney has established a Brexit Risk Register, which will be used to inform short, medium and long term plans as a result of pending exit from the EU.

NHS Orkney contributed to a local EU exit civil contingencies workshop along with partner agencies from across Orkney.

A local OLECG meeting will be held on the 12<sup>th</sup> of February to update partners on planning arrangements and ensure obligations under the Civil Contingencies Act 2004 are being fulfilled.

Regular updates are issued to the local Brexit and Resilience Leads which are discussed and risk assessed by the Brexit Steering Group.

**Section 3            Recommendations**

**Note** the contents of the report

**Section 4            Discussion**

Over 100 technical notices have been issued across the UK to provide advice on a number of areas to citizens, these include workers rights etc.

An EU Exit Civil Contingency workshop held recently saw key organisations across Orkney working together to understand more about the Orkney wide challenges and prepare to respond. This also gave an initial overview of the multi-agency arrangements and reporting structures at a local regional and national level.

The local Brexit Steering Group held a workshop which has seen the development of an NHS Orkney Brexit Risk Register, which is being used to develop our short, medium and long term plans for exit.

The main areas of risk for NHS Orkney are:

- Workforce
- Goods, Services and Supply Chain

## 4.1 Workforce

The Brexit Steering group, in its planning for the UK Exit from the EU, recognises that the impact on NHS Orkney and Orkney Health and Care is likely to be minimal, should there be a sudden loss of EU Nationals from within the workforce. However other NHS Boards employ a significant number of EU nationals and as such may experience a number of staff choosing to return to their country of origin. This in turn may create an overheated market environment for locum cover in order to backfill vacancies nationally. The knock effect for the Board could potentially be a shortage in the availability of locum staff and increased costs for their services.

The group are working with partner Boards, who would normally provide services to NHS Orkney patients, to understand potential impact should they have significant workforce challenges, resulting in their inability to deal with referrals from NHS Orkney. Similarly we are working to understand the potential impact on visiting services to NHS Orkney.

The UK settlement scheme which has been made available to all EU citizens is now free to those who apply, and targeted conversations have been had with those known EU staff.

## 4.2 Supply

The Brexit Steering Group, have been planning in relation to risks around supply of:

- Medicines and medical equipment
- General sundries
- Food
- Fuel
- Chemicals

Medicines – the Scottish Government is working with a wide range of agencies to ensure that patients receive the medicines and other medical supplies that they need. The list of medicines that may be subject to shortage and disruption has now been shared by the UK Government with the Scottish Government and pharmaceutical advisors are reviewing the list to identify alternatives.

Pharmaceutical companies have larger than normal supplies of medicines. NHS Orkney will continue to hold stock levels at those held during the winter months, which provides a small amount of additional resilience.

General Sundries - National Distribution Centres (NDC) have increased supplies in areas such as medical devices and general clinical consumables, planning assumptions at the moment are based on a six week initial reserve of stock.

Food – the planning assumption in relation to food supply is that there will not be an overall shortage of food, but may well be a reduction in choice particularly perishable goods. NHS Orkney have sought assurance from local suppliers who are not foreseeing any issues.

Fuel – like food, the current assumption in relation to fuel of all kinds is that demand will be met.

Chemicals – NDC have increased supplies of everyday cleaning schedules, supplies for the laboratory remain an issue, which the Brexit Group are working with colleagues to mitigate.

## **Section 5            Next Steps**

The Brexit Steering group will continue to meet to keep abreast on continuous updates, assessing risks and mitigation where possible.

A Scottish Government EU Exit planning event for Health and Social Care in Scotland will be held on the 8<sup>th</sup> of February.

A local OLECG meeting will be held on the 12<sup>th</sup> of February to ensure obligations under the Civil Contingencies Act 2004 are being fulfilled.

The Board currently has Business Continuity Plans in place covering existing departments and services. Work is ongoing with all plan holders moving to the new facility to update their plans accordingly. The plans seek to identify risk of disruption to service provision however the uncertainty around the lack of formalised Brexit arrangements nationally may mean that disruption could be experienced for extended periods and effectively become the new operating environment.

**Not Protectively Marked**

<p><b>NHS Orkney Board – 7 March 2019</b></p> <p><b>Report Number: OHB1819-50</b></p> <p><b>This report is for discussion and noting</b></p> <p><b>Infection Prevention and Control Report</b></p>	
<p><b>Lead Director Author</b></p>	<p>Marthinus Roos, Medical Director Rosemary Wood, Infection Control Manager</p>
<p><b>Action Required</b></p>	<p>The Board is asked to discuss and note the update report</p>
<p><b>Key Points</b></p>	<ul style="list-style-type: none"> <li>• NHS Orkney's validated <i>Staphylococcus aureus</i> bacteraemia (SAB) cases to date is 3 at end of Q3 (Oct-Dec). NHS Orkney is still within it LDP at time of this report. (RAG Status <b>GREEN</b>)</li> <li>• NHS Orkney's validated <i>Clostridium difficile</i> infection (CDI) cases to date is 7 at end of Q3 (Oct-Dec). NHS Orkney is out with its LDP at time of report. RAG Status <b>RED</b></li> <li>• 110 hand hygiene observations undertaken during February 2018 with an overall 96% compliance for both opportunity and technique.(RAG Status <b>GREEN</b>)</li> <li>• MRSA/CPE (MDRO) Clinical Risk Assessments Q 3 90% which is down from last Q2 of 97% but still above the national target of 83% (RAG Status <b>GREEN</b>)</li> <li>• NHS Scotland National Cleaning Services Domestic 96%, Estates 98% for month of January 2019 which remains above the national target of 90% (RAG Status <b>GREEN</b>)</li> <li>• Norovirus – no hospital bay or ward outbreaks reported since Feb 2012. Norovirus season has been declared through Health Protection Scotland.(RAG Status <b>GREEN</b>)</li> <li>• Flu vaccine uptake to date indicates a slight increase from last year. The Flu vaccine is still being offered to staff and public. Final uptake figure will not be available till end of March 2019. (RAG Status <b>AMBER</b>)</li> <li>• Education uptake for Standard Infection Prevention and Control Education Pathway (SIPCEPs) continue to increase, with a further push to have baseline modules completed prior to moving to new healthcare facility.(RAG Status <b>GREEN</b>)</li> </ul>

	<ul style="list-style-type: none"> <li>Standard Infection Control Precautions (SICPs) Quality Assurance Audits are mostly maintaining a Green status which equals a 90% for Out patients areas and 95% for inpatient areas which indicates a 6 monthly review. (RAG Status <b>GREEN</b>).</li> </ul>
<b>Timing</b>	This paper is presented to the Board bi-monthly in the Scottish Government's prescribed template.
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>Create an environment of service excellence and continuous improvement</li> <li>Improve the delivery of safe, effective and person centred care and our services</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	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.
<b>Benefit to Patients</b>	Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI).
<b>Equality and Diversity</b>	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



### Antimicrobial Point Prevalence Audit Report for Balfour Hospital, Orkney February 2019

NHS Orkney is required to monitor compliance with their antimicrobial prescribing guidelines. One of the methods used is point prevalence audit (PPA) of antimicrobial prescribing across all hospital wards. A PPA captures data on antimicrobial prescribing on a given day and can be compared against audit standards and practice in other hospitals. It was agreed in July 2014 (the first regular PPA) that hospital-wide PPAs would be performed twice yearly.

Data was collected on Tuesday 5<sup>th</sup> February by members of the Infection Prevention and Control Team (IPCT). All inpatients in Balfour Hospital on this date were audited

This audit, although only a snap shot with a small numbers of patients, demonstrates continued consistency in some elements of good antimicrobial stewardship (choice of antimicrobial, antimicrobial review, and number of prescribed doses administered).

Areas that require improvement include:

- documentation of indication of antibiotics at time of prescribing
- documentation of duration of antibiotics/review date of antibiotics at time of prescribing
- appropriate microbiological sampling
- completing the drug allergy box on the kardex

These areas will be reviewed and discussed with clinical and ward staff to enable and support ongoing improvements in these areas. The full report is to be shared with clinicians through the Mortality Morbidity meeting and actions taken forward through the Antimicrobial Management team.

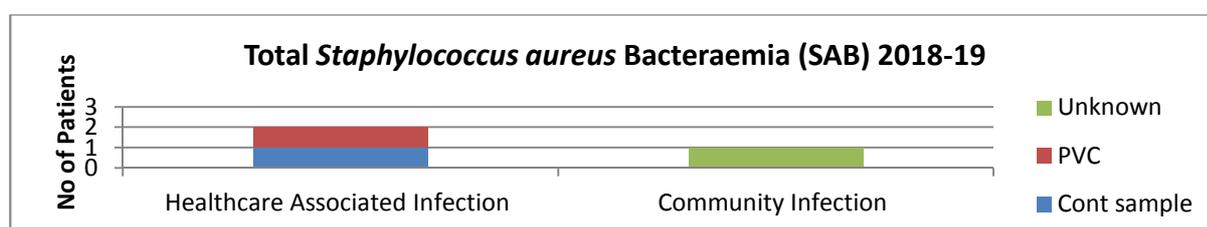
### LDP Standard 1st April 2018 to 31<sup>st</sup> March 2019 for *Staphylococcus aureus* bacteraemia (SAB)

The Healthcare Associated rate is per 100,000 bed days and Community Associated rate is per 100,000 populations. Small changes in the number of SAB cases in NHS Orkney, will significantly affect their overall compliance.

NHS Orkney's validated *Staphylococcus aureus* bacteraemia (SAB) cases to date is 1 in June which was a contaminated sample but is still declared as a case and with 2 further cases (1 in Oct and 1 in Nov) validated at end of Q3 (Oct-Dec). NHS Orkney is still within it LDP at time of this

report. The improvement work around a Peripheral Vascular Cannula (PVC) related SAB is still being monitored by the IPC team from a weekly to monthly audit as week on week audits have demonstrated great improvement with completion of PVC care bundles. This work is being further supported by the Executive HAI Lead.

LDP Standard 1 <sup>st</sup> April 2018 -31 <sup>st</sup> March 2019 <i>Staphylococcus aureus</i> bacteraemia (SAB) For NHSO no more than 3 cases per year but aim for zero.		
Quarter 1.	April - June	1 contaminated sample (HAI)
Quarter 2	July - September	Zero
Quarter 3	October - December	2
Quarter 4	January - March 2018	

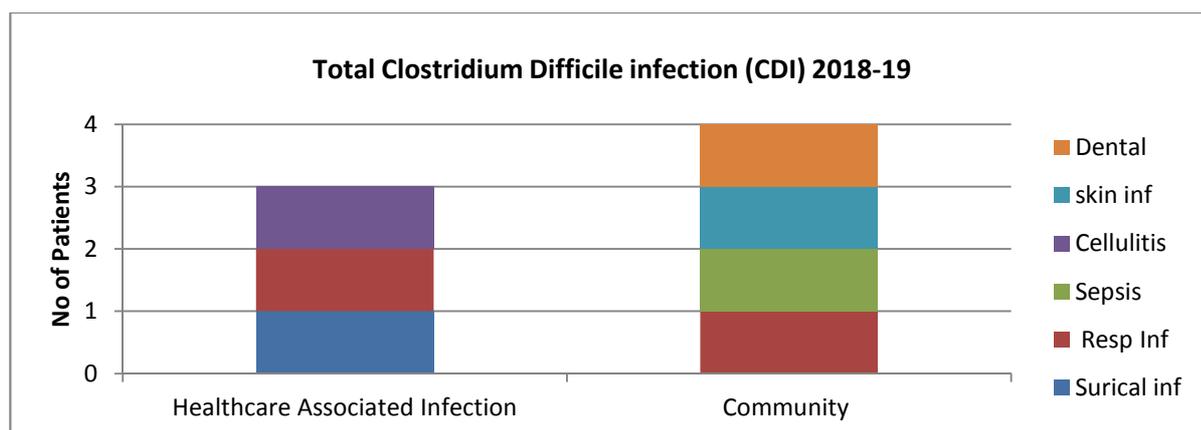


### ***Clostridium difficile***

The standard is to achieve a reduction *Clostridium difficile* infection (CDI); Healthcare associated cases per 100,000 bed days (ages 15 & over) and community associated cases per 100,000 populations (ages 15 & over). Small changes in the number of *Clostridium difficile* infection (CDI) cases in NHS Orkney, will significantly affect the overall compliance. Every board aims for zero cases or a reduction in previous year. Although Health Protection Scotland have set a target of 3 cases per year for our board and NHSO aim for zero preventable cases.

NHS Orkney has had 1 Hospital Associated *Clostridium difficile* infection (CDI) case for LDP Q1 Apr-Jun 2018 and a further 4 Community associated for Q2 Jun-Sep, with a further 2 cases for Q3 Oct-Dec 2018. NHSO clinicians follow the empirical antibiotic therapy guidelines unless otherwise indicated through discussion with microbiology. All confirmed cases were non preventable.

LDP Standard 1 <sup>st</sup> April 2018 - 31 <sup>st</sup> March 2019 <i>Clostridium difficile</i> infection (CDI)		
Quarter 1.	April-June	1 case (1 HAI)
Quarter 2	July-September	4 cases (1 HAI + 3 CAI)
Quarter 3	October-December	2 cases (HCAI + 1 CAI)
Quarter 4	January- March	



Every *Clostridium difficile* infection (CDI) case is subject to a rigorous review which includes a feedback and inclusion of the clinician caring for patient. Further investigation into community cases is being led by Infection Control Doctor /Consultant Microbiologist. Primary Care prescribing continues to be very good and all patients were treated appropriately with right antibiotic for infection or illness identified.

## Hand Hygiene

Hand hygiene continues to be monitored by each clinical area through their Departmental Standard Infection Control Precautions (SICPs) with a 100% compliance rate. The Infection Prevention & Control Team carry out 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.

### 110 Observations undertaken during February 2019

#### Overall results for hand hygiene

Staff group	Number of observations	Number of opportunities undertaken	Number with correct technique undertaken	Staff group % score
Nurses	68	68	67	98%
Medical	23	23	22	96%
AHPs	7	7	5	71%
Others, e.g. domestic, porters pharmacy staff	12	12	12	100%
<b>Total compliant against Opportunity</b>	100%			
<b>Total compliant with technique</b>	96%			
<b>Overall scores</b>	96%			

Hand hygiene for all staff groups demonstrated good compliance for taking the opportunity to wash or gel hands. Technique was let down by the wearing of a watch which does not comply with being 'bare below the elbows' when working within a clinical environment. There were two occasions where staff used their hands to turn off tap rather than use towel or elbow. The nursing team were asked to participate in auditing hand hygiene compliance during a ward round and results are part of this quality assurance. During this audit observation for use of appropriate personal protective equipment (PPE) saw the good use of PPE, aprons, gloves and face mask where appropriate.

## 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.

An uptake of 90% with application of the MRSA Screening Clinical Risk Assessment is necessary in order to ensure that the national policy for MRSA screening is as effective as universal screening.

Below is current data for the 4 most recent quarters for NHSO, and for Scotland.

Health Board	2017_18 Q4	2018_19 Q1	2018_19 Q2	2018_19 Q3
Orkney	94%	100%	97%	<b>90%</b>
Scotland	83%	84%	84%	83%

**Red** indicates a decrease from the previous quarter; **green** indicates an increase; black indicates no change. NB this does not indicate statistically significant change

## 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 31<sup>st</sup> January 2019 was Domestic 96% and Estates 98% 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 each month.

Traffic light System	RED	AMBER	GREEN
Scores	<70%	70-90%	>90%
Overall Compliance			Domestic 95% Estates 98%

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

Areas audited in January 2019	Domestic	Estates
Acute Ward	100%	98%
Macmillan	97%	98%
Theatre	98%	98%
Laboratory	91%	97%
Day Surgery	98%	96%
Assessment & Rehabilitation	97%	97%
Receiving Unit	97%	100%
Maternity	98%	98%
Rehab	96%	99%

## 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 latest figures on norovirus reported to HPS by NHS Boards show increased norovirus activity <http://www.hps.scot.nhs.uk/giz/norovirusdashboard.html>. Therefore NHS boards are to implement their active plans.

### Flu/ Respiratory Illness

The uptake on Flu vaccination figures will be available at end of March 2019 .Flu vaccination is still being offered to through GP Practices and Occupational Health.

### 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 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. The next update will be in annual report in April 2019.

### Education update

Standard infection Prevention and Control Education Pathway (SIPCEPs) was introduced in June 2017. Staff have been set a challenge to have completed some baseline module prior to moving to new healthcare facility.

## 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 non acute hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition there is a single report card which covers all non acute hospitals [which do not have individual cards] and a report card which covers *Clostridium difficile* specimens identified from non hospital locations e.g. GPs, hospices, care homes, prisons etc. The information in the report cards is provisional local data and may differ from the national surveillance reports carried out by Health Protection Scotland (HPS) and Health Facilities Scotland (HFS). 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 healthcare associated infection 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.

##### Healthcare associated cases

For each hospital the total number of cases for each month are included in the report cards. These include those that are considered to be **hospital acquired** i.e. reported as positive from a laboratory report on samples taken more than 48 hours after admission and **healthcare associated** in which the patient has a positive sample taken from within 48 hours of admission and the patient has also had healthcare interaction in the previous 30 days for SAB or 12 weeks for *Clostridium difficile*.

##### Community associated cases

For community associated cases, the patient has had no healthcare interaction as specified in the time frame above, however the specimen was obtained from a current hospital in-patient that did not meet the reporting criteria for a healthcare associated case.

More information on these organisms can be found on the HPS website:

##### ***Clostridium difficile*:**

<http://www.hps.scot.nhs.uk/haic/sshaip/clostridiumdifficile.aspx?subjectid=79>

##### ***Staphylococcus aureus* Bacteraemia**

<http://www.hps.scot.nhs.uk/haic/sshaip/mrsabacteraemiasurveillance.aspx?subjectid=D>

#### Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. The Board 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 HFS website: <http://www.hfs.scot.nhs.uk/online-services/publications/haic>

**NHS ORKNEY  
REPORT CARD**

***Staphylococcus aureus* bacteraemia monthly case numbers**

**C = contaminated sample**

**P = Provisional not yet validated.**

	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Healthcare Associated	0	0	0	0	0	0	0	0	1	0	0	0		
Community Associated	0	0	0	0	1	0	0	0	0	1	0	0		
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>		

***Clostridium difficile* infection monthly case numbers**

	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Healthcare Associated	0	0	0	0	1	0	0	0	0	1	0	0		
Community Associated	0	0	0	0	0	0	2	2	0	0	1	0		
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>		

**Quality bi-monthly assurance to the Board - Hand Hygiene Monitoring Compliance (%)**

	Dec 17	Feb 18	Apr 18	Jun 18	Aug 18	Oct 18	Dec 18	Feb 19	Apr 19	Jun 19	Aug 19	Oct 19	Dec 19	Feb 19
<b>Board Total</b>	<b>95%</b>	<b>94%</b>	<b>96%</b>	<b>95%</b>	<b>97%</b>	<b>94%</b>	<b>96%</b>	<b>96%</b>						

**Cleaning Compliance (%) Domestic**

	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
<b>Board Totals</b>	<b>97%</b>	<b>94%</b>	<b>96%</b>	<b>96%</b>	<b>94%</b>	<b>97%</b>	<b>91%</b>	<b>96%</b>	<b>95%</b>	<b>96%</b>	<b>94%</b>	<b>95%</b>		

**Estates Monitoring Compliance (%)**

	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
<b>Board Totals</b>	<b>98%</b>	<b>99%</b>	<b>98%</b>	<b>99%</b>	<b>97%</b>	<b>99%</b>	<b>99%</b>	<b>97%</b>	<b>99%</b>	<b>97%</b>	<b>98%</b>	<b>98%</b>		

**Not Protectively Marked**

<b>NHS Orkney Board – 7 March 2019</b>	
<b>This report is for noting</b>	
<b>Clinical and Care Governance Committee Chair’s Report</b>	
<b>Lead Director Author</b>	Marthinus Roos, Medical Director Issy Grieve, Chair - Clinical and Care Governance Committee
<b>Action Required</b>	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 16 January 2019 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board: <ul style="list-style-type: none"> <li>• Autism Diagnosis Pathway</li> <li>• Complaints processes and timescales</li> </ul>
<b>Timing</b>	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.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	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.
<b>Benefit to Patients</b>	Assurance that robust clinical governance controls and management systems are in place and effective throughout NHS Orkney.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.

## Not Protectively Marked

### NHS Orkney Board

### Clinical and Care Governance Committee Chair's Report

**Author** Issy Grieve, Chair  
Clinical and Care Governance Committee

---

#### **Section 1 Purpose**

The purpose of this paper is 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.

#### **Section 3 Background**

This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 16 January 2019 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

#### **Section 4 Issues Raised**

##### **1. Adult Autism Diagnosis Pathway**

A verbal update on the Adult Autism Diagnosis Pathways was provided and members were assured that patients that required a diagnosis were being referred and seen. However ongoing concerns relating to a structured framework were discussed along with a move from a medical to a social model as soon as possible; the resurrection of a strategy document to progress this was being considered. Assurance was provided that any strategy would be produced in partnership.

##### **2. Patient Experience Quarterly Report for period ended September 2018**

The report provided information relating to complaints and feedback and shared with members the ongoing Patient Experience work, providing assurance on key performance indicators.

The Committee reviewed the report, took assurance from the information provided but agreed to highlight their decision that the appropriate investigation of complaints with a focus on learning from and addressing of the issues identified should take priority over fixed procedural timescales.

### **Cross Committee Assurance**

There were no issues to be escalated.

### **Appendices**

- Approved minute of meeting held on 10 October 2018
- The Minute of the Clinical and Care Governance Committee meeting held on 16 January 2019 will be reviewed and approved at the next meeting of the committee on 10 April 2019.

## 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 10 October 2018** at **14.00**

**Present:** Steven Johnston, Non Executive Board Member (Vice Chair)  
Issy Grieve, Non Executive Board Member, Chair  
Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Worker  
Rachael King, Councillor, Orkney Islands Council  
David McArthur, Director of Nursing, Midwifery and Allied Health Professions  
Meghan McEwen, Non Executive Board Member  
Chris Nicolson, Director of Pharmacy  
Gerry O'Brien, Interim Chief Executive  
John Richards, Councillor, Orkney Islands Council  
Marthinus Roos Medical Director  
Steve Sankey, Councillor, Orkney Islands Council  
Sally Shaw, Chief Officer Orkney Health and Care  
Heather Tait, Public Representative  
Louise Wilson, Director of Public Health (via phone)

**In Attendance:** Maureen Swannie, Interim Head of Children's Health Services (for items 495 and 496)  
Heidi Walls, Committee Support (minute taker)

### 481 **Apologies**

Apologies had been received from D Drever, D Campbell and C Bichan.

S Johnston chaired the meeting.

### 482 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

### 483 **Minute of Meeting held on 11 July 2018**

The minute of the Clinical and Care Governance Committee meeting held on 11 July 2018 was accepted as an accurate record of the meeting, subject to the correction listed below and was approved on the motion of J Richards, seconded by D McArthur.

- Page 1 – confirmation that the following members had attended the meeting. Chris Nicholson, Director of Pharmacy (VC) and David McArthur, Director of Nursing, Midwifery and Allied Health Professions

### 484 **Matters Arising**

#### 279 - Outpatient Waiting Times

S Johnston highlighted the delivery of a demonstration of NSS 'Discovery' for Committee and Non-Executives and G O'Brien confirmed that it had been agreed

that a more general event allowing for wider participation should be arranged.

### 280 - Informed Consent policy

R. King asked if the Central Legal Office checks on the above policy had been completed and S Johnston advised that this was confirmed in the updated action log included with papers.

#### 485 **Action Log**

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

### 9-2017/18 Autism Diagnosis Pathways

The Director of Nursing, Midwifery and Allied Health Professions provided members with an update confirming that a working pathway was in place, that identified governance issues were being addressed and a further update would be provided at the next meeting.

The Interim Chief Executive questioned whether the identified governance issues had caused any delay in treatment and was assured that referrals had continued uninterrupted via the Autism Assessment and Coordination Group (Paediatrics) and the Non Commissioned Activity Panel (Adults).

R King questioned whether the pathway had any impact on education and was advised that staff were involved and no issues had been highlighted.

### Safe and Effective Care

#### 486 **Quality and Safety Group Chairs report – CCGC1819 - 26**

Members had received the Quality and Safety Group Chairs report and it was noted that a common understanding of purpose, more focused agendas due to improved clarity on the issues to be considered and appropriate representation had helped the group mature and work well together so that key topics and issues were addressed.

It was also noted that whilst ongoing complaints could be seen as challenging the committee could take assurance that the triangulation of the Quality and Safety Group, the Incident Management Group and Morbidity and Mortality meetings was positive and had started to produce an improved depth of understanding, learning and resolution.

S Johnston welcomed the good work and healthy debate.

#### 487 **Minutes of Quality and Safety Group meetings held on 11 June, 17 July and 6<sup>th</sup> August 2018**

The Committee noted the minutes of the Quality and Safety Group.

#### 488 **Adults with Incapacity – CCGC1819-27**

The Director of Nursing, Midwifery and Allied Health Professions presented the Adults with Incapacity Audit Report to the committee noting the key points

highlighted in the paper. In addition he noted the following points on the identified areas for development:

- The reduced compliance could be correlated with increased Accident and Emergency and Acute activity as well as increased sickness and a change over in medical staff.
- A review had been completed and the acceptance and enthusiasm for the identification of key issues and training was noted
- A spot audit had been completed in early October and recorded a dramatic improvement from 29% to 100%
- The positive progress was welcomed but the importance of a multidisciplinary approach and sustained reinforcement was noted.
- The frequency of the audit process was to be continued for a further six months.

S Johnston noted that peer groups had performed well, but queried whether the patients' profiles were similar. The Director of Nursing, Midwifery and Allied Health Professions advised that whilst MacMillan and Assessment and Rehabilitation were similar, Acute patients started in Accident and Emergency so were quite different.

In response to questions about the appropriateness of training the Director of Nursing, Midwifery and Allied Health Professions assured members that staff were aware of the processes in place and the issues identified were more behavioral. It was also noted that a change in management approach had reduced any defensiveness about the issues raised and enabled progress.

It was acknowledged that the report format focused analysis on the red, but with closer inspection of the staffing trends and an understanding that small numbers skewed percentage figures assurance was provided.

It was agreed that the results of the spot audit would be circulated after the next Quality and Safety Group meeting and it was also noted that a request to share the audit tool with the Western Isles and Shetland had been received.

*Post meeting note: 1 November 2018. AWI spot audit circulated to members.*

### **Decision / Conclusion**

The Committee reviewed the Adults with Incapacity Audit Report, took assurance on performance from the analysis of the available data and the identified areas of improvement and noted the ongoing work.

#### **489 Significant Adverse Event Action Plan update – CCGC1819-28**

The Medical Director presented an update to the Significant Adverse Event Action Plan advising that all but two of the actions had been completed.

The Director of Nursing, Midwifery and Allied Health Professions confirmed that the action in section A to produce a Standard Operating Procedure for the negotiation of Patient Transport to the mainland had now been superseded by the work of the North of Scotland Trauma Group and a single point of contact system for the transfer of acutely ill patients was now in place across the North of Scotland. He advised members that the system was on its second trial, had been used once in

real time and that a go live date would be confirmed once further simulations had been completed.

Members were assured that the new system would be much safer and quicker and would free clinicians from the time consuming administrative tasks of the previous processes.

### **Decision / Conclusion**

The Committee considered the report and were assured with the progress made and the timetable for completion.

#### **490 Elective Care Access Improvement Plan 2018/19 Update – CCGC1819-29**

The Medical Director presented the report which provided members with an update on the work undertaken for the improvement of elective access and highlighted the implementation of almost all endorsed change activities.

Members were advised that increasing waiting times were an ongoing challenge and that in common with other boards the notable areas were ophthalmology, orthopedics, dermatology and cardiology. Improvements for dermatology were anticipated following the commencement of the local Phototherapy provision in Dounby whilst orthopedics remained stable as waiting list initiatives and locum support had increased capacity. Members were assured that urgent cases were well managed.

The Interim Chief Executive highlighted the cabinet secretary's three priorities of integration, mental health and waiting times and noted that a plan with challenging trajectories to include a reduction in both in and out patients to zero by 2020 was expected. It was also noted that funding of the plan was anticipated.

Members noted concern at the high ambitions of the plan particularly when the lack of capacity across Scotland was considered. The added potential complications of Brexit were also highlighted.

S Johnston noted the fire fighting nature of the report and the reassurance that extra capacity was on the horizon, but highlighted the need to look further ahead as the issues and demands, with an aging population, were only likely to increase. He questioned whether any work looking forward had been completed or whether discussions with government were ongoing.

Members were assured that these issues had been factored in to ongoing discussion and work at both a national and regional level.

Members also noted that capacity issues were just as significant as funding and the shortage of medical manpower was highlighted as a major and long term issue. Particular concern about parity of access to qualified staff in the face of increased capacity pressures was noted and assurance that the new consultant contract contained very specific and stringent controls was provided.

A number of initiatives to tackle the issues raised were noted including the accelerated opening of elective care centres, the use of technology such as attend anywhere along with alternative staffing models such as advance nurse or surgical care practitioners and rapid advancement programmes.

S Johnston questioned the lack progress on the Patient Reminder Process item of the report and the Interim Chief Executive confirmed revisions to the Patients Rights Act was pending so advised that awaiting guidance would be a more appropriate update.

### **Decision / Conclusion**

The Committee reviewed and took assurance from the information provided.

#### 491 **HIS – Final report of the National External review of Systemic Anti-Cancer Therapy delivery – CCGC1819-30**

The Medical Director presented the report and provided an update on the one outstanding recommendation. He advised members that work, led by NHS Grampian, was still ongoing but confirmed there were no concerns amongst staff about documentation access.

S Johnston noted he had spoken with staff and was able to confirm there was no risk or hold up of patient care.

### **Decision / Conclusion**

The Committee reviewed the report, took assurance from the information provided and confirmed it could be closed on the action log.

#### 492 **Detect Cancer Early– CCGC1819-31**

The Director of Public Health presented the report advising that the programme, which was initially a 5 year programme, was in its sixth year and continued the aim to increase the percentage of people diagnosed early in the disease process and focused on breast, colorectal and lung cancer.

She noted that the paper showed detection rates for NHS Scotland as a whole and highlighted that the Orkney numbers were very small which produced lots of variation in the data so noted the importance of focusing on the actual figures. The cyclical variations were also noted and members were advised these could be linked with the visits of the breast screening van. The importance of continued promotion of breast and bowel screening was highlighted.

### **Decision / Conclusion**

The Committee reviewed the report and took assurance from the information provided.

#### 493 **Effective Cancer Access Performance Management – CCGC 1819-32**

The Medical Director presented the report and confirmed that the self assessment had been submitted to Scottish Government.

The assessment had been completed in response to government concerns about deteriorating cancer performance across Scotland and had highlighted good performance in many areas. However opportunities for improvement were noted

and included engagement with GP practices, lack of clear dialogue with GPs when referrals were downgraded from urgent to routine and issues around direct access to diagnostic services.

The Interim Chief Executive noted a plan to raise and address the issues identified through the GP Sub Committee.

S Johnston highlighted that the referral for suspicion of cancer guidelines had been revised since this report was written.

L Wilson queried whether the February 2018 Scottish Public Services Ombudsman report on NHS Fife, regarding removal from cancer referral pathways without an multi disciplinary team meeting, had been considered and the Interim Chief Executive expected that it would have been included in the assessment.

### **Decision / Conclusion**

The Committee noted the report, took assurance from the information provided and requested its addition to the action log. Further updates would be submitted to the Quality and Safety Group before returning to the committee.

### **Policy Ratification**

#### 494 **Hospital Standardised Mortality Ratio (HSMR) Policy – CCGC1819-33**

The Medical Director presented the HSMR policy for approval and described how the tool was used to help monitor hospital mortality and identify opportunities for improving patient care.

He noted that the process had been running for many years, but the policy was due for review. He highlighted that the focus was to review local data and trends rather than a comparison with others and members were assured that despite some random variation NHS Orkney were doing well with generally positive or improving trends.

### **Decision / Conclusion**

The Committee welcomed and approved the HSMR policy.

#### 495 **NHS Corporate Parenting Plan – CCGC 1819-34**

The Head of Children's Services presented the NHS Corporate Parenting Plan for information and implementation approval advising that submission had been delayed to ensure wider consultation, including local care experiences of young people which was now complete.

She also noted the legal responsibility to report every three years but highlighted the ambition to update the committee annually to provide assurance that responsibilities were being met.

A future aim was for child friendly wording to be used in updated versions of the plan.

Members questioned the number of plans for Orkney and were advised that whilst there were currently two there was an agreed plan for them to be joined as soon as

possible with coordination from the children's group.

S Sankey highlighted differences on the numbers in accommodation and M Swannie advised that the variance related to the number of siblings.

### **Decision / Conclusion**

The Committee welcomed and approved the policy implementation.

#### 496 **Policy on Management of Bruising and Injuries – CCGC 1819-35**

The Head of Children's Services presented the Policy on the Management of Bruising and Injuries for approval. The policy had been written alongside NHS Grampian, had wide consultation and was approved at the July 2018 meeting of the Quality and Safety Group.

### **Decision / Conclusion**

The Committee welcomed and approved the Policy on Management of Bruising and Injuries noting it as well written and easy to read.

### **Medicines management**

#### 497 **Director of Pharmacy Annual Report CCGC1819-36**

The Director of Pharmacy presented the Director of Pharmacy Annual Report advising it aimed to provide one update on a number of key pharmacy issues.

### **Wholesale Dealing Arrangements**

NHS Orkney had been required to adopt a new model for medicine purchase. Historically medicines were procured by NHS Grampian, but a change in legislation had led to the termination of the arrangement and the need for local procurement. The risks and benefits were highlighted in the report, but it was noted that medicines shortages would increasingly impact, however these would be more likely linked to the predicted pressures of Brexit rather than the move to local procurement.

The Interim Chief Executive queried the cause of increased shortages and was advised that there were various factors, but key contributors were the 40% removal of generic medicines from the market due to manufacturing licence changes as well as dynamic market activity.

It was also noted that care was needed to avoid individual stockpiling.

### **Community Pharmacy Dispensing**

The Director Pharmacy highlighted that the Chronic Medication Scheme had been slow to start in Orkney, but a new more streamlined chronic medicines systems was now in place so introduction should be anticipated.

### Controlled Drug Governance

Compliance with controlled drugs governance was noted as initially poor with only a composite average of 14% after inaugural inspections in 2017, but the demonstrable improvement to 90% in the second round of inspections was highlighted. Whilst it was noted that Orkney factors meant full compliance would be difficult to achieve the inspections had flagged issues which required further investigation.

The Interim Chief Executive queried whether there were still concerns around the delivery of drugs and specifically the delivery arrangements when GP practices were closed and it was noted that whilst there had been improvements there were still issues to be addressed. It was confirmed that deliveries could include controlled drugs.

M Roos asked if difficulties from further central directions were anticipated and it was confirmed that whilst some parts were positive improvements other elements of national guidance around controlled drugs could be challenging for remote locations and members noted the requirement to balance the compliance with patient need.

The Director of Pharmacy highlighted the use of just in case boxes as one example of work to address such issues by the encouragement of planning the management of end of life care.

### Discharge from Hospital

Increasing weekend and out of hours discharges from hospital were highlighted and it was understood that further discussions would take place around how this could be minimized.

It was noted that medicines as a high spending line was often discussed at Integrated Joint Board meetings and the tables indicating good performance were highlighted. The cost differences between Orkney and Shetland were explained and the low prescribing of antibiotics across both primary and secondary care was noted as a positive.

The Director of Pharmacy advised members that Orkney prescribing was of a high standard and Orkney's position on comparative tables was positive, however he highlighted a concern that there could be some under prescribing. He also noted that there was very little rationale for the variances, but highlighted the impact of high cost patients in small practices. He noted that bigger practices had smaller variations, but confirmed a pharmacist was reviewing the implications of the data for each practice.

The Interim Chief Executive noted that ten years ago NHS Orkney was second from the bottom of the table and had worked really hard to improve. He confirmed there was no plan to look for additional savings from this area of work.

R King noted the first item in the report around attendance at the Area Drugs Therapeutic Committee and wondered if some of the issues raised could have been addressed at that level.

## 8.2.1

The Director of Pharmacy felt that better integration of policies with NHS Grampian and the significant outputs from the Quality and Safety Group would reduce the need for Area Drugs Therapeutic Committee to work as a strategic committee and thought it should now be an operational working group.

R King also highlighted concerns around the interruption of prescribed medicine supplies from Aberdeen.

The Director of Pharmacy confirmed that some drugs were prescribed by Grampian for in patients transferred to Orkney, but these would continue to be prescribed on a specific patient basis.

In response to discussion the Director of Pharmacy confirmed that since the end of August pharmacists in GP practices had been funded from the Primary Care Improvement Fund, so whilst full pharmacist integration within GP practices was challenging, successful recruitment would lead to integration and improvement.

The Interim Chief Executive queried the committees request to add a specific medicines shortage risk to the Corporate Risk Register and members advised it related to concerns around the supply of medicines and a desire to specifically flag the issue to ensure it was not lost amongst the multitude of broader Brexit issues raised by other forums.

The Interim Chief Executive advised members that the risks associated with Brexit were already identified on the Corporate Risk Register and provided assurance that it was his role along with the Brexit Working Group to ensure all concerns were included and addressed.

M Roos highlighted a parallel with incident risk management in that the addition of a risk to the register triggers a management responsibility to address the issue identified.

### **Decision / Conclusion**

The Committee welcomed the report and found it informative and readable. The Director of Pharmacy agreed he would produce the report annually and the Interim Chief Executive assured the committee that any ongoing issues would be brought to the committee as required.

### **Person Centered Care**

#### 498 **Patient Experience Quarterly Report for period ended 30 June 2018 CCGC1819-37**

The Director of Nursing, Midwifery and Allied Health Professions presented the report to provide assurance on the key performance indicators noted.

R King noted that the Community Mental Health team complaints were related to access and continuity of access to services and that joint work to address this was in progress. The lack of a consultant psychiatrist was also noted as having negative implications on service improvement.

S Johnston confirmed that the Quality and Safety group had noted the positive

impact of joined up processes of incident reporting and patient complaints.

A query regarding the reasons for submission of complaints via an MSP was raised and the Interim Chief Executive responded that they were varied. Whilst some complainants would have engaged with the service already and contacted their MSP because they remained unsatisfied with the answer, others chose the route out of preference or a desire to seek an advocate.

Members welcomed the report, were impressed by the resolutions at stage one, but were keen to encourage the addition of further detail to underpin and explain the figures. The request was noted, but the need to ensure the small numbers did not lead to the inclusion of patient identifiable information was highlighted.

### **Decision / Conclusion**

The Committee reviewed the report and took assurance from the information provided.

### **Population Health**

499 No reports this meeting

### **Social Work and Social Care**

500 **Chief Social Work Officer's Quarterly Report – CCGC1819-38**

The Chief Social Worker Officer presented the report providing information relating to current and recent themes emerging from the Social Work and Social Care Governance Group meetings held in June and August 2018

It was noted that the report focused on the implementation of new governance structures and the establishment of improvement groups. Whilst progress had been made, capacity challenges and an ongoing debate relating to service delivery models were highlighted.

I Grieve queried how all the services worked together and whether there was a need for other groups to work together on both operational and planning issues.

The Chief Social Worker Officer noted a move to a contemporary approach to social work with generic social work teams and hoped to have a further update on progress in December.

### **Decision / Conclusion**

The Committee noted the report and took assurance on performance

501 **Minutes of Social and Social Work Governance Group 5 June and 22 August 2018**

The Committee noted the minutes of the Social and Social Work Governance Group

## **Chair's reports from Governance Committees**

502 No reports were included with the papers for the meeting but S Johnston highlighted a recent Area Clinic Forum meeting and noted a further update on the Autism pathway and the completion of the Palliative Care Pathway.

### **Risk**

#### **503 Risk Register Report – CCGC1819-39**

The Medical Director presented the risk register report to members and highlighted the updated and revised format which allocated risks by function rather than committee.

S Johnston noted that the revised document established a new baseline and members welcomed the thematic format.

The Interim Chief Executive highlighted the need for a further board review session on risk for the new year.

### **Decision/Conclusion**

The Committee reviewed the report and took assurance on performance.

#### **504 Agree risks to be escalated to the Audit Committee**

No risks were required to be escalated to the Audit Committee.

#### **505 Emerging Issues**

The Interim Chief Executive highlighted Clinical Waste Disposal as a current press issue and assured members that it was being well managed across Scotland.

The Director of Nursing, Midwifery and Allied Health Professions noted the Safe Staffing bill and advised a paper would be submitted to the next meeting.

#### **506 Any other competent business**

No other competent business

#### **507 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:

- Detect cancer early
- HSMR Policy approved
- Highlight Corporate Parenting Plan

### **Items for Information and noting only**

#### **508 Information sharing – child protection**

Members noted the information provided

## **Schedule of Meetings**

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

### 509 **Record of Attendance**

The Committee noted the record of attendance.

### 510 **Committee Evaluation**

The Interim Chief Executive was keen for committee evaluations to be completed and highlighted the excellent nature and level of the meeting. Members agreed that concise and well written reports reduced the papers burden and ensured a more focused and productive meeting

**Not Protectively Marked**

<b>NHS Orkney Board – 7 March 2019</b>	
<b>This report is for noting</b>	
<b>Area Clinical Forum Chair’s Report</b>	
<b>Lead Director Author</b>	Steven Johnston, Chair Area Clinical Forum
<b>Action Required</b>	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 7 December 2018 and it was agreed that these should be reported to the NHS Orkney Board: <ul style="list-style-type: none"> <li>• Attendance throughout Professional Advisory Committees</li> <li>• Summary of November Development Session – New Ways of Working, A New Building and Realistic Medicine</li> </ul>
<b>Timing</b>	The Area Clinical Forum highlights key issues to the Board on a quarterly basis following each meeting.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	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.
<b>Benefit to Patients</b>	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.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.

## **Not Protectively Marked**

### **NHS Orkney Board**

### **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

#### **Section 3 Background**

This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 7 December 2018 and it was agreed that these should be reported to the NHS Orkney Board.

#### **Section 4 Issues Raised**

##### **1.1 Attendance throughout Professional Advisory Committees**

Members raised concern at the recent issues with quoracy throughout the Professional Advisory Committees. The ACF Development Session scheduled on the 1 March 2019 is dedicated to gathering ideas from clinical staff on how we could do things differently to give the clinicians a stronger voice. We will look at how to make agendas relevant, interesting, and brainstorm innovative ways to gather ideas from front line staff whilst breaking down some of the barriers staff face in taking part.

##### **1.2 Summary of November Development Session – New Ways of Working, A New Building and Realistic Medicine**

Members of the Area Clinical Forum received an update from Clinical Lead, Rhoda Walker in the first half of the session. R Walker provided a presentation recapping the work and agreements from 2014 cross check workshop and the assumptions which

---

were then made for planning the new building. She advised members that the room booking system was in place and the next phase was to look at clinical spaces. She added that the two GP practices would have a degree of independence and that different stonework had been used within these areas to reflect this. R Walker concluded that there had been a number of changes to service delivery across current teams and services which was very much about step changes towards the new build service model changes and went back to the agreements from the crosscheck workshop.

In the second half of the session, Jay Wragg, Realistic Medicine Lead provided a presentation to members on our current position on Realistic Medicine. He advised that the Chief Medical Officer has set the target that “By 2025, everyone who provides healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of Realistic Medicine” and it was acknowledged that this very deliberately extended beyond doctors and was an ambitious vision. The Six Principles of Realistic Medicine were noted:

1. Change our style to ‘Shared Decision Making’
2. Build a personalised approach to care
3. Reduce harm and waste
4. Reduce unwarranted variation in practice and outcomes
5. Manage risk better
6. Become Improvers and Innovators

In terms of the way forward for Orkney, it was proposed that consideration of Realistic Medicine should be embedded into strategic planning. We should make links between current or planned activity and one or more of the principles of Realistic Medicine, and finally to ensure to spread the word about Realistic Medicine activities.

Jay is keen to speak to staff about any examples of Realistic Medicine in their own disciplines and share any learning from these which can be more widely applied.

The ACF are keen to promote and champion realistic medicine further going forward and will receive regular updates on progress.

### **Cross Committee Assurance**

There were no issues requiring Cross Committee Assurance

### **Appendices**

- Approved minute of meeting held on 5 October 2018

## Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held in the **Saltire Room, Balfour Hospital** on **Friday 5 October 2018** at **12.15pm**.

**Present:** Steven Johnston, Chair (ADC)  
Nigel Pendrey, Secretary (ADC)  
Moraig Rollo (TRADAC)  
Kate Smith (TRADAC)  
Sylvia Tomison (NAMAC) Via VC

**In Attendance:** Lauren Johnstone, PA to the Director of Public Health (Minute Taker)  
David McArthur, Director of Nursing Midwifery and AHPs  
Lynne Spence, AHP Practice Education Lead  
Maureen Swannie, Head of Children's Health Services  
Louise Wilson, Director of Public Health

### 78 **Apologies**

No apologies were received.

### 79 **Declaration of interest – Agenda items**

No interests were declared in relation to agenda items.

### 80 **Minute of meeting held on 1 June 2018**

The minute from the meeting held on the 3 August 2015 was accepted as an accurate record of the meeting and was approved on the motion of M Rollo seconded S Johnston.

### 81 **Matters Arising**

#### **BASICS training**

The Chair updated members that the AMC comments had been received and considered by the Head of Organisational Development and Learning, agreement on how the training would be delivered was awaited.

#### **Health Equalities Pilot**

The Chair noted the increased awareness throughout clinicians. The Director of Public Health advised that there had been an increase in referrals, however she was not fully sighted on an operational update.

### 82 **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).

### 83 **Chairman's report from the Board and ACF Chairs Group**

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

## 8.3.1

- There had been a presentation on Invisible disabilities and signage. It was hoped that some of the items shown would be incorporated within the New Hospital and Health Care Facility.
- There had been a review of governance committee membership following the appointment of four new Non Executive Directors.
- Discussions had taken place around the Community and Locality Plan with a focus on the non-linked Isles.
- The Quality of care review report had been discussed with one of the recommendations made to strengthen the advisory committees.
- Progress on an Autism pathway for children had been discussed.

The following update was provided from the ACF Chairs Group:

- The Realistic Medicine (RM) Presentation provided within the papers from the deputy Chief Medical Officer (CMO) was noted as being very helpful. The CMO expressed disappointment that the group had felt the subject of realistic medicine had gone quiet; however advised members that this was not the case and that work was continuing.
- The group wrote to the Cabinet Secretary introducing themselves
- A representative from the ACF Chairs group would going forward be attending the Scottish Access Collaborative

### 84 **Practicing Realistic Medicine – ACF1819-12**

The Chair advised members that the group would be linking with J Wragg, Realistic Medicine Lead to receive future updates, there was a questionnaire available on realistic medicine which would be circulated by the Chair.

It was suggested that practicing realistic medicine was built into any further strategy developments to stress the importance of engaging with and implementing this. J Wragg had communicated that he would be happy to have further discussions relating to realistic medicine with staff and requested to attend the next meeting of the Area Clinical Forum to provide an update.

S. Tomison feedback that the presentation had been interesting, and suggested that it be circulated to all the Professional Advisory Committees for noting.

The Director of Public Health queried how sighted departments were in the variation of realistic medicine.

The Chair explained that the current focus of some of the work was cataract, hip and knee replacement and there was also “real world” qualitative and quantitative studies of the Realistic Medicine themes for patients undergoing cancer therapy in the West of Scotland.

M Rollo suggested a future workshop to discuss the 6 key elements and how these would be progressed locally.

### 85 **Advisory Committee Reports:**

The committee were informed that going forward only approved minutes would be provided and questioned whether a written chairs report from each Professional Advisory Committee would be beneficial.

## 8.3.1

The Chair agreed that it would be challenging to remain updated if members of the Advisory Committees did not attend the meetings to give a verbal update. Members agreed that a chairs report detailing a summary of items to be noted should be completed by each Chair and/or Vice-chair and forwarded to the ACF Committee Support for inclusion within papers.

### **NAMAC**

S. Tomison gave an update to members from the last NAMAC meeting at the end of August 2018 advising that although the meeting was quorate, the Director of Nursing, Midwifery and AHPs expressed disappointment that several areas were not represented. The NAMAC Committee received updates on Transforming Nursing Roles, Safe Staffing and Excellence in Care. A representative from NAMAC would be attending the Clinical and Professional Supervision Group.

### **AMC**

The previous meeting had not been quorate and no representative was present.

### **APC**

No recent meetings.

### **ADC**

N Pendrey provided an update from the meeting held 2 October 2018. The ADC took note of the referral process for Suspicion of Cancers, Informed Consent Policy and the Bruising in Non Mobile Children Policy. There was a discussion held on the reduction of amalgam. He informed members that this was for environmental reasons, with the aim of reducing the release of mercury into the environment. He advised that the provision of oral and maxillofacial services was under current review however arrangements for Orkney had not changed to date.

### **TRADAC**

K Smith advised that there had been no business meeting held in August. Members attended the Development Session on the Primary Care Improvement Plan and discussed implications involved for AHPs. There was consensus that many patients were unaware of the self referral system, and agreed that it was a vital service in order to reduce pressures on GP appointments. The output from this session was to be fed back to the Primary Care Improvement Plan authors group via M.Rollo.

### **Development Sessions**

#### **86 Topic for future Development Session**

Members agreed that the November Development Session would focus on the New Hospital and Health Care Facility with a suggestion to include Realistic Medicine. The Chair agreed to contact J Wragg and R Walker for input.

#### **87 Update from September Development Session – Primary Care Improvement Plan – ACF1819-13**

The Chair drew member's attention to the update paper provided from the September

## 8.3.1

Development Session. The Director of Finance attended the session and reminded members of the importance of appropriate written notes and language used within them. It was suggested that multi disciplinary training on record keeping could be delivered. The Chair expressed disappointment at the low attendance at the session and VC network issues.

### 88 **Financial Performance Management Report – ACF1819-14**

The Director of Finance attended to present the Financial Management Report which provided an overview of how budgets were built and the current financial position. The key elements of the finance plan were to start the financial year with a recurring surplus and end the year with a surplus.

The Director of Finance explained that assumptions were not made in the growth of activity; there was a need to address cost pressures as well as deliver savings. The pay increase from the Medical and Dental Agenda for Change had been funded by the Scottish Government, however in future years this would be from baseline funding. The Director of Finance confirmed that the money allocated from the Scottish Government covered the pay increase.

Members were advised that there was a current savings target of 2.7 million. It was anticipated that this would be mainly realised from the transformation and cost improvement plan.

The Director of Finance notified members that NHS Orkney were currently £638,000 overspent with a projected significant overspend by the year end. It was hoped that patient travel costs would have reduced, however they had noticeably increased. Shetland had negotiated a deal with Loganair which Orkney hoped to match, however the negotiation had been unsuccessful and the issue has since been escalated.

With the increase outpatient activity and patient travel, there was a need to ensure escorts were only approved when clinically required. The Director of Finance stressed the importance of not referring patients unless absolutely necessary.

K Smith expressed interest in knowing further information about appointment types that patients were attending out with Orkney. M Rollo advised members that the physiotherapy department had recently started holding VC appointments in an attempt to reduce costs. The Director of Finance noted that equally staff travel was to be kept to a minimum, encouraging the use of VC where possible.

It was noted that the Mental Health Service agreement increase was partially patient number related and the increased cost of interim locum cover for the post of lead psychiatrist. M Rollo advised members that a recent conversation held with the physiotherapy department identified support gaps. It was noted that some appointments were supported by medical records and some others weren't. It was apparent that clinicians were spending time typing notes and making appointments. The Director of Finance noted this, however did not feel that it was a solution to the current problem.

The Director of Finance concluded that since the introduction of point of care testing in Accident and Emergency and the new realistic medicine laboratory service there has been a significant increase of work load within the laboratory. She queried if there was requirement for this. M Rollo advised that since these had been introduced, there had been a 10% call out decrease.

## 8.3.1

### **Decision/Conclusion:**

Members noted the financial position and agreed that any suggestions to contribute towards the savings plan would be forwarded.

### 89 **New Hospital and Healthcare Facility**

Rhoda Walker attended the meeting to provide an update on the new Hospital and Health Care Facility.

Members were advised that the commissioning phase had begun and the installation of water and power was imminent. The project team continued to carry out monthly site visits prior to the monthly meeting held with Robertson Contractors. A migration paper had been submitted to the Senior Management Team in September on unscheduled care and proposals to manage this. The paper was partly approved; however issues arose around the Radiology department. It was confirmed that there would be no CT scanner available throughout the transfer period and no mobile unit was to be taken on island. It was agreed K Smith and M Beach would manage patient flow running up to and after the move. Wider migration planning was being progressed, it was anticipated patients and the Emergency Department will move in May. R Walker confirmed J Wragg has arranged management of Dental and their unscheduled care.

The project team advised that there would be resources required on island whilst migrating, for example pipe medical gas. R Walker asked members of the committee to contact the project team if there were further requirements. R Walker confirmed that accommodation was being sourced for this period.

Security policy and swipe card access discussions were being progressed and all teams would be contacted to review areas in which access would be required. Equipment and IT ordering was being progressed.

R. Dijkhuizen had meetings scheduled with clinical teams to discuss flow of work within departments whilst migrating. The group were informed that the first meeting with the Maternity Unit was scheduled this week which a wide selection of staff have been invited to attend.

N Pendrey queried whether access to clinical areas would be available before the move. It was explained that after official handover of the building in February, staff would be invited to tour the new building, become familiar with surroundings and carry out any necessary training. Members of the Public would then be invited before deep cleaning of the building commences. M Rollo stressed that early orienteering was invaluable providing opportunities for any issues to be identified. R Walker advised members that the question of mandatory and optional training had previously been raised, and it was anticipated that the majority of new build training would be mandatory.

The project team had attended a workshop on signage which incorporated dementia friendly signage. It was planned that the staff annual conference topic this year would be based primarily on the new build and that some sample products would be available in time for this.

M Rollo queried clinic availability over the migration period. R Walker confirmed that it would work similar to the run up to the festive period, where for a short time emergency appointments only would be available, adding that Primary Care and Orkney Health and Care (OHAC) have started their migration planning.

### **Decision/Conclusion:**

## 8.3.1

Committee members welcomed the progress update. The Chair would arrange to hold discussions with R Walker with regards to the November Development Session, an opportunity to celebrate clinically the work so far. The Director of Public Health suggested including Realistic Medicine within the development session, members agreed.

### 90 **Children and Young People's Palliative Care Pathway**

Maureen Swannie attended the meeting to provide an update on the progress of the Children and Young Peoples Palliative Care Pathway. She highlighted the progress continued to fill identified gaps a plan had been identified and links with external providers were formed to offer options for children requiring Palliative Care. She had recently met with CLAN who were in the process of developing a children and family support group. There was uncertainty as to the demand; however it was hoped that the group would be supported by a full time paid position.

M Swannie confirmed that the Children's Hospices Across Scotland (CHAS) have a planned visit to Orkney on the 29<sup>th</sup> October. The organisation had agreed to provide staff to work within the home in Orkney, along with the provision of hospice use across Scotland for any families wishing to use them. The Paediatric and Young People's End of Life Care Network (PELiCAN) have submitted an application for funding to the Child Health Planning Group. It is anticipated that a formal network would be implemented allowing services to link throughout Scotland.

Members were advised that the working group would seek to appoint a lead clinician, however in the interim specialist nurses would take on this role in Macmillan.

Although difficult, M Swannie noted that the pathway would require testing in a live setting. The Chair agreed that this would be challenging considering the low numbers of children and young people requiring this type of care.

The Director of Public Health advised that both CHAS and PELiCAN would be partially funded through the local authority. It was positive to hear that staff were willing to travel to Orkney and it was hoped from this that NHS Orkney could learn from the experience. M Swannie confirmed that Orkney so far, was the only island participating in the network.

#### **Decision/Conclusion:**

It was confirmed that the pathway could be circulated to all other Advisory Committees. There had been a positive response from practitioners in that they felt reassured there was support package in place.

The Chair agreed to mark as complete on ACF action log. It was agreed M Swannie would update the committee if any issues were to arise.

### 91 **Clinical Supervision**

Lynne Spence attended the meeting to provide the Committee with an update on Clinical Supervision. She advised members that a working group had met on a few occasions over the last 3 weeks, which had worked through the programme and set the general principles.

She added that Clinical Supervision was not an easy piece of work and incorporated lots of discussion, debate and idea generation. She advised that sessions should continue to be held regularly until the plan was complete, and then would be brought to the Area Clinical Forum for consultation.

## 8.3.1

*Louise Wilson joined the meeting*

The Chair suggested that in addition to the professional advisory committees the plan should be circulated to Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Work Officer to take to relevant Social work/care advisory committees.

L Spence advised that the group had captured some information from NHS Shetland; however she explained that it was important for the document to belong to Orkney.

M Rollo commented that L Spence had led a good piece of work, which was close to being finalised and put out for consultation. The AHP perspective was welcomed.

### **Decision/Conclusion:**

Members noted the update and welcomed further feedback around the implementation plan.

## 92 **Autism Pathway Update**

The Director of Nursing, Midwifery and AHPs provided an update to the Committee on the Autism Pathway. He advised that there had been some disruption in planning and uncertainty as to how it would operate in practice. There were currently 26 referred patients within the pathway who have been successfully assessed. He noted that there was a lack of governance and support within the working group.

The Director of Nursing, Midwifery and AHPs, M Rollo and Lynda Bradford met with E Morris and L Fiddler to discuss outcomes and reporting. It was agreed that the working group would report to Clinical and Care Governance and the Quality and Safety Committee 2-3 times per year. The Director of Nursing, Midwifery and AHPs highlighted that the pathway was in need of clerical support and this would be progressed.

M Rollo advised members that although there were already pathways in place, the new children's pathway was collaboratively moving forward with the support of the Education department. The terms of reference had been drafted with the assistance of M Mackie and E Morris.

### **Decision/Conclusion:**

The Director of Nursing, Midwifery and AHP's agreed to attend the next meeting of the ACF to provide a further update.

### **Governance**

## 93 **Appointment of Chair-ACF1819-16**

Members had been provided with a paper advising that S Johnston's two year term as Chair of the Area Clinical Forum would end on the 31 December 2018. All members were unanimous in voting S Johnston's continuation as chair. S Johnston confirmed that he would be happy to accept the position of Chair for a further 2 years,

### **Decision/Conclusion**

S Johnston was appointed as chair of the Area Clinical Forum for a further two year period.

## 8.3.1

### 94 **Appointment of Vice Chair**

Members were advised that no nominations had been received for the position of Vice Chair of the Area Clinical Forum. The Chair gave members an overview of the role and responsibilities.

#### **Decision/Conclusion**

There were no further expressions of interest declared.

#### **For information and noting**

### 95 **Key legislation issued – ACF1819-17**

Members noted the key legislation issued since the last meeting.

### 96 **Correspondence**

No correspondence had been received.

### 97 **Area Partnership Forum minutes**

Members noted the minutes from 17 July 2018. Members queried why the Infection Control report did not attend the ACF meetings. K Smith agreed to follow up and update at the next meeting.

### 98 **Learning and Education Steering Group**

No recent meetings

### 99 **Occupational Health & Safety Committee**

Members noted the minutes from 31 July 2018.

### 100 **Quality and Safety Group minutes**

Members noted the minutes from 17 July 2018 and 6 August 2018.

### 101 **Transformational Implementation Programme Board minutes**

Members noted the minutes from 24 May 2018.

### 102 **Communication and Engagement Group minute**

Members noted the minutes from 15 August 2018.

### 103 **Digital Medical Records Project**

Members noted the minutes from 21 June 2018

### 104 **Risk Register Report – ACF1819-18**

Members positively noted the report and the reduction of risks and risk exposure. It was agreed that this was predominantly down to the revaluation of risks.

### 105 **Agree any items for onward reporting:**

It was agreed that the following items would be reported to:

#### **CCGC**

- Autism Spectrum Disorder pathway progression – Director of Nursing, Midwifery and AHPs to update.

#### **ACF Chairs**

- Realistic Medicine – Topic of the November development session, New Hospital and Health Care Facility incorporating Realistic Medicine.

#### **Board**

- Autism Spectrum Disorder Children's pathway progression
- Palliative Care Pathway
- Position of Chair of the Area Clinical Forum

### 106 **Any other competent business**

#### Representation on the Endowment Fund Sub Committee

M Rollo gave members an overview of the Endowment Fund Sub Committee and role requirements. No expressions of interest were declared. The Chair agreed to attend on behalf of the Committee.

#### Clinical representation on technology matters (IT/ehealth)

The Director of Finance advised members that the ehealth Programme Board was due to be replaced by the Enabling Technology Board. This was in order to catch a wider remit and wider use of technology allowing more focus on other issues. She advised the committee that they have found it challenging to identify an ehealth clinical lead. She explained previously a range of clinicians from a variety of services had been invited, although not ideal, it was challenging to identify one person to represent all areas. The Chair advised that NHS Grampian had stressed that having a lead clinician to champion the roll out Electronic Patient Record (EPR) was invaluable but this was a more specific project. It was agreed that board leads should be approached to assist in identifying an appropriate individual. The Director of Finance added that it did not necessarily need to be a person who had knowledge of all current systems.

The Director of Public Health suggested that it would be helpful to circulate the terms of reference to the group. K Smith felt it would good to have a person specification to assist in identifying an appropriate employee. The Chair agreed to ensure this was done.

#### National AHP Day – 15<sup>th</sup> October 2018

Directors, Non Executives and the Integrated Joint Board have been invited to shadow AHPs and attend an organised lunch.

## 8.3.1

### 107 **Schedule of Meetings 2018/19**

Members noted the schedule of meetings for 2018/19.

### 108 **Record of Attendance**

Members noted the record of attendance.

### 109 **Committee Evaluation**

Members noted that it was a good meeting resulting in the completion of many outstanding actions.

Not Protectively Marked

<p><b>NHS Orkney Board Meeting – 7 March 2019</b></p> <p><b>This report is for noting</b></p> <p><b>Staff Governance Committee Chair’s Report</b></p>	
<p><b>Lead Director Author</b></p>	<p>Annie Ingram, Director of Workforce Caroline Evans, Chair Staff Governance Committee</p>
<p><b>Action Required</b></p>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>1. <u>Note</u> the report and <u>seek assurance</u> on performance</li> </ol>
<p><b>Key Points</b></p>	<p>This report highlights key agenda items that were discussed at the Staff Governance Committee meeting on 20 February 2019 and it was agreed that these should be reported to the NHS Orkney Board:</p> <ul style="list-style-type: none"> <li>• Staff Governance Standard Monitoring Framework</li> <li>• Workforce Development presentation by L Spence and S Campbell</li> <li>• Health and Social Care Staff Experience Report</li> </ul>
<p><b>Timing</b></p>	<p>The Staff Governance Committee highlights key issues to the Board on a quarterly basis following each meeting.</p>
<p><b>Link to Corporate Objectives</b></p>	<p>The Corporate Objectives this paper relates to (please delete not relevant):</p> <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<p><b>Contribution to the 2020 vision for Health and Social Care</b></p>	<p>The work of the Staff Governance Committee is supporting the delivery of the 2020 vision for health and social care by ensuring that employees are fairly and effectively managed within a specified framework of staff governance and can reasonably expect these staff to ensure that they take responsibility for their actions in relation to the organisation, fellow staff, patients, their carers and the general public.</p>

## 9.1

<b>Benefit to Patients</b>	Active engagement of all parties with the principles of good staff governance is essential for NHS Orkney to achieve continuous improvements in service quality which deliver the best possible outcomes for the people of Orkney.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.

## Not Protectively Marked

## NHS Orkney Board

## Staff Governance Committee Chair's Report

**Author** Caroline Evans, Staff Governance Committee Chair

---

### Section 1 Purpose

The purpose of this paper is to provide the minute of the meetings of the Staff 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 committee minutes

### Section 3 Background

This report highlights key agenda items that were discussed at the Staff Governance Committee meeting on 20 February 2019 and it was agreed that these should be reported to the NHS Orkney Board.

### Section 4 Issues Raised

#### 1. Staff Governance Standard Monitoring Framework

After discussions, at the Area Partnership Forum Development session, to identify the way forward it was proposed to seek a slight extension to the original submission date to ensure a thorough response linked to iMatter outcomes. The plan was to abbreviate the existing template and utilise the iMatter hierarchy to distribute to teams for their input. Members saw this as very positive partnership working.

#### 2. Workforce Development presentation by L Spence and S Campbell

L Spence, Practice Education Lead for Allied Health Professions and S Campbell, Clinical Education Facilitator for Nursing and Midwifery gave a very informative presentation. They had completed a significant piece of work on service, workforce and educational plans across all clinical services in NHS Orkney. A national and evidence based tool had

---

been tested and adapted to gather evidence on current and future practice, workforce planning and educational needs; as well as the national direction being considered. These plans were undertaken jointly with Practice Education and Service and Team Leads, resulting in rich discussions regarding the way ahead for future services. The presentation gave an overview on the work to date with the aim of developing a structured, coordinated and future focused model of service delivery, aligning workforce and having a clinical educational plan for Nursing, Midwifery and AHPs.

### **3. Health and Social Care Staff Experience Report**

This report showed NHS Orkney as top of the league table of territorial Boards within Scotland. Time had been put into supporting teams to complete their action logs but it was acknowledged there was still work to be done. Teams who had completed and worked through their action logs were seeing the benefits. There was a desire within NHS Orkney to include Orkney Health and Care staff.

#### **Cross Committee Assurance**

The Committee had no items requiring cross committee assurance.

#### **Appendices**

- Approved minute of meeting held on 21 November 2018

## Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held in the **Saltire Room, Balfour Hospital, Kirkwall** on **Wednesday 21 November 2018** at **10.30 am**.

**Present:** Caroline Evans, Chair  
Fiona MacKellar, Vice Chair  
Issy Grieve, Non Executive Board Member  
Gerry O'Brien, Interim Chief Executive  
David Drever, Non Executive Board Member

**In Attendance:** Ashley Catto, Human Resources Manager (via video conferencing)  
Julie Nicol, Head of Organisational Development and Learning  
Rose Rendall, Committee Support

### 564 **Apologies**

Apologies had been received from Annie Ingram, Kate Smith, James Stockan and David McArthur.

### 565 **Declaration of Interests – Agenda Items**

There were no declarations of interest in relation to agenda items.

### 566 **Minute of meeting held on 29 August 2018**

The minute of the Staff Governance Committee meeting held on 29 August 2018 was accepted as an accurate record of the meeting with the following amendment

J Stockan was present from 11:00.

### 567 **Matters Arising**

#### **135 – Staff Experience Report**

D Drever referred to the above regarding Confidential Contacts. The Head of Organisational Development and Learning reported that this work had been started but not completed, mainly due to lack of capacity. It was concluded that this linked with a conversation at Area Partnership Forum (APF) around raising awareness of Bullying and Harassment in the workplace. The Chair asked for this to be added to the action log and to be included in December APF agenda.

There followed a discussion regarding the pressure on the same people being asked to attend meetings, making staff reluctant to take on more responsibility.

### 568 **Action Log**

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

### 569 **Chairman's Report from the Board**

The Chair provided members with an update from the Board meeting held on the 25

October 2018. The following items were discussed:

- Public Health Annual report raised a good discussion and tackled inequalities
- Infection Control report showed NHS Orkney's outcomes were extremely positive
- Community Health Services framework had triggered productive action points
- Memorandum of Understanding which had been debated nationally at the Scottish Terms and Condition Committee (STAC). The Chief Executive noted the need for national discussion if the NHS was to have true regional working.
- Positive reporting on increase of youth employment and midwives returning to work into substantive posts
- D Drever had been confirmed as Vice Chair of the Board
- M McEwen had been confirmed as Chair of Audit

## **Decision / Conclusion**

The Committee noted the Chairs reported highlights from the Board meeting.

### 570 **Feedback on issues raised to Board by Committee**

The Board had received the Staff Governance Committee Chair's report at the October 2018 meeting and had noted the following issues raised:

- A paper had been submitted to the Area Partnership Forum investigating if instances of stress related sickness absence were work-related or home-related to inform actions for the future.
- There was a correlation between the statistics within different areas of the workforce report regarding sickness absence, vacancies, leave, etc.

## **Decision / Conclusion**

The Committee noted the feedback on issues raised to the Board.

## **Governance**

### 571 **Regional Working update**

The Human Resources Manager explained that this had been discussed at APF and highlighted areas of regional working:

- There were links in Estates; Health and Safety.
- Workforce; The Workforce Director was preparing a paper to present at the next Chief Executives meeting and proposed this was on the agenda for February 2019 meeting of the Staff Governance Committee.
- Early stages of discussion around recruitment and how to standardise systems throughout the region while still ensuring local staff carried out local recruitment. A group had been set up to review this with the Human Resources Manager or Susan Coull, Head of Human Resources NHS Grampian representing NHS Orkney.

The Human Resources Manager reported that she intended to prepare a presentation to take to the December APF. She assured member that the NHS

## 9.1.1

Orkney Human Resources team were aware of progress. She also informed colleagues that Tracey Hicks, Recruitment Manager NHS Grampian, was working on progressing the system.

The Chair made known that she had been part of the Fire Service national recruitment implementation and offered her support if required.

The Human Resources Manager reported on further operational work, including;

- Philip Shipman, Human Resources Manager NHS Grampian was looking at commonalities and differences, closing the gaps in those processes.
- Job evaluation process had been halted due to queries on local governance
- Workshops around workforce and employability and organisational development had taken place

The Head of Organisational Development and Learning had attended an Organisational Development workshop where they were starting to scope what could be reasonably looked at regionally. She had also been present at the Occupational Health workshop where they were looking to have a consistent application and policy throughout the region. This alone would assist with the free movement of staff. The Health and Safety process would focus on policies and procedure that were legislated nationally.

The Human Resources Manager proposed this was a regular item on the agenda as each area was at differing stages.

The Employee Director noted that there had been good discussion at APF around staff capacity in a small organisation and felt there was a need to be aware of this while teams were trying to keep up with local business and being pulled into the national agenda.

The Chair enquired if there was anyone who could represent NHS Orkney at the national groups. The Head of Organisational Development and Learning had hoped that this would be the case but there was reluctance to schedule time to come to present to Orkney to inform of updates.

There was recognition from the Workforce Director that there was a need for an update and the Human Resources Manager would take a paper to the next meeting in February 2019.

### **Decision / Conclusion**

Members noted the Regional Working update and agreed this would become a standing item on the agenda. The Human Resources Manager noted a presentation would be on the agenda at the December APF.

### **572 Annual Audit of GP performers list – SGC1819-18**

The Human Resources Manager had liaised with the Head of Primary Care Services, on this paper to give the committee assurance of the process and proposed there may not be a need for an annual update.

The Human Resources Manager went on to say the paper explains the robustness of the process and checks taken on receipt of an application from a GP

D Drever welcomed the assurance the vigorous checks gave. He enquired how long the process took. The Human Resources Manager replied that the time scales varied for a number of reasons. D Drever also asked if there was a method to flag if there were unnecessary delays in the process. The Human Resources Manager explained that at each stage there was a documented evidence trail. She added that no concerns had been raised around delays but offered to ask the question. She would also enquire if there were any themes that caused an application to take longer than normal.

## **Decision / Conclusion**

Members noted the annual audit and were assured on performance. They accepted the proposal that there was no requirement for an annual update.

*Post meeting note: M Firth, Head of Primary Care Services reported that there were no cases of delays that would raise any concern.*

## **Well informed**

### **573 Communications and Engagement Group minute of meeting held on 12 September 2018**

The Committee noted the minutes provided.

### **574 Communications and Engagement Group Chairs report**

The committee noted the report.

The Head of Organisational Development and Learning reported that there was need for a review of communication and the current strategic document needed updating. She highlighted:

- The main focus for the group recently had been the new Hospital and Healthcare facility.
- The group discussed the most effective way of communicating newsletters, originally thought to be via the website. It was agreed that an alternative and inclusive means of communication would be to use a blended approach, making use of e-mail, blog and some paper copies in key places.
- The group had some discussion on the opportunities Office 365 would offer; ability for staff to be very mobile, replacement intranet, ability to work from home and still access their files.

The Employee Director pointed out the amount of work that had been put into the NHS 70<sup>th</sup> anniversary too. The Head of Organisational Development and Learning agreed and pointed out the 'Communications Team' was one person.

D Drever asked if there had been any progress with the tender to replace the Blog. The Head of Organisational Development and Learning reported that this had now been superseded by Office 365 which was planned to be rolled out nationally on a timetable.

The Chief executive described in terms of the scale of the task, the Scottish Ambulance Service (SAS) had rolled out a similar application, with a well resourced

IT team, which had taken 2.5 years. He added that the key would be to use the expertise already available.

The Chief Executive also noted that he would like to encourage teams to use their own departmental Facebook pages for communicating. They would be responsible for maintaining up to date content and stressed that it was more important to have current information than it to be perfectly presented.

D Drever summarised that the Board needed to look into how staff were now communicating.

## 575 **Brexit Update - SGC1819-19**

The Head of Organisational Development and Learning reported that NHS Orkney, along with all other Boards in NHS Scotland had been asked to participate in a number of self assessment or operational readiness assessments. A Brexit working group had been established, with key staff from across the organisation considering the risks, and mitigation, as far as practicable bearing in mind there remains a significant degree of uncertainty around the terms. She reported that NHS Orkney has issued an organisation wide questionnaire to staff with a view to understanding the impact, as far as possible, on the workforce. Currently only one response had been received but she had been approached by two other members of staff.

The Chief Executive reported that Shirley Rogers, Director of Workforce, Leadership and Service Transformation for NHS Scotland, had attended the Chief Executives Meeting and had recommended that organisations should plan for 24 weeks of disruption. The priorities were food, fuel and medicine.

The Chief Executive advised that the Board would look to have a public information paper in December or January. He directed that any Freedom of Information (FOI) request would be responded to informing the requester that there was a plan but could not be published until the Board had received guidelines from the Scottish Government.

I Grieve asked if there was stockpiling of medicines happening. The Chief Executive responded that there was some but it was difficult to assess what would be required and much of it was date sensitive.

### **Decision / Conclusion**

Members noted the Implications of Brexit report and the progress being made to mitigate the potential risks.

## 576 **iMatter report – SGC1819-20**

The Head of Organisational Development and Learning presented the iMatter report. She drew members attention to:

- NHS Orkney had seen an increased engagement with the iMatter continuous improvement tool with a 83% response rate in comparison with 79% in 2017
- NHS Orkney had the highest percentage of action plans in place across NHS Scotland in 2017. The number of action plans had not increased since 2017, but remained the same at 81%.
- The report showed improvements across all standards and staff were starting

- to understand the link to their experience
- Teams were encouraged to share their successes over the last 12 months

The Head of Organisational Development and Learning reported that the new concern being raised was IT systems not speaking to each other. She stressed that managers needed to be aware that not all electronic systems reduced workload many had increased the pressure. She would be feeding back to the workforce that all messages were well received by the Board.

I Grieve noted there were a number of challenges. She asked what actions were being taken to ensure staff's actions were being supported by managers. The Head of Organisational Development and Learning reported that she had not explored this yet as the report had very recently been closed off. She intended to meet with the Chief Executive to find a way forward. She stressed this was a big concern as this went against the whole ethos of iMatter.

The Employee Director noted that there had been a discussion the previous day at APF and there was a strong message to say that if an action could not be progressed there needed to be communication to the team to inform them of the reasons why. This would ensure they knew they'd been listened to and were contributing to the goals of the organisation.

### **Appropriately Trained**

#### **577 Educational Steering Group Chair's report – 27 September**

Members noted the chair's report.

The Head of Organisational Development and Learning reported there had been many changes in the last 3 years and poor attendance at the group was discussed. It was agreed that the new statutory and mandatory training group would give opportunity to review the composition of the Education Steering Group, the Chair advised that a new group entitled Workforce Development Group would be established.

The Head of Organisational Development and Learning highlighted the following areas to celebrate from across the organisation:

- 6 Registered Nurses had successfully passed their first leadership module and were commencing their second module to achieve their BSc (Honours) in Nursing Practice
- An integrated Health and Social Care Clinical Supervision Policy was being developed
- NHS Orkney took part in a career's event organised by Developing the Young Workforce Orkney and Skills Development Scotland at the Pickaquoy Centre on 28 August. There had been over 700 people who attended the event.
- The group received a presentation from the Lead Nurse on the Transforming Roles agenda.
- The group received a number of Travel Scholarship Reports for information and discussion.
- Statutory and Mandatory training was discussed, in particular the poor compliance rates. The Chair of the group advised that a Statutory and Mandatory Training group was being established

## 9.1.1

In terms of the Transforming Roles agenda the Head of Organisational Development and Learning advised the organisation should look at resourcing this as many Boards had allocated teams. I Grieve asked if this was likely to change staffing in terms of retirement. The Head of Organisational Development and Learning wasn't expecting it to but it would make recruitment very challenging. The Employee Director was concerned that this was setting the bar so high that it would be unachievable to many staff. She added that it made her uneasy as to the message this was saying to the existing skilled and valued staff, many coming from university would have already achieved Masters level. The Head of Organisational Development and Learning reported that nurses were saying they needed time to do their job and more training was putting huge pressure on them.

The Chair raised her anxiety that the low level of statutory and mandatory training completed was putting the organisation at risk. The Chief Executive agreed this required a different approach, maybe rostering it in as it was increasingly difficult to release staff. Another challenge was that part-time staff required the same level of training as full-time staff.

### 578 **Education Steering Group minute of meeting**

No approved minutes were available.

#### **Involved in decisions that affect them**

### 579 **Area Partnership Forum Chair's report**

The Employee Director highlighted a few topics from her Chair's report.

- Poor attendance from Orkney Health and Care had been drawn attention to
- Staff Governance Monitoring return had been completed. There were amendments to be made on one policy and an additional policy to be processed from this feedback
- Discussions around Brexit plans
- Changes to clinical administration had raised some concerns amongst staff side. Engagement sessions were being organised with clinical teams and administrative staff to ensure effective communication and partnership working.
- Current Facilities arrangements PIN policy was not compliant; an amendment would be made and put through process for approval.

#### **Decision / Conclusion**

The Committee reviewed the report from the co-chair of the Area Partnership Forum and took assurance that matters of importance were being progressed.

### 580 **Minute of Area Partnership Forum meeting held on 21 August, 18 September 2018.**

The Committee noted the minutes of the Area Partnership Forum meetings.

## **Treated Fairly and Consistently**

### **581 Workforce Report – SGC1819-21**

The Human Resources Manager reported that there had been a productive discussion at APF. The report contained data on a wide range of workforce matters. She explained that the report was not quite where she wanted it to be and although it was a good informative report there were areas where some more analysis would be valuable. She asked for some patience as this was not possible in the existing timescales and some changes would be required to move forward.

The Chief Executive was fully supportive as he felt, for example, looking at the displaced staff figures, the report detailed 10 but on analysis there were only one or two that were requiring action. The Human Resources Manager would link with the Employee Director and R McLaughlin, as previous members of the Redeployment Committee, to give assurance on these figures.

I Grieve questioned if the Occupation Health waiting times were having an impact on services. The Human Resources Manager replied that where there were vacancies and/or long term sickness inevitably there was an impact but it was difficult to say exactly what that was. The Chief Executive mentioned that he would like to see the information on the non-financial impact on teams. i.e. Did it mean staff weren't getting released for training? He added this should come from the further analysis within the report and what the themes were.

The Chair was concerned staff were being pushed too hard and asked that the Board looked at how this could be addressed and what the priorities were.

The Employee Director noted that this linked in with the Health and Wellbeing of Staff programme. The results of which should be published soon but was likely to show that sickness absence was up, particularly stress related illnesses.

Members agreed with I Grieve that an assurance should be sent to Board that this was one of the committee's main priorities. The Chief Executive reassured members that the inability to recruit was not due to financial reasons but would need to look at how to do things differently.

### **Decision/Conclusion**

Members noted the workforce report and took assurance on performance. A cross committee assurance would be sent to Board and Finance and Performance.

### **582 Report on Staff Governance Monitoring letter – SGC1819-22**

The Human Resources Manager reported that this was an annual monitoring return for 2017-18 completed by a small working group. The Scottish Government acknowledged examples of good practice but also requested further information. One of the queries was Work Related Driving Risks, a subset from one of the PINS. APF members agreed implementation of the PIN so the Human Resources Manager would process this through the appropriate channels.

### **Decision/Conclusion**

The committee were assured that recommendations were being progressed.

## 583 **Policies and Procedures**

Respiratory Protective Equipment (RPE) Policy.

This policy was approved through APF on 20 November 2018.

### **Decision / Conclusion**

The Committee received and approved the RPE policy.

### **Provided with a Safe and Improved working environment**

## 584 **Occupational Health and Safety Group Chair's report**

The Committee received the Occupational Health and Safety Chair's Report from the Head of Organisational Development and Learning. The key items for noting were:

- Staff were being educated on the appropriateness of using the COSHH policy
- The Fire Evacuation and Management Plan was regularly assessed by M Rendall
- Vaccine shortages had been addressed
- The continuation of non attendance for occupational health appointments – more intelligence was required to discover reasons behind the non attendance
- Skin surveillance protocol due to be updated
- Infection control had carried out audits at the isles which had raised some health and safety issues. Action plans had been put in place and audits were scheduled for 2019.
- The Water and Radiation Safety policies were approved and on Staff Governance Agenda for endorsement.

The Chief Executive raised that all committees needed to consider, when approving policies, if there was a need for and had been subject matter experts' input into the document. The Head of Organisational Development and Learning added this in some cases may go against current ways of working so there may need to be changes to process.

### **Decision / Conclusion**

The Committee noted the Occupational Health and Safety Chair's Report.

## 585 **Occupational Health and Safety minute 28 November 2017 and 24 April 2018**

The Committee noted the minutes of the Occupational Health and Safety meetings.

## 586 **Occupational Health and Safety presentation**

This presentation would be carried to the next meeting

### **Risks**

## 587 **No items this meeting**

## 588 **Issues Raised from Governance Committees**

There had been no reports from the Chairs of the Governance Committees regarding cross committee assurance.

## 589 **Agree any issues to be raised to Board/ Governance Committees**

The Committee agreed that the following items should be reported to the:

### **Board**

- Workforce challenges
- Regional working – workforce update

### **F&P**

- Workforce challenges

## 590 **Any Other Competent Business**

The Employee Director asked if there was any update on the Director of Finance vacancy. The Chief Executive reported that he was looking at options.

## 591 **Schedule of meetings**

The schedule of meetings for 2019/20 was noted.

## 592 **Record of Attendance**

The record of attendance was noted.

## 593 **Committee Evaluation**

Praise was given to the new Chair, C Evans, on her first meeting.

The Chief Executive noted the positive start to teasing out issues impacting on staff and not just in monetary terms. D Drever agreed it had been a good discussion. The Human Resources Manager thanked members for the helpful discussion adding that she didn't feel anything was lost by being on VC.

Meeting closed at 12:45

**Not Protectively Marked**

<b>NHS Orkney Board – 7 March 2019</b>	
<b>Report Number: OHB1819-51</b>	
<b>This report is for discussion</b>	
<b>Financial Performance Management Report</b>	
<b>Lead Director Author</b>	Gerry O'Brien, Chief Executive Officer Derek Lonsdale, Head of Finance
<b>Action Required</b>	Members are asked to <ul style="list-style-type: none"> <li>• note the Scottish Government Medium Term Financial Framework which sets out the approach and initiatives to ensure delivery of a financially balanced and sustainable Health and Social Care System;</li> <li>• review the in year financial position and actions being taken to address over spending;</li> <li>• note the year to date over spend of £542,000 and forecast break-even at the outturn.</li> </ul>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• The report provides analysis of the financial position for the period up to 31 January 2019. Information is provided relating to resource limits, actual expenditure and variance against plan. NHS Orkney is currently over spent against Core Resource Limit of £542,000.</li> <li>• The main driver for the excess cost in year is the disproportionate impact of locum costs on the Board and the requirement to maintain 24*7 emergency services on Orkney severely restricting the Board's ability to manage these pressures.</li> <li>• Recognition by Scottish Government Health Directorate that the disproportionate impact of locum costs in additional funding being made available.</li> <li>• Forecast break even position at the year end.</li> </ul>
<b>Timing</b>	February 2019
<b>Link to Corporate Objectives</b>	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.
<b>Contribution to the 2020</b>	Value and financial sustainability – effective use of

# 10.1

<b>vision for Health and Social Care</b>	resources.
<b>Benefit to Patients</b>	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.
<b>Equality and Diversity</b>	No assessment required.

## Not Protectively Marked

NHS Orkney Board – 7 March 2019

## Financial Management Performance Report

Derek Lonsdale, Head of Finance

---

### Section 1 Purpose

The report provides analysis of the financial position for the period to 31 January 2019. 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

- note the Scottish Government Medium Term Financial Framework which sets out the approach and initiatives to ensure delivery of a financially balanced and sustainable Health and Social Care System
- review the in year financial position
- note the year to date over spend of £542,000 and forecast break-even position.

### Section 3 Background

The [Scottish Government Medium Term Health and Social Care Financial Framework](#) was published on 4 October 2018. It supports the [Health and Social Care Delivery Plan](#) which was published on 19 December 2016. The financial framework sets out the potential approach and types of initiatives required to ensure delivery of a financially balanced and sustainable Health and Social Care system. It underlines the imperative of using our total resources across the whole system to drive best value, reform and long term financial sustainability of the Health and Social Care system. The guiding principle underpinning the framework is that we deliver a world class service and we take forward our ambition that everyone is able to live longer, healthier lives at home, or in a homely setting. Commentary on the application and implementation of this Framework in Orkney was provided to the Finance and Performance Committee at its October meeting.

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.

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.)

	2018/19			2019/20		
	Rec £000s	NR £000s	Total £000s	Rec £000s	NR £000s	Total £000s
Opening Surplus	945		945	1,089		1,089
Growth	1,209	(29)	1,180	728	12,009	12,737
Inflation	(1,595)		(1,595)	(1,388)		(1,388)
Application	(520)	(2,722)	(3,242)	(1,200)	(12,780)	(13,980)
Savings	1,050	1,700	2,750	1,000	550	1,550
Surplus/(Deficit)	1,089	(1,051)	38	229	(221)	8

Key elements of the previously agreed financial plan are:

- A planned recurring surplus of £1.089m at end March 2019, and an overall surplus of £0.038m.
- Growth funding from Scottish Government is insufficient to meet inflationary pressures, and this requires a minimum of £0.75m recurring savings every year.
- In 2018/19, a requirement to address cost pressures as well as deliver savings.

Pay issues are a particular feature this year:

- Pay as If At Work. We have set aside funds for ongoing and backdated costs, which totals £0.5m payable in September – this has been fully utilised.

NHS Orkney's baseline allocation for 2018/19 is £48.001m. Additional allocations assumed in the financial plan account for a further £7.8m. Any unused allocations (e.g. those advised late in the year) will be carried forward to the following year.

## Section 4 Discussion

### Summary Revenue Position

At end January, NHS Orkney is £542,000 over spent on the Core Revenue Resource Limit which is a 41% reduction compared to the previous month. There are five cost centres that contribute significantly towards to the overall position

Area of spend	Prior Month Variance £000	Current Month Variance £000	Movement £000	Forecast Year End Variance £000
SLA Grampian Mental Health	(272)	(331)	(59)	(398)
Patient Travel (Aberdeen)	(109)	(174)	(65)	(201)
Acute Ward Balfour Hospital	(85)	(104)	(19)	(124)
Radiography - Balfour	(89)	(100)	(11)	(120)
Acute Receiving Area	(47)	(53)	(6)	(65)
	(603)	(762)	(160)	(908)

Continued high level of expenditure related to the service level agreement for mental health services. The increase this year is a change in the cost base for beddays and increased costs for psychiatry cover.

Patients travel have seen an increase of 303 more passengers travelling compared to the similar period last year, however the percentage of escorts remain at 34.6%. Work is ongoing identifying attend anywhere, to reduce the numbers of passengers travelling.

Radiology is overspent by £100,000 with a forecast outturn of £120,000 due to use of 3 locums to cover vacancies in ultrasound and CT, ensuring the on-call rota is maintained in addition to the waiting times. 1 locum will be removed in February when the member of staff returns from maternity leave, however, another is due to maternity leave from April.

Acute receiving and the Acute ward is over spent as a result of high sickness levels and maternity cover. The forecast overspend in wards and theatre is £145,000 at the outturn.

Two cost centres which have an under spend greater than £100,000:

- Pharmacy £117,000 due to vacancies
- Grampian Acute SLA due to negotiated cost reductions arising from falling activity levels, however 2018/2019 activity is currently projected to increase over the previous three year average level.

### Financial plan items not yet allocated to budget managers

The implementation of a new budgetary control framework and a review of all centrally held funds have led to the majority of centrally allocations now being allocated to budget holders. An additional £0.275m anticipated allocation has been included for the early entry to the new hospital and healthcare facility (see table below).

Cost pressures / investments	£0.150m specialist drugs £0.500m activity increases, carry forward items, cost pressures and investments
------------------------------	---

### By Service area

A summary by service area is set out below:

Previous Month Variance £000 M09		Annual Budget £000	Budget YTD £000	Spend YTD £000	YTD Variance £000	YTD Variance %	Forecast Year End Variance £000
<b>Core</b>							
(339)	Hospital Services	13,262	11,046	11,226	(180)	(1.63)	(208)
(59)	Pharmacy & Drug costs	2,329	1,983	2,039	(56)	(2.82)	(28)
(63)	Orkney Health and Care	22,885	18,991	19,066	(75)	(0.40)	(242)
(455)	External Commissioning	10,680	8,796	8,998	(202)	(2.29)	(217)
6	Estates and Facilities	3,464	2,923	2,963	(39)	(1.35)	(6)
(13)	Support Services	5,310	4,091	4,081	10	0.24	5
0	Not yet allocated	717	0	0	0		655
0	Savings Targets	41	0	0	0		41
(923)	<b>Total Core RRL</b>	<b>58,687</b>	<b>47,830</b>	<b>48,373</b>	<b>(542)</b>	<b>(1.13)</b>	<b>0</b>
<b>Non Cash Limited</b>							
0	Ophthalmic Services NCL	283	232	232	(0)	(0.00)	0
0	Dental and Pharmacy NCL - IJB	1,390	1,159	1,159	0	0.00	0
<b>Non Core</b>							
0	Annually Managed Expenditure	(245)	(496)	(496)	0	(0.02)	0
0	Depreciation	1,200	1,004	1,002	2	0.18	0
(923)	<b>Total For Board</b>	<b>61,315</b>	<b>49,730</b>	<b>50,270</b>	<b>(540)</b>	<b>(1.09)</b>	<b>0</b>

The significant issues in relation to hospital services and external commissioning have been explored in the summary section. Additionally:

- Hospital services deficit has reduced by 47% as a result of additional funding received from Scottish Government for the disproportionate costs of maintaining emergency services with a dependency on locums.
- Pharmacy budgets show an adverse variance of £56,000, which is due to specialist drugs being required for a low number of patients.
- Support Services have contributed £340,000 non recurrent savings as a result of vacant posts in Public Health, Health Intelligence, Human Resources, secretariat and Nursing/Midwifery and AHP.

Areas which do not form part of core funding and do not count against statutory targets:

- Non cash limited expenditure on Family Health Services.
- Non core expenditure.

### Orkney Health and Care (service delivery)

Previous Month Variance £000 M09		Annual Budget £000	Budget YTD £000	Spend YTD £000	YTD Variance £000	Forecast Year End Variance £000
(412)	Integration Joint Board	3,723	3,299	3,575	(277)	(345)
26	Children's Services & Women's Health	1,875	1,529	1,533	(4)	(16)
253	Primary Care, Dental & Specialist Nurses	9,646	7,893	7,716	176	183
35	Health & Community Care	3,516	2,891	2,902	(11)	(29)
35	Pharmacy Services	4,124	3,380	3,339	41	(35)
(63)	<b>Total IJB</b>	<b>22,885</b>	<b>18,991</b>	<b>19,066</b>	<b>(75)</b>	<b>(242)</b>

The Financial Plan allowed for:

- £342,000 to cover cost pressures in Primary Care
- Approved investment funds of £56,000 for Mental Health
- £1.060m savings target. This was incorporated into the delegated with a split of £0.342m non recurrent and £0.718m recurrent. The savings target is included in the top line. £0.494m of non recurring savings have been achieved and removed up to month 10.

The significant variances are service delivery issues, reflecting a high level of vacancies:

- Children's Services and Women's Health are under spent. The movement is due to additional savings associated with vacancies being removed amounting to a total of £132,000 within Health Visitors, Maternity and Speech Therapy. These under spends have been used to offset the savings target.
- Primary Care, Dental and specialist Nurses have contributed £142,000 with Dental currently have vacancies of 11 WTE. The majority of under spend remaining is cash limited.
- Health and community care have vacancies within Occupational Therapy of 1.5WTE, Community nursing of 2.8 WTE, and within Mental Health. £194,000 has been used to offset the savings target.
- The forecast assumes a continued level of vacancies.

**Cost reductions**

The cash releasing cost reduction target is £2.75m, which is 5.67% of the baseline. 38% is recurring.

At month 10, 81% of the savings have been achieved at £2.224m.

**Capital**

The Board has an anticipated allocation of £33m. The new hospital and healthcare facility accounts for 81% of the total. The new facility is due to be handed over early and a request has been approved for funds to be brought forward to 18/19 to support the earlier migration to the new facility.

The forecast outturn is break-even, with 71% of the total allocation spent to date.

The nature of schemes within IT and Estates, result in the majority of expenditure occurring in the last quarter of the year.

	Annual Budget £000's	Expenditure to Date £000's	Budget Remaining £000's
New Healthcare Facilities	32,255	22,858	9,397
Estates	300	72	228
IT Projects	500	488	12
Other Equipment	182	84	98
Total	33,237	23,501	9,736

**Conclusion and forecast outturn**

At the end of January the year to date position is an over spend against the revenue resource limit of £542,000. Additional funding to support the delivery of 24\*7 emergency services will enable a balanced position to be delivered in 2018/2019.

**Not Protectively Marked**

<p><b>NHS Orkney Board – 7 March 2019</b></p> <p><b>Report Number: OHB1819-52</b></p> <p><b>This report is for information.</b></p> <p><b>Performance Report</b></p>	
<b>Lead Director</b>	Gerry O'Brien, Chief Executive
<b>Author</b>	Christina Bichan, Head of Transformational Change and Improvement
<b>Action Required</b>	<p>The Board of NHS Orkney is invited to:</p> <ol style="list-style-type: none"> <li>1. <u>note</u> the report</li> </ol>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• Performance in regards the Local Delivery Plan Standards is provided in Appendix 1.</li> <li>• Timely access to some Outpatients services as well as Inpatients and Day Case procedures and the Psychological Therapies service continues to be challenging with current performance below the required LDP level.</li> <li>• An overview of annual trends in regards to Outpatient activity has been provided in Appendix 2, following on from discussion at the last meeting.</li> </ul>
<b>Timing</b>	No timing constraints.
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to are:</p> <ul style="list-style-type: none"> <li>• Nurture a culture of excellence, continuous improvement and organisational learning</li> <li>• Improve the delivery of safe, effective and person centred care and our services</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	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.
<b>Benefit to Patients</b>	More timely access to care and services.
<b>Equality and Diversity</b>	There are no Equality and Diversity implications identified with this item.

**Not protectively marked**

**NHS Orkney Board**

**Performance Report**

**Christina Bichan, Head of Transformational Change and 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 Board of NHS Orkney 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 years 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 12<sup>th</sup> 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).

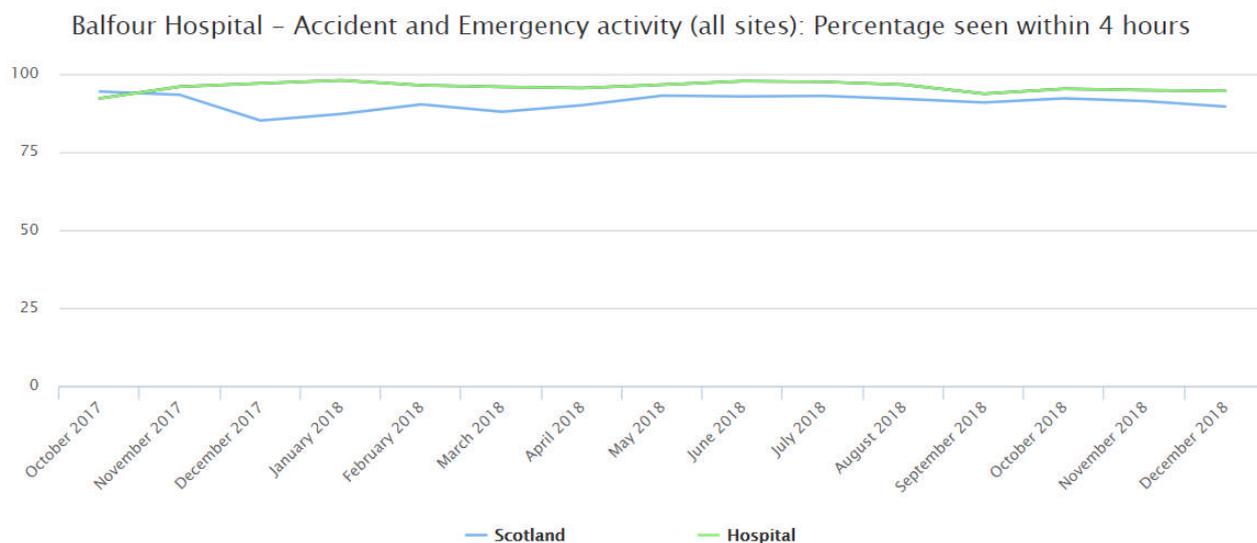
## Section 4

## Discussion

A summary of NHS Orkney's position in regards to each of the current LDP Standards 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 access to the Child and Adolescent Mental Health service has improved. Performance in regards to the 4 hour A&E target did not meet the 95% standard during the last reporting period however continues to fluctuate around the target level as shown in Figure 1.

Figure 1. A&E Waiting Times – % patients seen within 4 hour standard, September 2017-December 2018 (Source: NHS Performs)



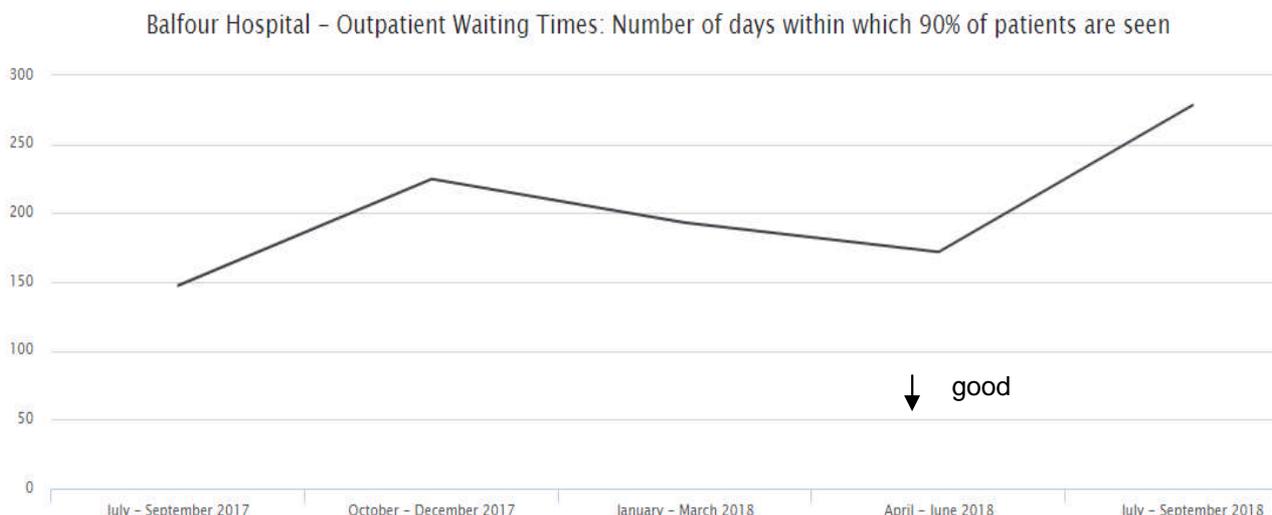
## Outpatients

For the quarter July-September 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 278 days. Performance over the past 4 quarters for both measures is provided in Figures 2 and 3. (Source: NHS Performs)

Figure 2: Outpatient Waiting Times – Average Number of Days Waited July 2017-September 2018 (Source: NHS Performs)



Figure 3: Outpatient Waiting Times – Number of days within which 90% of patients are seen July 2017 – September 2018 (Source: NHS Performs)



As can be seen from the information provided in Figure 2 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 which lead to the long waits highlighted in Figure 3.

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. A bid for Tranche 2 funding to support this was made to the Scottish Governments Access Support Team in January 2019 with £62,500 being secured. This has enabled additional focussed activity in Dermatology and Cardiology to reduce the backlog of long waits and will also support the developing model in Ophthalmology through the purchase of equipment to support the management of Glaucoma. Figure 4 summarises the position in regards to the distribution of waits over 12, 18 and 26 weeks as at 11<sup>th</sup> February 2019 which shows an improvement as a result of the targeted activity in Dermatology and Cardiology.

Figure 4: Distribution of waiting times – 11/02/2019 (Source: Health Intelligence)

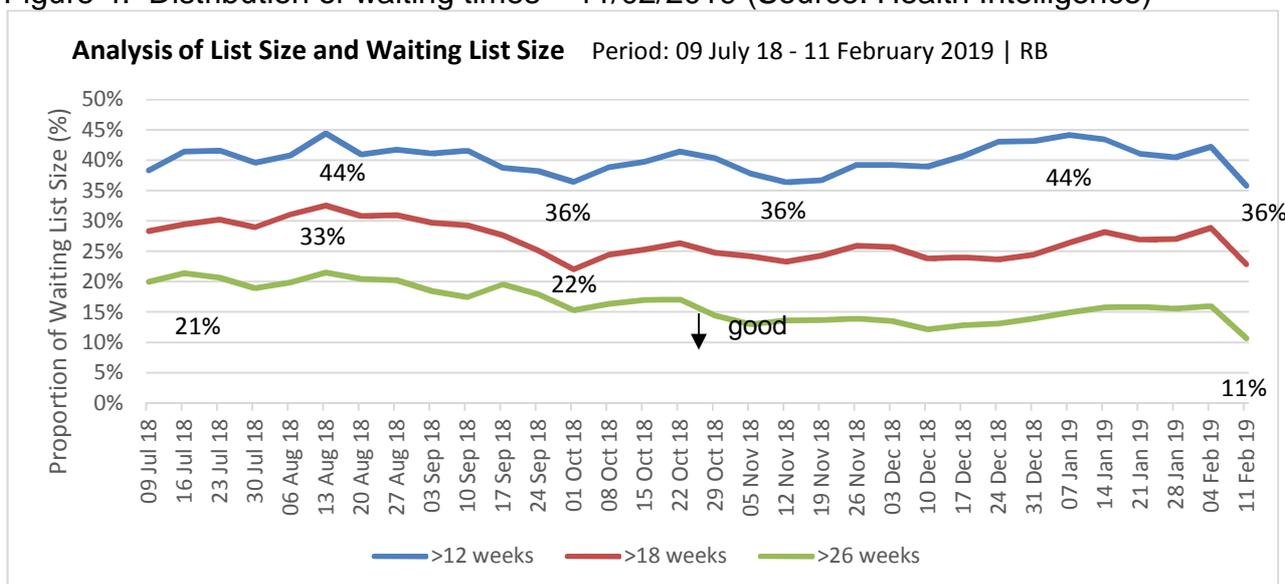
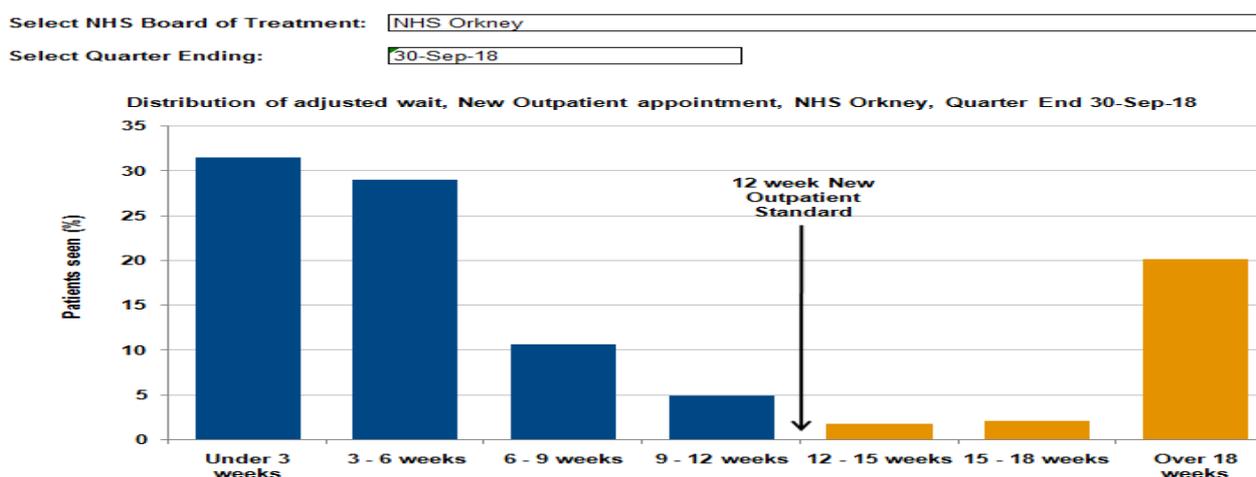


Figure 5 shows the distribution of waiting times as presented in the most recently published national report and as can be seen the need to target improving access for long waiting patients continues with 20% of new patients waiting over 18 weeks. However, it should be noted that the Unadjusted Wait is the total length of time between the patient being added to the waiting list and the patient being removed from the waiting list. It includes time when the patient is unavailable for patient advised or medical reasons and also any time before the patient's waiting times clock is reset (due to appointment cancellation, non-attendance or rejection of reasonable offer).

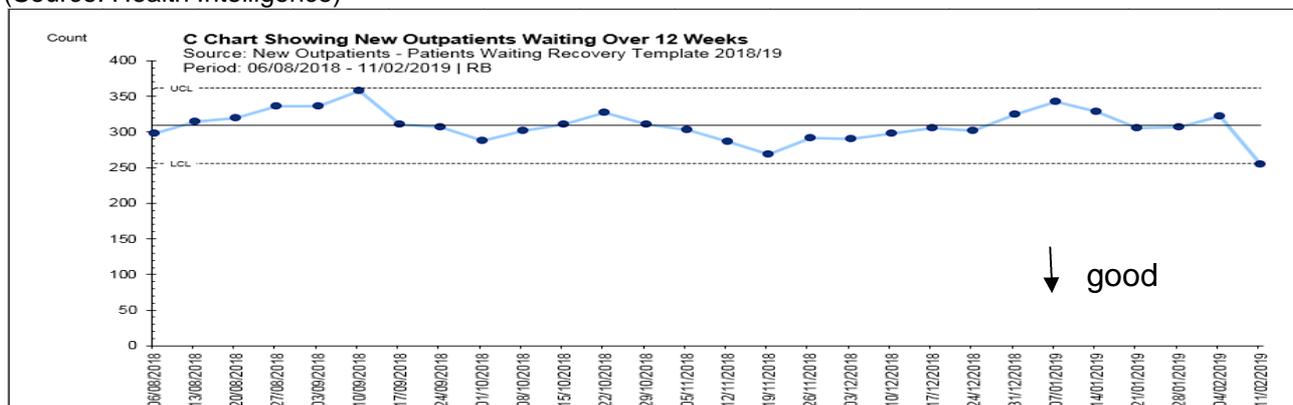
Figure 5: Outpatient Waiting Times – Distribution of Adjusted Wait for New Outpatient appointment, NHS Orkney. Quarter ending 30 September 2018 (Source: ISD)



Source: ISD Waiting Times Datamart

Figure 6 provides an overview of patients waiting over 12 weeks for a first, new outpatient appointment up until the 11<sup>th</sup> February 2019 as per internal sources. The total number of patients waiting over 12 weeks as at the 11<sup>th</sup> February Outpatient Projections Submission to Scottish Government was 255, a decrease on previously reported 14<sup>th</sup> January 2019 level of 328 and below the March 2017 level which is the year end aim. The most significant areas of pressure continue to be in Ophthalmology and Orthopaedics. The number of patients waiting over 18 weeks was 163 and over 26 weeks was 76, again a significant reduction on previously reported levels and in line with the Board's Elective Care Improvement Plan.

Figure 6: Patients waiting over 12 weeks – new outpatient referral, all specialties (Source: Health Intelligence)



Following on from discussion at the last Board meeting further information has been provided in Appendix 2 regarding annual trends in Outpatient activity. Table 1 within this Appendix provides data in regards to all consultant led specialties and provides information relating to patients who attended and were seen by NHS Orkney. Table 2 provides the NHS Scotland comparator data in relation to the Return/New Appointment Ratio, which is broadly similar across both tables and the DNA rate for new appointments, where NHS Orkney generally performs better than the national rate. Figure 1 provides an overview of actual and projected demand trends for new outpatient appointments across all specialties. This data is used at a speciality level for planning and service development purposes and to inform the development of the Boards Operational Plan.

## Inpatients and Daycases

In relation to Inpatients and Day Cases for the quarter July-September 2018 the average number of days waited for an admission to the Balfour Hospital was 36 and 90% of patients were admitted within 113 days. Performance over the past 4 quarters for both measures is provided in Figures 7 and 8. (Source: NHS Performs)

As can be seen from the information provided above in many cases patients are being seen well within the TTG standard. The main specialties where long waits are currently experienced are Trauma and Orthopaedics and Ophthalmology.

Figure 7: Inpatient/Day Case Waiting Times – Average Number of Days Waited July 2017-September 2018 (Source: NHS Performs)

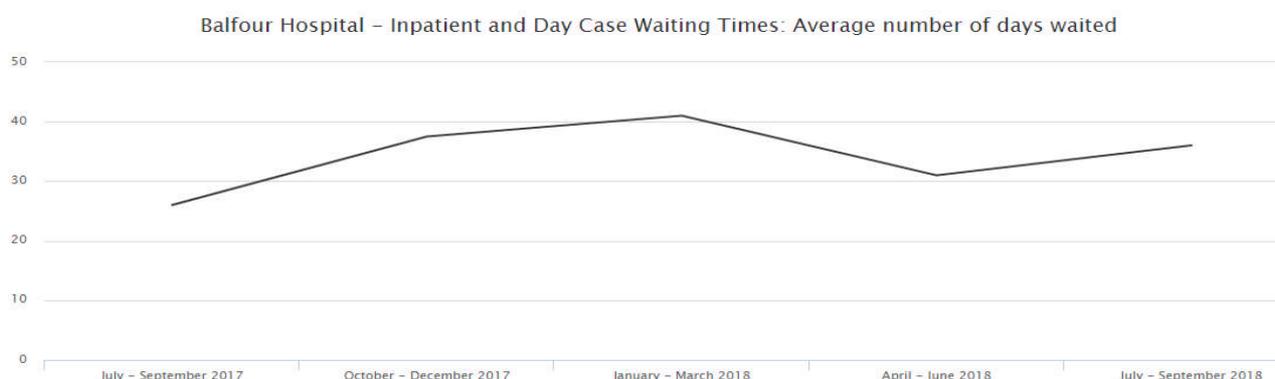
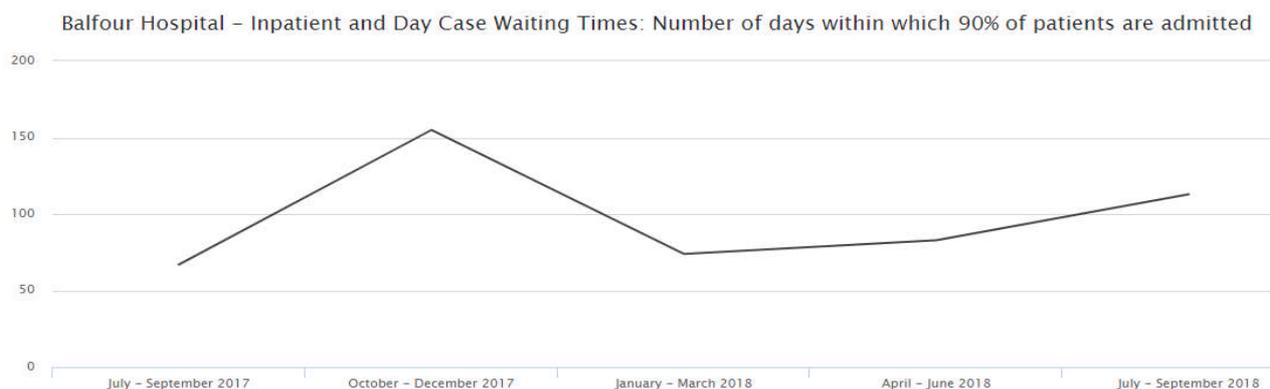


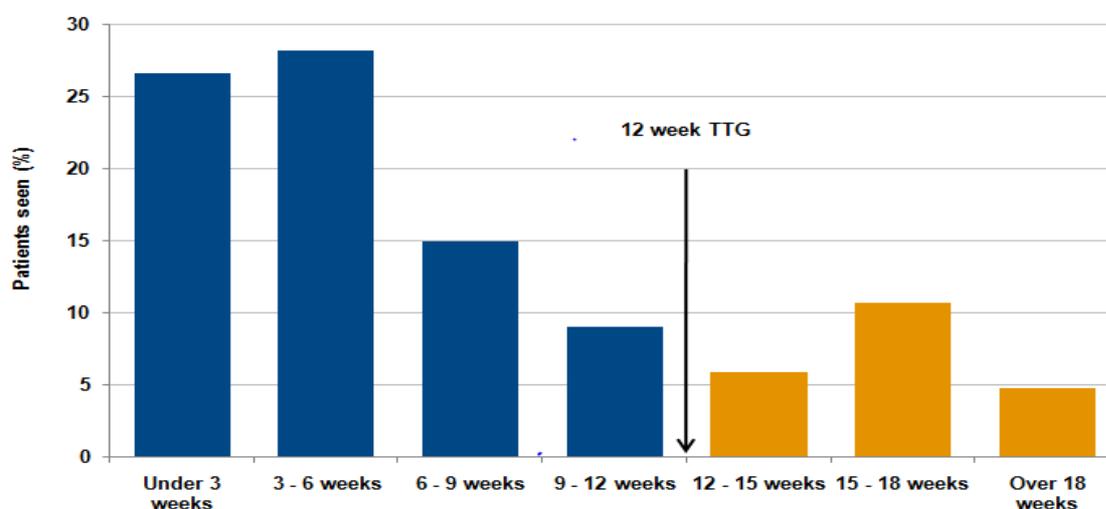
Figure 8: Inpatient/Day Case Waiting Times – Number of days within which 90% of patients are seen July 2017 – September 2018 (Source: NHS Performs)



Performance in regards to the Treatment Time Guarantee (TTG) remains impacted by the timing of visiting services as well as a reliance on other Board areas, such as Golden Jubilee National Hospital, to provide in patient capacity. Figure 9 gives an overview of the distribution of waiting times for inpatient and day case procedures as per the most recent national publication. As can be seen the majority of patients are treated well before the TTG 12 week target.

Figure 9. Inpatient Waiting Times – Distribution of Adjusted Wait for Inpatient or Day Case Treatment, quarter ending 30<sup>th</sup> September 2018 (Source: ISD)

Distribution of Adjusted Wait for Inpatient or Day case Treatment, NHS Orkney, Quarter End 30-Sep-18



Source: ISD Waiting Times Warehouse

## Access to AHP Musculoskeletal Services

In regards to AHP MSK Services and the target set by Scottish Government that from 1st April 2016 the maximum wait for access to MSK services from referral to first clinical outpatient appointment will be 4 weeks (for 90% of patients) performance in relation to MSK Podiatry and MSK Physiotherapy, as per the most recent published quarterly report is provided in Table 1 below. Overall across all of the AHP MSK services provided by NHS Orkney which are currently reported (Physiotherapy and Podiatry) the average 56.9% of patients were seen within 4 weeks at the 30<sup>th</sup> September 2018. The median length of wait for a patient is 3 weeks and the 90<sup>th</sup> percentile wait is 30 weeks.

Table 1: AHP MSK Waiting Times as at 30<sup>th</sup> September 2018 (Source: ISD)

Patients Waiting	Patients waiting 0-4 weeks	Patients waiting 4 weeks +	% waiting 0-4 weeks	% waiting 4 weeks +	Median wait (weeks)	90 <sup>th</sup> percentile wait (weeks)
<b>Physiotherapy</b>						
584	76	508	13	87	19	35
<b>Podiatry</b>						
21	20	1	95.2	4.8	3	4

Improvement activity within Physiotherapy continues to progress with encouraging gains being made as a result of additional hours to cover gaps in capacity and the testing of a First Point of Contact post within the Stromness GP Practice. Given the significant waits experienced by some patients a list cleansing exercise has also been undertaken to ensure accuracy in the waiting list and minimise the risk of DNAs (Did Not Attend) with some very positive results. To provide a fuller picture of performance in AHP MSK waiting times, reporting of Orthotics MSK data has now commenced and will feature in future MSK waiting times publications.

## Cancelled Operations

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 below.

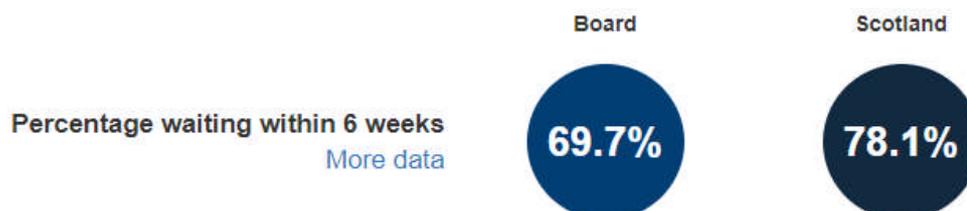
Figure 10: Cancelled planned operations – Balfour Hospital and NHS Scotland as at December 2018 (Source: NHS Performs)



## Diagnostics

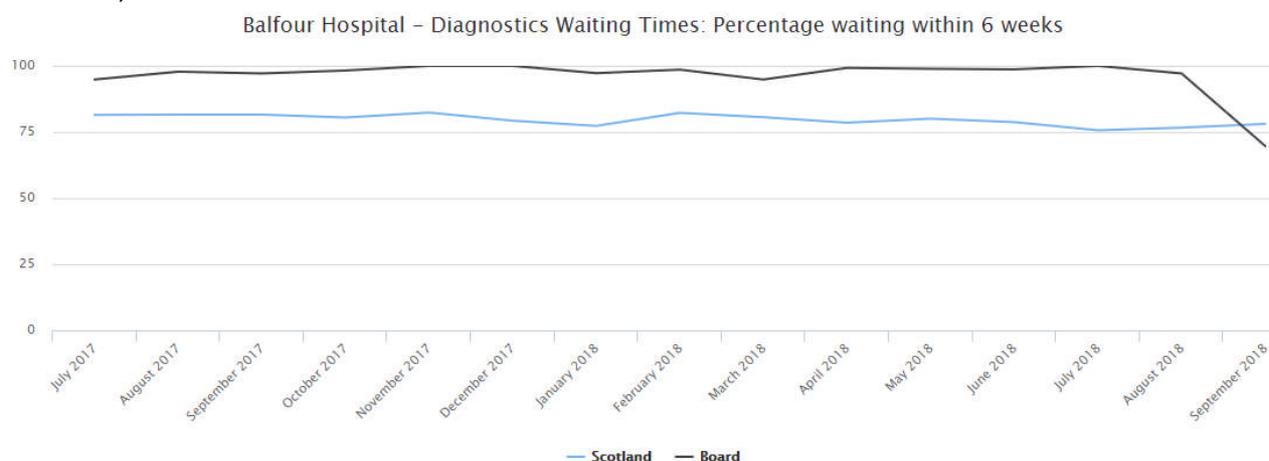
Historically the Board has maintained a high level of compliance with the Diagnostics waiting time of a maximum of 6 weeks for the 8 key diagnostic tests (as shown within figure 12) however changes within the surgical team have made this significantly more challenging in recent months. Long waits for certain scopes have been associated with a shortage in clinical staff with the appropriate skills to undertake the procedures however this is being actively managed and targeted by the hospital service. Figure 11 provides the most recent publicly reported performance.

Figure 11: Percentage of patients accessing 8 key diagnostic tests within 6 weeks as at September 2018– Balfour Hospital and NHS Scotland (Source: NHS Performs)



Monthly Data - September 2018

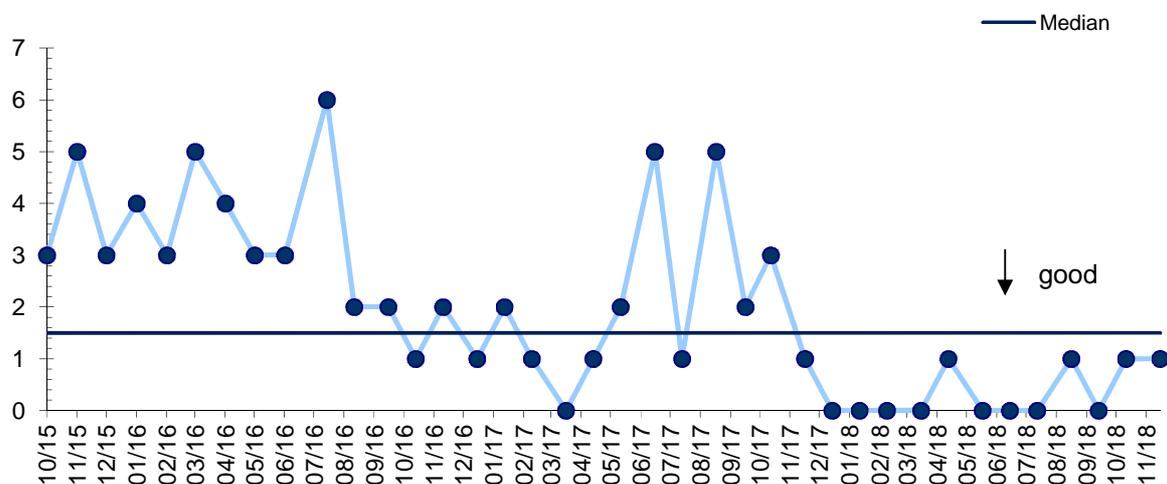
Figure 12: Percentage of patients accessing 8 key diagnostic tests within 6 weeks over the period July 2017 to September 2018 – Balfour Hospital and NHS Scotland (Source: NHS Performs)



Patients who are medically fit for discharge but whose discharge has been delayed for non medical reasons

As shown in Figure 13, data for the past 12 months shows that at the census date the number of patients recorded as being a delayed discharge has been either 0 or 1. Minimising delays in discharge from hospital continues to be an area of multi-disciplinary focus however with limited availability of both home care and residential care in recent weeks there has been significant delays for a number of patients with the impact being felt within the availability of beds in the Balfour Hospital. This issue is being actively managed, with liaison between the Hospital's Clinical Flows Coordinator and the Allocation of Resources Committee (ARC) chaired by the Head of Health and Community Care central to maintaining the timely flow of patients across the healthcare system. Figure 13 provides an overview of performance up until the census date in November 2018.

Figure 13: Patients who are medically fit for discharge whose discharge has been delayed for non medical reasons, Balfour Hospital October 15 – November 18, all reasons (Source: NHS Performs)



## **Appendices**

- Appendix 1: LDP Standard Performance – NHS Orkney
- Appendix 2: Trends in Consultant Led Outpatient Activity

**Appendix 1: LDP Standard Performance – NHS Orkney  
(Source: NSS Discovery LDP Dashboard)**

LDP Standard	Current (date)	Previous (date)	Standard
4 hour A&E	94.6 (31/12/18)	94.8 (30/11/18)	95.00
12 week first OP	66.07 (30/09/18)	58.07 (31/08/18)	95.00
12 week TTG	71.19 (30/09/18)	97.92 (31/08/18)	100.00
18 week referral	94.38 (30/11/2018)	96.10 (31/10/18)	90.00
48hour Access GP	98.77 (31/03/18)	97.58 (31/03/16)	90.00
Access to antenatal	66.67 (31/03/18)	100.0 (28/02/18)	80.00
Adv booking GP	96.15 (31/03/18)	97.64 (31/03/16)	90.00
Alcohol Brief Interventions	64.04 (30/09/2018)*	56.00 (30/06/18)*	80.00
Cancer WT (31 days)	100 (31/12/2018)	50.0 (30/11/18)	95.00
Cancer WT (62 days)	100 (31/12/2018)	50.0 (30/11/18)	95.00
Cdiff in ages 15+	0.56 (30/09/18)	0.43 (30/06/18)	0.32
Dementia PDS	77.78 (31/03/17)	100.0 (31/03/16)	-
Detect cancer	14.29 (31/12/17)	23.23 (31/12/16)	29.00
Drug & Alcohol Referral	-	100.0 (30/09/18)	90.00
Faster Access to CAMH	91.70 (30/09/18)	71.40 (30/06/18)	90.00
Faster Access to PT	65.20 (30/09/18)	74.20 (30/06/18)	90.00
IVF Treatment WT	100.0 (30/09/18)	100.0 (30/06/18)	90.00
MRSA/MSSA	0.07 (30/09/18)	0.14 (30/06/18)	0.24
Sickness Absence	4.86 (31/12/2018)	5.60 (30/11/18)	4.00
Smoking Cessation	84.21 (30/06/2018)	45.16 (31/03/18)	60.00

**\* ABI Delivery Data:**

Q1 - 102 (28 in priority settings)

Q2: 121 (45 in priority settings)

TOTAL: **223** (**73** in priority settings)

**Target is 249** with 80% in priority settings (**199**)

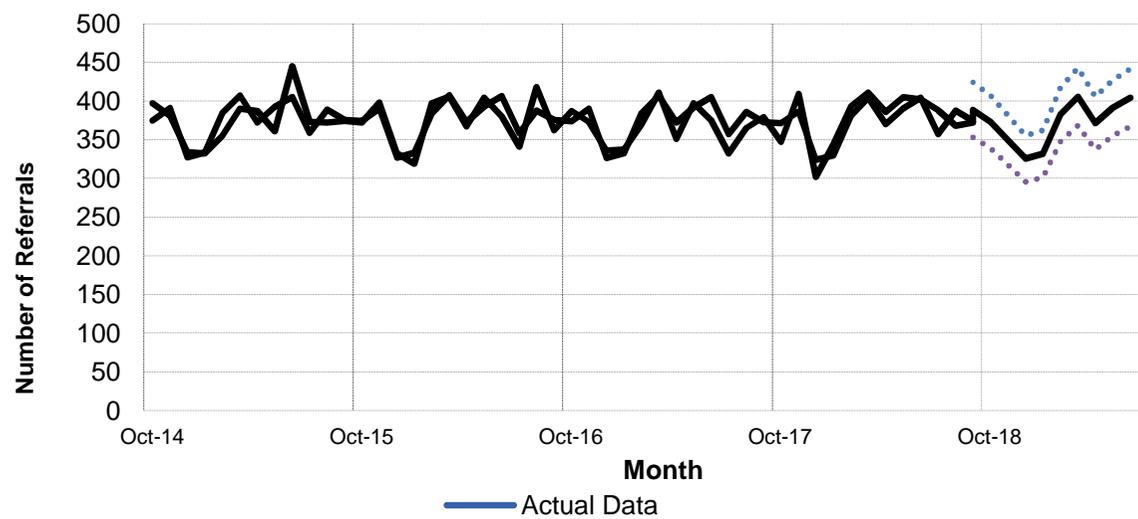
## Appendix 2: Trends in Consultant Led, Outpatient Activity

Indicator	Financial Year									
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18p
<b>Total Attendances</b>	<b>10,142</b>	<b>10,488</b>	<b>10,426</b>	<b>10,799</b>	<b>11,155</b>	<b>11,704</b>	<b>12,069</b>	<b>11,789</b>	<b>11,350</b>	<b>10,975</b>
New Patients	3,218	3,385	3,692	3,759	4,043	4,094	4,082	3,993	4,111	3,858
Return Patients	6,924	7,103	6,734	7,040	7,112	7,610	7,987	7,796	7,239	7,117
Return/New Ratio	2.2	2.1	1.8	1.9	1.8	1.9	2.0	2.0	1.8	1.8
% DNAs (for New Appointments)	4.6	4.0	4.2	3.7	4.3	6.5	6.7	7.1	6.0	6.0

Table 2: NHS Scotland (Source: ISD)

Indicator	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18p
Return/New Ratio	2.2	2.1	2.1	2.2	2.1	2.1	2.0	2.0	2.0	2.0
% DNAs (for New Appointments)	10.3	10.6	10.7	10.3	10.2	9.9	10.2	10.0	9.5	9.4

Figure 1: Actual & Projected Demand Trends - New Outpatients, Orkney, All Specialties



Source: Waiting Times Data Warehouse

**Not Protectively Marked**

<b>NHS Orkney Board – 7 March 2019</b>	
<b>This report is for noting</b>	
<b>Finance and Performance Committee – Chair’s Report</b>	
<b>Lead Director Author</b>	Gerry O’Brien, Chief Executive Davie Campbell, Finance and Performance Committee Chair
<b>Action Required</b>	The Board is asked to:  1. <u>Review</u> the report and note the issues raised
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Finance and Performance Committee meeting on 31 January 2019 and it was agreed that these should be reported to the Board:  <ul style="list-style-type: none"> <li>• NHS Orkney Financial Position</li> <li>• Service Level Agreements update report</li> <li>• Travel impact</li> <li>• Connectivity issues within the Isles and the resulting difficulty to deliver services and ensure parity of care across the whole of Orkney</li> </ul>
<b>Timing</b>	The Finance and Performance Committee highlights key issues to the Board as appropriate.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	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

## 10.3

	a specific focus on operating within a context of affordability and sustainability.
<b>Benefit to Patients</b>	Delivery of the best possible outcomes for the people of Orkney within available resources.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.

**Not Protectively Marked**

**NHS Orkney Board**

**Finance and Performance Committee – Chair’s Report**

**Author      Davie Campbell, Finance and Performance Committee 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

**Section 3            Background**

This report highlights key agenda items that were discussed at the Finance and Performance Committee meeting on 31 January 2019 and it was agreed that this should be reported to the Board.

**Section 4            Issues Raised**

**1. NHS Orkney Financial Position**

The Committee received a report demonstrating the financial position for the period ended 31 January 2019. They were advised that the year to date position would be of a £0.923m overspend; with a forecasted overspend of £1.321m at year end. Members were asked to note the risks to delivery, including (but not exclusively) the risk around savings.

**2. Service Level Agreements – Progress Update**

The Committee received the update Service Level Agreement report, noting that further reports would be provided to the Committee on a regular basis.

The report itself was a follow-up to the SLA review report received at the October 2018 meeting, covering externally commissioned services for NHS Grampian Acute Care Services, Patient Travel and NHS Grampian Mental Health.

A piece of work had been conducted regarding the Acute SLA, reviewing the service model and scenarios. This had then been used during a positive meeting with the NHS Grampian Director of Finance and an agreement was reached to move back to a process with regular reviews in conjunction with NHS Grampian around how the SLA money was spent.

The Head of Transformational Change and Improvement noted that this work had set in motion a plan for the year ahead, utilising available resources to better project the activity alongside work being done on the patient travel SLA would help to consolidate efforts.

### **3. Travel Project**

The Committee received an update in relation to the Travel Project which had been undertaken as part of the SLA review.

Members were informed that there was considerable overspend on patient travel (£2.5m or 4% of the annual budget, with a current overspend of £0.2m). In order to mitigate this, discussions had taken place with Loganair, though these only partially offset the overspend.

Work had then been undertaken to review and revise the Travel Policy in order to align with other island health boards. Opportunities had been identified in different areas of service where alternative ways of working in relation to patient travel could be explored, i.e. consultations and clinics via video conferencing.

A bid had been submitted to NHS Scotland for additional funding and £63k had been secured in order to support the development of remote clinics and to establish a project to deliver clinics and bring spending back into line with the budget. Both travel to and from the Northern and Southern Isles to mainland Orkney, as well as travel outwith Orkney were being investigated. Members felt strongly that the project was first and foremost about delivering the best service possible to patients.

### **4. Connectivity issues within the Isles**

Members of the Committee discussed the struggles faced in relation to connectivity on the Isles, specifically in light of the project work being undertaken around patient travel and alternative methods of delivering care and services to patients.

Members were keen for the Chairman of the NHS Orkney Board to write to the Scottish Government on all Board Members behalves, highlighting to them the disadvantages felt across the Isles due to poor connectivity and the inherent need for action to be taken to ensure that patients were no longer disadvantaged.

## **Appendices**

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 29 November 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, 29 November 2018** at **09:30**

**Present:** Davie Campbell, Non-Executive Director (Chair)  
Caroline Evans, Non-Executive Director  
Gerry O'Brien, Chief Executive  
Meghan McEwen, Non-Executive Director

**In Attendance:** Christina Bichan, Head of Transformational Change and Improvement  
Malcolm Colquhoun, Head of Hospital and Support Services  
Derek Lonsdale, Head of Finance  
Kenny Lowe, as observer  
David McArthur, Director of Nursing, Midwifery and Allied Health Professionals  
Pat Robinson, Chief Finance Officer, Integration Joint Board  
Louise Wilson, Director of Public Health  
Gemma Pendlebury, Committee Support (minute taker)

### 594 **Apologies**

Apologies were noted from Ian Kinniburgh, Fiona MacKellar, David McArthur, Marthinus Roos and James Stockan.

### 595 **Declarations of Interests – agenda items**

No declarations of interest were raised with regard to agenda items.

### 596 **Minutes of Meeting held on 15 October 2018**

The minute of the meeting held on 15 October 2018 was accepted as an accurate record of the meeting and was approved, with the following amendment:

- Item 518, page four, paragraph one should be amended to read ‘...a much fuller report than usual...’
- Item 519, page six, paragraph seven, sentence two should be amended to read ‘No guidance...’
- Item 519, page six, paragraph twelve should be amended to read ‘The Chief Executive...’

### 597 **Matters Arising**

#### 327 - Heart Failure Nurse update

An update was received that the Lead Nurse and British Heart Foundation Cardiac Specialist Nurse were due to be meeting with one of the local groups imminently to further discuss workload tools in connection with the Heart Failure Nurse post.

#### 516 – Service Level Agreements Review Patient Travel

A query was raised by M McEwen regarding whether it would be possible to record and monitor consultant sessions which required patient travel and those which were

undertaken by video conferencing. The Head of Transformational Change and Improvement responded that TRAKcare had no way of differentiating between the two types of consultation or clinic. There was also no way to extrapolate from the data which video conference clinics were block-booked within NHS Grampian and which were NHS Grampian originated video conference sessions. The Head of Transformational Change and Improvement did note that there were methods being employed to overcome the challenge and capture the relevant data whilst TRAKcare codes were being developed to ensure more accurate recording.

## 598 **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**

599 No items for discussion this month.

### **Performance Management**

## 600 **Performance Report – FPC1819-31**

The Head of Transformational Change and Improvement delivered the Performance Report to the Committee and provided assurance on performance with regards to the Local Delivery Plan standards. She made members aware that the update provided within the report was as up to date as the most recently published National data source

Section four of the report provided further information on indicators for the standards and areas of performance focus.

In Outpatient Services for the most recently reported quarter (April-June 2018) the average number of days waited for a new outpatient appointment within the Balfour Hospital was 28 and 90% of patients were seen within 172 days which was a reduction in both from the previous quarter.

The most significant areas of pressure were in Ophthalmology with 150 patients currently waiting more than 12 weeks to be seen at a first new outpatient appointment and 112 patients waiting over the breach level to access Trauma and Orthopaedics. The remainder of the longest waits related to Dermatology (45), Cardiology (36).

The Head of Transformational Change and Improvement advised that Dermatology services were improving due to services with NHS Tayside having commenced.

Musculoskeletal services were under considerable pressure. Development of an improvement plan has since commenced with the engagement of the Head of Health and Community Care, Lead Allied Health Professional and Physiotherapy team to ensure all practical steps were taken to reduce the length of wait experienced by patients.

In the Balfour Hospital, performance in regards to operations cancelled for non clinical reasons remained of a good level with no cancellations for non clinical reasons during July 2018.

## 10.3.1

The Chair raised a query regarding the four-hour waiting time target for Accident and Emergency that was mentioned in the report, specifically why NHS Orkney was so significantly below the target. The Head of Transformational Change and Improvement responded that NHS Orkney's performance in the areas was not so unusual due to the fact that the Accident and Emergency Department did not transfer patients to other areas or assessment units within the hospital as was the case with other Health Boards, meaning that some patients were waiting for longer than the four-hour target. This was generally due to waiting for diagnostics for patients that were not required to be admitted to hospital. Reporting of such waiting times had been changed to reflect NHS Orkney's challenges approximately a year and a half ago, however steps were being taken to make improvements along with policies and procedures.

The Director of Public Health raised a concern regarding the need for faster access to Children and Adolescents Mental Health Services and queried whether there was work needing to be undertaken to ensure that improvements were made in accessing the service. The Head of Transformational Change and Improvement noted that there was no update on improvement activity for the service, however in terms of the service's waiting times, they were considered in the minority. There had been two breaches within the previous week that would be reported on at the next Committee meeting. The Director of Public Health queried whether this should be an item referred to the Clinical and Care Governance Committee for addressing and members agreed.

The Chair asked for assurance that previous issues with the double counting of certain patient groups in relation to waiting times were not being replicated in other areas and the Head of Transformational Change and Improvement gave that assurance. She continued by discussing the Treatment Time Guarantee and noted that there was a challenge around ensuring that the Access Policy was being applied appropriately. More Treatment Time Guarantee pressures were expected over the festive period due to the pattern of visiting services and clinics scheduled. In light of this correspondence would be sent out to patients advising them of the length of time between appointments. M McEwen queried whether the correspondence would be copied to General Practitioners to help manage patient expectations of waiting times. The Head of Transformational Change and Improvement noted that it would be provided in a central location on the Blog and would be updated on a weekly basis.

The Chair noted that one key factor that impacted upon NHS Orkney was winter pressures, he then queried what effect walk-in patients visiting Orkney via cruise liner were having on services and the Head of Transformational Change and Improvement confirmed that there was an increasing impact on both NHS Orkney services as well as pharmacies such as Boots and Sutherlands, noted specifically that most cases presented at Accident and Emergency were not emergency cases and should be dealt with only once severe cases had first been dealt with.

The Chief Executive noted concern that the inclusion of the Dementia target on Appendix 1 was misleading as Dementia diagnoses were not undertaken in NHS Orkney. The Head of Transformational Change and Improvement clarified that the target was required to be included on the NHS Orkney LDP Standard Performance dashboard for audit purposes.

## **Decision/Conclusion**

The Committee noted the Performance Report and were assured of progress.

## **Financial Management and Control**

### **601 Savings Plan – FPC1819-32**

The Head of Finance presented the Savings Plan, updating the Committee on progress.

Members were advised that the information contained within the report was an update on the report submitted to the previous meeting, providing analysis of plans to achieve the savings target of 5.67% of which £1.05m was recurring.

The position by the end of month seven had realised a saving of £0.466m and the status of the plan to date was a gap of £0.691m recurring and £0.045m non-recurring.

Appendix 1 – Transformation and Cost Improvement Plan illustrated areas within which it had originally been anticipated that savings could be made. All potential savings areas had been risk assessed, which had been recorded in section four of the report highlighting areas of high risk.

Work was still ongoing with regards to realising savings with patient travel. Direct bookings were being taken forward saving a total of £45k, though there was still no possibility of realising discounts on escort journeys outwith Orkney. There was however a trail taking place for the use of video conferencing appointments and consultations for instances which were considered suitable which would assist further with savings.

It was anticipated that costs could be reduced by filling open vacancies, which would reduce the need for locum cover.

Reducing medicines expenditure was ongoing and was part of the Primary Care Improvement Plan. The appointment of Primary Care pharmacists and upgrading of software would aid cost reductions, however, the current post was vacant and being recruited to, resulting in the savings not being achieved until 2019/20.

The Out of Hours service was to remove a second on call member of staff and relocate their services to the Balfour hospital as part of Accident and Emergency. The logistics of the current Balfour site meant that the closer working relationship of Primary and Secondary care was not possible until both the move to the new facilities. A meeting had been arranged for December which would analyse the different working practices so this could be realised.

The Head of Finance informed members that there was ongoing dialogue with NHS Grampian in connection with Service Level Agreements but no further progress had been made. This had been escalated to the Chief Executive who had a meeting scheduled to discuss further.

The Chair noted that savings made where there were vacancies must be having an impact on service delivery and the Head of Finance noted that some had been out to advert in an attempt to fill them. The Head of Hospital and Support Services agreed

## 10.3.1

that there were effects on service delivery by having positions vacant however staff capacity in some wards was utilised to assist those areas containing vacancies. The Chief Executive noted that the issue had been raised at the Staff Governance Committee due to the detrimental impact on the remaining staff and services. M McEwen felt there was a need for the message to be stronger and more positive to staff to show that attempts were being made to recruit to those vacant positions.

The Chief Executive encouraged members to celebrate the achievement of £2m savings by NHS Orkney which was excellent for a smaller Health Board.

The Chair raised a query regarding the laboratory service model and whether a different way of working in the future might be considered. The Chief executive noted that there would be a process to follow, with the Head of Hospital and Support Services discussing the service purchased from NHS Shetland. There was a distinct need to ensure that removal of the service would not put pressure on the remaining staff, however there was also a need to ensure that NHS Orkney were receiving the services being purchased and getting value for money from that service.

The Chair raised a further query regarding the patient travel item within the report and questioned whether there had been any further progress made with Loganair. The Chief Executive explained that there had been no further response from Loganair, however there would be a meeting taking place during week commencing 3 December 2018.

Members discussed the need for a robust draft of the budget for 2019/20 to be presented at the January 2019 Finance and Performance Committee meeting.

### **Decision/Conclusion**

The Committee noted the savings report and the associated risks attached.

### **602 Financial Management Performance Report for period ended 30 September 2018 – FPC1819-33**

The Head of Finance delivered the Financial Management Performance report to the Committee.

NHS Orkney commenced 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.

At the end of October 2018, NHS Orkney was £897k overspent on the Core Revenue Resources Limit, with six cost centres contributing significantly towards the overall position. The Head of Finance drew members' attention to page four of the report, detailing the cost centres contributing to overspend, which were:

- Mental Health
- Patient Travel
- Surgery budget shortfall
- Acute Ward nurse staffing
- The Hospital medical team consultants – use of locums
- Radiography

## 10.3.1

The Head of Finance noted that there had been £200k movement in comparison to the previous month due to phased in anticipated unidentified savings within the Integration Joint Board.

Overspends within the service primarily related to supplementary staffing requirements to maintain 24 hour critical clinical systems, to maintaining reduced waiting times, and a significant increase in the costs of psychiatry cover. These issues were largely expected to recur in next financial year and would require further medium to long term financial modelling. The work presented to the Finance and Performance Committee at the time of the September meeting would help to inform the approach to financial planning and budget setting.

The Chief Finance Officer of the Integration Joint Board drew members' attention to the final paragraph on page seven of the report and noted that the IJB recovered plan would be successful, though also that the Integration Scheme would mean that should the IJB overspend, both partner organisations (Orkney Island Council and NHS Orkney) would be required to submit sufficient resources to cover the overspend, though there would be negotiation around the amount that each would be required to submit.

The Head of Hospital and Support Services commented that there needed to be context around the overspend within hospital services and explained that much was due to maternity leave and cover for that leave. A discussion also took place regarding on-call payments for consultants over the weekend period and the fact that they were paid even though they may not be called out. The Head of Hospital and Support Services advised members that there may be potential for changing the on-call period so that it would start on a Wednesday to enable their services were fully utilised and that value for the money being spent on on-call was realised.

### **Decisions/Conclusion**

The Committee noted the Financial Management Performance Report and were assured of progress.

### **603 Integration Joint Board Revenue and Expenditure Monitoring Report – FPC1819-34**

The Chief Finance Officer of the Integration Joint Board delivered the report to the Committee providing a summary of the current year revenue budget performance for the services within the remit of the IJB as at period 7 (end of October 2018).

The report provided information regarding key areas of expenditure, highlighting significant variances for information and action.

Members were invited to note the financial position of Orkney Health and Care as at 31 October 2018 of:

- A current underspend of £249k
- A forecast overspend of £751k based on current activity and spending patterns

The Chief Finance Officer advised members that the recovery plan to mitigate overspend were going to be unsuccessful in achieving a breakeven position. She noted that in conjunction with the Chief Officer of the Integration Joint Board, she

would be writing to both Chief Executives of the partnership organisations, OIC and NHS Orkney, to inform them of that fact.

The Chair raised a query regarding section 5.5.2 of the report, asking whether the budget was sufficient and correct. The Chief Finance Officer explained that there were variances in income relating to residential care due to the differing amount paid by residents of care homes depending on an assessment process. The IJB were required to comply with the Charging for Residential Accommodation guide with no scope to change the charging policy.

The Director of Public Health queried whether there were alternative models that would disengage the management and running of care homes from Orkney Island Council. The Chief Finance Officer responded that alternative options had been heavily scrutinised in previous years. Costs for the transferring of care home responsibility to another organisation such as a Trust, would involve the transfer of staff over to the new organisation via the Transfer of Undertakings (Protection of Employment) Regulations 2006 which would have serious cost implications.

The Director of Public Health raised a further query regarding the recovery plan, specifically the reduction in funding to support vulnerable children in children's residential care. She queried whether there removal of the service had had an impact upon the children and whether inequalities had increased as a result. The Chief Finance Officer confirmed that it had been a non-statutory service and that following the removal, an alternative service had been given as an alternative to those affected. Members discussed and agreed that there should be a change of language in the report to read 'staffing saving' rather than 'service saving'. The Director of Public Health also noted that a report should be delivered to the Clinical and Care Governance Committee for assurance that there were no unanticipated outcomes from the reductions of the service, with which the Chief Executive agreed.

## **Decision/Conclusion**

Members received the report and noted the financial position of Orkney Health and Care as at 31 October 2018.

## **Governance**

### **604 Business Continuity Management – Policy and Procedure – FPC1819-35**

The Committee received the updated Business Continuity Management Policy and Procedure for noting and endorsement.

The objectives of the policy were to:

- Ensure that a comprehensive and robust Business Continuity Management System (BCMS) is established, maintained and embedded in the organisation's culture
- Detail the roles and responsibilities, for business continuity, of NHS Orkney senior management and staff
- Establish the performance reporting and governance framework for Business Continuity Management in NHS Orkney
- Support the development of plans to ensure the continuity of core services at an acceptable standard following a disruption

- Detail the training and exercising requirement for business continuity

## **Decision/Conclusion**

Members received the updated Business Continuity Management Policy and Procedure and agree to endorse it.

### 605 **Resilience Group Chair's Report**

The Committee received the Resilience Group Chair's report for information.

### 606 **Resilience Group Minutes from 1 October 2018**

The Committee received the Resilience Group minutes for information.

### 607 **Agree risks to escalate to Audit Committee**

There were no items requiring escalation to the Audit Committee.

### 608 **Issues raised from Governance Committees/ Cross Committee Assurance**

No issues had been raised.

### 609 **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:

#### **Board:**

- Financial Position
- Savings Plan

#### **Clinical and Care Governance Committee:**

- Children's and Adolescent's Mental Health Services
- Dementia

### 610 **Any Other Competent Business**

#### Waiting Times Improvement Plan

The Committee were informed by the Chief Executive that the Scottish Government had published an improvement plan for waiting times, scheduled for implementation by the end of March 2020. The goal by the deadline would be for NHS Orkney to have a Treatment Time Guarantee of zero in patients upon the waiting list. There would be some funding available to assist meeting this target by the required date, however it was suggested that this funding would be allocated to those Health Boards with the most substantial waiting lists. Even with said funding, the achievement and continued attainment of the zero target would be challenging due to the nature of visiting services in Orkney. The Chief Executive and the Head of Transformational Change and Improvement would be working upon the improvement plan with further discussion planned for the next meeting of the Finance and Performance Committee in January 2019.

## **Items for information and noting only**

611 **Schedule of Meetings 2018/19**

Members noted the schedules of meetings.

612 **Schedule of Meetings 2019/20**

Members noted the schedules of meetings.

613 **Record of attendance**

Members noted the record of attendance.

614 **Committee Evaluation**

Members noted that the meeting had contained good, in-depth discussion. Members also agreed that it was valuable for the Head of Hospital and Support Services to be in attendance at the committee meetings to provide background and context around items relating to hospital services.

*The meeting closed at 11:43*

**Not Protectively Marked**

<b>NHS Orkney Board – 7 March 2019</b>	
<b>This report is for noting</b>	
<b>Audit Committee Chair's Report</b>	
<b>Lead Director Author</b>	Gerry O'Brien, Chief Executive Meghan McEwen, Audit Committee Chair
<b>Action Required</b>	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Audit Committee meeting on 4 December 2018 and it was agreed that the following items should be reported to the NHS Orkney Board: <ul style="list-style-type: none"> <li>• Children and Young People's Mental Health Services Report</li> <li>• Risk Management Strategy and Policy</li> </ul>
<b>Timing</b>	The Audit Committee highlights key issues to the Board on a quarterly basis following each meeting.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services</li> <li>• Optimise the health gain for the population through the best use of resources</li> <li>• Create an environment of service excellence and continuous improvement</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work of the Audit 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 supporting the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge
<b>Benefit to Patients</b>	Delivery of the best possible outcomes for the people of Orkney within available resources.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.

## Not Protectively Marked

### NHS Orkney Board

### Audit Committee Chair's Report

**Author** Meghan McEwen, 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 4 December 2018 and it was agreed that these should be reported to the NHS Orkney Board.

#### **Section 4 Issues Raised**

##### **1. Children and Young People's Mental Health Services Report**

The Committee had received the Audit Scotland report on the Children and Young People's Mental Health Services for information.

Members were in agreement that there was a substantial amount of good information contained within the report and were keen for this to be circulated to the Board.

##### **2. Risk Management Strategy and Policy**

The Committee had received the Risk Management Strategy and Policy.

Due to the lack of clarity who would be taking the Risk Management Process forward, the Audit Committee were not content to endorse the policy and strategy for approval by the Board.

This was subsequently presented to the December meeting of the NHS Board and approved.

## **Appendices**

- Approved Audit Committee Minutes from 4 September 2018

## Orkney NHS Board

Minute of meeting of the **Audit Committee of Orkney NHS Board** held in the **Saltire Room, Balfour Hospital, Kirkwall** on **Tuesday, 4 September 2018** at **11:30 am**

**Present:** Naomi Bremner, Chair  
Meghan McEwen, Vice Chair  
Fiona MacKeller, Employee Director  
Davie Campbell, Non Executive Board Member  
James Stockan, Non Executive Board Member

**In Attendance:** Derek Lonsdale, Head of Finance  
Colin Morrison, Audit Scotland  
Gerry O'Brien, Interim Chief Executive  
Hazel Robertson, Director of Finance  
Matthew Swann, Internal Auditor, Scott Moncrieff  
Gemma Pendlebury, Committee Support (minute taker)

395 **Apologies**

Apologies were noted from Gillian Woolman, David McArthur and Louise Wilson.

396 **Declarations of Interest**

No declarations of interest on agenda items were made.

397 **Minutes of previous meeting held on 25 June 2018**

The minute of the Audit Committee meeting held on 25 June 2018 was accepted as an accurate record of the meeting and was approved.

398 **Matters Arising**

There were no matters arising raised for discussion.

399 **Action Log**

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

**External Audit**

There were no items for discussion at this meeting.

**Internal Audit**

400 **Internal Audit Progress Report – AC1819-38**

The Internal Auditor presented the report to the Committee which provided a summary of internal audit activity during the year to date and confirmed the reviews planned for the coming quarter, identifying any changes to the original annual plan.

The Committee were advised that there had been a delay in finalising the Non Emergency Patient Transport report, as unfortunately the normal process had not been followed and the assignment plan had not been approved by the Audit Committee prior to the work being undertaken.

It was also advised that the Waiting Times report would be better suited to delivery within Quarter Four. The rationale behind this being that the 2017-18 audit had recently been completed and that there had been some turnover in Health Intelligence staff. Delaying the report by one quarter would allow the new team members to adapt to their new roles.

*James Stockan joined the meeting at 11:40.*

## **Decision / Conclusion**

The Audit Committee noted the report and received assurance on progress made.

### **401 Internal Audit Reports – Assignment Plans – AC1819-39**

The Internal Auditor presented the Assignment Plans to the Committee, summarising each of following proposed scopes in turn:

- Payroll
- Procurement
- Performance management
- Clinical Governance
- Budget management
- Partnership working – health and social care integration
- Waiting times
- Internal and external communications
- Non-emergency patient transport

Some amendments were discussed to the scopes in relation to their control objectives and timing. It was agreed that the amendments would be made to the Assignment Plan document and would then be circulated to members of the Committee for virtual approval.

## **Decision / Conclusion**

The Audit Committee noted the report agreeing the amendments to be made and Assignment Plans to be re-circulated.

## **Internal and External Audit Recommendations**

### **402 Internal and External Audit Recommendations Follow-up Report – AC1819-40**

The Head of Finance presented the internal and external recommendations report to the Committee for assurance. Since the last reporting period there were five recommendations brought forward, three of these have now been closed.

The updates had been shared with internal audit and evidence provided to agree the closed status. NHS Orkney currently had two recommendations outstanding, which were not yet due and were on target for completion as per the timescale.

## **Decision / Conclusion**

The Audit Committee noted the report and approved the three items for closing.

## **Information Governance**

### 403 **Information Governance Chair's Report**

The Director of Finance presented the Chair's Report for the Information Governance Group to the Committee, highlighting the following items:

- The Information Governance Group was noted as a long standing group, of which recent attendance had significantly improved compared to previous years
- The General Data Protection Regulations report shows completion of 20 out of 31 items by July 2018, with one item flagged as red and remaining in progress, which relates to subject access request procedures which is reported separately.
- 153 Freedom of Information requests have already been received for 2018-19. A significant number relating to complex Mental Health requests
- NHS Orkney would be in a strong position to achieve Cyber Security standards, however there was a need to implement stricter arrangements for the use of USB devices to ensure compliance
- NHS Orkney continued to receive and deal with a high level of lengthy, complex and over-lapping correspondence from one individual regarding Subject Access Requests (SARs) and Freedom of Information (FOI) requests. The individual had reported NHS Orkney to the ICO on a number of matters and feedback was awaited.
- As part of the final audit of Hospital Medical Records following the go-live with Digital Medical Records, 84 partial or complete records were unaccounted for. A detailed investigation was ongoing.
- A new SAR procedure had been implemented. The procedure had been ambitious and was unable to be fully implemented as yet due to the inability to encrypt data for sharing electronically. At the present time it was considered safer to continue with a paper-based system
- A new Data Protection Officer had been identified and steps were being taken to enable them to commence in the role
- The Health Board, along with Primary Care, were noted as joint Data Controllers. A draft action plan had been shared with GP Practices and would be presented to the GP Sub-Committee. This was a new requirement of the General Medical Services Contract.

The members of the Committee were keen to know the process for deciding if an SAR or FOI request was vexatious and were informed that such requests cannot be dealt with collectively, i.e. all of the requests submitted by one person. The process for classing a discrete FOI request as vexatious is set out clearly in guidance from the Information Commissioners Office, however there is no similar provision in relation to SARs. Central Legal Advice has been obtained in relation to SARs.

J Stockan noted that once an FOI costs a certain amount of effort there would be the possibility of undertaking a cost recovery exercise or simply refuse to respond. Cost calculations are made and cost exemptions used as appropriate.

The Employee Director noted the amount of stress and negative emotion that the repeat requests for information must be generating for the members of staff involved and it would be key to ensure the health and wellbeing of those members of staff. The Director of Finance confirmed that she was taking a central coordination role in relation to these communications so that this would reduce the impact on individual staff.

In connection with the records audit, the Employee Director queried if there was a risk that staff would be able to populate the partial or duplicate records on TRAKcare with data. The Director of Finance advised that the medical records team were fully involved in the investigation and would be alert to any changes in these records.

The Employee Director also noted the section in the Chair's Report detailing non compliance with NHS Orkney Records Management Policy and queried how significant that was. The Director of Finance confirmed that this related to the retention and destruction of paper records in the Selbro facility. Some departments were not complying with the policy which requires storage boxes to be labelled up clearly detailing the date of destruction and the list of contents being stored. Some departments had very good practice. This was noted as both a logistical problem with the records taking up excess space, and non compliance with the policy. The Committee agreed that the non compliance with the NHS Orkney Records Management Policy should be raised with the APF.

## **Decision / Conclusion**

The Committee noted the Chair's Report and were assured of the progress.

### **404 Minutes of the Information Governance Group**

The Committee received the minutes of the Information Governance Group meetings which took place on, 3 May, 5 July and 2 August 2018.

### **405 Cyber Security – Network and Information Systems (NIS) Directive – AC1819-41**

The Director of Finance delivered the report to the Committee, drawing attention to the fact that the report combined two different aspects of cyber security. The report was to give assurance that NHS Orkney were taking the actions required to ensure cyber security.

As an operator of essential services, NHS Orkney were required by the Scottish Government to achieve the Cyber Security Essentials Plus accreditation. The pre-assessment which took place in March 2018 shows that the Health Board was in a strong position to achieve the basic accreditation, however without migration of all members of staff to Office365 and Windows10 operating systems, Cyber Essentials Plus accreditation would be problematic. The Committee were reassured that the issue was an NHS Scotland problem, and that with

demonstration of a robust plan in place for future migration to the required operating systems, it was understood that this would be sufficient to achieve the Plus accreditation.

Members were also advised of a number of pieces of work being undertaken over the coming months, such as:

- Implementing a new system to support remote management of desktop devices including automated systems for rolling out patches
- Implementing a new helpdesk based in the Cloud
- Management and restriction of the use of USB drives
- Network and Information Systems Directive – had implemented a new reporting system in line with General Data Protection Regulations (GDPR)

The Employee Director highlights that cyber security had been discussed at APF, and as a result staff had highlighted the need for USB devices in the work environment. NHS Orkney will be implementing a management system for the safer and more effective management of such devices. If there is a delay in this system being available, encrypted USB devices could be issued by the Information Technology department, however members were advised that they were not managed and centrally controlled devices.

## **Decision / Conclusion**

The Committee noted and received assurance of progress.

### **406 EU Security of Network and Information Systems (NIS) Directive**

Members of the Committee received the accompanying documentation for information.

### **407 Freedom of Information Annual Report – AC1819-42**

The Director of Finance presented the FOI annual report to the Committee and highlighted the high level of requests being received by NHS Orkney as the smallest territorial Health Board.

A total of 596 requests were received by NHS Orkney during 2017-18, an increase of 14 (2.4%) in comparison to 2016-17.

Key topics of interest include:

- Agency/locum spend
- Consultant contracts
- Alcohol/drug related admissions
- Waiting times
- Mental Health Services
- GP services

FOI requests continue to be very complex and cover a wide range of subjects.

38% of the total requests were received from Individuals/Private Persons.

Unlike other Health Boards, NHS Orkney have not received an FOI request from a member of staff.

582 requests were responded to during 2017-18. Of these, 551 requests (94.7%) were responded to within the required 20 working days. Delays occur when a department is unable to assist with a request, but do not communicate this with the FOI Officers.

38% of requests were received from individuals. This was noted as an increasing trend along with the fact that multiple questions were often asked in each FOI request.

J Stockan noted that some FOI requests are generic and circulated to all Health Boards, as such could those requests be separately reported. Members were informed that often NHS National Services Scotland responded to such queries on behalf of all Scotland Health Boards.

M McEwen queried whether there was learning to be gained in connection with individuals potentially not receiving information relevant to their FOI requests. It was noted that we publish already answered requests to prevent the need to answer multiple requests for the same information. However more proactive publication of information should always be pursued, for example an up to date and complete contracts register would reduce the need to collate information for individual requests.

It was also noted that individuals were requesting more sophisticated information and organisation-wide record keeping was not always at a standard to help with these requests for information. There was an impact on clinical staff, due to such requests requiring them to take time out of their schedules to complete them, along with queries being sent to the wrong departments which impacted on compliance with legal deadlines.

## **Decision / Conclusion**

The Committee noted the annual report and was assured of progress.

## **Service Audit Assurance Reports**

408 There were no items for discussion at the time of this meeting.

## **Fraud**

409 There were no items for discussion at the time of this meeting.

## **Risk**

410 **Risk Strategy / Policy – AC1819-43**

The Director of Finance delivered the draft strategy / policy report to the Committee, noting that the report was an interim paper to provide an update on progress with updating risk management strategy. The Risk Management Strategy and Policy had been combined into one document; however this was not

yet at the stage for consideration at Governance Committee level, with ongoing consultation within NHS Orkney. Updates would be provided to both the Area Clinical Forum (ACF) and the APF at their next meetings.

## **Decision / Conclusion**

The Committee noted the update and were assured of the progress being made.

### **411 Risk Register Report – AC1819-44**

The Director of Finance delivered the Risk Register Report to the Committee.

In the last three months there had been a comprehensive review of the corporate risk register and many of the high operational risks. This had resulted in a large number of risks being made inactive and closed. There were 28 risks remaining active across the Corporate and Operational risk registers (reduced from 49 at the last report). No new risks had been added since the last report.

Members felt that this had been a beneficial exercise, as well as illustrating that the organisation was good at managing risk and that there had been an increased adoption of risk management processes organisation wide.

## **Decision / Conclusion**

The Committee noted the report and were assured of progress.

### **412 Risks escalated from Governance Committees:**

#### Clinical and Care Governance Committee Chair's Report

The Chair's Report from the Clinical and Care Governance Committee had been received as the Committee had agreed to raise the following issues at the Audit Committee:

- Brexit risk planning
- Complaints handling and cross-organisation information sharing

The Audit Committee noted that concern regarding Brexit and forward planning was being dealt with as NHS Orkney on the Corporate risk register.

The Employee Director noted that there was a need to be aware of any Service Level Agreements (SLA) with other Health Boards which may be impacted by Brexit, thus impacting on NHS Orkney.

It was noted that the Director of Finance would liaise with the Chair of the Clinical and Care Governance Committee in connection with the cross-organisation information sharing item as all members of staff of NHS Orkney and Orkney Island Council share a duty to provide, as well as withhold, information to enable the best provision of services possible for individuals and patients.

## **Decision / Conclusion**

The Committee noted the Chair's report from the Clinical and Care Governance Committee.

## **Governance**

### **413 Laboratory Services Contract – Assurance Report – AC1819-45**

The Head of Finance delivered the Laboratory Services Contract assurance report covering the Procurement, Financial and Legal process. Legal sign off remained outstanding.

The delays around gaining legal assurance had been due to conflicting information within the document and the lack of assurance as to whether the document was an official Central Legal Office (CLO) document. The queried information had been sent to CLO for confirmation, once that had been received the contract would be signed off.

Members were advised that the main issue had been that NHS Orkney had not been sighted on the procurement exercise until the tender documents had been received. The Chief Executive advised that NHS Orkney should have given formal approval to proceed to tender prior to the tender process beginning.

Members noted the lessons learned in the assurance report and agreed that the report captured these adequately, with no requirement for further review or audit.

## **Decision / Conclusion**

The Committee noted the report and were assured that the required learning had been gained.

### **414 Agreed items to be brought to the attention of Board or other Governance Committees**

Agreed items to be brought to the attention of the Board:

- 596 Freedom of Information requests in 2017/18 is very high compared to our size. This is having a very significant impact on the FOI teams, and those individuals and departments who are supplying information. NHS Orkney's positive performance is 94.7% completion within the statutory deadline,
- Labs assurance to be reported in committee.

## **Any Other Competent Business**

### **415 Audit Committee Handbook**

The report advised of changes within the Audit Committee Handbook. In addition, for the benefit of new members recently appointed to the Audit Committee, there would be a separate briefing session at a future meeting, to ensure members were fully cited on the handbook.

## **Items for Information and Noting only**

416 **CNORIS – Annual Report 2017-18 – AC1819-46**

Members received the CNORIS annual report for information.

417 **Audit Scotland Reports**

NHS Orkney Annual Audit Report 2017-18

The Committee noted the annual report.

Technical Bulletin

The committee noted the technical bulletin

418 **Counter Fraud Services**

419 Counter Fraud Services Intelligence Alerts

The Committee noted the intelligence alerts

420 **Schedule of Meetings 2018/19**

Members noted the schedule of meetings for 2018/19

421 **Record of Attendance**

Members noted the record of attendance.

422 **Committee Evaluation**

Members agreed it had been a good meeting with helpful discussion and the meeting had benefitted from having a focused agenda.

The Chief Executive formally thanked N Bremner for her time as Chair of the Audit Committee.

Meeting closed at 14:09

**Not Protectively Marked**

**NHS Orkney Board – 7 March 2019**

**This report is for noting**

**Key Legislation**

<b>Lead Director Author</b>	Gerry O'Brien, Chief Executive Emma West, Corporate Services Manager
<b>Action Required</b>	The Board is asked to: 1. <u>Note</u> the list of key documentation issued as attached at Appendix 1
<b>Key Points</b>	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.
<b>Timing</b>	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

Topic	Summary
<p><b>Procurement legislation in Scotland in the event of a 'no-deal' Brexit SPPN 1/2019</b></p> <p><a href="https://www.gov.scot/publications/procurement-legislation-in-scotland-in-the-event-of-a-no-deal-brex-it-sppn-1-2019">https://www.gov.scot/publications/procurement-legislation-in-scotland-in-the-event-of-a-no-deal-brex-it-sppn-1-2019</a></p>	<p>This note advises that the Scottish Government has proposed changes to public procurement legislation in case the UK exits the European Union without an agreement (a 'no deal' Brexit).</p>
<p><b>Electronic Invoicing (Public Contracts etc.) Amendment (Scotland) Regulations 2019 (SSI 2019/7)</b></p> <p><a href="https://www.legislation.gov.uk/ssi/2019/7/contents/made">https://www.legislation.gov.uk/ssi/2019/7/contents/made</a></p>	<p>These Regulations implement Directive 2014 on electronic invoicing in public procurement.</p>
<p><b>Heritage: sustainable procurement guidance</b></p> <p><a href="https://www.gov.scot/publications/heritage-sustainable-procurement-guidance">https://www.gov.scot/publications/heritage-sustainable-procurement-guidance</a></p>	<p>A Scottish Government publication provides guidance for public bodies on the purchase of products or services that have potential negative impacts on heritage, or there are opportunities to enhance heritage</p>
<p><b>Informed Consent in Healthcare Settings</b></p> <p><a href="https://digitalpublications.parliament.scot/ResearchBriefings/R">https://digitalpublications.parliament.scot/ResearchBriefings/R</a></p>	<p>A Scottish Parliament briefing explores the law of informed consent, which requires permission for the clinician to treat or examine the patient, and uses the Supreme Court decision of</p>

Topic	Summary
<a href="https://www.scottish.parliament.uk/Portals/0/Reports/2019/1/10/Informed-Consent-in-Healthcare-Settings">eport/2019/1/10/Informed-Consent-in-Healthcare-Settings</a>	<p>Montgomery v Lanarkshire Health Board, which enhanced protection of patient rights to include information about the risks involved in proposed treatment, and information on alternative treatments, to provide context in light of the Scottish Government's commitment to review the consent process, mental capacity and mental health legislation.</p>
<p><b>Stage 1 Report on the Human Tissue (Authorisation) (Scotland) Bill</b></p> <p><a href="https://digitalpublications.parliament.scot/Committees/Report/HS/2019/2/1/Stage-1-Report-on-the-Human-Tissue--Authorisation---Scotland--Bill">https://digitalpublications.parliament.scot/Committees/Report/HS/2019/2/1/Stage-1-Report-on-the-Human-Tissue--Authorisation---Scotland--Bill</a></p> <p><a href="https://sp-bpr-en-prod-cdnep.azureedge.net/published/HS/2019/2/1/Stage-1-Report-on-the-Human-Tissue--Authorisation---Scotland--Bill/HSS052019R2.pdf">https://sp-bpr-en-prod-cdnep.azureedge.net/published/HS/2019/2/1/Stage-1-Report-on-the-Human-Tissue--Authorisation---Scotland--Bill/HSS052019R2.pdf</a></p>	<p>A Health and Sport Committee stage 1 report on the Human Tissue (Authorisation) (Scotland) Bill 2018 supports the Bill which would see Scotland move to an organ donation system with consent to donate presumed unless a person opts out. The Committee states a continued awareness raising campaign is required so that people are familiar and comfortable with this change, and also recommends the Scottish Government look closely at the current infrastructure in hospitals around organ transplantation as well as the checks undertaken before a transplant can proceed.</p>
<p><b>Burial and Cremation (Pregnancy Loss Prescribed Information and Forms) (Scotland) Regulations 2018 (SSI 2018/384)</b></p>	<p>These Regulations make provision regarding arrangements for burial or cremation following pregnancy loss under Pt 3 (arrangements) of the Burial and Cremation (Scotland) Act 2016.</p>

## Circulars

Reference:	Date of Issue:	Subject:
<b>CMO(2018)16</b> <a href="https://www.sehd.scot.nhs.uk/cmo/CMO(2018)16.pdf">https://www.sehd.scot.nhs.uk/cmo/CMO(2018)16.pdf</a>	21.11.18	Supplementary information on cannabis based products for medicinal use
<b>CMO(2018)17</b> <a href="https://www.sehd.scot.nhs.uk/cmo/CMO(2018)17.pdf">https://www.sehd.scot.nhs.uk/cmo/CMO(2018)17.pdf</a>	22.11.18	Fraudulent Medical Registration: Ms Zholia Alemi
<b>PCA(P)(2018)18</b> <a href="https://www.sehd.scot.nhs.uk/pca/PCA2018(P)18.pdf">https://www.sehd.scot.nhs.uk/pca/PCA2018(P)18.pdf</a>	29.11.19	Pharmaceutical Services: Gluten Free Food Items
<b>PCA(P)(2018)20</b> <a href="https://www.sehd.scot.nhs.uk/pca/PCA2018(P)20.pdf">https://www.sehd.scot.nhs.uk/pca/PCA2018(P)20.pdf</a>	04.12.18	Update to protocol on dispensing of adrenaline auto-injectors, 150microgram
<b>PCA(P)(2018)19</b> <a href="https://www.sehd.scot.nhs.uk/pca/PCA2018(P)19.pdf">https://www.sehd.scot.nhs.uk/pca/PCA2018(P)19.pdf</a>	04.12.19	Pharmaceutical services drug tariff part 7 dispensing pool payment
<b>PCS(SDIA)2018/1</b> <a href="https://www.sehd.scot.nhs.uk/pcs/PCS2018(SDIA)01.pdf">https://www.sehd.scot.nhs.uk/pcs/PCS2018(SDIA)01.pdf</a>	05.12.18	Scottish Distant Islands Allowance
<b>PCS(ESM)2018/01</b> <a href="https://www.sehd.scot.nhs.uk/pcs/PCS2018(ESM)01.pdf">https://www.sehd.scot.nhs.uk/pcs/PCS2018(ESM)01.pdf</a>	14.12.18	Pay and conditions of service executive and senior management pay 2018-19

# 13.1

Reference:	Date of Issue:	Subject:
<b>CMO(2018)18</b> <a href="https://www.sehd.scot.nhs.uk/cmo/CMO(2018)18.pdf">https://www.sehd.scot.nhs.uk/cmo/CMO(2018)18.pdf</a>	21.12.18	Core mandatory update training for midwives and obstetricians
<b>PCA(P)(2019)01</b> <a href="https://www.sehd.scot.nhs.uk/pca/PCA2019(P)01.pdf">https://www.sehd.scot.nhs.uk/pca/PCA2019(P)01.pdf</a>	10.01.19	Community Pharmacist Practitioner Champions: Community Pharmacy Workforce Survey 2019
<b>CMO(2019)01</b> <a href="https://www.sehd.scot.nhs.uk/cmo/CMO(2019)01.pdf">https://www.sehd.scot.nhs.uk/cmo/CMO(2019)01.pdf</a>	14.01.19	Seasonal Influenza: Use of Antivirals 2018-19
<b>PCA(D)(2019)01</b> <a href="https://www.sehd.scot.nhs.uk/pca/PCA2019(D)01.pdf">https://www.sehd.scot.nhs.uk/pca/PCA2019(D)01.pdf</a>	17.01.19	AEDs (defibrillators) in independent dental practices: revised arrangements for the first responder element
<b>DL(2019)01</b> <a href="https://www.sehd.scot.nhs.uk/dl/DL(2019)01.pdf">https://www.sehd.scot.nhs.uk/dl/DL(2019)01.pdf</a>	18.01.19	NHS Scotland Consultants – Distinction Awards and Discretionary Points Scheme
<b>PCA(P)(2019)02</b> <a href="https://www.sehd.scot.nhs.uk/pca/PCA2019(P)02.pdf">https://www.sehd.scot.nhs.uk/pca/PCA2019(P)02.pdf</a>	23.01.19	Community Pharmacy Training – Improving the Quality of Over the Counter (OTC) Consultants for Simple Analgesics
<b>PCA(D)(2019)02</b> <a href="https://www.sehd.scot.nhs.uk/pca/PCA2019(D)02.pdf">https://www.sehd.scot.nhs.uk/pca/PCA2019(D)02.pdf</a>	25.01.19	Amendment to 140 to the statement of dental remuneration: recruitment and retention allowances; general dental practice allowances / reimbursement of practice expenses.

# 13.1

Reference:	Date of Issue:	Subject:
<b>PCA(P)(2019)03</b> <a href="https://www.sehd.scot.nhs.uk/pca/PCA2019(P)03.pdf">https://www.sehd.scot.nhs.uk/pca/PCA2019(P)03.pdf</a>	25.01.19	Pharmaceutical Service: amendments to the drug tariff part 7 and 11 discount clawback scales
<b>DL(2019)02</b> <a href="https://www.sehd.scot.nhs.uk/dl/DL(2019)02.pdf">https://www.sehd.scot.nhs.uk/dl/DL(2019)02.pdf</a>	01.02.19	NHS Scotland Health Boards and Special Health Boards – Blueprint for Good Governance

Official

<p><b>NHS Orkney Board – 7 March 2019</b></p> <p><b>Report Number: OHB1819-53</b></p> <p><b>This report is for noting.</b></p> <p><b>New Hospital and Healthcare Facility - Authority Observer Report</b></p>	
<p><b>Lead Director Author</b></p>	<p>Gerry O' Brien, Interim Chief Executive Ann McCarlie , Project Director</p>
<p><b>Action Required</b></p>	<p>The Board is asked to note the contents of the Authority Observer Report.</p>
<p><b>Key Points</b></p>	<p>This Authority Observer's report is as at week 93 of the 100 week construction programme and covers the construction period from 1st November 2018 to 31<sup>st</sup> January 2019. Construction is reported as 2 weeks ahead of programme. A slip of 3 weeks from the previous period. The cumulative total pre-payment to the end of January stands at 94.7% of the maximum cumulative payment schedule. No unresolved issues in respect of quality have been escalated to the Project Team in the reporting period although comment was made on the number of outstanding issues on the Clerk of Works Log.</p> <p>The Material Variations Planning application lodged on 19<sup>th</sup> October was considered by the Planning Committee on 12<sup>th</sup> December and approved.</p> <p>Robertson Capital Group formally issued the contractual Notification of Completion Date letter, stating that the projected completion date (and Handover Date) for the New Hospital and Healthcare Facility is 22<sup>nd</sup> April 2019, in line with Clause 17.5 of the Project Agreement.</p>
<p><b>Timing</b></p>	<p>The Authority Observer provides a report to each meeting of the Board throughout the new hospital and healthcare facility construction period.</p>
<p><b>Link to Corporate Objectives</b></p>	<p>The Corporate Objectives this paper relates to are:-</p> <ul style="list-style-type: none"> <li>• Improve the Health and Wellbeing of the people of Orkney and reduce health inequities</li> <li>• Pioneer ways of working to meet local health needs and reduce inequality</li> <li>• Improve the delivery of safe, effective and person centred care and our services</li> </ul>

<b>Contribution to the 2020 vision for Health and Social Care</b>	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.
<b>Benefit to Patients</b>	<ul style="list-style-type: none"> <li>• A better experience for our patients when using our services</li> <li>• Safe, effective and person centred services that are efficient, sustainable and affordable going forward.</li> </ul>
<b>Equality and Diversity</b>	A copy of the full EQIA Impact Assessment for the NHS Orkney New Hospital and Healthcare Facilities Outline Business Case is attached.

**Not Protectively Marked**

**NHS Orkney Board – 7 March 2019**

**New Hospital and Healthcare Facility - Authority Observer Report**

**Ann McCarlie, Project Director**

---

**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**

This Authority Observer's report is based on reports received to week 93 of the 100 week construction programme and covers the period from 1st November 2018 to 31<sup>st</sup> January 2019 at which point the construction was reported as 2 weeks ahead of programme, a three week slippage from previous reporting.

The cumulative total pre-payment to the end of December stands at 93.6% of the maximum cumulative payment schedule. No unresolved issues in respect of quality have been escalated to the Project Team in the reporting period by the Clerk of Works, although comment was made on the number of outstanding issues on the Clerk of Works Log. This is being addressed by Robertson. The Clerk of Works continues to report on items as they arise and monitors their progress to resolution.

The Material Variations Planning application lodged on 19<sup>th</sup> October was considered by the Planning Committee on 12<sup>th</sup> December and approved.

The advanced draft of the Commissioning and Migration Plan for the migration of services to the new building was considered by TIPB and subject to a small number of additions was approved at its meeting on 28<sup>th</sup> November.

Robertson Capital Group formally issued the contractual Notification of Completion Date letter, stating that the projected completion date (and Handover Date) for the New Hospital and Healthcare Facility is 22<sup>nd</sup> April 2019, in line with Clause 17.5 of the Project Agreement.

---

### **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 24<sup>th</sup> 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.

The Authority Observer provides a regular progress report on the project, informed by her observations as a member of 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.

At a Special Board Meeting held on 19<sup>th</sup> July the NHS Orkney Board considered the commercial, contractual and operational implications of the offer by Robertson of an Early Handover Date and agreed to accept the offer. However following detailed discussion, both NHS Orkney and Robertson assessed that the original contract date as the most appropriate. Subsequently Robertson Capital Group formally issued the contractual Notification of Completion Date letter, stating that the projected completion date (and Handover Date) for the New Hospital and Healthcare Facility is 22<sup>nd</sup> April 2019, in line with Clause 17.5 of the Project Agreement.

### **Section 5            Discussion**

#### **Programme**

The 100 week construction programme started on site on 24<sup>th</sup> April 2017. This Authority Observer's report is as at week 93 of the construction programme and covers the period from 1st November 2018 to 31<sup>st</sup> January 2019..

Works on site are reported as 2 weeks ahead of programme. The programme has slipped by three weeks in the period. Robertson has reported that getting personnel to site to commence commissioning activities immediately post the New Year period, due to weather related issues, has contributed to this slippage.

Progress against programme is verified by reports from the Independent Tester and the Authority Technical Advisor and further supported by the Clerk of Works. In summary the IT concurs with Robertson's report on progress.

In line with Clause 17.5 of the Project Agreement, Robertson Capital Group formally issued the contractual Notification of Completion Date letter, stating that the projected completion date (and Handover Date) for the New Hospital and Healthcare Facility is 22<sup>nd</sup>

---

April 2019.

The average number of personnel on site per day (excluding visitors) was 171 for the period.

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 42 yellow cards for minor safety issues, principally in respect of PPE (Personal Protection Equipment) and 8 Green Cards for good on site health and safety practice.

Total construction hours lost since start on site as a result of health and safety issues is reported as 65.

The external hard landscaping is nearing completion within the main car park and at the main entrance, with works to the external courtyard now complete. Works continue to progress to the internal courtyard. The boundary to the site is being planted with trees and shrubs.

Mechanical and Electrical (M&E) final installation is underway across departments in advance of validation dates. Installation of M&E Services to Level 2 and Roof Top Plantroom areas will be complete in the next period.

Draeger lights and pendants have been installed in theatres and HDU, heating is available to majority of internal areas.

Ceiling installation to the Hub Space is substantially complete with floor tiling in progress.

Commissioning activities are continuing with the Heating System, Electrical Dead and Live Testing. Lights, Fire Alarms, Medical Gases, Nurse call all in progress.

Robertson report that overall, they are currently 2 weeks behind the main commissioning activities, due to weather related delays, but actions are being taken to ensure that the critical path to the completion date is being maintained.

## **Planning**

The Material Variations Planning application lodged on 19<sup>th</sup> October was considered by the Planning Committee on 12<sup>th</sup> December and approved.

Robertson has lodged a Section 42 application to discharge the Planning Condition in respect of the Crantit Bridge on the grounds that ownership of the required land, which falls outside the Boards title, cannot be established.

---

## 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. No unresolved issues in respect of quality have been escalated to the Project Team in the reporting period by the Clerk of Works, although comment was made on the number of outstanding issues on the Clerk of Works Log. This is being addressed by Robertson. The Clerk of Works continues to report on items as they arise and monitors their progress to resolution.

The Independent Tester has verified that 100% of the credits targeted to achieve the Building Establishment Assessment Method (BREEAM) Excellent rating has been achieved. This achieves the Excellent rating targeted by the Board, as verified by the Independent Tester.

## Payment Schedule

The cumulative total pre-payment certified by the Authority Technical Advisor to end of January 2019 is £60,681,062 which represents 94.7% of the maximum cumulative payment schedule.

## Community Benefits

All contractual Community Benefit Key Performance Indicators have been achieved or exceeded.

## Construction, Commissioning and Move Group

The advanced draft of the Commissioning and Migration Plan for the migration of services to the new building was considered by TIPB and subject to a small number of additions was approved at its meeting on 28<sup>th</sup> November.

Clinical and operational teams relocating to new build are now holding monthly workshops to finalise migration planning and scrutinise progress of a five month action plan to ensure operational preparedness for service delivery in their new locations.

A new contractor was engaged to complete the laying of the NHS Orkney private fibre cable from the existing hospital site to the new site. This connection has been successfully completed and tested. A fibre link has also been laid between the new site and the Library to complete the connection for NHS staff working within OIC premises. This is currently being tested.

All orders for Group 3 equipment (freestanding equipment, furniture and storage purchased by the Board) have now been placed and delivery dates confirmed.

---

## Information and Communications Technology (ICT)

The ICT resource plan for the commissioning, migration and operational period of the new build is being implemented. The ICT Migration Resourcing Update Paper which outlined the plan to tier staff (IT and Non-IT) in order to support the migration to the new facility has been approved.

The Local Area Network and Wi-Fi procurements are complete with start dates on site agreed. The Audio Visual (TV, pt entertainment, etc.) order has been placed, for delivery May 2019. The ICT site Beneficial Access period commenced on 7th January and systems installation is underway on site.

### Arts Strategy

All three art commissions have now been successfully tendered. Contractual arrangements are currently being finalised. Planning is underway to arrange publicity in respect of the appointments to include a “Meet the Artist Event” for all three commissions.

## 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 10 occasions, 30<sup>th</sup> May, 20<sup>th</sup> July, 18<sup>th</sup> September, 29<sup>th</sup> November 2017 and 25<sup>th</sup> January, 22<sup>nd</sup> March, 24<sup>th</sup> May 2018, 19<sup>th</sup> July 2018, 17<sup>th</sup> October 2018, 28<sup>th</sup> November 2018 and 24<sup>th</sup> January 2019 .

The SPV Board has met on 6 occasions, 22<sup>nd</sup> May, 14<sup>th</sup> August and 20<sup>th</sup> November 2017, 19<sup>th</sup> February, 21<sup>st</sup> May, 20<sup>th</sup> August, 19<sup>th</sup> November 2018 and 14<sup>th</sup> February 2019.



## Orkney Partnership Board

**DRAFT** Minute of the meeting of the Orkney Partnership Board  
held at 10:00 on 18 December 2018 in the Council Chamber, Kirkwall

Present:	James Stockan Ian Kinniburgh Gail Anderson Alistair Buchan Erica Clarkson David Drever Alan Dundas Graeme Harrison Leslie Manson Gillian Morrison Graham Neville Craig Spence Louise Wilson	Orkney Islands Council ( <i>Chair</i> ) NHS Orkney ( <i>Vice Chair</i> ) Voluntary Action Orkney Orkney Islands Council Scottish Government Integration Joint Board SEPA Highlands and Islands Enterprise Orkney Islands Council Orkney Islands Council Scottish Natural Heritage ( <i>for items 1 – 17</i> ) Orkney Housing Association Limited NHS Orkney
By invitation	Scott Hunter	OHAC ( <i>for item 16</i> )
In attendance:	Marie Love	Orkney Islands Council ( <i>Secretary for this meeting</i> )

Item	Topic	Lead	Purpose
<b>1</b>	<b>Apologies</b>		
	Cheryl Chapman	VisitScotland	
	John McKenna	Scottish Fire and Rescue Service	
	Gerry O'Brien	NHS Orkney	
	Garry Reid	Scottish Sports Council	
	Bill Ross	Orkney College	
	Sally Shaw	Integration Joint Board and Orkney Community Justice Partnership	
	Graham Sinclair	HITRANS	
	Matt Webb	Police Scotland	
	Anna Whelan	Orkney Islands Council ( <i>Secretary</i> )	
Item	Topic	Lead	Purpose
<b>2</b>	<b>Draft minutes of the last meeting of the Board on 14 September 2018</b>	<b>Chair</b>	<b>To amend as necessary and agree the minutes</b>
2.1	The minutes were agreed.		

Item	Topic	Lead	Purpose
<b>3</b>	<b>Matters arising</b>	Chair	
3.1	<u>Item 4.1.3 (Executive Group Report – Loganair discussion)</u>		
	<p>The Board had agreed with the Executive Group’s recommendation that Jonathan Hinkles of Loganair be invited to speak to the Board re. the Orkney Pledge, but that this be arranged around a time when he was in Orkney for another meeting rather than as part of a Board meeting. The Board had reiterated the importance of maintaining a dialogue with Loganair. Marie Love advised that she had not received a response from Jonathan but would pursue this further.</p>		<b><u>Action: ML</u></b>
3.2	<u>Item 5.1 Locality Plan Actions (Digital Connectivity and Getting Around the Islands – Road Equivalent Tariff)</u>		
	<p>Craig Spence had previously raised the issue of Road Equivalent Tariff. James Stockan was pursuing this with Michael Matheson, the new Scottish Minister for Transport, Infrastructure and Connectivity. Although there had been no movement to date, he would continue his efforts given the double disadvantage inequality faced by people in the non-linked isles. Alan Johnston had had an action to raise the issues of Road Equivalent Tariff and Digital Connectivity with Michael Matheson to ensure that a meeting took place between the Minister and Chair of the Partnership. This had not yet been done, although Alan had advised he was following it up. Erica Clarkson agreed she would raise this with Michael Matheson.</p>		<b><u>Action: EC</u></b>
<b>4</b>	<b>Executive Group report</b>		To report progress
4.1	<u>Update from the Group</u>	Alistair Buchan	
4.1.1	<p>Alistair Buchan reported that the Executive Group had met on 4 December 2018. They had carried out a number of pieces of work, all of which were on the Board agenda.</p>		
4.2	<u>Development Plan update</u>	Marie Love	
4.2.1	<p>Marie Love presented a progress report on the Development Plan.</p> <ul style="list-style-type: none"> <li>• Re. action C1 (Community engagement) noted that officers in Development and Marine Planning intended to hold a Place Standard consultation exercise during 2019 in relation to Orkney Development Plan. They had offered to do this jointly with the Orkney Partnership. Agreed to participate in the exercise, entitled ‘Orkney Matters’, which would be a useful source of data.</li> <li>• Re. action D1 (Develop a partnership approach to property asset management for existing and future property projects) noted that, although this was still red (overdue), it had now been agreed by the various legal teams and had been circulated to partners for submission to their own boards where necessary. The finalised version was on the agenda and, all being well, it would be marked as blue (complete) at the next meeting.</li> </ul>		

<b>Item</b>	<b>Topic</b>	<b>Lead</b>	<b>Purpose</b>
	<ul style="list-style-type: none"> <li>Re. action E1 (Exploration of options for a Single Authority Model) this had been added to reflect that this piece of work was now a workstream of the Partnership.</li> </ul>		
<b>5</b>	<b>Locality Plan Actions</b>	Chair	To review progress
5.1	<p>Marie Love presented a progress report on the Locality Plan Actions.</p> <ul style="list-style-type: none"> <li>Re. Actions 1 – 3 (Digital Connectivity) agreed the timescales for delivery be amended. While work had started, it could not be taken further at this stage until information around the Digital Scotland Reaching 100% programme was available in early 2019.</li> <li>Re. Action 5 (Work and local economies) noted assistance had been provided to two community councils to submit applications to the Aspiring Communities Fund to progress the rollout of the Empowering Communities project. Assistance had also been provided to another community council to apply to the Community Choices Fund with the same aim. Members were disappointed to note that the applications had not been successful. Noted that officers within OIC had challenged the position in respect of the reason for refusal re. the Aspiring Communities Fund applications.</li> <li>Re. Action 14 (Influence and engagement) Erica Clarkson advised that a template and guidance would be developed in respect of ‘island proofing’.</li> <li>Re. Action 15 (Influence and engagement) noted that a bid to the Community Choices Fund for a Your Island Your Choice 2 had been successful and work had commenced with the Strong Communities Delivery Group delivering this on behalf of the Partnership.</li> </ul>		
<b>6</b>	<b>Living Well Delivery Group (LWDG)</b>	Louise Wilson	To report progress
6.1	<p>Louise Wilson presented the LWDG’s Delivery Plan. She had been appointed as Vice Chair. She advised that work had taken place to go through the activities of the previous Positive Ageing Delivery Group and Healthy and Sustainable Communities Delivery Group. The Chair had wanted to ensure that nothing important was lost when the new LWDG developed and agreed its activities. Noted that all the actions were linked to the public health priorities. Louise suggested that some of the other delivery groups may also want to look at these. There will be a need for some logic modelling going forward. John Richards had been appointed as the elected member representative. The group held regular meetings and dates had now been fixed through until Spring 2020.</p>		
<b>7</b>	<b>Strong Communities Delivery Group (SCDG)</b>	Gail Anderson	To report progress
7.1	<p>Gail Anderson advised that Francesca Couperwhite, HIE’s Head of Strengthening Communities, had been appointed as Vice Chair. She reported that good progress was being made. An award from the Aspiring Communities Fund had been made in respect of the Community Led Wellbeing Service, a</p>		

Item	Topic	Lead	Purpose
	<p>joint project with Development Trusts, HIE, RGU and OHAC. The funding would allow the appointment of a project manager and evaluator. The SCDG was developing resources to explain the realities of living in an island, with Sanday Development Trust taking the lead. There had been considerable discussion re. the complexities around the proposal to provide occasional accommodation in Kirkwall for young people from the isles. Funding had been awarded to carry out Your Island Your Choice 2. The visits to the isles were almost complete and all voting events would happen before the end of March.</p>		
8	<b>Vibrant Economy Delivery Group (VEDG)</b>	Graeme Harrison	To report progress
8.1	<p>Graeme Harrison presented the Delivery Plan. The VEDG had seen the least change and the same overarching themes had continued, but the priorities had been refreshed. The local Skills Strategy Group would oversee all aspects of skills. Good progress was being made on the Orkney Research and Innovation Campus with the first moves into the campus to take place shortly, interest having exceeded expectations. HIE was in partnership with OIC and it was hoped to have this partnership's first executive post filled early in 2019. It was anticipated some announcements would be made shortly on energy funding and specific projects. Activity had taken place around Islands Deal work re. some of the themes. Membership of the group had been refreshed to include representatives of the universities, HITRANS and an officer from OIC's Transport Team. Stuart Allison, OIC's Economic Development Manager, had been appointed as Vice Chair.</p>		
8.2	<p>Ian Kinniburgh asked how critical EU funding was in moving forward. Graeme explained that Orkney had been unusually successful in marine energy, with EMEC the partner of choice. It was hoped that that would not change, but it was not possible to say for sure. There had been mention of new funds such as the Strategy Challenge Fund and the Industrial Challenge Fund. There was, however, uncertainty around fishing and farming primary products. The Chair advised that Norway and Iceland have access to funds in a different way and, if there was any possibility of going into partnership with them, that could provide an option for alternative opportunities.</p>		
9	<b>CONTEST/PREVENT</b>	Gillian Morrison	To report progress
9.1	<p>Gillian Morrison advised CONTEST meetings took place regularly. Currently the focus was on national policy updates and there had been regular communication with the Scottish Government. Divisional officer Mel Fowler had presented training to raise awareness of the PREVENT agenda around the North of Scotland.</p>		

<b>Item</b>	<b>Topic</b>	<b>Lead</b>	<b>Purpose</b>
<b>10</b>	<b>The Islands Deal</b>	Chair	To review progress
10.1	<p>The Chair presented an update by David Amos on the Islands Deal. He advised that Jayne Venables had been appointed as the Islands Deal Project Lead Officer. The UK Government had yet to make an announcement re. a Deal. While the present UK Government was supportive of an Islands Deal, it wasn't known what would happen if the Government were to change. The Secretary of State for Scotland, David Mundell, intended to speak to the Chancellor of the Exchequer and he would be lobbied to ensure this took place as a priority after the Christmas break. The full update would be circulated <b><u>Action: ML</u></b></p>		
<b>11</b>	<b>Single Authority Model</b>	Gillian Morrison	To receive an update
11.1	<p>Gillian Morrison gave an update on work being carried out by the Single Authority Model Steering Group.</p>		
<b>12</b>	<b>Horizon Scanning</b>	Gillian Morrison	To consider and approve
12.1	<p>Gillian Morrison presented the results of the PESTLE exercise which had been discussed and updated at the meetings of the Community Planning Working Group and the Executive Group. Noted that the exercise had been carried out to ensure that the current strategic priorities were still pertinent. Agreed to add the increased frequency of storm events and climate change to the PESTLE diagram.</p>		
12.2	<p>Louise Wilson asked if a strong statement could be added to what the Partnership did, such as 'No child or person growing up cold and hungry'. Members agreed child poverty does exist and this could be picked up by one of the Delivery Groups; the Living Well Delivery Group was agreed as most appropriate.</p>		
<b>13</b>	<b>Brexit preparations</b>	Gillian Morrison	To consider and approve
13.1	<p>Gillian Morrison advised that, re. the EU Settlement Scheme, a pilot scheme was now live for EU nationals who work in health and social care to register. Work had been done within partner organisations to identify employees who were EU nationals with a view to providing assistance. Specific risks around supply chain and delivery had also been identified. However, there were concerns around the private sector. Gail Anderson advised that she did not anticipate an issue for the Third Sector. Partners were taking the view that they had to be as prepared as they could be for a hard Brexit.</p>		
<b>14</b>	<b>Board Membership</b>	Gillian Morrison	To consider and approve
14.1	<p>Agreed that the Improvement Service would no longer be a member of the Board, but that Gerard McCormack, Interim Head of Change and Partnership Delivery at the Improvement Service, and Orkney's account manager, would come to the Board as and when required / requested.</p>		

<b>Item</b>	<b>Topic</b>	<b>Lead</b>	<b>Purpose</b>
14.2	Agreed that the Scottish Ambulance Service be invited onto the Board. While not a facilitating or participating body in terms of legislation, the Board could co-opt SAS.		<b><u>Action: AFW/ML</u></b>
14.3	A request had been made by an elected member that a 'young person' be invited to join the Board. This had been discussed by the Board in March 2018 and it had been agreed at that time not to have a representative of one specific equalities group given the wide range covered by the protected characteristics. Agreed not to invite a young person to join the Board simply because of their age and that, should another request along these lines be received, this would not be discussed for at least a year.		
<b>15</b>	<b>National Islands Plan</b>	Erica Clarkson	To consider and approve
15.1	Erica Clarkson, who works in the Agriculture and Rural Economy Directorate, advised she is leading on the development of the National Islands Plan. The Plan is due to be laid before Parliament by 4 October 2019 and the consensus is that significant consultation is required. Pre-consultation discussions with key stakeholders would take place by February 2019 and these would feed into the development of a discussion paper on the focus of the Plan and what it needed to achieve. The Plan would be written once the main consultation phase had been completed in June or July 2019. Noted that it would be a five-year Plan with annual reviews. Members were pleased to note that Erica is based in Orkney.		
<b>16</b>	<b>Poverty and disadvantage factors that affect children and young people in Orkney</b>	Scott Hunter	To consider and approve
16.1	Scott Hunter presented a report on the results of independent research undertaken to identify what poverty and disadvantage meant to children and young people living in Orkney. Noted that for the majority of children their childhood was positive, but it was important to recognise that child poverty continued to blight our community.		
16.2	Some concern was expressed around the group that was just above the level classified as 'in poverty'. They were not well off but not always recognised; they were part of the hidden poverty that exists in Orkney. Noted that there was work to be done around 'normalisation' so that everyone was asked specific questions around finance at pertinent appointments so that it would become part and parcel of practice. Assumptions should not be made and there should be no fear about asking these questions. Erica Clarkson would find out what was done in other areas around normalisation.		<b><u>Action: EC</u></b>
16.3	An action plan was currently being developed and members asked that this be brought back to the Board when complete to see what the Orkney Partnership could do.		<b><u>Action: SH/ML</u></b>

Item	Topic	Lead	Purpose
17	<b>Young People and the Highlands and Islands: Maximising Opportunities</b>	Graeme Harrison	To consider and approve
17.1	Graeme Harrison presented the report on the findings of a research study on the changing attitudes and aspirations of young people aged between 15 and 30 living in the Highlands and Islands. Noted that it was hoped an Orkney specific report would be ready for the next meeting of the Board.		
18	<b>LOIP Stocktake</b>	Marie Love	To consider and approve
18.1	Marie Love reported that the Improvement Service, Audit Scotland and NHS Health Scotland had recently carried out a stocktake on Local Outcomes Improvement Plans (LOIPs). Noted that they had found there to be considerable variance in the scale and scope of LOIPs and Locality Plans and their stages of development. A need had been identified for a sharper focus on the areas where partnerships could make the biggest impact rather than replicating the catch-all nature of Single Outcome Agreements.		
18.2	Some areas of current practice had been highlighted and the Orkney Partnership had been included in respect of the joint resourcing plan and the way the delivery groups worked. Noted that, while it was important not to be complacent, the Orkney Partnership did appear to be making good progress and going in the right direction. The full report on the stocktake would be circulated to the Chairs of the Delivery Groups. <b><u>Action: ML</u></b>		
19	<b>Performance Management Framework</b>	Marie Love	To consider and approve
19.1	Marie Love presented proposals around performance management. Agreed that, rather than written progress reports to each meeting, the Chairs of the Delivery Groups would submit their Delivery Plans twice each year, in Spring and Autumn. Reporting in between those times could be done by exception if a major piece of work had been progressed. <b><u>Action: GA/GH/GO/ML</u></b>		
19.2	Noted that work would also take place to develop a logic model. A logic model is a graphic telling the story of how outcomes are delivered in a diagram and a few simple words. Progress would be reported to the meeting on 14 March 2019. <b><u>Action: ML/LW/GA</u></b>		
20	<b>Property Asset Management Property Sharing Protocol and Confidentiality Agreement</b>	Gillian Morrison	To consider and approve
20.1	Gillian presented the Property Asset Management Future Property Sharing Protocol and Confidentiality Agreement which was approved. It was noted that the Protocol was a national first. Some partners would now require to submit it to their own governance bodies.		

<b>Item</b>	<b>Topic</b>	<b>Lead</b>	<b>Purpose</b>
20.2	Noted that Scottish Ambulance Service could also be invited to participate going forward. Agreed that it was open to partners to join at a later date, and decisions on membership for any organisations / groups who were not partners would be delegated to the Executive Group.		<b><u>Action: GM/ML</u></b>
<b>21</b>	<b>Third Sector Interface Outcome Framework</b>	Gail Anderson	To consider and approve
21.1	Gail Anderson reported that the new framework for Third Sector Interfaces meant a move away from the previous focus on core functions. A more strategic role around involvement in community planning and integration would be taken in responding to local needs and outcomes. Voluntary Action Orkney was already achieving that. The Scottish Government was now developing an outcome framework in conjunction with the Third Sector Interface network. Gail was currently working on this and was developing a logic model to submit to the Scottish Government alongside a more detailed plan.		
<b>22</b>	<b>Your Island Your Choice</b>	Gail Anderson	To consider and approve
22.1	Gail Anderson presented a report on the island projects which had been funded from the 2016/2017 Your Island Your Choice Participatory Budgeting project. Noted that Your Island Your Choice 2 was now well underway.		
<b>23</b>	<b>Active Ageing Sandpit</b>	Gail Anderson	To consider and approve
23.1	Gail Anderson reported that an Active Ageing Sandpit was facilitated recently in Orkney by Robert Gordon University with the aim of identifying collaborative projects / ideas around health and social care for older people. The session had identified that a great deal of valuable data from local consultations which had been carried out by a variety of agencies was available. However, there was no way to access this or even to know what had been done and when. It had been agreed at the Sandpit that this should be taken forward as a joint project and Gail would work with Professor Heather Fulford to establish a 'repository'. A small, local steering group would be established to take the work forward and a project plan was currently being drafted. Members were supportive of this work.		
<b>24</b>	<b>Joint Resourcing</b>	Gillian Morrison	To consider and approve
24.1	It was agreed that an updated Joint Resourcing Plan, reflecting the activity in the Delivery Plans, should be submitted to the meeting of the Board on 28 May 2019.		<b><u>Action: GA/GH/GO/ML</u></b>
24.2	It was agreed in principle that the estimated budget for the shared post of Community Planning Business Manager should be approved for 2019-20, pending final national pay negotiations. The proposed apportionment of this budget between the five partners was agreed.		<b><u>Action: AFW</u></b>

Item	Topic	Lead	Purpose
<b>25</b>	<b>The King's Fund – Wigan Council</b>	Gillian Morrison	To consider and approve
25.1	The Board watched the <a href="#">film</a> where Donna Hall, Chief Executive of Wigan Council, explained the 'Wigan Deal'. When faced with austerity, Wigan Council transformed its relationships with local residents and redesigned its services through the Wigan Deal, a social contract between the council and the community.		
25.2	Members were interested in how this had been done, and what issues Wigan Council had had to deal with. Gillian Morrison advised that officers from the Improvement Service had gone on a field trip to Wigan to look at the work. She would ask them to provide an overview of the change management structures which she would then circulate. <b><u>Action: GM/ML</u></b>		
<b>26</b>	<b>Any Other Competent Business</b>	Chair	To consider and approve
26.1	There was no other business.		
<b>27</b>	<b>Date of next meeting</b> 14 March 2019 at 14:00	Chair	

The meeting closed at 12:55

ML  
18.12.2018

DRAFT - PENDING APPROVAL

## NHS ORKNEY BOARD

### Timetable for Submitting Agenda Items and Papers – 2019/2020

<b>Initial Agenda Planning Meeting<sup>1</sup></b> with Chair, Chief Executive and Corporate Services Manager <sup>2</sup> <b>12 noon</b>  <i>&lt; 1 week after previous meeting &gt;</i>	<b>Final Agenda Planning Meeting</b> with Chair, Chief Executive and Corporate Services Manager <b>12 noon</b>  <i>&lt;4 weeks before Date of Meeting&gt;</i>	<b>Papers in final form<sup>3</sup></b> to be with Corporate Services Manager by  <b>1700 hrs on</b>  <i>&lt; 2 weeks before Date of Meeting &gt;</i>	<b>Agenda &amp; Papers</b> to be issued no later than  <b>1600 hrs on</b>  <i>&lt;1 week before Date of Meeting&gt;</i>	<b>Date of Meeting</b> held in the <b>Saltire Room Balfour Hospital</b> (unless otherwise notified) at <b>10:00 am</b>
7 March 2019	28 March 2019	11 April 2019	18 April 2019	<b>25 April 2019</b>
2 May 2019	28 May 2019	11 June 2019	19 June 2019	<b>26 June 2019 (Annual Accounts)</b>
2 July 2019	25 July 2019	8 August 2019	15 August 2019	<b>22 August 2019</b>
29 August 2019	26 September 2019	10 October 2019	17 October 2019	<b>24 October 2019</b>
31 October 2019	21 November 2019	5 December 2019	12 December 2019	<b>19 December 2019</b>
6 January 2020	30 January 2020	13 February 2020	20 February 2020	<b>27 February 2020</b>

Chair: Ian Kinniburgh  
 Vice Chair: David Drever  
 Lead Officer: Gerry O'Brien

Corporate Services Manager: Emma West

<sup>1</sup> draft minute of previous meeting, action log and business programme to be available

<sup>2</sup> draft agenda, minute and action log issued to Directors following meeting

<sup>3</sup> 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:

Name:	Position:	26 April 2018	25 June 2018	19 July 2018	23 Aug 2018	25 Oct 2018	13 Dec 2018	28 Feb 2019
<b>Members:</b>								
	<b>Non-Executive Board Members:</b>							
I Kinniburgh	Chair	Attending	Attending	Attending	Attending	Attending	Attending	
G Skuse	Vice Chair	Attending						
N Bremner	Vice Chair from (5 July 2018)	Attending	Attending	Attending	Attending	Attending		
D Drever	Vice Chair from (1 Dec 2018)	Attending	Apologies	Attending	Attending	Attending	Attending	
D Campbell	Non Executive Board member		Attending	Apologies	Attending	Attending	Attending	
C Evans	Non Executive board member					Attending	Attending	
I Grieve	Non Executive Board member		Attending	Attending	Attending	Apologies	Attending	
R Johnson	Non Executive Board member	Attending	Attending					
S Johnston	Area Clinical Forum Chair	Attending	Apologies	Attending	Attending	Attending	Attending	
F MacKellar	Employee Director	Attending	Apologies	Attending	Apologies	Attending	Attending	
M McEwen	Non Executive Board member				Attending	Attending	Attending	
J Richardson	Non Executive Board member	Attending	Apologies	Apologies	Attending			
J Stockan	Non Executive Board member	Attending	Attending	Attending	Apologies	Attending	Attending	
	<b>Executive Board Members:</b>							
G O'Brien	Chief Executive	Attending	Attending	Attending	Attending	Attending	Attending	
D McArthur	Director of Nursing, Midwifery and AHP	Attending	Apologies	Attending	Attending	Attending	Attending	
H Robertson	Director of Finance	Attending	Attending	Attending	Attending	Attending		
M Roos	Medical Director	Attending	Attending	Apologies	Apologies	Attending	Attending	
L Wilson	Director of Public Health	Attending	Attending	Attending	Attending	Attending	Attending	
	<b>In Attendance:</b>							
J Aim	Board Secretary	Attending	Attending	Attending				
A Ingram	Workforce Director	Apologies	Attending	Apologies	Attending	Apologies	Apologies	
S Shaw	Chief Officer - IJB					Attending	Attending	
E West	Corporate Services Manager		Attending	Attending	Attending	Apologies	Attending	
G Pendlebury	Committee Support					Attending		

# 13.6

<b>Senior Management Team</b>								
C Bichan	Head of Transformational Change and Improvement	Attending	Not required	Attending	Attending	Attending	Attending	
A Catto	Human Resources Manager		Apologies	Attending		Apologies	Attending	
M Colquhoun	Head of Hospital and Support Services	Attending	Apologies	Attending	Attending	Attending	Apologies	
M Firth	Head of Primary Care		Apologies			Attending		
D Lonsdale	Head of Finance	Attending	Attending			Attending	Attending	
W Lycett	Principle Pharmacist	Apologies	Not required					
J Nicol	Head of Organisational Development and Learning	Attending	Apologies	Attending	Attending	Attending	Apologies	
J Trainor	Head of Health and Community Care	Attending	Not required					
M Swannie	Interim Head of Children's Health Services/Service Manager of Children's Services	Apologies	Not required			Apologies		
<b>Attending for specific items</b>								
G Woolman	Audit Scotland		Attending					
D Lewsley	Project Administrator			Attending				
A McCarlie	Project Director			Attending				
C Stewart	Public Health Manager					Attending		